GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

**A Meeting of Aneurin Bevan University Health Board
will be held on Wednesday 23rd January 2019, at 9:30am in
Conference Room 2, Aneurin Bevan University Health Board Headquarters,
St Cadoc's Hospital**

AGENDA

1.	**Opening Business/Governance Matters**			
	1.1	**Chair's Introductory Remarks**	Verbal	Chair
	1.2	**Apologies for Absence**	Verbal	Chair
	1.3	**Declarations of Interest**	Verbal	Chair
	1.4	**Draft Minutes of the Health Board Meeting held on 28th November 2018**	Attachment	Chair
	1.5	**Action Log**	Attachment	Chair
	1.6	**Governance Matters: Report on Sealed Documents and Chair's Actions**	Attachment	Chair
	1.7	**Chair's Report**	Verbal	Chair
2.	**Patient Experience and Public Engagement**			
	2.1	**Patient Story – linked to Older Adult Mental Health Services**	Verbal	Acting Director of Nursing
3.	**Items of Assurance**			
	3.1	**Committee and Advisory Group Chairs' Assurance Reports**	Attachment	Committee Chairs
	3.2	**Executive Team Report**	Attachment	Chief Executive
	3.3	**Integrated Performance Report**	Attachment	Director of Finance and Performance
	3.4	**Finance Report**	Attachment	Director of Finance and Performance
	3.5	**Risk Dashboard**	Attachment	Chief Executive
	3.6	**Older Adult Mental Health Services Programme Implementation Update**	Attachment	Director of Primary, Community and Mental Health

4.	**Items for Decision and Discussion**			
	4.1	**Draft Integrated Medium Term Plan (IMTP)**	Attachment	Director of Planning, Digital and IT
	4.2	**Draft Estates Strategy**	Attachment	Director of Planning, Digital and IT
	4.3	**Nurse Staffing Levels Wales Act – Update Position**	Attachment	Acting Director of Nursing
	4.4	**Laboratory Information Network Cymru (LINC) – Programme Outline Business Case**	Attachment	Director of Planning, Digital and IT
	4.5	**Clinical Futures Programme Update**	Attachment	Director of Planning, Digital and IT
	4.6	**111 Programme Implementation Progress Report**	Attachment	Medical Director
	4.7	**NHS Funded Nursing Care**	Attachment	Director of Primary, Community and Mental Health
5.	**Items for Information**			
	5.1	**Trauma Network Progress Report**	Attachment	Director of Planning, Digital and IT
6.	**Closing Matters**			
	6.1	**Date of Next Meeting:** Wednesday 27th March 2019		Chair

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Public Board Meeting

**Minutes of the Public Board Meeting held on
Wednesday 28th November 2018, in the Conference Centre,
Aneurin Bevan University Health Board Headquarters,
St Cadoc's Hospital, Caerleon**

Present:

Ann Lloyd	-	Chair
Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance and Procurement
Bronagh Scott	-	Director of Nursing
Geraint Evans	-	Director of Workforce and OD
Nicola Prygodzicz	-	Director of Planning and Performance
Peter Carr	-	Director of Therapies & Health Science
Dr Sarah Aitken	-	Director of Public Health
Claire Birchall	-	Interim Director of Operations
Richard Bevan	-	Board Secretary
Emrys Elias	-	Vice Chair
Katija Dew	-	Independent Member (Third Sector)
Shelley Bosson	-	Independent Member (Community)
Pippa Britton	-	Independent Member (Community)
Cllr Richard Clark	-	Independent Member (Local Government)
Colin Powell	-	Chair of the Health Professionals Forum
David Street	-	Associate Independent Member (Social Services)
Frances Taylor	-	Independent Member (Community)
Prof. Dianne Watkins	-	Independent Member (University)
Louise Wright	-	Independent Member (Trade Union)

In Attendance:

Kay Barrow	-	Acting Head of Corporate Governance
Philip Robson	-	Special Advisor to the Board
Dr Stephen Edwards	-	Associate Medical Director

Apologies:

Dr Paul Buss	-	Medical Director
Nick Wood	-	Director of Primary Care and Community, Mental Health and Learning Disabilities and Integration
Catherine Brown	-	Independent Member (Finance)
David Jones	-	Independent Member (ICT)

ABUHB 2811/01   Welcome and Introductions

The Chair welcomed members and guests to the meeting.

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The Chair welcomed Emrys Elias, as Vice Chair, and Dave Street, as Associate Independent Member, to their first meeting following their appointments.

The Chair commented that this was Colin Powell's last meeting as an Associate Independent Members and wished to thank him for the contribution he has made to the Health Board as Chair of the Healthcare Professionals Forum. She explained that she would be looking to that Group to appoint a new Chair.

The Chair commented that this was Bronagh Scott's last meeting as Director of Nursing. She explained that Bronagh had been offered a senior leadership position with the Royal College of Nursing (RCN) for a six month period. This was a prestigious UK wide position as the RCN Director of Nursing Policy and Practice and that the Health Board had agreed to Bronagh accepting this position on a secondment basis from 1st December 2018. Bronagh had previously advised of her intention to retire from the NHS in the spring of 2019 and had now confirmed her retirement date effective from 1st June 2019, directly following her period of secondment.

Martine Price, currently Deputy Director of Nursing, had been appointed as Acting Executive Director of Nursing with effect from 1st December 2018 for the six month period covering Bronagh's secondment and until such time as a substantive appointment was made.

The Chair informed the Board that Nick Wood was now on a phased return to work and the Dr Stephen Edwards, Associate Medical Director was attending in place of Dr Paul Buss, Medical Director as he was on a period of bereavement leave.

ABUHB 2811/02 Declarations of Interest

There were no declarations of interest to note

ABUHB 2811/03 Charitable Funds Annual Accounts and Annual Report 2017/18 and Wales Audit Office Report

[The Health Board meeting as the Corporate Trustee for Charitable Funds]

Andrew Naylor provided an overview of the Annual Accounts and Annual Report for the year ending 31st March 2018 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities, highlighting the key issues contained in the accounts.

Terry Lewis, Wales Audit Office, presented the Wales Audit Office Report which provided an unqualified audit opinion. He explained that the Health Board had been advised in relation to the recovery

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of taxation from HMRC. The Health Board was in the process of reclaiming £3,287 which would directly benefit the Charity.

The net movement in funds for the year had generated a surplus of £152k in the year.

The Chair of the Charitable Funds Committee informed the Board that the focus of the Committee during the forthcoming year would be to develop relationships with the fund holders to ensure innovative approaches in utilising the funds for the benefit of patients.

In answer to a query raised in relation to whether donors receive feedback from their donations, the Board was informed that donors do receive updates on the utilisation of their donation. However, some donations were for specific purposes and, as the Health Board moves towards Clinical Futures and the Grange University Hospital, the Committee would be reviewing the legacy position as services change.

It was noted that the draft accounts had been received by the Charitable Funds Committee at its meeting on 8th October 2018 which had recommended their submission to the Board for approval.

The Board, as Corporate Trustee for Charitable Funds, approved the Annual Accounts and Annual Report 2017/18.

ABUHB 2811/04 Minutes of the Health Board Meeting on 26th September 2018

The Board approved the minutes of the meeting held on Wednesday, 26th September 2018.

ABUHB 2811/05 Action Log

The Board considered the Action Sheet from the meeting held on the 26th September 2018. The following points were noted:

ABUHB 2305/11 Committee Reports – IT Outages
It was highlighted that a joint meeting of the Audit Committee and the Information Government Committee had been held on 17th October 2018. A summary of that meeting had been included as part of the Board's Committee and Advisory Group Chairs' Assurance Reports.

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ABUHB 2609/15 Paediatric and Obstetric Assessment Unit Capacity

The Director of Therapies and Health Science informed the Board that work was ongoing with the Paediatric Sustainability Board and an update would be reported in due course.

ABUHB 2811/06   Governance Matters: Sealed Documents and Chair's Actions

The Board noted those documents which had been sealed since the previous meeting.   The Board endorsed the Chair's Action undertaken since the last meeting.

ABUHB 2811/07   Chair's Report

The Chair advised on the progress that had been made by the South Central and East Planning and Delivery Forum.

She was pleased to report that an out of hour's interventional radiology rota would commence at the beginning of February 2019. During the coming year the Forum would be undertaking work to map the future needs and capacity for interventional radiology services, in order to develop regional service provision.

The Chair informed the Board that the regional planning was reviewing orthopaedic delivery.   The Forum had urged that a thorough analysis of service needs be undertaken and that there should be consistency in the standards offered in all areas.

The Chair confirmed that the Greater Gwent Regional Partnership Board (RPB) had secured approval for the bid for Transformation Funding.   The funding would help the RPB to achieve the transformational change required to deliver a more seamless system of care and support and to establish place-based 'systems of care' in which services and organisations collaborate to collectively improve wellbeing. Welsh Government Ministers were keen to follow the progress of the transformation and the Health Board would be the pilot site for developing new models of seamless care, which keep people healthy and well, promoting improved wellbeing, rather than the treatment of illness.

The Chair advised that she had attended the National Health and Social Care Leadership Forum. She explained that discussion had taken place around the conjoining of Public Service Boards and Regional Partnership Boards as an enabler for the implementation of new models of care, and emphasised that the expectations of the Welsh Government were high in relation to integrated and partnership working. The notes of that meeting were awaited.

The Chair informed the Board that at the recent All Wales Chairs meeting a discussion paper had been received in relation to the

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single cancer pathway. She explained that Welsh Government had yet to decide when to commence measuring the effectiveness of the single cancer pathway.

The Chair advised that concerns had been raised across Wales about the increasing number of cancer referrals, and the impact this was having on diagnostics. She commented that Claire Birchall was leading the work within the Health Board to assess its diagnostic capability and capacity to meet the increased demand, and that she had asked other Chairs to review their own diagnostic capability in relation to meeting the increased demand.

The Board noted that the Amber Review into ambulance performance and the classification of calls had been published. The Chair advised that the Review would be considered and discussed by the Planning and Strategic Change Committee. The document would be circulated to Board members. **Action: Chair**

The Chair advised the Board that a Ministerial Stakeholder Advisory Forum had been established to take forward Brexit and would be liaising with Health Boards to ensure they were cognisant of all aspects of Brexit. The Board noted that a thorough assessment of the implications across the healthcare system, including independent contractors and independent care providers would be undertaken and that the Forum would be planning and undertaking a desk-top exercise in January 2019.

ABUHB 2811/08 Report from the Aneurin Bevan Community Health Council

Angela Mutlow, Chief Officer, Aneurin Bevan CHC, provided an overview of the strategic areas of interest and concern being addressed by the CHC.

In relation to Thoracic Surgery Consultation, the CHC Executive Committee was satisfied that Welsh Health Specialised Health Services Committee (WHSSC) had provided adequate responses to questions/comments relating to the co-location of thoracic surgery with the major trauma centre, and those relating to workforce. The CHC had agreed to the proposal that adult thoracic surgery provision for South and West Wales and South Powys be consolidated onto a single site within Morriston Hospital, subject to a number of assurances focussed on accessibility of the services to patients who reside within Gwent and the implementation and improvement of the service. Those assurances had subsequently been received.

The Board noted that the public response to the proposed closure of the branch surgery at Goytre had been high. The CHC commended the Primary Care and Community Division's approach in setting up further engagement events to allow further feedback and was pleased to note that the branch surgery would remain open. The Board noted that patients had received letters informing them of the

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decision and that the Health Board was working with the practice to address the sustainability of its services.

During the winter period, the CHC will be working with the Health Board to undertake patient experience visits across the acute hospital sites. Weekly reports will be provided to the Health Board so that any areas of concern can be addressed. The Board discussed whether or not Independent Members should accompany the CHC on their winter visits. It was agreed that, as these visits were not part of the CHC routine monitoring programme that it would be more beneficial if Independent Member Walkabouts and CHC Monitoring Visits should be better aligned. It was agreed that Angela Mutlow would liaise with Richard Bevan outside of the meeting. **Action: CHC Chief Officer, ABCHC/Board Secretary.**

ABUHB 2811/09 Patient Story

The Chair welcomed Jo Yeoman, Deputy Sister in Critical Care and Outreach Services who was attending to provide a patient story.

The Board heard a the story of Tracey, and her experience as a patient following her admission to the Health Board's critical care services following her contracting SEPSIS and suffering a cardiac arrest resulting in admission to Intensive Care Unit (ICU). Jo Yeoman explained that Tracey's patient experience had highlighted that there had been little understanding by ward staff of the patient's journey within ICU, and that this could have impacted on the psychological welfare of the patient when returning from ICU to the ward.

An overview was provided of the improvement work undertaken by the Intensive Care Focus Group with patients and staff to improve the communication and patient experience from an ICU and ward perspective. The Board noted the development of ICU discharge leaflet which formed part of the patients 'end of bed' notes for the ward staff and family, and the outreach service provided by ICU to ward staff.

The Board noted that Jo Yeoman and Dr Paul Mizen, Consultant Acute Care Physician have helped Tracey to tell her story in the Grand Round to raise awareness and to disseminate the learning. It was agreed that Bronagh Scott would review whether awareness training on the transition from ICU to the ward environment could be included in the nurse and HCSW induction programme. **Action: Director of Nursing**

The Board thanked Jo Yeoman for her extremely insightful patient story which had identified the learning with actions taken to address and improve the patient experience.

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ABUHB 2811/10 Health Board Committee and Advisory Group Updates

The Board received the following Committee and Advisory Group reports:

- **Quality and Patient Safety Committee – 12th September 2018**
  The Board noted the progress made in relation to role of the Medical Examiner that would work across the Health Board to issue death certificates and undertake death reviews. The good work being undertaken by the ABCi Pressure Ulcer Collaborative was also noted.

  The Director of Nursing highlighted the risk in relation to nurse staffing and advised that, compared with the previous year, the number of nursing vacancies had increased by an additional 40. She explained that the overseas recruitment had been successful and that 53 individuals were in the process of recruitment however, there were challenges with English language testing. The Health Board and Cardiff University were working with the NMC to review their English language parameters.

- **Public Partnerships and Wellbeing Committee – 20th September 2018**
  The Board noted the concerns in relation to the national and local supplies of the flu vaccination and the impact on the immunisation programme. The supply issues had now been resolved.

- **Charitable Funds Committee – 8th October 2018**
  The Board noted that a special meeting of the Charitable Funds Committee would be convened in December to discuss the TP Price Land Disposal.

- **Mental Health and Learning Disabilities Committee – 10th October 2018**
  The Board noted the capital risks and it was agreed that, following the receipt of additional capital monies from Welsh Government, the Director of Planning and Performance would be undertaking a review of the Divisional Risk Registers in order to prioritise requests.

- **Audit Committee – 11th October 2018**
  The Board noted the report.

- **Joint Audit Committee and Information Governance Committee – 17th October 2018**
  The Board noted the position and the actions being taken forward.

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- **Planning and Strategic Change Committee – 16th October 2018**
  The Board noted the focus of the IMTP to align with the Partnership agenda and the delivery of 'A Healthier Wales'.

- **Finance and Performance Committee – 18th October 2018**
  The Board noted the risks in relation to the fragility of the urgent care system, the impact on diagnostic services with the implementation of the Single Cancer Pathway and the continued risks associated with failure to meet the underlying efficiency target.

- **Information Governance Committee – 23rd October 2018**
  The Board noted the concerns around the delivery of WCCIS. The Director of Planning and Performance was taking these concerns forward on an all Wales basis with NIMB.

ABUHB 2811/11 Executive Team Report

The Board received and noted the Executive Team Report. The following points were highlighted.

The Chief Executive advised that the Health Board had established a local EU Transition Group to manage and oversee the organisational implications of a Brexit 'no deal' and EU withdrawal. This work was being lead across Wales by Health Board Business Continuity Leads who were working closely with the Local Resilience Forum and other partners to identify risks within our communities that may not require the Health Board to specifically respond to, but do require an awareness should risks escalate locally.

The Board noted the positive news and the numerous awards that staff at the Health Board had received. It was noted that the award winners would be formally recognised as part of the Board Briefing Session on 19th December 2018. **Action: Board Secretary**

The Board noted the report.

ABUHB 2811/12 Integrated Performance Report Quarter Two

The Director of Planning and Performance explained that the focus of the report was around the delivery against the key organisational objectives. The Board noted the following points:

- Trail blazing work was being undertaken via Ffrind I Mi and the intergenerational working programme, demonstrating the Health Board's commitment to the wellbeing of its population.

- The Health Board has secured the outsourcing of ophthalmology activity and additional internal orthopaedic capacity to ensure the delivery of elective waiting time targets at year end.

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- Good progress across a number of key performance measures with a number of key areas of continued pressure that remain a priority focus for the organisation.

- Workforce shortages across a number of clinical areas and the unscheduled care system continue to present some of the highest risks to the organisation that continue to be a priority for the Health Board as it moves into the winter period.

In terms of the National Performance measures, while there have been positive indicators, there remain significant challenges to improve areas where performance was below anticipated levels. The Board noted the following points:

- Unscheduled Care continues to be a key area of concern. Performance remains below the national measure for 4 hour A&E target and below the IMTP profile. The 12 hour A&E target remains below the IMTP target. The number of trauma admissions via A&E had continued to be in excess of any corresponding period in the past 4 years.

- The Health Board was anticipating that it could deliver a zero breach position by March 2019 in relation to RTT 36 weeks and 8 weeks for diagnostics. However, there were risks around orthopaedics and CT scanning which were being closely monitored.

- The 62 day Urgent Suspected cancer treatment times had slightly improved but were still outside the 95% target and IMTP profile.

- The number of outpatient appointments overdue their follow-up target date decreased slightly. The Board noted that the Wales Audit Office had published its report on Follow Up appointments and the Health Board would be focussing on the areas highlighted for improvement.

The Board noted the progress against the delivery of Health Board 10 key areas of priority and the progress across Service Change Plans. The following points were noted:

- 2 out of the 5 key transformation programmes were almost complete within the Mental Health and Learning Disabilities Service Change Plan, however, there were delays with the completion of the Mental Health Complex Care Psychiatric Intensive Care Unit (PICU) which was having an impact on the system wide bed remodelling. Progress was being closely monitored.

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- An Acute Bereavement Service Pilot was in place for bereaved families and would be linked to the newly formed Medical Examiner role.
- Work being undertaken to strengthen specialist and secondary care Diabetes Services.
- RTT continues to be one of the biggest challenges for the Health Board. However, the theatre improvement programme was making significant progress and with the delivery of the 'Omnicell' stock control system, this would optimise procurement, storage and expenditure.
- In terms of service sustainability, further work in respect of the service models for paediatrics and obstetrics. This was underpinned by a comprehensive risk assessment and the completion of the capital works at the Royal Gwent Hospital.
- The Strategic Outline Case for the Unified Breast Service had been submitted to Welsh Government. Feedback had been received and was being worked through.

The Board welcomed the revised reporting format. Concerns were raised in relation to the areas of deterioration which were intrinsically linked to the urgent care system. Concerns also related specifically to ambulance handover and patient experience. The Chair commented that timely assurance was required to ensure that the Health Board was addressing the issues of highest significance. The Chief Executive advised that the Health Board regularly met with the Welsh Ambulance NHS Trust (WAST) and that the recently published Amber Review was to be considered by the Finance and Performance Committee at its next meeting. **Action: Finance and Performance Committee**

The Board noted that the recent Clinical Futures service planning update that had been presented to the Patient Experience Committee did not appear to be patient centric. The Board emphasised that it was important for the Health Board to understand what service change means to a patient. The Director of Planning and Performance agreed to ensure that Clinical Futures service changes were tested from a patient's perspective. **Action: Director of Planning and Performance**

The Board raised concerns in relation to the Health Board's performance going into the winter and whether there would be an consequences if it did not meet the IMTP targets. The Director of Finance informed the Board that there was risk that the Welsh Government could reclaim all or part of the additional RTT monies received, should the Health Board not meet its RTT position of zero breaches for 36 weeks and 8 weeks for diagnostics. The Interim Director of Operations reassured the Board that the Health Board was doing all it could to put in place as many of the winter initiatives as possible ahead of the winter period.

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The Independent Member (Local Government) asked for assurance in relation to embedding and demonstrating the principles of the Well-being of Future Generations (Wales) Act 2015 relating to the 5 ways of working. The Director of Public Health emphasised that each service model goes through the process of 'challenge and support' to ensure that a self-assessment against the principles had been undertaken. It was highlighted that an assessment should be completed for each Board paper and that further assurance would be provided as the reporting principles embed.

The Board noted the position.

ABUHB 2811/13 Finance Report

The Director of Finance provided an update in relation to the month 7 financial position 2018/19. The Board noted that at the end of October 2018 there was a deficit position of £500k however, the Health Board was forecasting a break even position at the year end. The forecast position assumed financial balance through a combination of additional savings and cost avoidance plans, but this was not without an anticipated assessed risk of circa £4m.

The Board noted the Health Board's cash position and the volatility of the capital position for the Grange University Hospital which had been based on an assessment of likely spend; however the position was being closely monitored to ensure there was no risk of underspend. It was highlighted that an additional capital allocation of circa £3.5 – £4m was expected and would be expected to be allocated across Divisions based on a risk assessment approach.

In respect of the underspend on the NCN budget, the Board agreed to carry forward and re-provide the NCN budget underspend from this financial year into 2019/20 up to a maximum of £300k.

ABUHB 2811/14 Risk Dashboard

An overview of the current corporate risk register was provided.

The Board noted that the risk relating to the poor uptake of the flu vaccination was not a new risk, as indicated, and that it should be amended to read September 2018 which was the date it had been assessed and added to the risk register. **Action: Board Secretary**

The Board noted the reduced risk relating to the financial position which indicated positive progress and that no new risks had been added.

The Director of Nursing advised that the risk relating to poor patient experience and quality of care had been reviewed recently and that quality, safety and patient experience would be monitored closely

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during the winter period. The Board Secretary agreed to undertake a review of the risk indicator system. **Action: Board Secretary**

The Board discussed whether or not there should be a specific risk relating to efficiency. It was agreed that the Executive Team would consider this when they next review the risk register. **Action: Executive Team**

ABUHB 2811/15 Partnership Update

The Board received and noted the update on progress with the implementation of the Greater Gwent Regional Partnership Board for Health and Social Care's Area Plan and the five Pubic Service Board Well-being Plans across Gwent.

ABUHB 2811/16 Aneurin Bevan Collaborative on Sepsis Update

Dr Stephen Edwards commented that Tracey's patient story had exemplified the consequences and impact of not recognising a deteriorating patient quickly. He explained that NICE guidance suggests a risk stratification approach with a default position to administer antibiotics unless there was a clinical justification not to.

Dr Edwards provided an overview of the Health Board's ABCi Sepsis Collaborative, in collaboration with 1000 Lives, which tested and spread a reliable process for the recognition and response to sepsis. The aim of the collaborative was to eliminate avoidable deaths and harm from sepsis.

The Board received an update in relation to VitalPAC, an electronic system for the recording of patient observations, implemented at Ysbyty Ystrad Fawr. It was noted that a recent Peer Review of Acute Deterioration had been undertaken on behalf of the national Rapid Response to Acute Illness Set (RRAILS) Steering Group and the feedback from that review would inform the Health Board's next steps.

The Board noted the good work and welcomed the dissemination across the Health Board.

ABUHB 2811/17 Thoracic Surgery Consultation Feedback

The Board received the report which provided the outcome of the public consultation on the future of thoracic surgery services in South Wales. The Chair reported that the Board had received an update from Welsh Health Specialised Services Commission (WHSSC) at a Board Briefing Session and was therefore fully aware of the rationale for the proposals and the process followed in reaching its recommendations.

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The Board noted that each year at least 208 Gwent area patients would receive treatment at either Cardiff or Swansea. Clinical teams in Gwent were fully supportive of the proposed patient pathway centred at Morriston Hospital and the ABCHC, were also in agreement following further assurances from WHSSC.

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 public consultation.
- Noted the comments received through the public consultation, including the key themes and issues raised and the number and geographical distribution of respondents.
- Noted the response to the consultation feedback and actions that would be taken through implementation to mitigate issues of concern.
- Noted the views of the Aneurin Bevan Community Health Council.
- Supported the recommendations from WHSSC and
- Approved the recommendations 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 Morristown Hospital, Swansea conditional upon the detailed workforce model and medical rotes to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed off by WHSSC in 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.

ABUHB 2811/18 Integrated Winter Plan 2018/19

The Board received the Integrated Winter Plan for 2018/19. The Interim Director of Operations explained that planning for winter was not undertaken in isolation and was a collaborative process across health, social care and the third sector to ensure a joined up response to anticipated pressure in the whole health and social care system.

The Health Board had dealt with a very challenging winter period the previous year, with unprecedented demand being experienced. Lessons learnt from last winter, and also the demand experienced throughout the summer period, had helped to shape the planning and initiatives for this winter. It was noted that extreme demand, particularly out of hours and at weekends, would likely exceed the bed capacity across the organisations. Nurse staffing was also challenging given the high number of vacancies and that the commissioning of additional capacity was reliant on the safe

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resourcing of the extra beds with the cooperation of contracted agencies to fulfil shifts across the period. Pressures with Local Authority capacity also restricted patient flow and increased the Health Board's delayed transfers of care.

The Board was informed of the governance arrangements in terms of escalation when capacity and pressure within acute hospital sites was nearing its maximum. Patient experience and quality of care would be continuously monitored and scrutinised by the Patient Experience Committee and Quality and Patient Safety Committee.

The Board noted that the draft Plan had been presented to Welsh Government and had received positive feedback; it had been commended for the Health Board's collaborative approach with its partners and, in particular, the inclusion of social care capacity to help free up acute hospital sites. The Delivery Unit had also validated the data analysis relating to demand and capacity which had helped inform the development of the Plan and the approach to avoiding and managing demand. This year the Plan included focussed messaging and actions to help keep patients well.

Additional funding had been received from Welsh Government for winter pressures and this would be allocated to Divisions to support initiatives within the Plan that would ensure maximum impact and benefit. Whilst staff feedback from the previous winter highlighted that they felt supported, this year the Health Board would be providing health and wellbeing support for staff over the winter period, additional resources to extend current wellbeing programmes were being progressed by Workforce and Organisational Development.

The Board was informed that Local Authority domiciliary care capacity was at risk this year as one of the largest providers was on the brink of collapse. It was emphasised that all that could be done was being done to resolve the situation with all health, social care and third sector partners.

The Board noted that the Health Board was in the process of developing targeted communications based on patient pathways. The Director of Public Health advised that the minor ailments schemes were being promoted throughout pharmacies in Gwent. The Board Secretary advised that the Health Board's communication campaign theme for this year was based on heroes and villains and how to help the public make the right choices this winter with the tag line "Putting you first this winter". Recognition would also be given to individuals and teams going the extra mile. It was agreed that the Board would be made aware of the range of schemes and initiatives. **Action: Board Secretary**

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The Board:
- Noted the progress made to date and the detail of the plan.
- Agreed to sign off the Integrated Winter Plan including the costs that had already been committed by the Executive Team.
- Noted the implementation plan, monitoring and evaluation.
- Noted the risks and mitigation.

The Board congratulated the Interim Director of Operations and the team supporting the development of the plan for their hard work.

ABUHB 2811/19 Staff Survey

The Director of Workforce and Organisational Development provided an overview of the key results from the recent staff survey which had been undertaken in partnership with Quality Health and NHS Wales. The overall response rate for the Health Board had been 24% which was consistent with the position across NHS Wales however, the Health Board acknowledged that whilst the response rate was disappointing, it would be undertaking work to improve this significantly before the next all Wales survey. The following key areas of improvement since the 2016 survey were noted:

- The Health Board's overall staff engagement index increased to 3.82 across all 3 themes.
- 70% of staff said that they would recommend their Health Board as a place to work, which was 4% above the NHS Wales average and 7% higher than in 2016.
- 76% of staff said that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Health Board. This was a 7% improvement and was significantly above the NHS Wales average and was 7% higher than in 2016.
- 75% of staff said they were proud to tell people they worked for their Health Board and this was significantly higher than in 2016.

However, the Board noted that the scores regarding provision of Welsh language services and meeting the language needs of services users were both significantly below the NHS Wales average. It was noted that there were also a few critical areas that required consideration in relation to staff wellbeing which have shown less positive movements in scores, including those questions around stress at work, and harassment, bullying and abuse.

The Board noted that the survey results had been cascaded to Divisions and that further work would be undertaken with Divisions to address the areas of concern.

The Board acknowledged that the results were encouraging as they demonstrated a consistent improvement against the comparable questions in the 2016 survey and placed the Health Board above the all Wales average in the majority of questions. The areas which merited further attention were discussed and it was agreed that

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further work would be undertaken in relation to Dignity at Work and Welsh Language.

ABUHB 2811/20   **Clinical Futures Programme Update**

The Board received an update on progress made within the Clinical Futures Delivery Programme, noting that the programme remained Amber overall and that this was mainly due to the work required in relation to service redesign which was red.

Concerns were raised in relation to the acute medical take and it was noted that work was ongoing in relation to assessing the workforce issues.

The Board noted that the Strategic Capital Estates Plan was due to be completed by the end of December 2018 and that the workforce and financial assessments would be completed by the end of January 2019. Concerns were raised in relation to patient transport and the wider transport plan. The Director of Planning and Performance advised that the Health Board was in discussions with WAST and public transport providers and, that the work of the local Planning Service Boards would be aligned to the Health Board's overall Transport Plan.

The Board noted that the Grange University Hospital programme was on track and that the Health Board was working with Laing O'Rourke to ensure the spend profile remained on trajectory to the end of the financial year and that plans in relation to operational commissioning were progressing.

ABUHB 2811/21   **Date of Next Meeting**

The next scheduled Public Board meeting is to be held on Wednesday 23rd January 2019.

ABUHB 2811/22   **Presentations**

The Chair and Chief Executive presented Colin Powell with a commemorative plaque and gift in recognition of his tenure as Associate Independent Member and Chair of the Health Professionals Forum.

The Chair and Chief Executive presented Bronagh Scott with a commemorative plaque, bouquet of flowers and a gift in recognition of her tenure as Director of Nursing.

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Tab 1.5 Action Log

1.5

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Aneurin Bevan University Health Board Meeting –
Wednesday 28th November 2018

Action Sheet

Minute Reference	Agreed Action	Lead	Progress/ Outcome
ABUHB 2811/07	**Chair's Report:** A copy of the Amber review into ambulance performance to be circulated to Board Members.	**Chair**	The Amber Review Report has been published and a link to the report has been circulated to the Board.
ABUHB 2811/08	**Report from the Aneurin Bevan Community Health Council:** The CHC Chief Officer to liaise with the Board Secretary to discuss the alignment of the Independent Member Walkabouts and CHC Monitoring Visits.	**CHC Chief Officer/ Board Secretary**	Discussions held with the Community Health Council in preparation for the next programme of CHC visits. These will be shared with IMs, when finalised.
ABUHB 2811/09	**Patient Story:** The Director of Nursing to review whether awareness training on the transition from ICU to the ward environment could be included in the nurse and HCSW induction programme.	**Director of Nursing**	Discussions are ongoing between Organisational Development and Training and the Acting Director of Nursing to make the final arrangements for including these elements in the programme.
ABUHB 2811/11	**Executive Team Report:** Award winners to be formally recognised as part of the Board Briefing Session on 19th December 2018.	**Board Secretary**	Completed.
ABUHB 2811/12	**Integrated Performance Report Quarter Two:** The Amber Review into ambulance performance to be considered by the Finance and Performance Committee at its next meeting.	**Finance and Performance Committee**	Added to the work programme for the Finance and Performance Committee

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Tab 1.5 Action Log

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Minute Reference	Agreed Action	Lead	Progress/ Outcome
	The Director of Planning and Performance agreed to ensure that Clinical Futures service changes were tested from a patient's perspective.	**Director of Planning, Digital and IT**	Action noted.
ABUHB 2811/14	**Risk Dashboard:** The risk relating to the poor uptake of the flu vaccination was not a new risk and to be amended to read September 2018 which was the date it had been assessed and added to the risk register.	**Board Secretary**	Completed.
	The Board Secretary agreed to undertake a review of the risk indicator system.	**Board Secretary**	This is being undertaken as part of the Risk Landscape Review, which is currently underway and due to report in February.
ABUHB 2811/18	**Integrated Winter Plan 2018/19:** The Board to be made aware of the range of Health Board schemes and initiatives for communications winter campaign.	**Board Secretary**	Information with regard to the winter communication campaign has been shared with Board Members.

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	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 1.6

Aneurin Bevan University Health Board **Governance Matters:** **Report of Sealed Documents and Chair's Actions**		
Executive Summary		
This paper presents for the Board a report on the use of the Common Seal of the Health Board between the 7th November 2018 and 11th January 2019. The Board is asked to note the report of documents sealed on behalf of the Health Board. There were no Chair's Action, in line with provisions in Standing Orders, required in this period.		
The Board is asked to: (please tick as appropriate)		
Approve the Report		
Discuss and Provide Views		
Receive the Report for Assurance/Compliance	✓	
Note the Report for Information Only		
Executive Sponsor: Richard Bevan, Board Secretary		
Report Author: Richard Bevan, Board Secretary		
Report Received consideration and supported by :		
Executive Team	**Committee of the Board** **[Committee Name]**	
Date of the Report: 11th January 2019		
Supplementary Papers Attached: None		
Purpose of the Report		
This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and also situations where Chair's Action has been used for decisions.		
Background and Context		
2.1 Sealed Documents The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or another committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a committee or under delegated authority. **2.2 Chair's Action** Chair's Action is defined by the Health Board's Standing Orders as: *Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent*		

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Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

3   Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive sealed 2 documents between the 7th November 2018 and 11th January 2019.

Ref:	Title	Date
ABUHB 293	Conveyance documentation for the sale of freehold (T P Price Estate) 44 Dudley Street, Newport	12/12/2018
ABUHB 294	Agreement with Newport City Council – Flying Start Health Visiting Services – 2018/19	17/12/2018

3.2 Chair's Action

There have been no Chair's Actions for this period.

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

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

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Failure to report the sealing of documents to the Health Board would be in contravention of the Local Health Board's Standing Orders and Standing Financial Instructions.
Financial Assessment, including Value for Money	There are no financial implications for this report.
Quality, Safety and Patient Experience Assessment	There is no direct association to quality, safety and patient experience with this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to Plan associated with this report.

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The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Not applicable to this report
	Integration –Not applicable to this report
	Involvement –Not applicable to this report
	Collaboration – Not applicable to this report
	Prevention – Not applicable to this report
Glossary of New Terms	None
Public Interest	Report to be published in public domain

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item:3.1	**3.1**

Aneurin Bevan University Health Board

Committee and Advisory Group Update and Assurance Reports

Executive Summary
The purpose of this report is to provide an update on the work of the Health Board's Committees. The Board is asked to note this report and the updates provided from Health Board Committees for assurance.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Richard Bevan, Board Secretary		
Report Author: Kay Barrow, Acting Head of Corporate Governance		
Report Received consideration and supported by :		
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 9th January 2019		
Supplementary Papers Attached: None		

Purpose of the Report
This report acts as a mechanism for Committees to provide assurance to the Board with regard to business undertaken in the last period. It also allows the Committee to highlight any areas that require further consideration or approval by the Board.

Background and Context
The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups are established. In line with this guidance, the following Committees and advisory groups have been established:

- Audit Committee
- Charitable Funds Committee
- Quality and Patient Safety Committee

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

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- Information Governance Committee
- Mental Health and Learning Disabilities Committee
- Remuneration and Terms of Service Committee
- Stakeholder Reference Group
- Healthcare Professionals Forum

The Board has established the following additional Committees:

- Finance and Performance Committee
- Planning and Strategic Change Committee
- Public Partnerships and Well Being Committee

Assurance Reporting

The following Committee and advisory group summary assurance reports are included for adoption by the Board:

- Quality and Patient Safety Committee – 21st November 2018
- Stakeholder Reference Group – 4th December 2018
- Planning and Strategic Change Committee – 5th December 2018
- Public Partnerships and Wellbeing Committee – 6th December 2018
- Charitable Funds Committee – 14th December 2018

External Committees and Group

Representatives from the Health Board also attend a number of external Joint Committees and Groups. In order to provide the Board with an update on the work of these Committees and Groups the minutes and/or assurance reports are included for the Board for the following Committee:

- Emergency Ambulance Services Committee - Minutes of the meetings held on 10th July 2018 and 17th October 2018.
- Welsh Health Specialised Services Committee – Assurance reports for meetings held on 11th September 2018 and 13th November 2018.

Assessment and Conclusion

In receiving this report the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

Recommendation

The Board is asked to note this report and the updates provided from Health Board Committees.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

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Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are no key risks with this report. However, it is good governance practice to ensure that Committee business and minutes are reported to the Board. Therefore each of the assurance reports might include key risks being highlighted by Committees.
Financial Assessment, including Value for Money	There is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
Equality and Diversity Impact Assessment (including child impact assessment)	An Equality and Diversity Impact Assessment has not been undertaken for this report.
Health and Care Standards	This report will contribute to the good governance elements of the Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations
Glossary of New Terms	None
Public Interest	This report is written for the public domain

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

3.1

Name of Committee:	Quality and Patient Safety Committee
Chair of Committee:	Professor Dianne Watkins
Reporting Period:	21 November 2018

Key Decisions and Matters Considered by the Committee:

Winter Plan 2018/19 - The Committee received a presentation on the Winter Plan for 2018/19. It was highlighted that the winter plan was seeking to manage and better direct demand, and noted that although lower lengths of stay in hospital are important, the intention was to support and treat people closer to their home in order to avoid hospital attendance or admission. The Committee was assured that the additional funding received from Welsh Government was to focus more on the collaborative work with Local Authorities and WAST. The Committee recognised that a huge amount of work had been put into formulating the winter plan and complimented the team on the ideas going forward.

Royal Gwent Hospital (RGH) Neonatal Annual Report 2017 – The Committee received a presentation on RGH Neonatal Annual Report 2017 and noted that there are 3 levels of activity; Intensive Care, High Dependency and Special Care. It was noted that there has been an increase in length of stay in the Unit due to the complexity of the babies admitted. Data collected by the Unit is benchmarked against the Vermont Oxford Network data, a network of 350 international units across the world. Outcomes from RGH compared very favourably with the Network audit data. In relation to a RCPCH Neonatal Audit Programme a small number of areas from the 2017 data were being followed up in relation to neonatal care Nevill Hall Hospital and improvements in the audit outcomes were expected.   The Committee was assured that the model of care, designed to be implemented in the Grange University Hospital, involved bringing together NHH and RGH and would take cognisance of any audit outcomes.

Quality, Safety and Performance Overview – The Committee received the report, and noted the progress being made. It was reported that the number of people being screened for sepsis in the emergency departments at Royal Gwent and Nevill Hall Hospitals had increased, but compliance with the sepsis 6 bundle was still variable. The Committee noted that the number of cases of C.diffcile per month had now reduced to the levels required to meet the target in 2018/19. It was highlighted that there was an increase in mortality rates pertaining to the 30 day mortality around Stroke and Fractured Neck of Femur, the latter figures being worse at Nevill Hall Hospital. Changes implemented at RGH are planned for implementation at Nevill Hall to improve outcomes.

Infection Protection Annual Review – The Committee received an overview of the Infection Protection and Decontamination Annual Review 2017/18 and noted that the data on key health care associated infections were reported as part of the surveillance programme mandated by Welsh Government. The key points from April 2017 to March 2018 were highlighted and the Committee recognised that the considerable success over the last year had been due to the commitment to infection prevention and control demonstrated at all levels of the organisation. It was noted that the Infection Prevention Team would continue to support the Health Board and provide a 2-hourly service through the winter period, and that an Infection Prevention Nurse would be available at weekends from 08:30am to 4:30pm during this period.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

Risk Assessment Overview - The Committee noted the committee risk register and overview assurance report. The Committee also received the Quality and Patient Safety Operational Group assurance report.

Patient Experience Committee – The Committee received the report for information and the 2 concerns highlighted for escalation by the Patient Experience Committee was the focus for patient experience in the current Clinical Futures Programme and the required level of resources for patient experience activity.

Maternity Services Board – The Committee received a report that outlined the purpose of the Health Board's Maternity Services Board. The clinical governance and assurance arrangements for Maternity Services were also described in detail within the report.

It was reported that the Heads of Midwifery and Clinical Directors of Obstetrics are working together to devise one All Wales trigger criteria for reporting serious incidents. Due to time constraints it was agreed to agenda a further discussion on this at the next QPSC.

Matters Requiring Board Level Consideration:
- RCPCH Neonatal Audit Programme 2017 data for Nevill Hall Hospital – action agreed for follow up
- Winter Planning demands and requirements for increased collaboration with Social Care Colleagues.

Key Risks and Issues/Matters of Concern:
- There were no risks and issues identified.

Planned Committee Business for the Next Reporting Period:
- Maternity Service Board
- Quality Dashboard
- Research Governance

Date of Next Meeting: Thursday 7 February 2019 at 9:30am in Conference Rooms 1 & 2, Headquarters, St Cadoc's Hospital.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

3.1

Name of Committee:	Stakeholder Reference Group
Chair of Committee:	Keith Sutcliffe
Reporting Period:	4 December 2018

Key Decisions and Matters Considered by the Committee:
There were a number of matters considered and discussed by the Group including the following: ***To Confirm the Nomination of a New Chair*** – Keith Sutcliffe had been nominated to take on the role as the new Chair of the SRG as the previous Chair Lorraine Morgan's tenure had come to an end. The Group endorsed the recommendation of Keith Sutcliffe to be the new Chair of the SRG. ***Communication and Winter Planning*** – The Group was given an update on Communications around the winter period. It was reported that a Putting You First campaign was designed showing how members of staff go that extra mile to ensure the safety and wellbeing of patients during the winter period, and to raise awareness with the public to understand and use services appropriately and to encourage them to be 'Winter Heroes' by helping to support vulnerable people during this time. ***Primary and Community Based Care*** – The Group received a presentation on Primary and Community services. Challenges and key priorities for the next six months were noted and the Group acknowledged the benefits that the transformational models of service would provide to patients. ***Integrated Winter Planning 2018/19*** – It was reported to the Group that Welsh Government had taken a different approach this year to winter planning and had encouraged further partnership working relationships, and the Group noted that the plan had been developed in close partnership across all of the Divisions, and also with partners in Local Authorities and the Third Sector. It was highlighted that a service was being developed to support people to enable them to be cared for in their own homes upon discharge from hospital and to avoid them being readmitted.

Matters Requiring Board Level Consideration or Approval:
None

Key Risks and Issues/Matters of Concern:
None

Planned Committee business for the Next Reporting Period:
- Clinical Futures Update   - Items for Board Consideration

Date of Next Meeting:
Wednesday 13 March 2019, at 1.30pm, in Conference Rooms 1 & 2, Health Board Headquarters, St Cadoc's Hospital, Caerleon.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

Name of Committee:	Planning and Strategic Change Committee
Chair of Committee:	Professor Dianne Watkins
Reporting Period:	5 December 2018

Key Decisions and Matters Considered by the Committee:

Clinical Futures Update: General Programme Update

The programme remained at amber level and was moving from planning into the implementation stage. In relation to workforce, meetings with Health Inspectorate Wales (HIW) and the Deanery regarding the Grange University Hospital (GUH) have taken place. Scenario planning was beginning to map out service requirements, workforce and educational needs. Although decisions around the acute medical model remained within the ethos of the original model, the implementation of the model will be closely monitored.

The Committee discussed transportation, and whether the Health Board could run its own transport system. Signage was also discussed but no decisions made at present.

Clinical Futures Update: Digital Priorities

The Committee was provided with an update on the national picture. It was noted that digital inclusion was linked to social inclusion, such as broadband issues and infrastructure. It was acknowledged that ensuring staff and the public had appropriate digital skills was a shared responsibility.

My Health Online website was discussed. It appeared this was not yet fully operational across all geographical areas covered by ABUHB. One portal with everything available, eliminating the requirement for paper records, was the overall goal, accessed by primary, community and secondary care. Electronic patient flow would need to be achieved in advance of the move to the new hospital.

IMTP Update 2019/20 (including Workforce and Financial Outlook)

Workforce - a pilot was currently underway to establish the appropriate use of HCSWs. Discussions were taking place in Primary Care with NCNs to identify and improve intelligence regarding workforce requirements. It was deemed necessary to share good practice and any learning in a structured way, and this was not always occurring between Divisions. The Committee asked for a template to be constructed for completion by Divisions which would list the areas of priority.

It was reported that there were 10 priorities within the IMTP for 2019/20 and it was proposed that two of these should be removed: Implementing the Discharge to Assess Model, as the service 'Home First' was now in place; and Redesigning the Clinical Models as part of the Clinical Futures Programme which would be completed by the end of December 2018. Additions to the IMTP included finalising and delivering the Clinical Futures Transitional Plan with a focus on Paediatrics, Obstetrics and Neonates, and the Health Board's Cancer Strategy 5 year plan, with a key focus on the single cancer pathway.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

Finance - a brief overview was provided, with the latest position for 31 March 2019 outlined as £11.4 million, a decrease from £18 million due to the savings plans delivered. Divisional financial plans were being developed as part of the IMTP, with a focus on savings delivery and addressing the underlying position. Divisions were undertaking work on demand and capacity plans for each specialty which, once approved, would realise the efficiency and productivity in each service area, and reduce costs to the organisation. The Committee agreed more work was required around effectiveness within service areas and noted the need for flexibility next year.

Cancer Services Strategy – Focus on Radiotherapy Satellite Unit at NHH
The case for change was outlined, including the need to improve patient outcomes in Wales, and the limitations of the existing service models. Approval was required from Welsh Government to proceed with preparation of the Outline Business Case.

South Wales Regional Planning Update.
Some progress had been made, although discussions were ongoing regarding Paediatrics, Obstetrics and Neonatology. The Committee noted concerns with the Diagnostics programme, and the single cancer pathway, but learned that interventional radiology on call would be achieved by early February 2019.

Matters Requiring Board Level Consideration or Approval:

There were no items for Board level consideration.

Key Risks and Issues/Matters of Concern:

None

Planned Committee business for the Next Reporting Period:
- Clinical Futures Update
- Regional Issues Update
- Supporting Infrastructure
- Patient Transport
- WAST Amber Review
- Cancer Plan

Date of Next Meeting:
Thursday 21 March 2019, at 9.30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

Name of Committee:	Public Partnerships and WellBeing
Chair of Committee:	Katija Dew
Reporting Committee period:	6 December 2018
Key Decisions and Matters Considered by the Committee:	

There were a number of matters considered and discussed by the Committee including the following:

Draft Population Health Strategy for Gwent **–** The Committee received a presentation on the Population Health and Wellbeing Strategy for Gwent 2019-30. The Committee discussed the timeframe for this project and suggested that the strategy should first be taken to G9/G10 group for discussion and then look to the Public Sector and Third Sector to be involved, as it was felt that this needed to be launched on a wider scale and not just within the Health Board.

Primary Care Strategic Priorities **–** Sian Millar provided a report to highlight the key strands of the Strategic Programme for Primary Care. It was highlighted to the Committee what the key plans, actions and important components would be required to meet the Primary Care objectives of "A Healthier Wales" within the Health Board. It was reported that the Division of Primary and Community Care had covered all main work streams within its IMTP and Transformation Programme.

Shifting Investment or Resources to Out of Hospital Care **–** Rob Holcombe provided the Committee with an update on current thinking and gave examples of rebalancing the system of care by developing out of hospital care, whilst considering the impact on acute hospital care. It was noted by the Committee that the National Primary Care Board had requested that all Finance Directors develop a framework to support resource shifts between Secondary and Primary Care; that this framework had now been published by Welsh Government as a Welsh Health Circular.

Gwent Transformation Fund Update **–** The Committee received an update on the award of the Transformation Fund and what the next steps were as delivery commenced. It was reported that a bid of £13.4 million had been submitted for a period of 2 years from the point of award. It was noted that the content of the offer had an element around early intervention and prevention services which would be developed and delivered in tandem with the new Transformational Model of Primary Care. The Committee was advised that there was also two additional elements, one around the development of the Home First Model which was the Discharge to Assess Service which became operational in October 2018, and the other was the Child and Adolescent Mental Health Services (CAMHs) Reform.

School Nursing Strategic Priorities **–** The Committee received a brief update on School Nursing and the challenges that were being faced within schools.   A Framework for a School Nursing Service in Wales had been published in 2009 by Welsh Government which outlined broad standards for school nursing, with 2 years funding being attached to the Framework.   In 2017 a number of consensus conferences were held to look at the delivery of services across Wales and a new refreshed Framework that reflected changes was delivered.

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

ABUHB Staff Seasonal Flu Immunisation Programme Plan – The Committee was provided with a brief update on the early progress with the implementation of the staff flu immunisation programme for Health Care workers. It was reported that there was a Welsh Government target of 60% for frontline staff to take up the offer of the vaccine, and in order to achieve this target the Executive Team took the decision to provide a financial incentive for all of the Divisions to motivate them towards achieving this target. It was noted that the first Division that reached the 60% target would receive a £30k incentive and for all other Divisions that reach the 60% target by the end of March 2019 would receive a £20k incentive. The Committee was made aware that this incentive was in line with NICE guidance to help purchase equipment for their service areas and the funding for the incentive was from the Winter Plan Funds.

Risk Register – The Committee discussed the Risk Register and noted that the risks were consistent with the Committee's work programme. The Committee was aware that there was no change to remaining risks with high or moderate scores in this period and it was proposed that the Committee takes the decision to withdraw risk 1.3 from the Risk Register which is associated with the withdrawal of Communities First Funding, as it was felt that the Health Board had done all it could do to mitigate the risks.

Work Programme 2019 – The Committee discussed the Forward Work Programme for 2019 and agreed that the overall Public Health Wales Work Programme would feed into the Committee Work Programme.

Public Services Board's and Social Services and Wellbeing Act Regional Partnership Board Minutes - The Committee received and noted the minutes from each of the Public Service Boards and the Social Services and Wellbeing Act Regional Partnership Board.

Matters Requiring Board Level Consideration or Approval:
There were none.

Key Risks and Issues/Matters of Concern:
There were none.

Planned Committee Business for the Next Reporting Period:
- Frailty Review   - Population Wellbeing Strategy   - Public and Partners Involvement Plan   - IMTP SCP 1 & SCP 2   - NCN Plans   - GP OOH Peer Review Report   - Measles Outbreak Report

Date of Next Meeting: 19th February 2019 at 1.30pm in the Executive Meeting Room, HQ, St Cadoc's

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

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Name of Committee:	Charitable Funds Committee
Chair of Committee:	Frances Taylor
Reporting Committee Period:	14 December 2018

Key Decisions and Matters Considered by the Committee:

There were a number of matters considered and discussed by the Committee including the following:

Financial Report - The report provided a general financial update for the period 31 October 2018. There was a surplus for the period of £129k which was mainly as a result of the gain on investment assets since the previous year, and excluding investment gains there would be an underlying deficit of £66k.

TP Price Land Disposal Update - The Committee received an update and reviewed legal advice in relation to the disposal of TP Price Land. The Committee agreed to progress with the legal advice and for the land to be sold at auction.

Recruitment of Medical Staff Fund Proposal – It was reported that a discussion had taken place with Mr Paul Edwards since the last meeting held in October 2018, and a draft governance framework had been produced for the Committee's consideration. It was noted that the framework was at a relatively high level with the intention that the decision making panel, proposed in the framework would develop it in more detail but within the scope set out. The Committee discussed the framework and agreed that in order for them to have the necessary assurance they would like to have a broad outline on the case studies that will be receiving the funding. The Committee asked to receive the more detailed criteria for support determined by the panel for information.

Administration Charge for 2018/19 – It was reported that in line with the charitable funds authorisation procedures the Charitable Funds Committee was requested to approve the estimated administration charges for 2018/19 of £119k. It was noted that the cost of administering Charitable Funds was apportioned across all funds in order that normal revenue budges were not used to subsidise the charity and that the administrative charge covered the cost of administering the Charitable Funds on a day to day basis, which included direct costs for the Charitable Funds office. It was agreed by the Committee to approve the estimated administration charges for 2018/19.

Annual Reports From Fund Managers – It was noted that the Charitable Funds Financial Control Procedure set out a requirement that an annual report setting out what the account had been used for in the previous year and the spending plans for the forthcoming year must be provided by the Fund Managers. The Committee discussed the report and agreed that in order to provide assurance to the Board further discussions were needed between the Charitable Funds Team and fund holders in order to ascertain further information in relation to the funds, their purpose and future plans. It was agreed that a more enabling approach might need to be developed by the Charitable Funds Team.

Funds Available to the Committee – It was noted that there was £493k available following the previous meeting in October 2018 and if all bids received at the

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

3.1

December meeting were approved the remaining funding available would be £460k. The Committee was asked to reconsider the 3 bids that were was presented at the last meeting held on 8 October 2018 as there were a number of queries raised:

- **Bids CFC-211 Refurbishment Specialist Chairs and CFC-213 Thera-Trainer, Physio Stroke at St Woolos and Royal Gwent Hospitals** – The Committee reconsidered the 2 bids and agreed that they were content to fund 50% with the remainder to be provided using the funds there were already available to fund holder's wards.

- **Bid CFC-214 Live Music, Aneurin Bevan University Health Board** – The Committee agreed they were content to support this bid but required some increased evidence of the benefits to patients and a schedule of when and where the concerts would be taking place.

- **Bid CFC-215 Therapeutic Garden, etc., Annwylfan Ward, Ysbyty Ystrad Fawr** – The Committee agreed they were content to support the bid, but would require a detailed breakdown around costings and confirmation of who was responsible for maintaining the garden.

Volunteering – It was highlighted that after discussion about services around winter planning the Executive Team had recognised that there were a lot of volunteers at the Royal Gwent Hospital, but few volunteers at Nevill Hall Hospital. It was suggested that due to the urgency, if a bid was received, whether or not the Committee would support that bid in advance of the next Charitable Funds Committee meeting scheduled to take place in February 2019. The Committee agreed that they were content to support this request in principal, subject to further discussions between the Chair and Executive member.

Matters Requiring Board Level Consideration or Approval:

T P Price Land Sales/Disposal Proposal.

Key Risks and Issues/Matters of Concern:

There were no risks, issues or matters of concern to note.

Planned Committee business for the Next Reporting Period:

To be confirmed.

Date of Next Meeting: Thursday 14 February 2019 at 2:00pm in the Executive Meeting Room, Headquarters, St Cadoc's Hospital

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Tab 3.1 Committee and Advisory Group Chairs' Assurance Reports

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – SEPTEMBER 2018

The Welsh Health Specialised Services Committee held its latest public meeting on 11 September 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 resignation of Lyn Meadows as Vice Chair due to changes in her portfolio at BCUHB;
- The appointment of Maggie Berry as a member of the WHSSC Quality & Patient Safety Committee;
- The appointment of Lyn Meadows as a member of the WHSSC Quality & Patient Safety Committee;
- The appointment of Dr Christopher D V Jones, CBE as a member and Vice Chair of the All Wales (WHSSC) Individual Patient Funding Review Panel; and
- Approval of revised Terms of Reference of the WHSSC Quality & Patient safety Committee.

Managing Director's report
The Joint Committee noted the content of the Managing Director's report and in particular updates on:
- Management Group Review: Members noted that the OD Team at CTUHB would be running an OD exercise with members of Management Group which would begin during autumn.
- Mother & Baby Unit for South Wales: WHSSC has received expressions of interest from two Health Boards to provide a Mother & Baby Service and is working with Public Health wales on demand and flow.

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- Neonatal Transport: ABMUHB has expressed offered to act as lead provider.

Commissioning Intentions for 2019-22 Integrated Commissioning Plan

The Joint Committee received and approved a paper that outlined the options for Commissioning Intentions to inform the development of the WHSSC three year Integrated Commissioning Plan for Specialised Services 2019-22.

Introduction of Blueteq System for High Cost Drug Management

The Joint Committee received a paper that described the potential use of Blueteq software in the commissioning of high cost drugs within NHS Wales.

Members (1) noted the benefits of introducing the Blueteq high cost drug management system across NHS Wales, including the commitment from the manufacturer to offer NHS Wales the same annual fee for the lifetime of the product and (2) approved recurrent funding for a system which supports both the seven Health Boards and WHSSC.

Terms of Reference – Integrated Governance Committee

The Joint Committee considered and approved Terms of Reference for the WHSSC Integrated Governance Committee.

WHSSC Sub-committee Annual Reports to the Joint Committee

The Joint Committee received and considered Annual Reports from the:
- Management Group;
- Integrated Governance Committee;
- All Wales (WHSSC) Individual Patient Funding Request Panel; and
- Welsh Renal Clinical Network.

Other reports

The Joint Committee received the Integrated Performance Report and Financial Performance Report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:
- Management Group (Briefings);
- Integrated Governance Committee;
- All Wales (WHSSC) Individual Patient Funding Request Panel; and
- NHS Wales Gender Identity Partnership Group.

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**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.

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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.
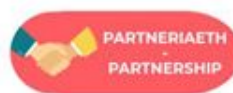
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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 JULY 2018 AT THE HEALTH AND CARE RESEARCH WALES,
CASTLEBRIDGE 4, COWBRIDGE ROAD, CARDIFF, CF11 9AB**

PRESENT

Members:

Mrs Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Len Richards	Chief Executive, Cardiff & Vale UHB
Mrs Tracy Myhill	Chief Executive, Abertawe Bro Morgannwg UHB
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Mrs Judith Paget	Chief Executive, Aneurin Bevan UHB
Ms Patsy Roseblade	'Interim' Chief Executive, WAST
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mr Gary Doherty **(Via VC)**	Chief Executive, Betsi Cadwaladr UHB

In Attendance:

Mr Julian Baker	Director, National Collaborative Commissioning Unit
Mr Shane Mills	National Collaborative Commissioning Unit
Mr Robert Williams	Committee Secretary / Board Secretary, Host Body
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner

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Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/58	**WELCOME AND INTRODUCTIONS** Mrs A Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. Mrs A Williams explained that the Public Appointments process to appoint an Independent Chair had concluded and that we were awaiting confirmation from Welsh Government before we can announce the details. The Committee agreed that Mrs A Williams should continue acting as interim Chair until the new Chair was in post. Members **NOTED** that Mrs A Williams had also exceeded her term as Vice Chair and the role of Vice Chair would be discussed at the next meeting. Members **RESOLVED** to **AGREE** that Mrs A Williams continue in her Vice Chair capacity and Chair the meeting and that the role of Vice Chair be reviewed following the announcement of the new Chair.	Committee Secretary
EASC 18/59	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Mr S Ham, Velindre NHS Trust, Dr T Cooper, Public Health Wales, and Mr S Davies, Director of Finance, EASC & WHSSC.	
EASC 18/60	**DECLARATIONS OF INTERESTS** There were no additional interests, to those already declared.	
EASC 18/61	**MINUTES OF THE MEETING HELD ON 15 MAY 2018** Members **CONFIRMED** the minutes as a true and accurate account of the meeting held on 15 May 2018.	Committee Secretary
EASC 18/62	**ACTION LOG** Members **received** the action log and **NOTED** that progress with some of the related matters would be considered within the substantive business meeting agenda.	

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	The Committee **RESOLVED** to: • **NOTE** the Action Log and the updates provided.	
EASC 18/63	**MATTERS ARISING** There were no Matters Arising that were not already contained within the Action Log.	
Part 2. KEY ITEMS FOR DISCUSSION		
EASC 18/64	**CHAIR'S REPORT** Members **received** a verbal report from the acting Chair. Mrs A Williams advised that the Public Appointments process to appoint an Independent Chair was complete and that she was pleased to report that they successfully appointed to the role and were awaiting confirmation from Welsh Government before a formal announcement could be made. Members **RESOLVED** to: • **NOTE** the acting Chair's update.	*CASC / Vice Chair*
EASC 18/65	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** Mr S Harrhy, Chief Ambulance Services Commissioner (CASC), presented the report which provided an update on key matters related to the work of the CASC, which included: • **Clinical Risk Review** Mr S Harrhy advised that the Clinical Risk Review Work was continuing jointly with WAST on taking forward the actions agreed in the Clinical Risk Assurance Review previously agreed by the Committee. The work underway as part of the Amber Review will have an impact on the actions required to progress the Clinical Risk Assurance Review to its next stage. Therefore, a more detailed report would be presented on conclusion of the Amber review, which was due to be complete by September 2018.	CASC *NCCU Director*

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In the interim, the actions previously agreed by the Joint Committee were monitored closely and no significant risks had been identified at this stage.

Amber Review
Mr S Harrhy gave an update on progress with the Amber review and advised that progress was continuing at pace and was due to be planned to be complete by early September 2018 in line with the original expectations of the Committee and the Cabinet Secretary for Health & Social Services.

The first meeting of the "Expert Reference Group" had been held, and had discussed and analysed a wide range of issues and business intelligence. The Picker Institute has been commissioned to undertake the staff, patient and stakeholder engagement activities. The NHS Wales Informatics Service (NWIS) had continued to provide timely support and information as required to support the review.

- **Progress on sharing Best Practice**
Mr S Harrhy advised that work was progressing to identify initiatives across Wales that have the greatest potential to impact positively within emergency departments and the wider unscheduled care system.

The Cabinet Secretary for Health and Social Services was due to launch the "National Quality and Delivery Framework for Welsh Emergency Departments" at an event on 18 July 2018.

The event will include a session focussing on identifying and agreeing the initiatives, which have the greatest benefits on Emergency Departments. The event will provide an opportunity for clinical, operational and managerial staff to draw upon information contained within Winter Resilience Plans and Integrated Medium Term Plans (IMTP) to identify and agree those initiatives, which they believe, will have the greatest benefit to both emergency departments and the wider unscheduled care system. The feedback will be collated and the will provide an evidence led platform upon which to plan for the next Planning, Development and Evaluation Group (PDEG) meeting in advance of a presentation to a future meeting of EASC.

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	• **Integrated Performance Report** Mr S. Harrhy advised that positive progress had been made on the development of an Integrated Performance report as requested by the Committee. It was anticipated that the business intelligence information will analysed over the next few months and the findings will be presented to the November Committee meeting. Members **RESOLVED** to • **NOTE** the report.	
EASC 18/66	**AMBER REVIEW UPDATE REPORT** Mr S Harrhy presented the report and advised that the Accelerated Programme for the Amber Review had been established by EASC and the Chief Ambulance Services Commissioner (CASC) to support the continued development of emergency ambulance service provision in Wales. Members **NOTED** that further to the 2016-2017 independent review of the clinical response model pilot, undertaken by the Public and Corporate Economic Consultants (PACEC), had made a number of recommendations for further improvement to the clinical response model, including a recommendation to review the call categories outside of 'Red'. Consequently, the EASC meeting on 28 March 2017 endorsed the PACEC review. The call category review was undertaken by the WAST Clinical Prioritisation Assessment Software Group in 2017-2018 and ongoing review processes are still in place. The 2018-2019 EASC Integrated Medium Term Plan (IMTP) approved by the Committee on the 27 March 2018, commits the CASC to undertake an 'Amber review' to consider these wider issues. The EASC clinical team are leading the review to addressing the information, issues and concerns surrounding the Amber call category that will also consider patient expectation and experience, use of alternative responses and pathways, ambulance handover times and system risk.	

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	The CASC will function as the sponsoring officer for the Amber Review and will led by experienced clinicians, Mr Shane Mills, Director of Quality and Patient Experience and Mr Ross Whitehead, Assistant Chief Ambulance Services Commissioner. It was anticipated that the findings of the review would be presented to EASC in September 2018. Members **RESOLVED** to • **NOTE** the report.	
EASC 18/67	**EASC FINANCE REPORT MONTH 2** Members received the month 2 finance report presented by Mr S Davies which set out the estimated financial position for EASC for the 2nd month of 2018/19. Members **NOTED** that the financial position was reported against the 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the WHSSC Joint Committee in March 2018. There are no corrective actions to report as at month 2. Members **NOTED** that the budget did not include the Control Room Solution funding, as this has not yet been released to WHSSC. Members **NOTED** that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported. Members **RESOLVED** to: • **NOTE** the Month 2 finance update.	
EASC 18/68	**QUALITY DELIVERY FRAMEWORK FOR NEPTS OPERATION & ONGOING DEVELOPMENT HIGHLIGHT REPORT** Mr S Harrhy presented the report and gave an update on the enactment and ongoing development of the Quality Delivery Framework for Non-Emergency Patient Transport Services (NEPTS).	CASC

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Members **NOTED** that following the EASC Committee agreeing principles to support successful delivery of the Quality Delivery Framework and enactment of the plurality model at its meeting on 26 September 2017 significant progress had been made.

The Emergency Ambulance Services Team had appointed a Head of Commissioning and Programme Management to support the Welsh Ambulance Services NHS Trust (WAST) to complete the remaining actions to get the Quality Delivery Framework live. There considerable work had been undertaken by WAST, Health Boards and Velindre NHS Trust on the products to create the Quality Delivery Framework and realise benefits, including an improved assurance on the quality, safety and financial due diligence of providers, and the introduction of a value based approach and shifting away from a variable waited activity contractual methodology.

Members **NOTED** that Cardiff and Vale University Health Board (C&V UHB) had transferred NEPTS provision to WAST. WAST have agreed a process and timescales to transfer other HBs, and Velindre NEPTS provision to WAST by September 2019, however timescales were subject to review as the transfer progresses.

To support a smooth transition Health Boards were requested to:
- ensure they were appropriately represented at the Delivery Assurance Group (DAG) meeting
- note the transfer of work programme, including current indications of when each health board would transfer
- appoint a point of contact for the development of the transfer documentation
- ensure that up to date and accurate information was provided to WAST in advance of the transfer project commencement
- consider its governance requirements for the approval of the transfer.

Members **NOTED** that following the internal audit assessment undertaken in March 2017, a further follow up assessment would be undertaken on progress with the transfer in 2019.

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	Members **RESOLVED** to: • **NOTE** the report and support the highlight report on the Quality Delivery Framework for Non-Emergency Patient Transport Services - Operation & Ongoing Development, and its ongoing implementation.	
EASC 18/69	**EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EXTENSION OF OPERATIONAL HOURS FOR MAJOR TRAUMA.** Mr S Harrhy advised that further to the request from the Joint Committee requesting information on the number of pre-hospital trauma patients that may benefit from the attendance of the Emergency Medical Retrieval and Transfer Service (EMRTS), outside of the current operational hours, at its last meeting, that an analysis had been undertaken and the report was being presented for information. Members **NOTED** that the analysis was focussed on the trauma workload, and was based on updated modelling for a 24 hour period over 12 months. Data from multiple sources had been analysed including Trauma Audit and Research Network (TARN), Welsh Ambulance Services NHS Trust (WAST) and the EMRTS Strategic Outline Case and Business Justification Case to provide an up to date picture of activity. The data excluded all neonatal data, emerging changes in clinical pathways such as stroke thrombectomy, vascular, cardiac, and the South Wales Trauma Network as well as large scale serve redesigns currently being considered by health boards. In order to provide assurance on the accuracy of the predicted workload, performance data for year 3 of EMRTS (2017-2018) has been compared against activity predictions in the strategic outline case (2014), which detail a 24 hour demand for EMRTS. The results demonstrated that the current 12-hour service model was reaching 70% of the predicted demand for pre-hospital critical care, and 63% of demand for time critical transfers for the whole 24-hour period.	CASC

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	Members **NOTED** that on emergency response times there was an average of 1.4 trauma cases per night, which compared favourably with the 1.3 incidents per night in Kent, Surrey and Sussex air ambulance, which supported their extension to 24/7 service outlined within the "The Need for a UK Helicopter Emergency Medical Service by Night: A Prospective, Simulation Study", Air Medic Journal 34.3,Lyon et al, 2017; & "The Impact of Helicopter Emergency Medical Service Night Operations in South East England", Air Medic Journal, Curtis et al, 2017. A follow up study by the same service in 2017 confirmed the accuracy of their predictions, as well as identifying that a higher proportion of patients were transported to major trauma centres at night, and weather conditions prevented air response in 15% of night operational hours. Members **RESOLVED** to: • **NOTE** & **DISCUSS** the report	
Part 3. KEY ITEMS FOR APPROVAL		
EASC 18/70	**JOINT COMMITTEE RISK REGISTER** Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes. Members **NOTED** that a new risk had been added to the register as a consequence of discussions held at the May EASC meeting concerning progress in commissioning the Amber review. Members **NOTED** that there were three "red risks" concerning failure to progress WAST staffing roster changes, failure to provide alternative services and failure to ensure the commissioning of emergency ambulance services was appropriately clinically categorised. Members **RESOLVED** to: • **NOTE** the report and **APPROVE** the updated Risk Register.	*CASC/ Committee Secretary*

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EASC 18/71	**JOINT COMMITTEE FORWARD PLAN OF BUSINESS** Members **RECEIVED** and **NOTED** the Forward Plan of Committee business. Mr R Williams confirmed he would amend the Plan, where appropriate, with matters raised at the meeting.	Committee Secretary
Part 4. TO RECEIVE AND ENDORSE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS		
EASC 18/72	**CHAIRS UPDATES FROM EASC SUB GROUPS** Members **NOTED** the updates provided by the Chairs of the sub groups established by the Joint Committee, these being: 4.1.1 Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) Chair's Summary 19 March 2018 4.1.2 EMRTS DAG Chair's Summary 18 June 2018 4.1.3 Non-Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Approved Action Notes 21 May 2018 4.1.4 NEPTS Chair's Summary 25 June 2018 4.1.5 Planning, Development and Evaluation Group (PDEG) Approved Action Notes 13 March 2018 4.1.6 PDEG Chair's Summary 26 June 2018 Members **RESOLVED** to: • **RECEIVE, NOTE** and **ENDORSE** the Sub Group summary updates and Minutes received.	Committee Secretary
Part 5 FOR INFORMATION/OTHER MATTERS		
EASC 18/73	**FINAL VERSION OF THE EASC ANNUAL GOVERNANCE STATEMENT 2017-2018** Mr Robert Williams presented the EASC Annual Governance Statement 2017-2018. Members **NOTED** that the Statement had to be signed off by the Chief Ambulance Services Commissioner (CASC) as the accountable officer, and approved by the Joint Committee. As a hosted organisation, the EASC's annual governance statement forms part of the Cwm Taf UHB annual report and accounts.	Committee Secretary

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	Members **RESOLVED** to: • **APPROVE** the EASC Annual Governance Statement 2017-2018	
EASC 18/XX	**PROPOSED DATES FOR THE JOINT COMMITTEE MEETINGS IN 2019-2020** Mr Robert Williams gave an update on the proposed dates for future EASC meeting in 2019-2020. Members **RESOLVED** to: • **NOTE** the update	Committee Secretary
DATE AND TIME OF NEXT MEETING		
EASC 18/XX	A meeting of the Joint Committee will be held at 13:30hrs on Tuesday 11 September 2018 at the Health and Care Research Wales, Castlebridge 4, 15 Cowbridge Road East, Cardiff, CF11 9AB	Committee Secretary

Signed   ……………………………………………… (Chair)
Mrs A Williams (Vice Chair)

Date   ……………………………………..…………

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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
17 OCTOBER 2018 AT THE EASC OFFICES, HEOL BILLINGSLEY,
NANTGARW**

PRESENT

Members:

Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Hannah Evans	Director of Transformation, Abertawe Bro Morgannwg UHB
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	National Collaborative Commissioning Unit
Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Stuart Davies	Director of Finance (EASC)
Gwenan Roberts	Interim Board Secretary, Host Body

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Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/81	**WELCOME AND INTRODUCTIONS** Allison Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. Allison Williams explained to all present that due to last minute apologies the Committee was not quorate (as required within the Standing Orders). It was **NOTED** that the In Committee meeting had received the draft Amber Review Report.	
EASC 18/82	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Carol Shillibeer, Gary Doherty, Len Richards, Robert Williams, Steve Moore, Tracey Cooper and Tracy Myhill.	
EASC 18/83	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	
EASC 18/84	**MINUTES OF THE MEETING HELD ON 10 JULY 2018** The minutes were confirmed as an accurate record of the meeting held on 10 July 2018.	
EASC 18/85	**ACTION LOG** Members **received** the action log and **NOTED** that progress with some of the related matters would be considered within the agenda or postponed to the next meeting for further discussion. The Committee **RESOLVED** to: **NOTE** the action log.	
EASC 18/86	**MATTERS ARISING** The following items were discussed: • **Emergency Medical Retrieval and Transfer Service (EMRTS)** discussion to be deferred to the next meeting. It was **NOTED** that all Health Boards had a key link member of staff working with the service.	Board Secretary

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Part 2. KEY ITEM FOR DISCUSSION		
EASC 18/87	**CHAIRS REPORT** Members **NOTED** that the meeting was primarily concerned with the Amber Review. It was anticipated that an announcement would be made regarding the new Independent Chair before the next meeting in November. Members **RESOLVED** to: **NOTE** the report.	

EASC 18/88	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT**
	Stephen Harrhy, Chief Ambulance Services Commissioner presented the report.
	
	• **National Quality and Delivery Framework agreement for**
	  - **Emergency Ambulance Services (EMS)**
	  - **Non-Emergency Patient Transport services (NEPTS)**
	  - **Emergency Medical Retrieval and Transfer Service (EMRTS)**
	Members **NOTED** the update and the ongoing work with the new Chief Executive of the Welsh Ambulance Services NHS Trust, Jason Killens. The Frameworks would feature in the Integrated Medium Term Plan (IMTP) and any actions would also take the Amber Review recommendations into account.
	
	• **Strategic Commissioning Intentions**
	  Work on the strategic commissioning intentions would take place in line with the development of service plans and the Integrated Medium Term Plan (IMTP); and the recommendations and actions related to the Amber Review. Members **NOTED** that the Directors of Planning had received information from the EAS Team related to the development of the IMTP which would be discussed in more detail at the next meeting. The overarching assumptions with the commissioning intention and allocation letter would be clarified and Stuart Davies **AGREED** to discuss with the Directors of Finance regarding the assumptions for EASC.
		CASC/ EAST/ Jason Killens
		
		Stuart Davies

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	• **National Programme of Unscheduled Care** – Members discussed the funding allocated for winter pressures and the connection between WAST and the health boards particularly in relation to community paramedic support. Discussion took place on the role of the Advanced Paramedic Practitioner (APPs) within health boards and how this would provide an opportunity to work more closely with community teams, with GPs and also with the GP out of hours services. Members **NOTED** that the business case for APPs had been developed and around 20 staff within WAST were qualified although there would be the issue for backfill. The role for community paramedics would also need to be further discussed. Members **NOTED** that a workforce plan was being developed in WAST and the request from health boards was the need to embed the staff within the GP clusters. It was felt this matter needed further discussion at a future meeting. Members **RESOLVED** to: **NOTE** the report.	*CASC*
EASC 18/89	**PROVIDER ISSUES BY EXCEPTION** There were none.	
EASC 18/90	**AMBULANCE QUALITY INDICATORS (AQI)** Members **NOTED** that the information was now provided by Stats Wales and the data could be used and amended to provide information by health board and NHS Trust area. More work was underway to provide information on a monthly basis. Members **RESOLVED** to: **NOTE** the report.	
EASC 18/91	**EASC MONTH 6 FINANCE REPORT** The report was presented by Stuart Davies. Members **NOTED** that the information was in line with expectation of achieving breakeven at the end of the financial year. It was **NOTED** that the allocation funding was pending. Further discussion took place around understanding where the resources were allocated across the 5 steps and the aim to provide information for the investments to the next level within the schedule was welcomed. Members **RESOLVED** to: **NOTE** the report.	

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EASC 18/92	**AMBER REVIEW** Members received and **NOTED** the presentation on the Amber Review. Members **AGREED** to receive the final version at the next meeting and work through the recommendations and the next steps. Members **NOTED** the importance of agreeing who would be leading on the actions required and meeting timescales. Members **RESOLVED** to: • **NOTE** the presentation and • **AGREED** the next steps.	*CASC*
EASC 18/93	**FORWARD PLAN OF BUSINESS** Members received the forward plan of business. Priority areas for the next meeting were **AGREED** as: • EMRTS • Amber Review • Community Paramedics	*ALL*
EASC 18/94	**RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS** Members **AGREED** to receive at the next meeting.	
DATE AND TIME OF NEXT MEETING		
EASC 18/80	A meeting of the Joint Committee would be held at 13:30hrs, on Wednesday 13 November 2018 at the National Collaborative Commissioning Unit (NCCU), No 1 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ	Committee Secretary

Signed   ……………………………………………

Allison Williams (Vice Chair)

Date   …………………………………...............

Tab 3.2 Executive Team Report

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item:3.2
GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	

3.2

Aneurin Bevan University Health Board

Executive Team Report

Executive Summary	
This report provides the Board with an overview of a range of activities of the Executive Team, key issues locally, regionally and in NHS Wales.	
The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓
Executive Sponsor: Judith Paget, Chief Executive	
Report Author: Richard Bevan, Board Secretary	
Report Received consideration and supported by :	

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 11th January 2019
Supplementary Papers Attached: None

Purpose of the Report
This report provides the Board with an overview of some of the current activities of the Executive Team and key issues locally, regionally and in NHS Wales. The report also provides the opportunity to bring forward items to the Health Board to demonstrate in public, areas that are being progressed and achievements that are being made that might not be brought to the Board as key discussion papers. This report also provides an opportunity to highlight areas that can be brought back for future meetings.

Background and Context
Weekly Executive Team Meetings and Monthly Executive Board Meetings: The Executive Team continue to meet formally on a weekly basis and our meetings cover a range of strategic, policy, performance, operational, workforce and risk based matters, which require Executive Team consideration and/or approval. Many of these items are converted into the strategic or performance based reports received by the Board and its Committees. The Executive Team also hold a monthly meeting with Divisional Directors of the Health Board and this group meets as the Executive Board. An Executive Board Meeting was held in November 2018. The Executive Board engaged with representatives from Health

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Tab 3.2 Executive Team Report

Education and Improvement Wales to engage with them on their role and priorities in NHS Wales. A number of nursing initiatives were also discussed including the Open University Flexible Route to Nursing Programme and the Nurse E Documents Programme. The digital priorities for the Health Board were also covered, which are to be expressed in the IMTP. The Doctor Dr initiative was also discussed and how PROMs collection would aid follow-up management for patients.

Organisational Visits during the Winter Period: The Executive Team Members regularly visit sites and services across the Health Board during the year to discuss with staff and teams current developments, key issues and risks. A particular focus of recent visits have been associated with service pressures during the winter months to ensure that teams and staff across the Health Board are directly supported by the Executive Team and also to ensure that information from the front line is fed into our ongoing plans and response. The Health Board has also sought to limit the number of organisational meetings that are taking place in the month of January to ensure support can be focused on front-line services. During the winter period the Executive Team has also put in place an 'Executive Director of the Day' role, which is intended to support the smooth running of business as usual during the winter period when sites and services are at their most pressured. The role accesses an on call hub in the Executive Team corridor at St Cadoc's Hospital, where all the relevant current performance information needed is accessible.

Update - Response to the Tawel Fan investigation Reports in Betsi Cadwaladr University Health Board: The Board received a paper at the July 2018 Board meeting setting out how our organisation was reviewing the findings of the report and that further assessment work was being undertaken to give assurance that learning was being taken forward. As set out in the July Board paper the Mental Health and Learning Disability Committee will now provide overview assurance by reviewing the work undertaken and will report to the Quality and Patient Safety Committee for assurance.

The Board is also receiving in January the evaluation report of the Older Adult Mental Health Services, which references how this organisational review work has contributed to the Health Board's response to the reports on Tawel Fan.

BREXIT preparations: The Board will be aware that work within the organisation and with our partners is being undertaken to plan and prepare for BREXIT. This is currently expressed as a risk on the Health Board's risk register. Therefore, the Executive Team has received an update on the work underway in the organisation to prepare in line with NHS requirements for Wales and the UK. The Health Board has established an EU Transition Steering Group, which co-ordinates the organisation's activities to plan for BREXIT and our actions to mitigate risks within the control of the organisation and our partnerships. Engagement and planning work has already been undertaken via our Business Continuity leads and through the Local Resilience Forum to ensure we are actively working with our partners. The Steering Group reports at least monthly to the Executive Team and further updates will be made to the Board as the work progresses and the outcome and implications of BREXIT decisions and requirements are known.

Engagement with Local Councils: As the Board will be aware, representatives from the Health Board during each year present to and engage with meetings at our partner Local Authorities. These meetings can be with the Full Council, Executive of the Council of a specific scrutiny committee depending on the request of each Council. The

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Tab 3.2 Executive Team Report

engagement updates on the performance of the organisation, key developments and any issues particular to each council area. The last two sessions held were with the Scrutiny Committee of Caerphilly County Borough Council on the 4th December 2018 and the Scrutiny Committee at Blaenau Gwent County Borough Council on the 16th January 2019.

Regional Partnership Board: The Gwent Regional Partnership Board published its first Area Plan in April 2018, detailing the system integration activity led by the RPB. In response to the publication of 'A Healthier Wales' in June 2018, the Gwent RPB developed a 'transformation offer' setting out four new models of integrated care, to be delivered by the RPB. A funding award of £13.4 million from Welsh Government will provide the additional resources required to deliver a Gwent transformation programme. The programme will deliver four new system models including Integrated Wellbeing Networks, a place based approach to Primary and Community Care, the CAMHS Iceberg Model and the Home First hospital discharge service. A robust governance and leadership structure has been implemented by the RPB, with the creation of five regional thematic strategic boards, supported by Integrated Partnership Boards to deliver change on a local authority footprint. The RPB transformation programme will be progressed through this existing delivery structure. The transformation programme funding from Welsh Government provides the opportunity to increase both the pace and scale of activity to deliver new models of care for our priority populations.

The RPB has commenced work on its refresh of the Gwent Area Plan which will set out the totality of integrated system activity, including the new transformation programme and use of the Integrated care Fund allocation to deliver the ambitions of Welsh Government's strategy 'A Healthier Wales. The Area Plan will set out plans for the development of a wellbeing workforce and the delivery of integrated services for older people through programmes such as the Newport Older Persons Pathway. The RPB held a development session on January 10th which affirmed the direction of travel and a set of principles to guide the further development of partnership, collaboration and integration of the health and care system.

Notable Events and Good News Stories

New Year Honour for Gail Powell MBE: Congratulations to Gail Powell, of Blackwood, who was recognised in the New Year's Honours list. Gail is a Senior Nurse and our Professional Lead for Health Visiting in the Health Board and was honoured with an MBE for services to health visiting.

Staff Recognition Awards 2018: The eighth Health Board Staff Recognition Awards Ceremony was held on Friday 14th December at the Christchurch Centre, Newport. The ceremony was filmed via Facebook Live and more than 300 members of staff attended the event that celebrated the achievements of staff from across the Health Board.

The event this year had the highest number of nominations ever received, but it was recognised that this was still only a snapshot of the excellent work being undertaken by individuals and teams right across the organisation.

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Tab 3.2 Executive Team Report

The winners of the awards this year were:

• **Health and Wellbeing Award** - The Gwent Specialist Substance Misuse Service Steroid Clinic

• **Improving Patient Experience Award** – Sara Biggs, Critical Care Physiotherapist at the Royal Gwent Hospital

• **Leadership Award** - Dr Nora Killeen, GP in Abertillery, Blaenau Gwent

• **Partnership Working Award** - Nicole Harry, Occupational Therapist and Kate Pattimore Support Worker for the Talygarden Allotment Project, at County Hospital, Pontypool

• **Quality, Sustainability and Efficiency Award** - Dawn Leah, Sister at Ysbyty Aneurin Bevan and County Hospital

• **Team of the Year Award** – The Minor Injury Unit, Ysbyty Aneurin Bevan

• **Going the Extra Mile Award** – Kevin Davies, Technical Instructor, St Woolos Hospital

• **Education, Research and Innovation Award** – Louise Taylor, Consultant Midwife and Emma Mills, Research Midwife

• **Patients' Choice Award** – Sue Davis, Community Midwife

• **The Chair's Award** – The Aneurin Bevan University Health Board Porters

• **The Chief Executive's Award** - The team at Ysbyty Aneurin Bevan

• **The Aneurin Bevan Community Health Council Award** - Tanya Strange, Divisional Nurse, Primary and Community Division

'Living Our Values' Awards were given to Jane Bevan, Healthcare Support Worker, Christopher Evans, Health Records Officer, Dr Amer Jafar, Associate Specialist - Community Division, Pat O'Meara, Specialist Nurse - Palliative Care, Carey Weeks, Radiographer, Wendy Hale, Healthcare Support Worker and Dr Anna Lindsay, Consultant – Emergency Medicine.

Staff members Peter Carr, Director of Therapies and Health Science; Debra Wood Lawson, Chief of Staff; Richard Bevan, Board Secretary; Kath Smith, Interim Associate Director of Operational Delivery and Sandra Williams, Dietetic Assistant received a **'Special Recognition Award'** for demonstrating outstanding dedication, commitment and resilience in the face of very difficult and unusual circumstances.

Congratulations to all of our award winners and nominees in each category.

Winter Campaign launched: The Health Board launched a campaign in December to offer information and advice on our health services during the winter months. The campaign – entitled 'Putting YOU first this winter' – shows how staff members go the extra mile to ensure patients are safe and well cared for during winter. Patients and

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Tab 3.2 Executive Team Report

members of the public in the Gwent area are also being encouraged to be 'Winter Heroes' by making the right health choices. Patients have been asked to identify their own winter heroes, whether they are colleagues, patients, or family members (either in our hospitals or in our communities). Staff have also been invited to contribute to the campaign by nominating 'Winter Heroes' and sending in photos of their teams at work during the winter months. A series of media stories and particularly on social media have highlighted our winter heroes with a range of Facebook Live films which have received high levels of recognition on social media and have prompted follow-up newspaper stories.

New flu video – Introducing the Flu Fighters: Flu is circulating in Wales and a new video has been produced to let staff and patients know that it is not too late to have their flu vaccination. The video, produced by the Health Board's Communications Team, was made to accompany a version of the Foo Fighters song 'Times Like These'. The song lyrics were rewritten by the Communications Team and the music recorded by staff member David Challenger.

The video urges staff and the public to have their flu vaccine to avoid suffering from the symptoms of flu.

The video can be viewed on the Health Board's social media channels or website - http://www.wales.nhs.uk/sitesplus/866/news/50223

27 reasons why you don't need to go to your GP: The Health Board has promoted the new Common Ailment Scheme through a video and series of messages to the public.

Free medication for 27 different common illnesses is now available from community pharmacies in Gwent, meaning patients don't need to wait for a GP appointment to obtain a prescription. Members of the public have been advised that they can visit their pharmacist for advice and free treatment, which can be provided there and then. The majority of pharmacies have private consultation rooms to protect patient privacy. This service is an excellent alternative to a GP appointment and will help to manage the demand for Primary Care services in the Health Board area.

Long Service Awards: Staff who have shown great dedication to the NHS for more than 25 years were recognised at a special event at Headquarters during December, as part of the organisation's ongoing programme of Long Service Awards.

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The Long Service Recognition event brought together staff from all areas of our Health Board. Each attendee received a long service certificate and pin badge to recognise their many years of service. Two individuals recognised at this events had over 40 years of NHS service.

Health Care Support Workers Conference: In December, hundreds of staff members attended the annual Health Care Support Workers conference. The conference saw HCSWs and other staff come together to celebrate the role and contribution of staff to the work of the Health Board through a range of presentations and innovative and interactive activities.

Primary school pupils launch book aimed at inspiring future carers: Pupils from a local primary school have helped produce a book aimed at inspiring children to become the health and social care workers of the future. The children's book was unveiled at the launch of the new Intergenerational Strategy for Gwent.

Blenheim Road Community Primary School pupils worked with the Health Board, the Gwent Regional Partnership, and Petra Publishing to produce the book, *Billy the Superhero*.

Billy is a young boy who loves superheroes and is inspired to become a doctor after seeing the way health and social care professionals cared for his Nan. Through Billy's story, the book introduces the topic of health and social care to children with the aim of sparking an interest in its rewarding career prospects. The book is being made available to every primary school, library and GP practice in the Gwent area.

The story was developed by Year 6 pupils with support from storyteller Mike Church. As part of the project, professionals from the health and social care sector (nurse, occupational therapists and a home carer) also visited the pupils to talk about their roles and help inspire the children and the story.

Sixth Form Medical Careers Day:
A Careers Day has been held by the Health Board for sixth form students around Gwent who are interested in a career in medicine. The students who attended were given information and guidance on the pathway into a career in medicine. A number of medical professionals were on hand to speak to the students to chat with them about their own experiences and the different aspects of their jobs.

Assessment and Conclusion
This report provides the Board with an overview of current activities of the Executive Team and key issues locally, regionally and in NHS Wales. This report also highlights any other key risks or matters of interest for the Board.

Recommendation
The Board is asked to note this report for information.

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Tab 3.2 Executive Team Report

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are no specific risks associated with this report. However, it provides a further opportunity to bring to the attention of the Board activities undertaken by the Executive Team that might not be reported to the Board in others ways.
Financial Assessment, including Value for Money	There are no direct financial implications of this report.
Quality, Safety and Patient Experience Assessment	There are no direct quality, patient safety and experience issues relating to this report.
Equality and Diversity Impact Assessment (including child impact assessment)	An EQIA has not been undertaken on this report.
Health and Care Standards	There is no direct relationship with the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link with the IMTP and Corporate Objectives.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The range of activities outlined in the report will contribute in to the Health Board's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.
Glossary of New Terms	No new terms have been identified.
Public Interest	This report is written for the public domain.

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Tab 3.3 Integrated Performance Report

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 3.3

3.3

Aneurin Bevan University Health Board

Integrated Performance Report

Executive Summary

To provide an update on the current performance of the Health Board at the end of Month 8 of 2018/19 in delivering key performance measures as set out in the performance dashboard and outlined in the National Outcomes and Performance Framework. Delivery against the key programmes of work and key milestones included within each Service Change Plan outlined within the Integrated Medium Term Plan (IMTP) will be updated at the next Board meeting as part of the Quarter 3 Report.

In terms of the National Performance measures there has been progress in the following key areas:

- Sustained performance in November above the 80% target for Primary Care Mental Health Measures for both assessment and intervention.
- Sustained performance of the CAMHs measure of 80% with 98% of patients waiting less than 28 days at the end of November.
- Non-urgent 31 day cancer treatment performance improved slightly in November with 96.3% compared to 95.6% in October but remains below the target of 98%.
- Ambulance response time within eight minutes to Category Red Calls sustained performance in November above the 65% target with 73.3% and an estimated 72.1% in December.
- The number of RTT 36 week breach patients decreased in November to 769 compared with 1214 in October. The estimated December position is 280 which is a significant improvement but slightly above what was expected. The Health Board had been expected to deliver zero 36 week breach patients by the end of December but the Health Board had anticipated difficulties given the number of bed cancellations due to emergency pressures and unexpected power cuts in the elective Orthopaedic Unit in December.
- There has been an improvement in unfilled hours for medical staff in OOH with GP Hours reduced by 312 hours compared to October 2018 and are now at 6% compared to 16% in October and 20% in November 2017.
- There has been a significant improvement in performance for the CAMHS Neurodevelopmental pathway with 80.6% in November compared to 67.1% in October against the target of 80%.
- The number of 8 week diagnostic breach patients has improved in November with 71 compared to 283 in October 2018. It is anticipated that there will be 5 diagnostic 8 week breach patients at the end of December most of which are specialist diagnostics requiring specialist staff or which require a specialist substance only available from France and which has been in short supply.
- HCAI performance in confirmed e coli cases is expected to improve significantly in December with 32.2 cases per 100k against a target of ≥61 cases per 100k. This is the best position recorded.

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- Stable performance for Delayed Transfers of Care (DToCs) for mental health patients exceeding the IMTP profile and an improvement on the same period last year.
- Improved performance in the number of very urgent patients seen within 1 hour for the Out of Hours service with 86% in November compared to 69% in October.
- Sustained performance in the percentage compliance of valid care treatment plans completed with 90.6 % in November against the target of 90%.
- An improved level of Did Not Attend (DNA) rates for follow up and new outpatients in November. This relates primarily to specialties currently using the text remind service which is being rolled out further in 2018/19.
- For November, Stroke performance had generally improved on the October performance. Compliance for patients admitted directly to a stroke unit within 4 hours was 63.3% compared to 41.8%. This is still below the IMTP profile of 75.9% but above the All Wales position of 54.8 %. Internal targets for stroke measures have been agreed by the service and implementation is in progress.
- Performance for patients who were thrombolysed within 45 minutes was at 28.6%. This is an improvement on the position in October (0%) and above the All wales position of 14.3%. However, 100% of all eligible confirmed stroke patients were thrombolysed. The service continue to monitor exceptions through fortnightly multidisciplinary assurance meetings with the purpose of scrutinising stroke unit performance. All cases where delays are identified are fed back to the team within 48 hours for actions and learning put in place.
- Stroke compliance against the percentage of patients who receive a CT scan within 12 hours has been achieved with 98.3% compliance in November compared with All Wales performance of 98.7%.
- Uptake of flu vaccination has increased across all measures although they are still below target. The uptake for those over 65 years, compliance is 67.1%, which is slightly above the Wales average, and ranks third in Wales. Uptake ranges from 72.2% in Monmouthshire to 63.5% in Blaenau Gwent. The Primary Care Influenza Vaccination Group has agreed actions with primary care to focus on low uptake areas and to provide access to providers to encourage use of practice level data to drive peer led improvement.
- The Health Board's staff flu vaccination programme is reporting uptake of 56.3% (as at 7th January 2019), with three divisions having exceeded the target of 60%.
- The number of smokers who are CO validated at the end of quarter 2 has remained above the 40% target at 43%.

While there have been positive indicators, there remain significant challenges to improve areas where performance is below anticipated levels, including:
- Unscheduled Care system:
  - o The 4 hour A&E November performance was 78.3%, with December's performance expected to be 74.8%,
  - o Against the target of no ambulance handovers greater than 1 hour, November performance was 363 – an improvement compared with October's performance of 432, but December's performance expected to be 495,
  - o The 12 hour A&E November performance was 437 patients, with December's performance expected to be 470 patients.

Tab 3.3 Integrated Performance Report

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Analysis of A&E attendances during December shows an increase in overall attendances, compared to December 2017 (+2.4%); within this rise a significant increase in resuscitation cases (+13.6%), major attendances (+13.8%) and a decrease in minor attendances (-7%).

As part of the winter plan a number of actions have been implemented to improve access to A&E, minimise ambulance delays and improve capacity and flow in the hospitals. These include:
  o Increased clinical decision making capacity,
  o Frequent attenders review – linking with Out-of-Hours, WAST and care homes, and
  o Increased hospital bed capacity.

Whilst there has been a deterioration in the 4 hour A&E performance, during the first six days of January the number of patients waiting longer than 12 hours in A&E was significantly lower than the same period last year (112 compared to 181).

- Urgent Suspected 62 day cancer treatment times deteriorated slightly in November with 86.2% compliance. This is outside of the target of 95% and the IMTP profile. Recent months have seen an increase in the number of referrals for cancer. In 2017 from April to December the average number of referrals each month was 1,599 - this has risen to nearly 1,939 in 2018 for the same period. This is an increase of 21%. This increase in referrals has seen an increase in the overall number of patients requiring treatment for cancer; during October and November the number of patients treated for cancer exceeded 360 in each month (393 in October and 361 in November). Previously, the highest number of patients treated in one month was 326 in June 2018. Actions have been taken to improve access times and an improvement in December performance is expected.

- The number of outpatient appointments overdue their follow-up target date increased slightly in November to 20,012 compared to 19,562 in October. Profiles to reduce delayed follow up appointments in some key areas have not been realised mainly due to the challenge of achieving RTT by December 2018, where there has been an increased focus. A work plan has been developed, with an increased focus on scheduled care specialties and application of the good practice identified in the recent WAO report.

- Both sickness absence and PADR compliance decreased slightly in November compared with October with 5.5% and 71.6% respectively. Actions to improve these are being reviewed at divisional monthly assurance meetings.

- Despite improving slightly in November the number of HCAI for Staph Aureus cases is expected to increase in December with 28.3 cases against a target of ≥19 per 100k. This continues to be a priority area for the Health Board.

- HCAI performance in confirmed C Difficile cases is expected to improve slightly in December with 34.2 per 100k cases compared to 37.4 in November. This is outside of the target of ≥25 per 100k but the Health Board is one of 8 health boards (including Velindre) in Wales to have fewer cases than in the same period last year. The Health

Tab 3.3 Integrated Performance Report

Board has increased capacity within the Infection Control/Prevention Team, including increased training and education.

- The number of smokers making a quit attempt in quarter 2 is below the IMTP target for the quarter of 1% at 0.8%. Whilst below the profile the number of patients making a quit attempt is an increase on the same point last year with 733 patients compared to 727. The total for the year to end of quarter 2 is 1.68% against the IMTP profile of 1.9%.

These continue to be areas of both organisational and national priority and significant operational management action is being taken to continue to improve performance.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Director of Finance

Report Author: Lloyd Bishop, Assistant Director of Performance & Information. Sue Shepherd, Head of Performance and Compliance

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	

Date of the Report: 7 January 2019

Supplementary Papers Attached: Integrated performance dashboard which illustrates the performance and trend for key national and local targets from November 2017 to the current reporting period.

Purpose of the Report

This report provides a high level overview of performance at the end of month 8 against the Integrated Medium Term Plan (IMTP) with a focus on delivery against key national targets included in the performance dashboard.

Recommendation

The Board is asked: To note the current Health Board performance and trends against the national performance measures and targets.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The report highlights key risks for target delivery.
Financial Assessment	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.

Tab 3.3 Integrated Performance Report

Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no implications for Equality and Diversity impact.
Health and Care Standards	This proposal supports the delivery of Standards 1, 6 and 22.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides a progress report on delivery of the key operational targets
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the Ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
Glossary of New Terms	
Public Interest	This paper is written for the public domain.

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Tab 3.3 Integrated Performance Report

Integrated Performance Dashboard
December 2018

Domain	Sub Domain	Measure	Report Period	Current Performance	Previous Performance	In Month Trend	National Target	IMTP Target	IMTP Status	Performance Trend (13 Months)	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
TIMELY CARE	RTT	Patients waiting less than 26 weeks for treatment	November	91.10%	90.00%	↑	95%	86.3%	●		89.5%	89.1%	90.4%	91.10%	90.30%	90.10%	89.80%	90.80%	91%	89.30%	88.90%	90.00%	91.10%	
		Patients waiting more than 36 weeks for treatment	December	280	769	↑	0	0	●		1539	1616	1496	1122	812	986	1090	848	910	1159	1067	1214	769	280
		Patients waiting more than 8 weeks for a specified diagnostic	December	5	71	↑	0	0	●		1675	1515	1261	550	2	320	279	502	417	663	407	283	71	5
	FUNB	Patients not booked for follow-up and delayed past their target date	November	20012	19562	↓	reduce	12148	●		20218	19831	18041	18195	17587	18120	18513	18768	19857	20550	20567	19562	20012	
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	November	63.30%	41.80%	↑	12m improved	75.9%	●		51.9%	36.2%	38.7%	41.80%	25.60%	42.50%	64.80%	61.70%	42.90%	51.50%	37.50%	41.80%	63.30%	
		% of eligible stroke patients thrombolysed	November	100.00%	100.00%	↑	100.0%	100.0%	●		100.0%	100.0%	100.0%	100.0%	100.0%	92.60%	85.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	
		% stroke patients thrombolysed ≤45 minutes	November	28.60%	0.00%	↑	100.0%	29.7%	●		20.0%	16.7%	10.0%	20.00%	12.50%	25%	37.50%	20%	16.70%	0.00%	50.00%	0.00%	28.60%	
		% stroke patients who receive a CT scan ≤12 hours	November	98.30%	100.00%	↓	98.0%	98.7%	●		96.2%	94.8%	96.8%	95.50%	97.60%	97.50%	98.60%	100%	98.40%	97.10%	98.20%	100.00%	98.30%	
	ED	Category A ambulance response times within 8 minutes.	December	72.1%	73.8%	↓	65.0%	65.0%	●		72.0%	67.4%	71.9%	60.50%	65.30%	74.10%	76.30%	74.90%	78.80%	71%	76%	75%	73.30%	72.1%
		Number of ambulance handovers over one hour	December	495	363	↓	0	83	●		309	487	502	555	537	373	239	178	293	357	461	432	363	495
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	December	74.8%	78.3%	↓	95.0%	88.7%	●		84.9%	79.2%	76.7%	74.60%	75.30%	79.80%	79.60%	82.50%	78.80%	78.50%	78.60%	78.40%	78.30%	74.8%
		Number patients waiting > 12 hrs in ABUHB A&E departments	December	470	437	↓	0	0	●		393	565	726	758	752	545	331	246	349	389	450	374	437	470
	CRITICAL CARE	Critical care delayed transfers of care (4 hrs) days lost - nhh	November	32	43	↑	12m improved	-								18	24	15	16	34	43	42	32	
		Critical care delayed transfers of care (4 hrs) days lost - rgh	November	62	68	↑	12m improved	-								53	28	60	82	72	68	70	62	
	CANCER	Delivery of the 31 day cancer standards for non-usc route	November	96.30%	96.40%	↓	98.0%	97.8%	●		93.5%	95.0%	94.1%	98%	99%	99%	98%	97%	96.30%	96.30%	99.20%	96.40%	96.30%	
		Delivery of the 62 day cancer standards for usc route	November	86.20%	89.90%	↓	95.0%	91.7%	●		86.7%	89.0%	87.4%	95%	92%	91%	80%	87.0%	82.20%	85.50%	89.90%	86.20%	
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	November	84.5%	91.0%	↑	80.0%	80.0%	●		86.1%	81.6%	86.0%	95.9%	88.9%	84.70%	91.50%	86.80%	87.70%	83.20%	82.90%	91%	84.50%	
		Interventions ≤ 28 days following assessment by LPMHSS.	November	82.5%	82.3%	↑	80.0%	80.0%	●		81.8%	84.5%	82.1%	92.6%	88.5%	83.90%	80.80%	85.20%	82.70%	81.20%	80.90%	82.30%	82.50%	
		CTP Compliance	November	90.6%	90.8%	↑	90.0%	90.0%	●		90.2%	90.4%	91.1%	91.1%	90.9%	90.10%	90.90%	91.20%	87.40%	90.90%	90.80%	90.60%	90.60%	
	CAMHS	4+ Weeks Waiting List	November	98.0%	96.0%	↑	80.0%	80.0%	●		90.8%	88.4%	83.6%	88.0%	85.2%	81.40%	83.30%	87.70%	94.30%	89%	95.60%	96%	98%	
		Neurodevelopmental (iSCAN) Waiting List	November	80.6%	67.1%	↑	80.0%				73.0%	66.9%	67.1%	72.1%	88.0%	86.80%	83.30%	81.10%	81.00%	72.40%	67.40%	67.10%	80.60%	
	Primary Care	Urgent Calls Returned in 20 mins	November	82.0%	88.0%	↓	98.0%	88.9%	●		85%	86%	84%	79%	89%	89%	89%	88%	84%	88%	87%	88.0%	82%	
		Very Urgent Seen within 1 hour	November	86.0%	69.0%	↑	90.0%	76.2%	●		72%	41%	63%	72%	60%	74%	78%	76%	64%	67%	75%	69.0%	86%	
		Routine calls advised in 60 minutes	November	81.0%	79.0%	↑	98.0%	-								83%	84%	80%	76%	86%	83%	79%	81%	
EFFECTIVE CARE	DTOCS	Number of dtocs for people all ages - mh	December	3	3	↑	12m reduction	8	●		9	8	5	6	3	4	2	2	4	3	3	7	3	3
		DTOC's per 10,000 for people all ages - mh	December	0.05	0.05	↑	tbc	1.53	●		0.15	0.14	0.09	0.1	0.05	0.08	0.03	0.03	0.07	0.05	0.05	0.12	0.05	0.05
		Number of dtocs for people >75years non-mh	December	65	97	↑	reduce	74	●		76.0	88.0	106.0	80	87	89	73	60	54	61	73	86	97	65
		DTOC's per 10,000 for people >75years non-mh	December	12.40	18.60	↑	reduce	14.15	●		15.4	17.8	21.5	16.2	17.6	17.9	14.8	12.1	10.9	12	13.8	17.50	18.6	12.40
	CODING	% valid principle diagnosis code ≤ 1 month after episode end date	October	84.7%	87.6%	↓	95%	80.00%	●		79.0%	85.5%	80.4%	82%	83%	88.80%	87%	88.50%	86.30%	76.10%	87.60%	84.70%		
STAYING HEALTHY	INFLUENZA	Uptake of influenza vaccination among 65 years and over (seasonal)	December	67.10%	61.80%	↑	75%	70%	●			67.90%	69.70%	70%	69.80%							39.70%	61.80%	67.10%
		Uptake of influenza vaccination among under 65's in risk group (seasonal)	December	42.50%	38.30%	↑	75%	55%	●			47.80%	50.20%	50.70%	50.80%							21.10%	38.30%	42.50%
		Uptake of influenza vaccination among health care workers with direct pt contact	December	56%	50%	↑	60%	45%	●				52.10%	48.40%	52%	58.00%						34%	50%	56%
	CHILDHOOD IMMUNISATION	% of children who received 3 doses of the '6 in 1' vaccine by age 1	Q2	95.80%	96.20%	↓	95%	95%	●				96.10%			96.20%			96.20%			95.80%		
		% of children who received 2 doses of the MMR vaccine by age 5	Q2	90.30%	89.70%	↑	95%	91.50%	●				89.30%			89.60%			89.70%			90.30%		
	SMOKING CESSATION	Smokers making quit attempt (full year extrapolation)	Q2	0.80%	0.84%	↑	5% (1.25% per qtr)	0.90%	●				2.57%			3.50%			0.84%			0.80%		
		Smokers who are CO validated as quit at 4 weeks	Q2	43.00%	45.00%	↑	40%	40%	●				40.00%			45%			45%			43%		
DIGNIFIED CARE	PAP	Manifesto commitment for procedures cancelled > once	October	29.2%	22.7%	↑	improve	31.25%	●		41.5%	26.3%	26.9%	19.30%	27.30%	26.30%	31.30%	37.20%	37.10%	25%	22.70%	29.20%		
	COMP	Timely (30 day) handling of concerns and complaints	November	52.0%	47.0%	↑	75%	59%	●		60.0%	53.0%	54.0%	58.0%	59.3%	59.0%	50.0%	58.0%	41%	36%	53%	47%	52%	
STAFF AND RESOURCES	DNA'S	Patients who dna - new opa - specific specialties	November	6.2%	6.6%	↑	reduce	5.60%	●		5.4%	6.8%	6.2%	6%	7.10%	6.20%	6.30%	6.20%	6.60%	6.40%	6.4%	6.60%	6.20%	
		Patients who dna - follow-up opa - specific specialties	November	6.6%	7.6%	↑	reduce	6.30%	●		6.2%	7.8%	6.8%	6.2%	7.50%	6.80%	7.30%	6.50%	6.80%	6.50%	6.8%	7.60%	6.60%	
	W&OD	% PADR / medical appraisal in the previous 12 months	November	71.66%	71.35%	↑	85%	77.80%	●		76.0%	74.8%	75.3%	75.17%	72.65%	72.96%	73.90%	73.68%	72.29%	72.20%	71.01%	71.35%	71.66%	
		Monthly % hours lost due to sickness absence	November	5.56%	5.37%	↓	95%	5.00%	●		5.44%	5.73%	6.31%	5.82%	5.15%	4.54%	4.78%	4.89%	4.97%	4.92%	5.20%	5.37%	5.56%	
SAFE CARE	HCAIS	Cases of e coli per 100k population (rolling 12m)	December	32.25	87.48	↑	≤ 61 per 100k	55.6	●		77.1	66.5	58.5	64.72	54.42	76.5	78.6	74.98	64.5	98.77	77.1	56.4	87.48	32.25
		Cases of staph aureus per 100k pop (rolling 12m)	December	28.22	27.08	↓	≤ 19 per 100k	17.8	●		20.8	14.1	26.2	17.85	32.25	26.4	34.3	20.83	32.25	16.13	27.08	38.3	27.08	28.22
		Clostridium difficile cases per 100k pop (rolling 12m)	December	34.27	37.49	↓	≤ 25 per 100k	23.8	●		22.9	16.1	48.1	17.85	28.22	33.7	30.2	24.99	24.19	24.19	31.24	20.16	37.49	34.27
	INCIDENTS	Patient safety solutions wales alerts and notices not assured on time	December	5	3	↓	0	0	●		2	2	2	2	2	0	0	0	3	3	3	4	3	5
		% serious incidents assured on time	December	29.0%	50.0%	↓	90%	52.7%	●		30.0%	50.0%	54.0%	59%	33.00%	47.00%	64.00%	52%	55%	68%	53%	50%	50%	29%
		Never events	December	0	0	↑	0	0	●		0	0	0	0	0	0	0	0	2	0	0	1	0	0
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)	December	80.0%	87.9%	↓	-	85%	●		88.3%	86.1%	84.0%	85.1%	106.3%	80.2%	85.0%	85.4%	84.5%	86.0%	81.5%	85.2%	87.9%	80.0%
		Theatre Utilisation (NHH)	December	90.4%	88.4%	↑	-	85%	●		84.7%	87.7%	86.1%	85.9%	86.4%	91.8%	90.9%	88.5%	89.7%	87.8%	88.2%	86.6%	88.4%	90.4%
	Average LoS	Elective Surgical AvLoS (RGH)	December	2.8	2.5	↓	-	Improve			2.7	2.8	2.8	2.4	3.0	2.9	3.0	2.7	2.7	2.5	2.7	2.5	2.5	2.8
		Elective Surgical AvLoS (NHH)	December	4.2	3.5	↓	-	Improve			4.6	4.0	4.6	3.6	4.3	4.1	4.1	4.1	4.1	4.1	4.1	3.7	3.5	4.2
		Emergency Medical AvLoS (RGH)	December	6.8	7.4	↑	-	Improve			7.1	6.6	7.6	7.7	8.0	8.0	7.7	7.1	7.0	6.5	7.0	6.9	7.4	6.8
		Emergency Medical AvLoS (NHH)	December	6.9	6.7	↑	-	Improve			6.3	6.4	7.3	7.4	8.1	7.8	7.3	6.1	6.0	5.9	6.3	7.1	6.7	6.9

Trend Key

↕ (green) Achieving rating target and improved against previous reported position
↕ (green) Achieving rating target but deteriorated against previous reported position
↕ (red) Not achieving rating target but improved against previous reported position
↕ (red) Not achieving rating target and deteriorated against previous reported position

Note, measures in blue font are provisional at this stage

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Tab 3.4 Finance Report

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 3.4	3.4

Aneurin Bevan University Health Board

Finance Performance Report – Month 9 (December) 2018/19

Executive Summary

This report sets out the following:

1. The financial performance at the end of December and forecast for 2018/19 – against the statutory revenue and capital resource limits,
2. Revenue reserve position at the 31st December 2018,
3. The Health Board's cash position and compliance with the public sector payment policy, and
4. Actions required to deliver financial balance.

Performance against the key financial targets is summarised in Table 1.

Table 1: Performance against key financial targets 2018/19

Target	Unit	Current Month	Year to date	Year-end forecast
Revenue financial target **Deficit / (Surplus)** To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year.	£'000	(42)	572	0
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit	£'000	11,743	83,281	**Break-even with CRL**
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice	%	94.3%	95.1%	>95%
Cash balances Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from WG	£'000	n/a	3,652	**Within target level**

The revenue financial risk range is assessed as between break-even and £3.5m deficit.

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Tab 3.4 Finance Report

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1. Revenue Performance

The year to date financial position has remained broadly static but is below the expected improvement for December, this is mainly due to:

- Workforce costs continuing above budgeted levels, with some workforce savings plans not being delivered, and
- RTT delivery plans are incurring additional expenditure due to increased activity and case mix - particularly orthopaedics.

Funding and savings

The Health Board's financial plan includes delivering £18.4m savings which is being maintained but not improved. **Appendix 2** summarises the current breakdown of savings plans, along with further efficiency opportunities.

The Plan and forecast also assume that the £3.1m performance funding is retained and required in full to deliver reduced elective waiting times. ***The performance funding is conditional on delivering explicit waiting times performance targets. The Health Board has not met the RTT > 36 week target at the end December 2018. However, discussions are ongoing with Welsh Government to retain the funding, provided the targets (including no one waiting over 36 weeks) are met by 31st March 2019. Therefore, this is a key assumption in forecasting financial balance.***

The Health Board has received £3.1m funding to help deliver services over the winter period. Subsequent to finalising the Month 9 position, we have been made aware of further funding being made available (c£4m across NHS Wales) – details of how this will be allocated are yet to be confirmed.

Additional funding has now been received for:
1. the A4C pay award (£7.4m), and
2. The medical staff pay award (£1.35m).

Expenditure

Financial performance against each of the delegated budget areas is set out in **Appendix 1**, with further analysis of pay and non-pay spend in **Appendices 3 and 4**. The material variances, to date, include:

- Workforce costs continue above budgeted levels due to increased use of agency and some savings plans not being delivered,
- Medical workforce costs – medical agency spend reduction target of 35% is not being achieved and the use of agency/locums is higher than last year (+£1.3m). Spend in Orthopaedics and Ophthalmology relates to delivering key performance targets. Spend in gynaecology and paediatric specialities is linked to sustaining services.
- Registered Nursing costs – agency pay spend is £0.9m higher than last year, whilst use of bank staff is also £0.9m higher than last year. This is mainly due to sickness, vacancies (c.320wte at November 2018) and increased bed capacity during 2018/19.
- HCSW costs – use of bank staff is higher than last year (+£0.2m) mainly due to increased levels of enhanced care (specialling) required and high sickness levels. CHC nurse agency costs decreased in December, due to appointing substantive staff.

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Tab 3.4 Finance Report

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- Orthopaedic elective activity – spend is higher than planned (c£0.8m), due to additional treatments being undertaken linked to RTT performance. The year to date position is currently 304 cases ahead of plan, of which 170 were major/complex cases. There is a current backlog of 275 cases which is in the Divisional Q4 delivery plan. Total full year activity is now estimated to be c. 8,500 cases which is a significant increase on the original plan of 7,881 cases and is reflected in the increased financial risk to delivering a balanced position.
- Winter plans have commenced and funding has been allocated in line with the Plan agreed by the Board. It is important that resources are managed in line with funded plans to support financial balance.
- Growth in mental health/learning disability continuing health care packages is slightly lower than previous months.
- Primary Care drugs (prescribing) costs have fallen slightly due to lower volume growth and lower forecast spend within Primary Care services.

Revenue Reserves

The Health Board is holding in-year reserves, for specific funding issues, where further spend is expected to be incurred – e.g. winter pay incentives.

Other discretionary reserves are now being fully used to offset (in part) some of the deficits in the delegated financial positions, to support delivery of financial balance.

Actions required to deliver financial balance

- The Executive Team have set financial control totals across operational divisions and corporate directorates to provide a clear line of sight to delivering financial balance. Plans will be required and agreed to demonstrate how spend will be managed within the respective control totals. This is of particular importance where Divisional expenditure profiles are forecast to increase significantly in the last quarter of the financial year.

- The use of available reserves – previously agreed by the Board – will now be required in full, to support the overall financial position in 2018/19.

The revenue forecast is breakeven, with a financial risk range of up to £3.5m (worse case).

2. Capital performance

The Capital Programme was approved by the Board in March 2018. The current resource limit is £140.7m with planned expenditure of £140.1m and uncommitted expenditure of £0.6m. The year-end capital forecast is breakeven.

Managing spend on the Grange University Hospital is the most volatile area of the Programme, whilst ensuring the Health Board utilises and operates within its capital funding for the year.

The year-end capital forecast remains at breakeven, with significant capital spend to manage in Q4.

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3. Cash position

The Health Board is planning to manage within its cash allocation and will also aim to hold a cash balance of no more than 5% of its monthly cash draw down (best practice/notional target). The Health Board held a £3.7m cash balance at the end of December 2018, which is within the 5% level.

4. Public Sector Payment Policy (PSPP)

The Health Board has not achieved the 95% target in-month, due to the on-going processing delays within the pharmacy directorate. Additional posts have been agreed by the Executive Team to support homecare services which includes invoice processing. These appointments should help improve compliance going forward. The year to date position remains just above the 95% target level.

5. Recommendations:

The Health Board is asked to note:
1. The financial performance at the end of December and forecast for 2018/19 – against the statutory revenue and capital resource limits,
2. The Health Board's in-year revenue reserve position,
3. The Health Board's cash position and compliance with the public sector payment policy, and
4. The actions being taken to deliver reduce the financial risk and deliver financial balance.

The Board is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	√
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	
Executive Sponsor: Glyn Jones, Director of Finance & Procurement	
Report Author: Rob Holcombe, Assistant Finance Director	
Report Received consideration and supported by :	

Executive Team		Committee of the Board [Finance & Performance]	

Date of the Report: 9th January 2019
Supplementary Papers Attached: Appendices 1-4

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks of delivering a balanced financial position are detailed within this paper.
Financial Assessment	This paper provides details of the financial position of the Health Board as at Month 9 and the forecast position for 2018/19. It identifies the key financial risks and actions required to manage them. It also identifies the potential to improve efficiency and deliver improved value for money.

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Tab 3.4 Finance Report

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Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working *This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.*	
	Long Term
	Integration
	Involvement
	Collaboration
	Prevention The Health Board Financial Plan has been developed on the basis of the approved IMTP, which includes an assessment of how the plan complies with the Act.
Glossary of Terms	A4C – Agenda for Change A&E – Accident & Emergency AQF – Annual Quality Framework AWCP – All Wales Capital Programme CAMHS – Child and Adolescent Mental Health Services CCG – Clinical Commissioning Group CHC – Continuing Health Care COTE – Care Of The Elderly CRL – Capital Resource Limit DNA – Did Not Attend DOSA – Day Of Surgery Admission EASC – Emergency Ambulance Services Committee GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service HCSW – Health Care Support Worker HIV - Human Immunodeficiency Virus IMTP – Integrated Medium Term (3-year) Plan LoS – Length of Stay NCN – Neighbourhood Care Network NHS – National Health Service

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	PICU – Psychiatric Intensive Care Unit PSPP – Public Sector Payment Policy RRL – Revenue Resource Limit RTT – Referral To Treatment (access target for elective treatment) SCP – Service Change Plan (reference IMTP) TCS – Transforming Cancer Services (Velindre NHS Trust programme) UHB/HB – University Health Board/Health Board WLIMS – Welsh Laboratory Information Management System WHSSC – Welsh Health Specialised Services Committee

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Tab 3.4 Finance Report

Appendix 1 Revenue Financial Performance (Month 9 – 2018/19)

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Month 9 - December 2018	Full Year Budget £000s	YTD M9 Reported Variance £000s	YTD M8 Reported Variance £000s	YTD M7 Reported Variance £000s	Trend compared to last month (November 2018) (F = Favourable, A = Adverse)
Operational Divisions:-					
Primary Care and Community	244,247	(3,157)	(2,706)	(2,023)	F
Prescribing	95,082	(925)	(775)	(710)	F
Community CHC & FNC	63,587	(2,075)	(2,141)	(1,441)	F
Mental Health	88,128	1,056	1,214	1,011	A
Scheduled Care	189,661	9,670	8,362	6,658	A
Unscheduled Care	101,746	6,424	5,854	5,145	A
Family & Therapies	101,183	62	(109)	(176)	A
Estates and Facilities	59,725	(11)	48	19	F
Director of Operations	120	(269)	(343)	(314)	A
Primary Care and Mental Health	278	(39)			F
Operational Divisions	**943,757**	**10,736**	**9,404**	**8,169**	
Corporate Divisions	**63,310**	**(2,820)**	**(2,291)**	**(1,772)**	**F**
Specialist Services	**135,281**	**(769)**	**(625)**	**(769)**	**F**
External Contracts	**64,225**	**(1,494)**	**(1,579)**	**(1,849)**	**A**
Capital Charges	**23,097**	**(0)**	**0**	**0**	
Total Delegated Position	**1,229,670**	**5,654**	**4,909**	**3,780**	**A**
Centrally Held Reserves	**8,148**	**(5,083)**	**(4,295)**	**(3,293)**	**F**
Total Reported Position	**1,237,818**	**572**	**614**	**487**	**A**

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Appendix 2: Savings Delivery 2018/19

Savings Performance 2018-19
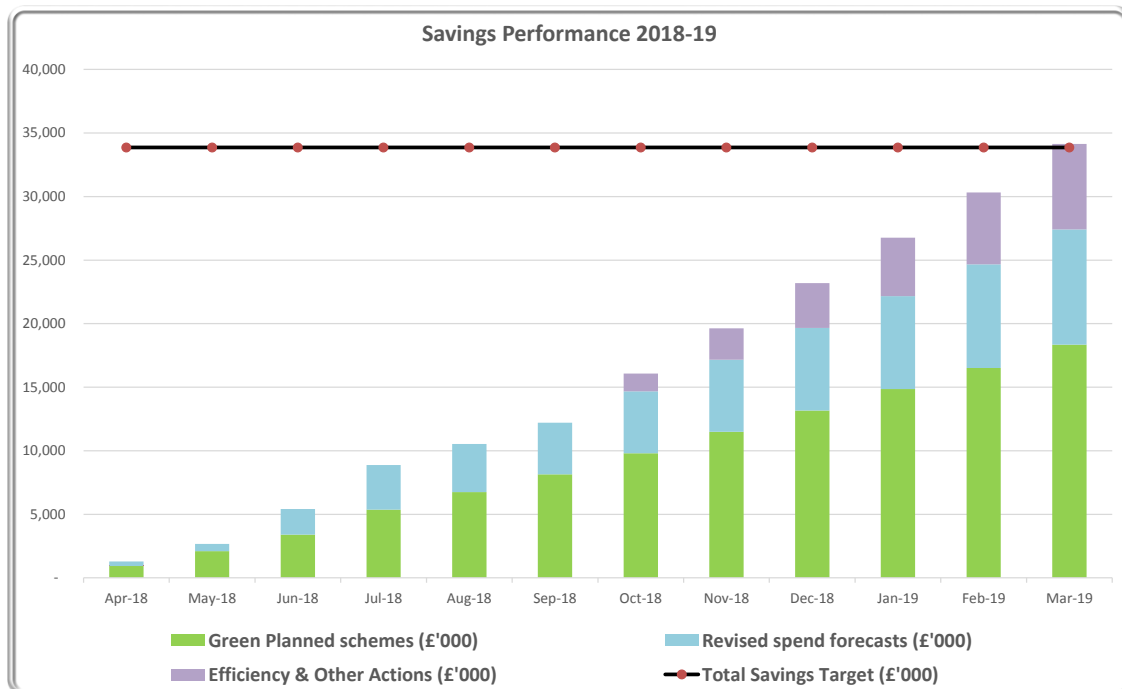
Division	IMTP Savings Schemes (£'000)	Green Planned Schemes (£'000)	Trend compared to previous month		Shortfall against Target		Red Planned Schemes (£'000)	Trend compared to previous month	
Primary Care and Networks	5,967	6,160	▬	0	(193)		468	▬	0
Community Services			▬	0	0		0	▬	0
Community CHC & FNC	749	1,051	▲	2	(302)		0	▬	0
Mental Health	3,372	3,299	▬	0	73		84	▬	0
Scheduled Care	2,891	2,761	▬	0	130		742	▬	0
Unscheduled Care	3,178	1,967	▬	0	1,211		1,211	▬	0
Family & Therapies	964	403	▬	0	561		614	▬	0
Estates and Facilities	664	358	▬	0	306		306	▬	0
Chief Operating Officer	0	0	▬	0	0		0	▬	0
Total Operational	**17,785**	**15,999**	**▲**	**2**	**1,786**		**3,425**	**▬**	**0**
Corporate	786	1,117	▬	0	(331)		79	▬	0
Total Corporate	**786**	**1,117**	**▬**	**0**	**(331)**		**79**	**▬**	**0**
Medical Director	111	110	▬	0	1		1	▬	0
Litigation	94	94	▬	0	0		0	▬	0
Total Medical Director / Litigation	**205**	**204**	**▬**	**0**	**1**		**1**	**▬**	**0**
WHSSC	627	569	▬	0	58		0	▬	0
EASC	0	0	▬	0	0		0	▬	0
Total Specialist Services	**627**	**569**	**▬**	**0**	**58**		**0**	**▬**	**0**
Commissioning	362	465	▬	0	(103)		0	▬	0
Total External Contracts	**362**	**465**	**▬**	**0**	**(103)**		**0**	**▬**	**0**
			▬	0				▬	0
Total Reported Position	**19,765**	**18,354**	**▲**	**2**	**1,411**		**3,504**	**▬**	**0**

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Tab 3.4 Finance Report

Appendix 3: Pay spend analysis (2018/19)

(November – includes A4C pay award arrears)

(December – includes Medical pay award arrears)

Pay Spend Analysis 17/18 - 18/19 - £'000

Medical Pay 2018-19 - £'000

Nursing Pay 2018-19 - £'000

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Tab 3.4 Finance Report

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Medical Agency Expenditure (Excl PC)- Monthly

Legend: Actual Mthly Rate (£'000) — Previous Ave Mthly Spend (£'000) — Previous Ave Mthly Spend Less 35% (£'000)
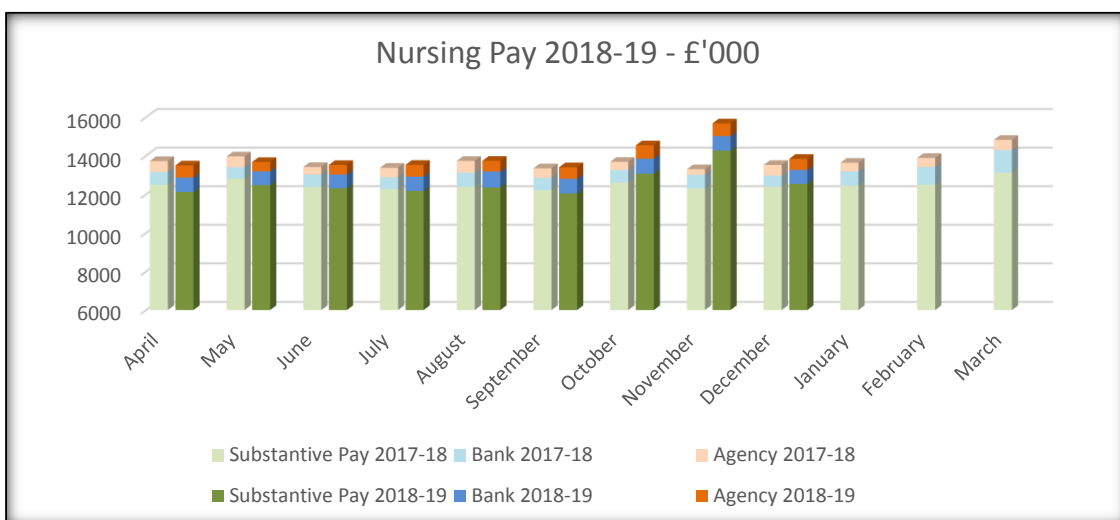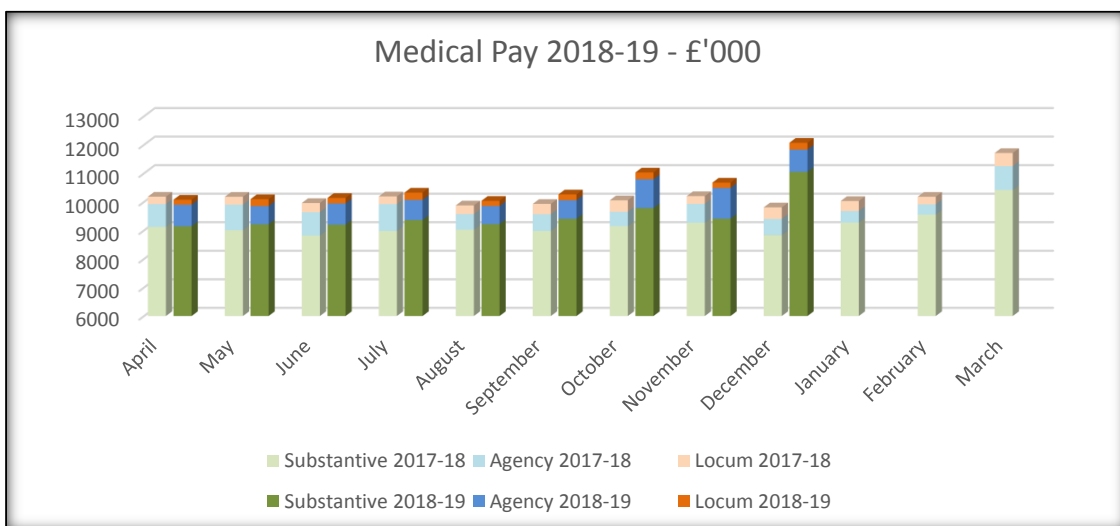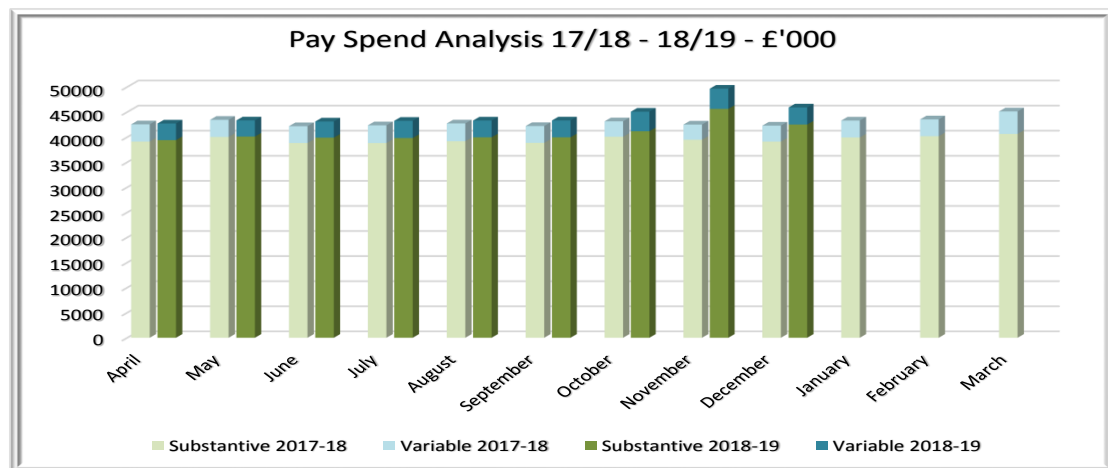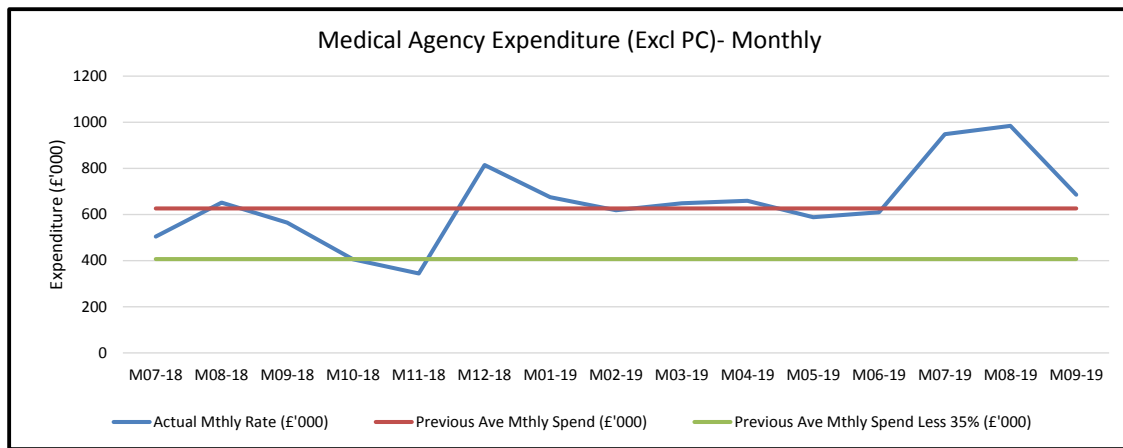
In December, medical agency spend decreased compared to October and November, but remains significantly above the agency spend reduction 35% target. The key cost drivers to the expenditure remain as follows below:-

- o Ophthalmology – long-term sickness cover for 6-7wte.
- o Orthopaedics and other Scheduled Care – RTT performance delivery actions and cover for 10 agency posts in Orthopaedics.
- o Paediatrics/Obstetrics & Gynaecology: increasing costs of sustaining existing rotas across sites
- o Emergency Department / COTE - issues remain sustaining rotas across multiple sites as well as covering vacancies. Coupled with sickness this remains a significant pressure across the Health Board.
- o Occupational Health – covering vacant posts
- o Primary Care – GP Out of Hours and managed practice additional costs

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Tab 3.4 Finance Report

Appendix 4: Non-pay spend analysis 2018/19
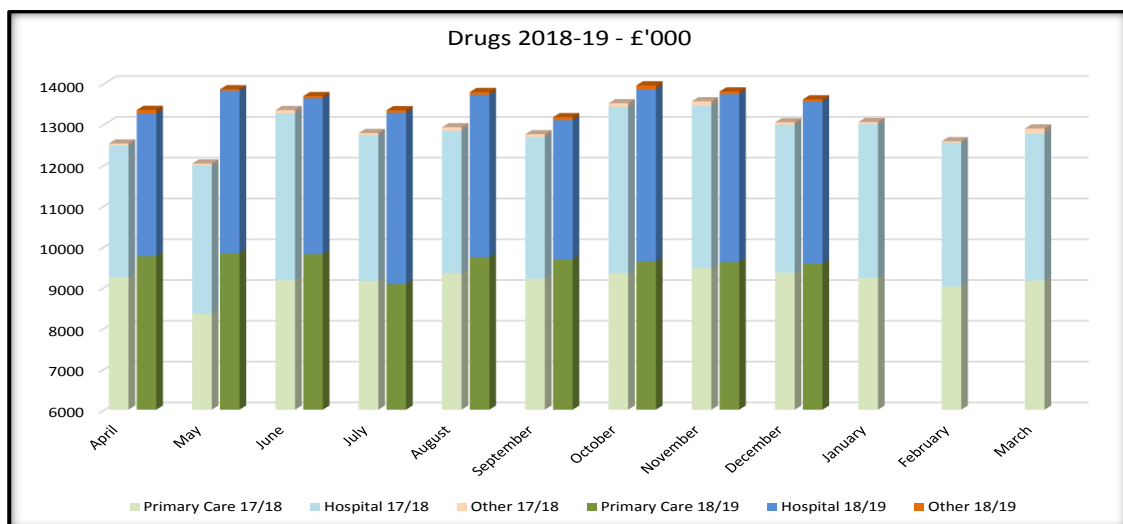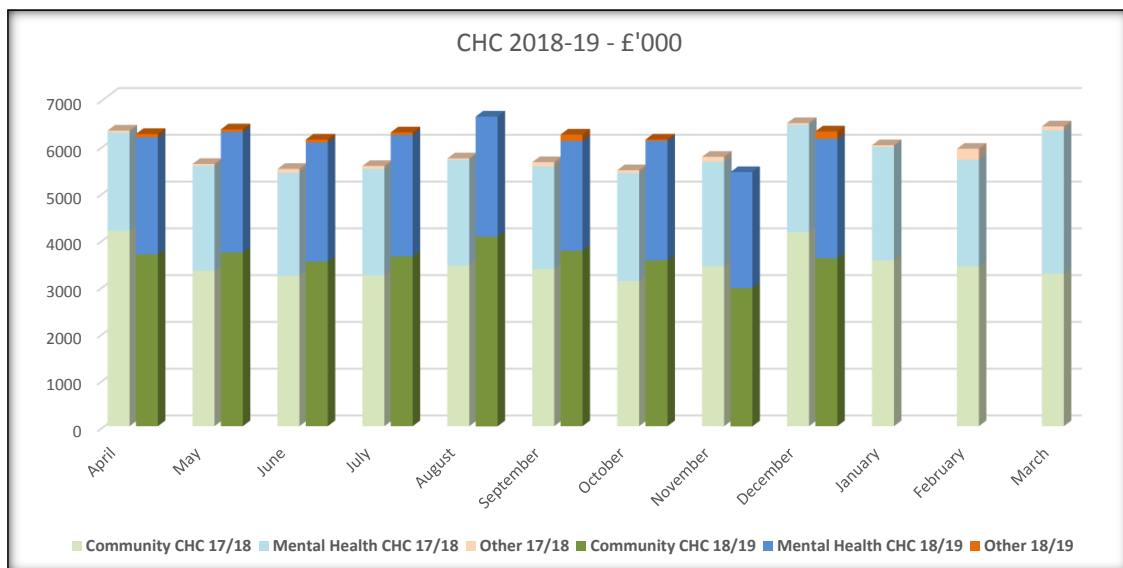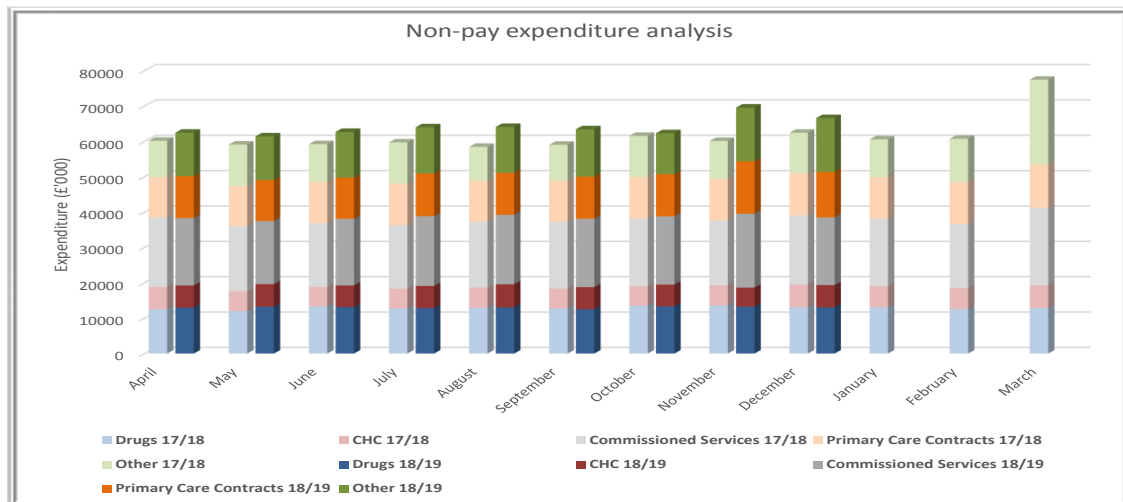
Non-pay expenditure analysis

CHC 2018-19 - £'000

Drugs 2018-19 - £'000

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Tab 3.5 Risk Dashbaord

	Aneurin Bevan University Health Board Wednesday 23rd January 2019 Agenda Item: 3.5

3.5

Aneurin Bevan University Health Board
STRATEGIC RISK REPORT

Executive Summary	
This paper provides an overview of the profile of the current risks of the organisation as at the end of December 2018. The risk profile of the Health Board is continuing to be revised and reworked.	
The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Judith Paget, Chief Executive	
Report Author: Richard Bevan, Board Secretary and Kay Barrow, Acting Head of Corporate Governance	
Report Received consideration and supported by :	

Executive Team	✓	**Committee of the Board [Committee Name]**	

Date of the Report: 15th January 2019
Supplementary Papers Attached: 1 - Risk Dashboard

Purpose of the Report
This report is provided for assurance purposes to highlight for the Board the risks that are assessed as the key risks to the Health Board's successful achievement of our strategic objectives within the IMTP.

Background and Context
1.   Background

Risk management is a process to ensure that the Health Board is focusing on and managing risks that might arise in the future. Also, in situations where there are continuing levels of inherent risk within current issues that the organisation or in our partnership work is being responded to. Active risk management is happening every day throughout all sites and services of the Health Board. Nevertheless, the Health Board's risk management system and reporting also seeks to ensure that the Board is aware, engaged and assured

1

Tab 3.5 Risk Dashbaord

about the ways in which risks are being identified, managed and responded to across the organisation and our areas of responsibility.

The strategic risks referenced within this report have been identified through work by the Board, Committees, Executive Team and items reported through the Health Board's management structures with regard to the implementation of the IMTP.

Key risks and issues are regularly considered at each of the Board's Committees and at Executive Team. There is also a range of specific divisional, departmental and project based risk registers, which inform the Health Board's strategic risks and are reflected in Executive Team, Committee and Board papers.

The risk dashboard reports are generated from the Health Board's Corporate Risk Register which continues to be maintained and re-developed. Further work is being completed with regard to the Health Board's assessment, treatment and reporting of risks through a risk management review, which is engaging with and surveying staff across the organisation to provide the platform for introducing a revised risk management approach and risk management system and culture within the Health Board.

The risks reported within the Corporate Risk Register are assessed by using the following assessment table. These are reflected in in the full Corporate Risk Register and area referenced in the Risk Dashboard, which is reported to the Board.

Table from the updated Risk Management Strategy – January 2017

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

2.   Corporate Risk Register and Dashboard Report

As outlined above, the dashboard reports are generated from the Health Board's Corporate Risk Register. The reports seek to provide in-overview:

- The key risks relating to each of the stated strategic objectives for the Health Board, with current risk level, the risk owner and oversight committee or group;
- The current profile of risks in that strategic objective area and their potential impact;
- Whether or not risks have worsened, remained unchanged or had been mitigated since the last assessment;
- Historical context of each risk i.e. how long it has been at its level on the Corporate Risk Register;
- The report will also show any risks that have been withdrawn in the last reporting period or whether or not there are new risks.

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Tab 3.5 Risk Dashbaord

The risks for the purposes of the dashboards have been summarised to make them more accessible to the Board. However, the detail of the risks, their assessment, controls and mitigating actions continue to be expressed within the full Corporate Risk Register, which is presented to the Audit Committee at each meeting.

There are currently 29 risks on the Corporate Risk Register. These are broken down by the following levels of risk severity.

Risk By Severity	
Extreme (20-25)	2
High (12-16)	23
Moderate (4-11)	4
Low (1-3)	0

Risk by Severity

- Extreme (20-25)
- High (12-16)
- Moderate (4-11)
- Low (1-3)
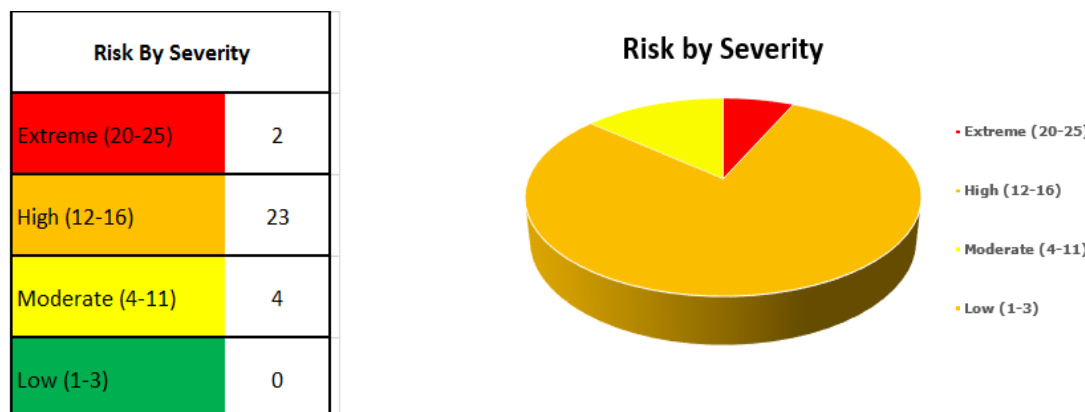
In relation to the changes to the assessed risks since the last report, the following changes have been made:

Risks with a Reduced Score:
- **Risk:** Malware or ransomware act comprising ICT Systems has reduced from a 20 to a score of 15.
- **Risk:** Complete or partial loss (outages) of Health board ICT systems, either those provided nationally by third parties or locally provided systems has reduced from a 20 to score of 15.

Risk with an Increased Score:
- **Risk:** Failure to implement Welsh Community Care Information System (WCCIS) has increased from 10 to a score of 15.

Risk removed:
- **Risk:** The impact of communities first ceasing in March 2018. It has been assessed and confirmed at the Public Partnerships & Wellbeing Committee that this risk has now been successfully mitigated.

New Risks
- There were no new risks assessed within the last month.
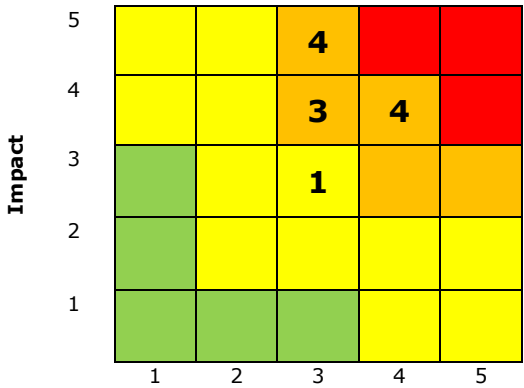
Assessment and Conclusion
This paper provides an overview of risks as at the end of December 2018.

Recommendation
The Board is asked to consider this report and note the identified risks as the current strategic risks for the Health Board as at the end of December 2018.

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Tab 3.5 Risk Dashbaord

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
Financial Assessment, including Value for Money	There may be financial consequences of individual risks however there is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	Impact on quality, safety and patient experience are highlighted within the individual risks contained within this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no specific equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the risks outlined in the register.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards for Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	The risks against delivery of key priorities in the IMTP, will be outlined as specific risks on the risk register.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within the consideration of individual risks.
Glossary of New Terms	None
Public Interest	Report to be published.

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Enabler Risks Associated with Delivery of IMTP
KEY THEME ACTIONS:	• No specific SCPs – these areas overarch and underpin the IMTP
These areas are not directly associated with SCPs, but will if mitigated, facilitate the delivery of the plan.	

RISK PROFILE REPORT

Impact / Likelihood grid (5×5):
- Impact 5: cell (3) = 4
- Impact 4: cell (3) = 3, cell (4) = 4
- Impact 3: cell (3) = 1

Likelihood axis: 1 2 3 4 5

Key:

⇧ = Risk Worsened

☐ = Risk Unchanged

⇩ = Risk Mitigated

Description of Risk and Action and if Risk Mitigated, Unchanged or Worsened Since Last Assessment

| 16 |
| Since July 2018 |

RISK: Poor patient experience and quality of care in hospital and community settings due to staff shortages and increasing acuity of patients

IMPACT: Deteriorating patient outcomes and quality of care resulting in increasing patient safety incidents, serious incidents, complaints, claims and legal cases

ACTION: Monitoring of quality measures are in place via Quality and Patient Safety Committee, patient experience is being captured and specific spot checks are being undertaken. Pressure Ulcer Collaborative launched and continued monitoring of HIW/CHC/Complaints/incidents to identify any areas of concern. These are reported to Executive Team and QPSC, along with lessons learned and a further review of the risk is planned for the February Meeting of the Quality and Patient Safety Committee.

OWNER: Acting Director of Nursing

OVERSIGHT: Quality and Patient Safety Committee and Patient Experience Committee.

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

15

Since April 2018

RISK: Failure to implement and deliver the priorities in the IMTP
IMPACT: The Health Board will not be meeting its objectives to respond to assessed population needs and Welsh Government Targets.
ACTION: Monitoring of performance through divisional structures and Board oversight via Finance and Performance Committee continues and detailed plans have been developed. Delivery Framework has been adopted by the Executive Board in July 2018.
OWNER: Director of Planning, Digital and IT
OVERSIGHT: Executive Team and Finance and Performance Committee

Previous Score

20

Since Dec 2018

Current Score

15

RISK: Malware or ransom ware attack compromising ICT systems.
IMPACT: Significant disruption to patient care. Potential loss of patient data.
ACTION: ICT business case was funded in April 2018. Recruitment for Cyber posts has begun. Recruitment however is proving challenging due to skills and experience available. ICT is now in its third round of recruitment for posts. To improve the likelihood of successful appointment, ICT has engaged with an external agency to attract candidates and arranged pre-meetings with potential candidates. The Cyber team leader role is currently out to advert and ICT is optimistic that a suitable candidate will be secured. We have appointed two staff in the systems team to work on server patching and compliance. They started in Q3 and are working on compliance.
OWNER: Director of Planning, Digital and IT
OVERSIGHT: Information Governance Committee.

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

Previous Score

20

Since Dec 2018

Current Score

15

RISK: Complete or partial loss (outages) of Health Board ICT systems, either those provided nationally by third parties or locally provided systems.

IMPACT: This would have an impact on business continuity. It would also have an impact on the availability, quality and safety of the services we provide and therefore could have a direct impact on the health and well-being of patients.

ACTION: The Health Board has appointed two staff in the systems team to work on server patching and compliance. They started in Q3 and are working on this compliance. These staff will also work on business continuity testing. A task and finish group has been set up to review system capabilities. This group is working on improving the availability of essential services in light of the national directives.

OWNER: Director of Planning, Digital and IT

OVERSIGHT: Information Governance Committee

12

Since Nov 2018

RISK: Failure to achieve financial balance at end of 2018/19

ACTION: Funding confirmed by Welsh Government as part of IMTP approval. Focus required on delivering actions to manage residual financial risk and delivering performance targets required to retain Welsh Government performance funding (£3.1m).

IMTP Delivery Framework and Divisional Assurance meetings in place which will incorporate implementation of savings plans and delivery of service and workforce plans within available resources.

OWNER: Chief Executive and Director of Finance and Performance

OVERSIGHT: Finance and Performance Committee and Board

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

9

Since Sept 2018

RISK: Risk of insufficient capacity and resources to deliver the planned Clinical Futures Programme.
IMPACT: The delivery timetable could be compromised and the quality of the design work and engagement could be affected.
ACTION: Programme Management arrangements have been put in place, areas of work being prioritised and additional funding sought from Welsh Government. Additional roles have been identified and appointed to over the last period.
OWNER: Director of Planning, Digital and IT
OVERSIGHT: Finance and Performance Committee

16

Since March 2017

RISK: Fragility of the Care Home Sector service provision
IMPACT: Reduction in Care Home bed capacity due to home closures could delay patient discharges and limit choice. Patients may not be able to access care homes in their local area.
ACTION:Health Boards continue to work on All Wales basis to comply with requirements of the Supreme Court Judgement.
The 17/18 is being issued, with the 18/19 uplift awaiting board approval.
Reimbursement to providers for 2014/15/16/17 is now underway.
Reimbursement to self funders will take place shortly, with further work to be progressed relating to deceased self funds.
Monies for reimbursement has been accrued in the financial position for 18/19 and further mones required into 19/20
OWNER: Director of Primary, Community and Mental Health
OVERSIGHT: Public Partnerships and Wellbeing Committee

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

12 **Since March 2018**	**RISK**: Introduction of the General Data Protection Regulation **IMPACT**: Potential complaints, reputational damage and financial losses including fines from the ICO of up to 4% of organisational budget. **ACTION:** A Delivery Board oversees the completion of the GDPR requirements. Information flow mapping and implementation continues, as part of a programme over the next few years. The Health Board completed the majority of required tasks for May 2019. Work with the Divisions' Information Governance Delivery Groups has helped consolidate GDPR compliance. The ICO is aware of the Health Boards programme of work and has not highlighted any concerns. Information flows between service partners are identified through the Wales Accord on Sharing Personal Information (WASPI) processes and are highlighted through the South East Wales Partnership and these are being reviewed. A revised IG e:learning course has been available since May 2018. Work is underway with NWIS to enable access to this course via ESR. Currently access is through a separate portal. Direct access would increase staff uptake and compliance. **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Information Governance Committee.

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

15 Since July 2018	**RISK**: Lack of improvement in Healthcare Associated Infections **IMPACT**: Increase in Healthcare Associated Infections, in hospital and community, placing patients at risk and increasing costs and reducing quality of care. **ACTION:** There is an annual programme of HPV cleaning for all clinical areas and a ward refurbishment programme in place. Root cause analysis for all HCAIs. Deep Dive for primary and community acquired infection undertaken and action plan in place. Further investment in antimicrobial pharmacy agreed. Investment in new HPV equipment agreed and arrangements in place. Also, additional support provided during winter months. **OWNER**: Acting Director of Nursing **OVERSIGHT**: Quality and Patient Safety Committee
12 Since March 2017	**RISK**: Compliance rates of statutory and mandatory training of staff **IMPACT:** Risk of undermining the quality and safety of services. **ACTION**: Compliance monitored by the Health and Safety Committee. Access to on-line training has been simplified via ESR and training compliance rates are steadily improving. Each Division has received latest data and produce improvement plans. **OWNER**: Director of Therapies and Health Science **OVERSIGHT**: Quality and Patient Safety Committee
16 Since March 2018	**RISK:** The Grange University Hospital is not delivered as per programme and within approved capital cost/cost profile **IMPACT:** Clinical services will not be configured in line with the overall programme. Significant impact on discretionary capital programme. **ACTION:** Project management and governance arrangements in place. Monthly progress and commercial meetings established. Project design changes frozen. **OWNER:** Director of Planning, Digital and IT **OVERSIGHT:** Planning and Strategic Change Committee

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

	16 **Sept 2018**	**RISK:** Risk of the impact of BREXIT and a no-deal BREXIT on the delivery of health and care services. **IMPACT**: Potential impacts on the availability of workforce, employment issues and the legal framework for some professional qualifications. Potential impact for the management of public health and communicable disease. The potential impact of the availability and regulation of medicines. Also, research, development and availability of medical devices and technology. **ACTION**: The Health Board continues to liaise with Welsh Government, the NHS Confederation and other partners (business continuity preparedness and working with the Local Resilience Forum) in readiness for the outcome of negotiations. Organisational EU Transition Steering Group has been established and risk and desktop planning exercises are underway. **OWNER**: Chief Executive **OVERSIGHT**: Executive Team and Board

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Reducing Health Inequalities and Improving Population Health (SCP 1)
KEY THEME ACTIONS:	• SCP 1 – Improving Population Health and Well Being

This SCP seeks to improve the health and well being of the Health Board's population, reduce health inequalities and benefit individuals and ensure the sustainability of our healthcare system.

RISK PROFILE REPORT

12

Since Nov 2017

RISK: Public Health priorities are not aligned to Health Board planning processes and policies

IMPACT: Services will not be responsive or suitable for current and future service arrangements will not be contributing to improving population health.

ACTION: Public Health advice to continue to contribute to SCPs to ensure follow through actions following the completion of the needs assessment. Public Health a key feature of IMTP planning processes.

OWNER: Director of Public Health

OVERSIGHT: Public Partnerships and Well Being Committee

16

Since July 2016

RISK: Failure to prevent and control communicable disease outbreaks and provide immunisations.

IMPACT: There would be an impact on general public health and also increased demand for services and the ability of the NHS to respond.

ACTION: A Health Protection Team is in place and incident and outbreak plans established.

OWNER: Director of Public Health

OVERSIGHT: Public Partnerships and Well Being Committee.

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

12 **Since Sept 2018**	**RISK:** Poor uptake of flu vaccination among Health Board staff, primary school-age children, patients aged 65 and over and people under the age of 65, staff in care homes and delays in vaccine availability. **IMPACT**: Influenza outbreaks in hospitals, care homes and prison settings and excess morbidity and mortality among vulnerable groups at risk of flu complications. **ACTION**: Seasonal flu action plans agreed by the Health Board's Strategic Immunisation Group for primary care (including care home staff), schools and staff. Actions taken forward to mitigate the impact of staggered deliver of the adjuvanted trivalent influenza vaccine for people aged 65 years and over. Additional communications campaign underway. **OWNER**: Director of Public Health **OVERSIGHT**: Public Partnerships & Well-being Committee
4 **Since March 2018**	**RISK**: The Health Board will not comply with the Social Services and Wellbeing Act. **IMPACT**: Opportunities will be lost for providing integrated health and social care for local people. **ACTION**: Active partnership working through the Regional Partnership Board in Gwent. Joint working on the allocation Intermediate Care Fund. Continued joint working on pooled budgets. ABUHB has contributed to the development of Area Plan for approval by the Regional Partnership Board. **OWNER**: Chief Executive **OVERSIGHT**: Public Partnerships and Wellbeing Committee

3.5

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

	12 Since Nov 2017	**RISK**: Lack of understanding in relation to the needs of citizens if key stakeholders and local people are not appropriately engaged. **IMPACT:** Citizens will not be aware of service developments and profile. Health Board will not be aware of citizens views to the shape of services and actively inform planning and delivery. **ACTION**: Recent work undertaken in relation to the Clinical Futures Programme and the Grange University Hospital. Service and locality based engagement continues to be undertaken in line with the Engagement Strategy. A range of service engagement and consultation processes underway. Significant work undertaken through a high profile social media campaign, further work planned for 2019. **OWNER**: Director of Planning, Digital and IT and Board Secretary **OVERSIGHT**: Executive Team and Board
	4 Since March 2018	**RISK**: The Health Board does not meet its statutory duty under the Well-Being of Future Generations (Wales) Act 2015 **IMPACT**: The Health Board does not maximise opportunities to improve services for local people. **ACTION:** Steering Group in place to ensure the duties in the WBFA are applied across the organisation. Each Division has developed and agreed wellbeing objectives which have been signed off by Board and published. Organisational wellbeing objectives and PSB(s) wellbeing objectives reflected within the IMTP and Divisional Plans. **OWNER**: Director of Public Health **OVERSIGHT**: Public Partnerships and Wellbeing Committee

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Supporting a further shift of services closer to home through building a NCN foundation for delivery of care (SCPs 2, 3 and 4)
KEY THEME ACTIONS:	• SCP 2 – Care Closer to Home • SCP 3 – Management of Major Health Conditions • SCP 4 – Mental Health and Learning Disabilities

The overall aim of these Service Change Plans (SCP) is to facilitate the development and sustainability of service improvement models that support the delivery of care closer to home. It also aims to deliver more systemic and proactive management of chronic disease to improve health outcomes, reduce inappropriate use of hospital services and have a significant impact on reducing health inequalities. The Mental Health and Learning Disabilities SCP seeks to provide an integrated, whole system model of care that improves the mental health and well being of our population.

RISK PROFILE REPORT

Impact / Likelihood risk matrix with values **3** and **1** plotted at Impact 3, Likelihood 4 and 5.

12

Since Nov 2017

RISK: Crisis services in Mental Health will not meet the needs of our population.

IMPACT: Risk to patient safety if services are appropriately not staffed and resourced.

ACTION: Gwent 'Whole Person, Whole System' Acute and Crisis Model being developed to support people with a mental health need who present in crisis. This will remodel the service to better meet local needs.

OWNER: Director of Primary, Community and Mental Health

OVERSIGHT: Quality and Patient Safety Committee

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

15 **Since Dec 2017**	**RISK**: Inadequate falls prevention on in-patient wards **IMPACT**: Failing to protect patients and risk of increased fractures and harm. **ACTION:** 'Prevention and Management of Inpatient Falls' Policy has been updated and disseminated widely across the Health Board. Training ongoing on wards/sites targeting hot spot areas in the first instance. The Falls Steering Group is exploring resources for consistent delivery of falls prevention training for all inpatient areas. Monthly Falls Scrutiny Panel review and learning from all inpatient falls resulting in a fracture. Numbers of fractures from inpatient falls is reducing. **OWNER:** Director of Therapies and Health Science **OVERSIGHT:** Quality and Patient Safety Committee
Previous Score **16** **Since Dec 2017** **Current Score** **12**	**RISK:** Potential fragility of GP Out of Hours Services linked to the overall unscheduled care services of the Health Board Particular risks focus on the availability of GPs to cover the high demand and overnight shifts **IMPACT:** Increasing demand on OOHs and other elements of the urgent care system. Risk if Out of Hours cannot be appropriately staffed and the risk that service provision will not meet urgent needs of local people. **ACTION:** All aspects of this risk is currently being responded to as part of the Service Redesign Plan and implementation and development of clinical Hub with medical lead nurse and pharmacist in readiness for 111 implementation and expansion for the Winter Plan. Extension of all pharmacy schemes in each Borough. Clinical Reference Group established to develop and advice senior team. Excellent uptake by VTRs and refresher/taster sessions for new GPs through marketing by OOHs lead GPs. **OWNER:** Director of Primary, Community and Mental Health **OVERSIGHT**: Executive Team and Unscheduled Care Board

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

	12 **Since Oct 2017**	**RISK**: Risk that the current Primary Care estate is not fit for purpose to meet the needs of the local population. **IMPACT**: Services will be provided from not fit for purpose facilities and new service opportunities will not be realised. **ACTION**: Close working with Welsh Government to ensure all opportunities are maximised. Updated Estates strategy, which includes primary care options and plans has been prepared and is being submitted to the Board in January 2019 for approval. **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Public Partnerships and Wellbeing Committee

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3.5

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Improving access and flow and reducing waits (SCP 5 & 6)
KEY THEME ACTIONS:	• SCP 5 – Urgent and Emergency Care • SCP 6 – Planned Care

To develop coherent, co-ordinated, high quality urgent and emergency care that works seven days a week, and where possible 24 hours a day. In accordance with patient expectations whilst delivering the best clinical outcomes. To secure improvements in efficiency and productivity that in combination with prudent healthcare, will improve access and deliver high quality, affordable and sustainable services.

RISK PROFILE REPORT

20

Updated Dec 2018

RISK: Failure to meet the needs of the local people in relation to emergency care provision including WAST provision.
IMPACT: Not meeting Welsh Government targets and patients will not receive services they require in a timely way.
ACTION: Ongoing monitoring is provided on a weekly basis at meetings with the Divisions and through the Urgent Care Board. New models of care have been introduced. Winter Plan being implemented and being monitored. Turnaround Team in place identifying quick and sustainable change opportunities across the urgent care pathway.
OWNER: Director of Operations
OVERSIGHT: Finance and Performance Committee

14

Corporate Risk Dashboard Report as at end of December 2018

16

Since May 2018

RISK: Unsustainable model of care in Primary Care GP services
IMPACT: Patients will not be able to access the level and quality of services they require in a timely way.
ACTION: Widening skill mix (both managed and independent practices appointing to new roles). This will be tested at scale via pacesetter project backed by Welsh Government funding. Welsh Government announcement of solution for state backed indemnity in primary care. Ongoing discussions at NCN and individual practice level in relation to sustainability challenges. Work in relation to consolidating practice distribution through supported mergers and managed redistribution of patients to alternative practices.
OWNER: Director of Primary, Community and Mental Health Services
OVERSIGHT: Quality and Patient Safety Committee

15

Since March 2017

RISK: Failure to efficiently manage out-patient demand and modernise outpatient services.
IMPACT: Patients undertake unnecessary journeys to hospital, Inappropriate use of capacity and delays which could result in patient harm due to delayed follow-up.
ACTION: Review of out-patient transformation approach with proposed clinically led model will be presented to the next Planned Care Programme Board. Response developed to WAO Report into delayed follow-ups.
OWNER: Director of Operations
OVERSIGHT: Finance and Performance Committee

15

3.5

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

	15 **Since March 2017**	**RISK**: Safety and support for local people compromised due to not having sufficient emergency plans in place for a major incident and adverse incident such as extreme weather. **IMPACT**: Services would be undermined and Health Board unable to meet service demand and be responsive to patient needs. **ACTION**: It has been recognised that a potential major incident can now include large scale information unavailability caused by ICT failure or malware intrusion. ICT and Emergency Planning have met and has shared information on essential services and service catalogues to prioritise action. **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Executive Team

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Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Service Sustainability (SCP 7)
KEY THEME ACTIONS:	• SCP 7 – Service Sustainability

To ensure that the Health Board focuses on the transition of services that are fragile and present sustainability issues over the next three years and in particular in advance of the SCCC.

RISK PROFILE REPORT

Impact (vertical axis, 1–5), Likelihood (horizontal axis, 1–5). Cells: Impact 5 / Likelihood 4 = 1; Impact 4 / Likelihood 4 = 1; Impact 3 / Likelihood 5 = 1.

Previous Score

10

Since May 2018

Current Score

15

RISK: Failure to implement Welsh Community Care Information System (WCCIS)

IMPACT: Reduced ability to support integration between Health and Social Care.

ACTION: Regional resource to manage change has been appointed.

The Health Board is working with the supplier in readiness to implement the initial stage (Mental Health).

Local Clinical Reference Group has been created to assist implementation and have links with patient safety.

Concerns raised at National WCCIS Transition Implementation Board held on 15th June 2018 by ABUHB and CareWorks that the tabled new version of the national integration roadmap did not meet the ABUHB required timescales and critical path imperatives.

Formal escalation report sent to ABUHB WCCIS Senior Responsible Officer national discussion are ongoing with regard to next stage implementation.

OWNER: Director of Planning, Digital and IT

OVERSIGHT: Information Governance Committee

3.5

Tab 3.5 Risk Dashbaord

Corporate Risk Dashboard Report as at end of December 2018

20 **Revised Dec 2018**	**RISK**: Failure to recruit and retain appropriately skilled staff and senior leadership to deliver high quality care. **IMPACT**: Negative impact on patient care and service delivery due to lack of skilled workforce, low staff morale, increased sickness and turnover. **ACTION**: Plans in place to maximise recruitment and increase retention in all identified areas including registered nurses and medical staff. Overseas recruitment of nurses and doctors has been successful however, some current delays in meeting the requirements for NMC registration. Plans in place to maximise recruitment in all identified areas to minimise risk both locally and in line with all Wales campaigns such as Train, Work, Live and Student Streamlining for registered nurses. **OWNER**: Director of Workforce and OD, Acting Director of Nursing, Medical Director and Director of Therapies and Health Science **OVERSIGHT**: Finance and Performance Committee
16 **Since May 2018**	**RISK**: Insufficient levels of capital funding for estate requirements **IMPACT**: Health Board will be unable to meet the levels of refurbishment required for Health Board to meet its plans **ACTION**: Detailed capital programme that is regularly re-prioritised by the Executive Team. Opportunities maximised with regular dialogue with Welsh Government. Sustainability challenges regarding imaging and informatics priorities are a particularly concern. Issue escalated to Directors of Planning and Chief Executives. Comprehensive Estates Strategy in development **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Finance and Performance Committee

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	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 3.6

3.6

Aneurin Bevan University Health Board

An Evaluation of the Redesign of Older Adult Mental Health Services

Executive Summary

In March 2018 the Health Board approved a plan to redesign older adult mental health services following a period of public consultation over the proposed changes. The purpose of this report is to provide an update on progress in implementing the agreed recommendations. The Board in March 2018 agreed to:

- Approve an investment plan to further enhance specialist community services for older adults with mental health problems.
- Consolidate the number of specialist inpatient units for older adults with mental health needs to four across the Health Board region developing the remaining units into centres of excellences with strong multi-disciplinary teams. This approval included the closure of St Pierre Ward in Chepstow Community Hospital.
- Further consider what actions could be taken to address concerns over transport and car parking that were highlighted as key themes within the consultation process.
- Note the ongoing work being undertaken jointly with Monmouthshire County Council and other partners to develop an Integrated Health and Social Care Hub for the South Monmouthshire population.

In addition to approving the above recommendations the Board approved an additional investment for Older Adult Mental Health Services (OAMH) to work with Monmouthshire County Council and other stakeholders in Monmouthshire to further develop an integrated model of support for older people with a mental health need.

This report highlights that there has been good progress made in implementing the majority of the recommendations approved by the Health Board, although some changes are still to be fully implemented. As the changes have been made only recently the full outcomes and benefits will take time to become embedded and evaluated. The ongoing implementation of the agreed plans will continue to be monitored through the Mental Health and Learning Disabilities assurance structure and reporting to the Mental Health and Learning Disabilities Committee of the Board.

The service design and service delivery improvements outlined above are aligned with the recommendations in the Tawel Fan investigation 'Lessons Learned' report and the last section in this paper considers how the redesign work is consistent with that report.

1

Recommendations:

The Board is asked to:

- To note the progress made in taking forward the recommendations of the redesign of older adult mental health services that were approved by the Health Board in March 2018.
- To support the on-going actions in relation to fully implementing, embedding and enhancing specialist community services for older people with mental health difficulties across the Health Board.
- To note the projects supported to enhance integrated community services in Monmouthshire through the additional £200,000 investment approved by the Health Board in March 2018.
- To note the intention to complete outstanding actions to enhance the inpatient multi-disciplinary teams with additional therapy and pharmacy support by the end of March 2019.
- To note the current bed occupancy post service re-design and to support the intention to review bed occupancy 12 months following the implementation of the in-patient services reconfiguration to inform future bed provision.
- To consider the Older Adult Mental Health Services redesign in light of the Tawel Fan learning report.

The Board is asked to:	
Approve the Report	
Discuss and Provide Views	√
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Director of Primary care, Community and Mental Health

Report Authors: Older Adult Mental Health Directorate Management Team

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	

Date of the Report: 9th January 2019

Supplementary Papers Attached: None

1. Purpose of the Report

- To provide an evaluation and update of the impact of changes to Older Adult Mental Health Services, approved by the Health Board in March 2018.

- To provide detail on further actions regarding the ongoing implementation of service redesign in Older Adult Mental Health Services in line with the agreed recommendations.

- To evidence consideration of the learning from Tawel Fan in the redesign of Older Adult Mental Health Services.

2. Background and Context

In September 2017 the Health Board received a report on proposals to Redesign Older Adult Mental Health Services due to a number of significant service challenges faced by the service. These included:

2

- Demographic changes to the population with a predicted increase of 26% in the over 65 year's population and 147% increase in the over 85 years population over the next 20 years.
- An increase of 39% in the number of people with dementia predicted by 2025.
- Significant staffing and recruitment challenges in the inpatient services with a shortfall of 22 whole time equivalent registered nurses required to safely staff 92 inpatient beds, with an ageing inpatient nursing workforce.
- A shortage of junior doctors with a reliance on agency doctors to cover one inpatient unit and a national shortage of trainees across Wales with only a quarter of all junior training posts being filled nationally.
- Due to historical funding patterns there was an inequity in service provision across the five Local Authority Boroughs.

The Health Board had taken a number of steps to mitigate the impact of some of these workforce and service challenges including undertaking a variety of recruitment initiatives and temporarily reducing the number of beds within the system. However despite these measures the directorate concluded that the existing service model was unsustainable. Following an extensive engagement exercise that focussed on exploring what stakeholders identified as the key elements of a high quality service for older people with a mental health need, the Health Board publicly consulted on proposals to redesign older adult mental health services.

Following the consultation exercise a number of recommendations were considered and approved by the Health Board in March 2018. These were:
- To approve an investment plan to further enhance specialist community services for older adults with mental health problems.
- To consolidate the number of specialist inpatient units for older adults with mental health needs to four across the Health Board region developing the remaining units into centres of excellences with strong multi-disciplinary teams. This recommendation included the closure of St Pierre Ward within Chepstow Community Hospital.
- To further consider what actions could be taken to address concerns over transport and car parking that were highlighted as key themes within the consultation process.
- To note the ongoing work being undertaken jointly with Monmouthshire County Council and other partners to develop an Integrated Health and Social Care Hub for the South Monmouthshire population and that there would be a further report regarding this wider integration work to the Board in September.

The investment plan, approved by the Health Board in March 2018, to support these changes is summarised in Table 1.

Table 1 : Investment Plan in OAMH

Increase Care home In-Reach Monmouthshire (1 x Band 6)	£40,000
Scale up Behavioural Support Team (2 x band 5, and 3 x band 3)	£140,000
Increase in Psychological Therapies (Mon & Caerphilly) 1 x band 8a, & 1 x band 7	£115,000
Dementia Support Workers (equivalent to 3 x band 3)	£64,000
Nurse Staffing Banding/Career progression (4 x band 5 to band 6)	£40,000
Additional Travel Costs 30K	£30,000
Strengthening the multidisciplinary workforce within Inpatient Units, e.g. therapies	£217,000
Total	**£646,000**

3

In addition, the Health Board also approved an additional investment of £200,000 in older adult mental health community services in Monmouthshire to further develop an integrated model of support for older people with a mental health need in conjunction with the local authority and other stakeholders.

The current report provides an update on how the recommendations and investments are being taken forward. In addition to the updates, consideration has been given to the deliverables in the context of the recently published Tawel Fan report, to ensure alignment with the key recommendations and requirements.

3.6

3. Assessment and Conclusion

This section provides an update regarding progress in implementing the Older Adult Mental Health Service Redesign. They are broken down into the following headings:

3.1   Enhancing Specialist Community Services.
- o   Enhancing Memory Assessment Services.
- o   Expanding and Enhancing Care Home In Reach.
- o   Improving Access to Psychological Therapies.
- o   Improving Support for Older Adults in Crisis Out of Hours.

3.2   Development of Inpatient Centres of Excellence.

3.3   Further Development of Integrated Services for Older Adults with mental health needs in Monmouthshire.

3.4   Learning from Tawel Fan and how it has been addressed within the redesign.

3.1 Enhancing Specialist Community Services

3.1.1 Enhancing Memory Assessment Services

Memory Assessment Services (MAS) in the Health Board provide comprehensive assessment and diagnosis of dementia, provision of information and ongoing support to people with memory problems and their carers. Once a diagnosis is made, the MAS can help support an individual and their families to plan ahead, and implement evidence based interventions which enable the individual to manage their condition over time and live as independently as possible. Progress in implementing the agreed actions to improve MAS provision is outlined below.

o   **Increase in Dementia Support Workers across ABUHB**

Dementia Support Workers (DSW's) have been an integral part of the Health Board's MAS for a number of years. When an individual is diagnosed with dementia within the MAS clinics, a referral is made to the DSW's in the local area for support for up to 1 year post diagnosis to both the individual and carer. They provide a range of services including signposting carers to voluntary and statutory support, working with carers to provide social support and working with individuals to complete advanced directives. This input enables clinical staff to concentrate on the process of diagnosis and health based interventions regarding the management of the condition.

4

The table below shows how the service re-design has enabled an increased provision of DSW's across all boroughs. The Division has worked with the Alzheimer's Society to provide DSW's and it should be noted that there is some flexibility for cross cover of roles across boroughs. The current contract will be reviewed to ensure greater equity across boroughs as part of the Third Sector Commissioning exercise with a focus on establishing robust outcome and performance measures.

3.6

Table 2 – Provision of Dementia Support Workers across ABUHB

Borough	Available hours prior to change	Available hours post changes
Blaenau Gwent	25	39
Caerphilly	25	35
Monmouthshire	25	56
Newport	25	60
Torfaen	25	35
Total	**125**	**225**

This additional resource provides increased access for individuals and their carers post diagnosis which enable individuals and carers to access support in a timelier manner. Such support at an early stage in the care pathway can enable patients to continue to live well in the community for longer and reduce the chance of crisis occurring at a later stage.

The full increase in additional hours became operational in November 2018 and it is anticipated that this will enable additional support to be provided by Alzheimer's Society as well as an increase in intensity of support where required. Over the last financial year 742 new referrals were received by DSWs, with the average number of contacts per referral increasing from 3.5 to 5 contacts. Referral numbers to DSWs are anticipated to increase in line with anticipated increases in MAS referral demand and dementia diagnosis rates.

The service user evaluations undertaken by the Alzheimer's Society on the service have been overwhelmingly positive over the course of the last year with further work planned to capture patient and user experience in conjunction with the Division.

o **Extension of Cognitive Stimulation Therapy**

Cognitive Stimulation Therapy (CST), is a brief psychosocial treatment for people with mild to moderate dementia which is recommended by NICE. CST involves a programme of themed activities, carried out over several weeks in small groups, with each session covering a different topic, designed to improve the mental abilities and memory of someone with dementia.

In order to ensure equity of access to CST, the OAMH Directorate have reviewed its provision of CST across the Health Board and the models used to deliver it. A 6-8 week manualised CST programme is now consistently provided across the Health Board with the exception of Newport who are in the process of setting up a new service which will be implemented by June 2019. Work is now progressing in relation to exploring the potential of providing maintenance CST in addition to the core programme and whether such a service could be commissioned from third sector partners via additional resource, such as the new Welsh Government monies to support the implementation of the Dementia Action Plan for Wales 2018-2022.

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In order to provide an indication of the difference Cognitive Stimulation Therapy can make for individuals, the table below summarises the most recent evaluation of delivering Cognitive Stimulation Therapy within North Monmouthshire. At the end of the group individuals were asked to self-report whether they agreed, disagreed or neither agreed/disagreed with a number of statements regarding personalised outcomes and participation within the group.

Table 3 – Cognitive Stimulation Therapy Outcomes

Statement	Agree	Neither Agree/Disagree	Disagree
I felt welcome when attending Cognitive Stimulation Therapy sessions.	9	0	0
The facilitators interacted well with group members.	9	0	0
I enjoyed attending the Cognitive Stimulation Therapy Programme.	7	2	0
The Cognitive Stimulation Therapy has made a positive difference in my life.	7	2	0
The Cognitive Stimulation Therapy Programme has improved my general wellbeing.	8	1	0

o   **Review of Memory Assessment Services (MAS)**

MAS are provided within each Borough across the Health Board.   The review of the MAS has continued in order to reduce variation in access to, and outcomes for, individuals. Some progress has been made in reducing variation between MAS and a common care pathway has been developed from referral to diagnosis and a pilot regarding medication titration is being undertaken with primary care colleagues within Newport.

Standardised outcome measures based on the International Consortium for Health Outcomes Management (ICHOM) are now being systematically collected across all MAS which enables the collection of patient focussed outcomes and the potential to further refine the pathway to ensure it is most clinically effective and based on prudent healthcare principles.

Graph 1 below demonstrates a gradual increase in referrals to MAS from 2016 to present. MAS are striving to improve quality and maintain minimal waiting times in the context of this increasing demand.

Graph 1 – Total Referrals to OAMH Memory Assessment Services

6

In relation to performance measures for MAS, Table 4 highlights the percentage of individuals referred for an assessment of dementia who receive a first assessment within 28 days and a working/preliminary diagnosis within 12 weeks at two points in time.

Table 4 – Performance Measures for Memory Assessment Services

Borough	November 2017		November 2018	
	% seen within 28 days for first assessment	% seen within 12 weeks for working diagnosis	% seen within 28 days for first assessment	% seen within 12 weeks for working diagnosis
Blaenau Gwent	100%	90%	100%	80%
Caerphilly	100%	40%	100%	15%
Monmouthshire	75%	80%	100%	100%
Newport	90%*	100%	90%*	100%
Torfaen	90%	90%	95%	90%

- *Due to a slightly different referral pathway this relates to the time from "opt in" to first assessment.

The above table demonstrates that, with the exception of Caerphilly borough, there is good performance in meeting both targets in November 2018. Work is due to commence by March 2019 to obtain a better understanding of the issues adversely affecting the current processes in Caerphilly and the development of an appropriate action plan to address these factors in order to raise performance levels within the borough. The main issues identified as potential causes include waiting list management processes, medical staffing capacity and clinic booking processes in the borough.

Graph 2 below demonstrates that there has been a year on year increase in dementia diagnosis rates within ABUHB. Whilst current performance is largely consistent with Welsh Government targets (54% by December 2017, 57% by December 2018) further work is required with primary care to ensure a step wise improvement in performance to enable the Health Board to meet the 66% December 2021 target. This will need to include a review of the process for capturing and recording the data reported to Welsh Government.

Graph 2 – Dementia Diagnosis Rates

Aneurin Bevan
Dementia diagnoses and diagnosis rate

7
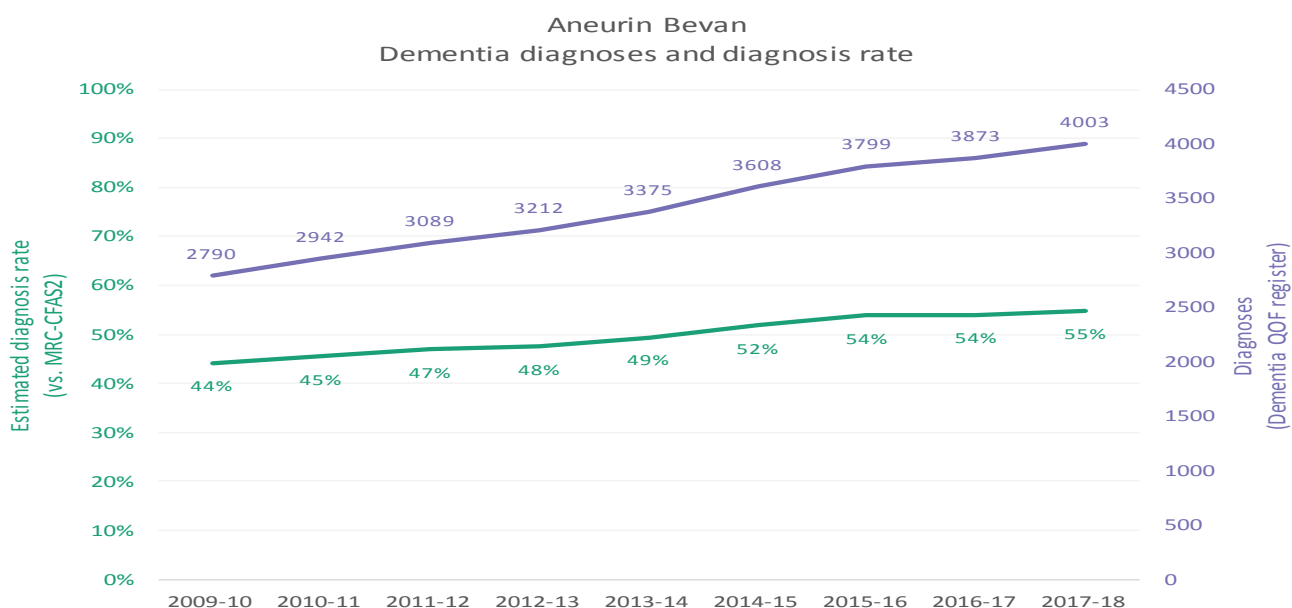
o **Review of Dementia Co-ordinator Role**

The service redesign has enabled a review of Dementia Co-ordinator roles across the Health Board. There are five Dementia Coordinators in ABUHB and whilst it was originally envisaged they would have a dual role of direct clinical care and providing training to others, due to demands within the MAS the vast majority of their time was taken up with direct clinical work within the MAS.   The Older Adult Mental Health Service Redesign has enabled backfilling of the Coordinators time and moving forward will enable a greater focus on training other health professionals, including primary care and care home colleagues.

Specific training that will be delivered by the Dementia Coordinators in the future include;

- The delivery of a training package regarding Person Centre Care in Dementia to be rolled out to the three dementia assessment wards.
- In addition to offering the above training within the ABUHB specialist assessment dementia wards, arrangements are now in place to offer this training to selected wards in the Unscheduled Care and Primary Care and Community Divisions initially.
- The dementia co-ordinators and Lead Nurse for OAMH have also developed a Dementia Care Mapping Strategy which has recently been agreed by the Dementia Board. Dementia Care Mapping involves continuously observing the behaviour of people with dementia and the care they receive in order to improve the way people are supported in formal care settings, such as care homes and hospitals. It aims to capture small things which lead to happiness or distress and use this information to enhance people's care plans, and improve the environment of care homes and other care settings. The dementia co-ordinators are taking a lead role in the implementation of this strategy going forward.

There is significant evidence to show the societal and economic impact of dementia and the added value in using resources prudently to promote earlier diagnosis and offer appropriate support. The developments in community support outlined in this report are consistent with this aim. It is acknowledged that providing the right support to, and within, primary care is key to improving the dementia diagnosis rates across the Health Board. The recent additional resources into the MAS service will enable additional support, education and training to assist primary care services to promote the importance of early referral into MAS for diagnosis and support.

The Division will also engage with primary care NCN leads to review dementia guidelines in light of recent changes to Nice Guidelines (2018) on the assessment, management and support for people living with dementia and their carers around the initiation and prescribing of anti-dementia drugs within primary care.

3.1.2 Expanding and Enhancing Care Home In Reach

The Older Adult Mental Health Care Home In Reach and Behavioural Support Teams work alongside Nursing and Residential Homes to undertake assessments and develop care plans for individuals. An important aspect of their role can be supporting care homes to manage patients who may present with behaviours which care home staff find challenging including, providing advice around medication, behavioural management plans and biopsychosocial interventions. A key element of their role has been to ensure that appropriate timely reviews of antipsychotic medication are conducted for patients prescribed such medication.

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o **Increase in Resources for Care Home In-Reach**

Increased resources have been made available to enable the fully roll out of care home in-reach services across Aneurin Bevan University Health Board. An additional In-Reach Nurse was recruited to effectively double the support of Registered Mental Health Nurses provided through the In-Reach service in Monmouthshire.

o **Increase Behaviour Support Team (BST) provision**

Prior to the service re-design via Integrated Care Fund monies there was a pilot of a BST in two boroughs. The investment agreed following the consultation has enabled further staff to be appointed to enable to service to be provided in all five boroughs. The following case study demonstrates the potential role of the BST in supporting an individual and the staff around them.

SHIRLEY'S STORY
Shirley lives in a Nursing Home and was referred to the Behavioural Support Team following concerns around her not leaving her room, declining personal care and refusing her bags of clothing to be emptied and stored within her cupboard. Shirley spent a long time alone in her bedroom complaining that she was lonely despite staff's best efforts to help her socialise with other residents within the home. *The Behavioural Support Team spent time developing a rapport with Shirley and supporting her to feel safe within her room. Shirley takes pride in her appearance and has an interest in fashion. The Behavioural Support Team spent time talking to her about her clothes and used compliments and interest in the clothes which over time allowed Shirley to feel comfortable to allow the clothes to be put away in the wardrobe. Using a person centred graded approach of completing personal care in small steps the team were able to successfully support Shirley to complete personal care. The Behavioural Support Team provided the nursing home care staff with behavioural guidance regarding how to best complete personal care that was tailored to Shirley's needs and wishes. This included using a warm and positive approach of using praise and encouragement during personal care whilst giving Shirley a sense of choice and control.* *Shirley has developed a sense of safety and security within her bedroom thus enabled her to feel confident in leaving her bedroom and spending time with residents in her bedroom. Shirley now accepts personal care on a regular basis and participates in home activities as well as joining other residents at mealtimes. Staff reports that the concerns made at the time of referral are no longer present. A formal outcome measure (Clinical Global Improvements Impressions Scale) was completed with the home manager and "ideal improvement" (the highest score of improvement) was recorded.*

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Graph 3 – Admissions to OAMH Inpatient Units from Residential/Nursing Homes
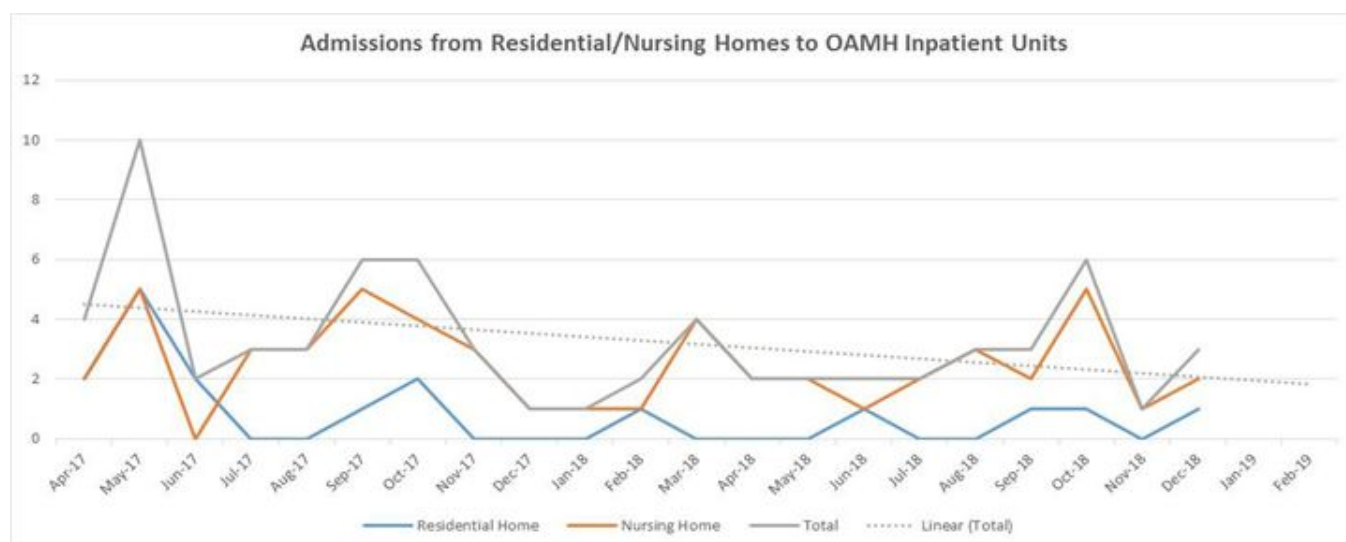
The graph above demonstrates a decrease in overall admissions to Older Adult Mental Health wards from care homes. While this reduction in admissions can be influenced by multiple factors, it is believed the enhancement of the specialist support provided to nursing and residential homes has been a significant factor.

This is evidenced below in the testimony given by the newly appointed In Reach Nurse in South Monmouthshire:

> '*Since coming into the In-Reach post in April after the ward closed, I have been supported by the Older Adult CMHT into my new role. I have been able to transfer my skills of a holistic assessment into reviewing and supporting residents within EMI resident care homes, Nursing and EMI Nursing homes in the South Monmouthshire area. Through building relationships with the homes and developing communication routes with them, the residents' families, members of the team, GPs and district nurses, we have worked hard to support people to remain within their care setting.*
>
> *If a resident has cognitively declined and needed a more supportive environment, I have been able to support the home through completing a MH nursing assessment along with the District Nurses assessment. The homes have been able to support the resident until a bed is available within a new home. Within a local EMI residential home, there have been a few residents who have been unsettled, agitated and exhibiting aggressive behaviour. The home has been able to contact me with updates and changes in presentation. Through working together, we have been able to prevent several residents from moving onto the next category of care. '*
>
> '*We were able to support a patient with their anxiety and agitation through introducing medication and improving staff understanding the individual's behaviours. This was done through discussions with staff and them attending the Dementia Cares Matters training which is commissioned through Social Services. '*
>
> '*Another lady, who was residing in a Nursing Home, had been supported over many months. We utilised the Behavioural Support Team for behaviour intervention support. We trialled medication and completed a MH nursing assessment in preparation to transfer to an EMI Nursing home. The aggression eventually reduced and her unsettled presentation declined. This allowed her to remain within the home where staff know her and family could visit easily.''*

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3.1.3 Improving Access to Psychological Therapies

The Older Adult Mental Health redesign enabled resources to provide additional qualified practitioner psychology posts to improve access to psychological therapies and expand the behavioural support team to cover a wider geographical area.

The primary areas of concern in terms of the longest waiting lists prior to the consultation were the boroughs of Caerphilly and Monmouthshire. Both areas had a relatively low number of psychologists per head of population and had accumulated long waiting lists to access psychological assessment and therapy.

With the investment agreed through the redesign of older adult mental health services the directorate has successfully recruited 1 full time Senior Psychologist (Band 8a) for Monmouthshire and 1 full time Psychologist (Band 7) for Caerphilly. It is anticipated that the two posts will enable sustainable improvement in waiting times over the last quarter of the year and moving forward.

3.1.4 Improving Support for Older Adults in Crisis Out of Hours

During the OAMH consultation, feedback was received from staff, patients and carers relating to the support available to them out of hours. The feedback received indicated that when there is a crisis, outside of 9-5 hours, patients and carers do not know who to contact for support, leaving them to manage alone or having to access Primary Care or Emergency Services. Similarly when patients are known to be nearing crisis in the community, some staff reported their frustration at not being able to offer an enhanced service over evenings and weekends.

Currently the MH & LD Division's Crisis and Home Treatment Team provision is only available to Adults of Working Age (Predominantly under 65). A pilot is currently being developed to extend the service to offer support to older adults with functional mental health difficulties. Feedback from a recent workshop with staff is currently being analysed to refine the exact scope of the pilot and how this can be taken forward.

3.1.5 Community Services in Monmouthshire

As outlined above, as part of the implementation plan there has been significant investment in enhancing a range of community services and support in Monmouthshire for older people with mental health problems. In addition to the increased access to psychological support, dementia support workers and memory assessment nursing support, in-reach into care homes and behavioural support following the reconfiguration, additional consultant psychiatrist time has also been released to provide additional resources to support the community mental health teams in Monmouthshire. The additional investment of £200,000 also agreed by the Health Board has enabled the further development of community based services including EMI respite, community exercise and community transport schemes.

In total around 50% of the additional investment released from the older adult redesign has been directly used to support enhanced community services in Monmouthshire.

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3.2 Development of Inpatient Centres of Excellence

As part of the service redesign, the decision taken by the Health Board reduced the number of available inpatient beds for older adults with a mental health need from 72 to 67. In patient care is now provided through 3 specialist dementia wards and one specialist older adult functional ward following the approved closure of St Pierre Ward in Chepstow.

The last patient was discharged from St Pierre Ward on the 9th of April 2018 and the new bed configuration was completed following the transfer of remaining functional beds to Hafan Deg Ward at Ty Siriol Unit, County Hospital on the 20th April 2018.

As part of the consultation and engagement plan a significant management of change engagement exercise had been put in place throughout the public consultation and implementation phase of the redesign process.

In total 28 staff were affected by the closure of St Pierre Ward, of which 8 staff were on fixed term contracts. Eighteen staff on permanent contracts were successfully redeployed to other posts within the Health Board and two staff left the Health Board. Of the staff successfully redeployed only one member of staff chose a role outside of the Mental Health and Learning Disabilities Division. The directorate management team worked closely with all staff and staff side representatives to make the transition process as smooth as possible.

The bed reconfiguration has enabled the separation of dementia inpatient care and functional illness care across the whole Health Board.

o **Investment in Inpatient Therapies and the wider Multi-Disciplinary Team**

Prior to the consultation, significant variation existed in relation to access to a range of therapies to support the multidisciplinary teams with particular gaps in Speech and Language Therapy, Physiotherapy and Pharmacy.

In August 2018 a joint OAMH Directorate, Therapies and Pharmacy workshop was held with the aim of exploring where opportunities existed to enhance the experience of older adults with mental health problems within specialist inpatient environments by improving therapy and pharmacy provision. Following the meeting, leads from the Therapy services and OAMH Directorate met and agreed the following:

- The initial additional investment will be focused on Pharmacy and Speech and Language Therapy within the OAMH Inpatient Wards. Leads for these professions and the OAMH Directorate are currently drawing up plans on how this can best be delivered with final proposals being completed in February 2019.

- In addition to the above investments, a joint OAMH/Therapies Group will be established to oversee further developments of therapies for Older Adults with Mental Health problems.

o **Nurse Staffing on Inpatient Wards**

One of the drivers for the reduction in the number of inpatient units was the shortage of registered staff to sustain the delivery of safe and high quality inpatient services.

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The reduction in registered nursing vacancies was seen as a key factor in improving the quality, safety and consistency of care across all inpatient units and was identified as a key measure in the success of the redesign.

Following the changes made to reconfigure inpatient services, the number of registered mental health (RMN) nursing staff vacancies within the older adult mental health inpatient service has reduced significantly and there are currently 7 vacancies. The detail of the pattern over the past year and a half is shown in Table 4 below.

Graph 4 – Total Inpatient RMN Vacancies
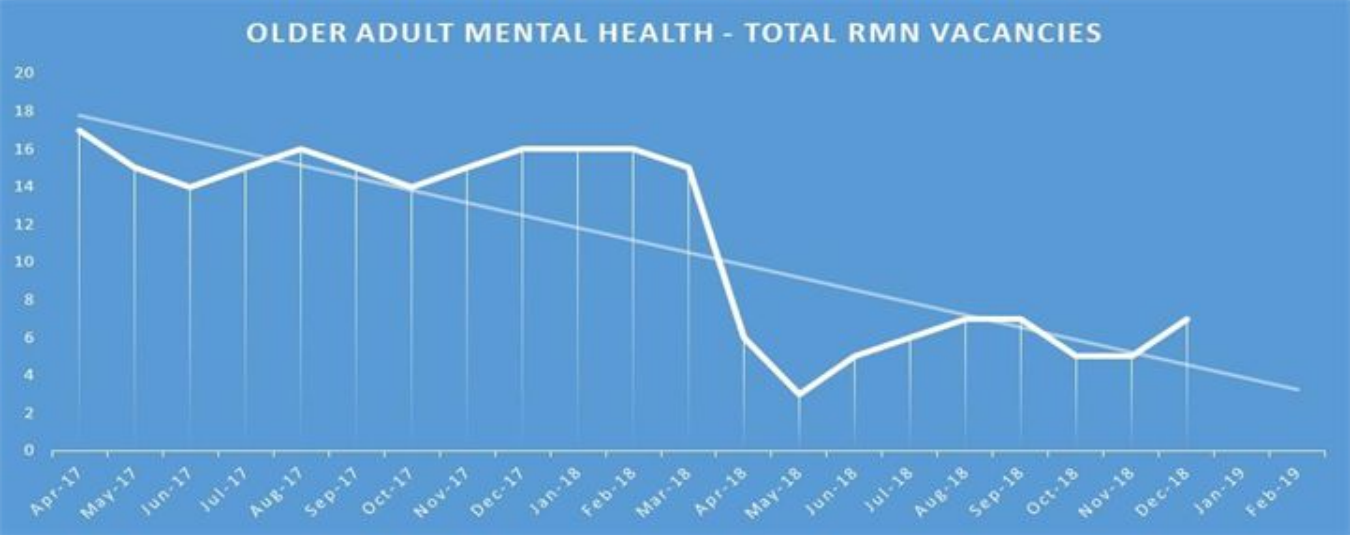
High levels of bank and agency usage are often associated with poorer outcomes for patients. The graphs below demonstrate that following the service changes there has been a significant reduction in the use of both Bank and Agency nursing across all the inpatient wards.

The use of registered agency nurses has remained consistently low since ward reconfiguration and the closure of St Pierre Ward as illustrated in Graph 5.

Graph 5 – RMN Agency Use within OAMH Inpatient Wards

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Graph 6 shows the number of registered and unregistered bank shifts filled within Older Adult Mental Health Inpatient Services since April 2017. The average number of bank shifts used has reduced by around a third since the ward reconfiguration in April 2018.

Graph 6 – Registered and Unregistered Bank Use in OAMH Inpatient Wards
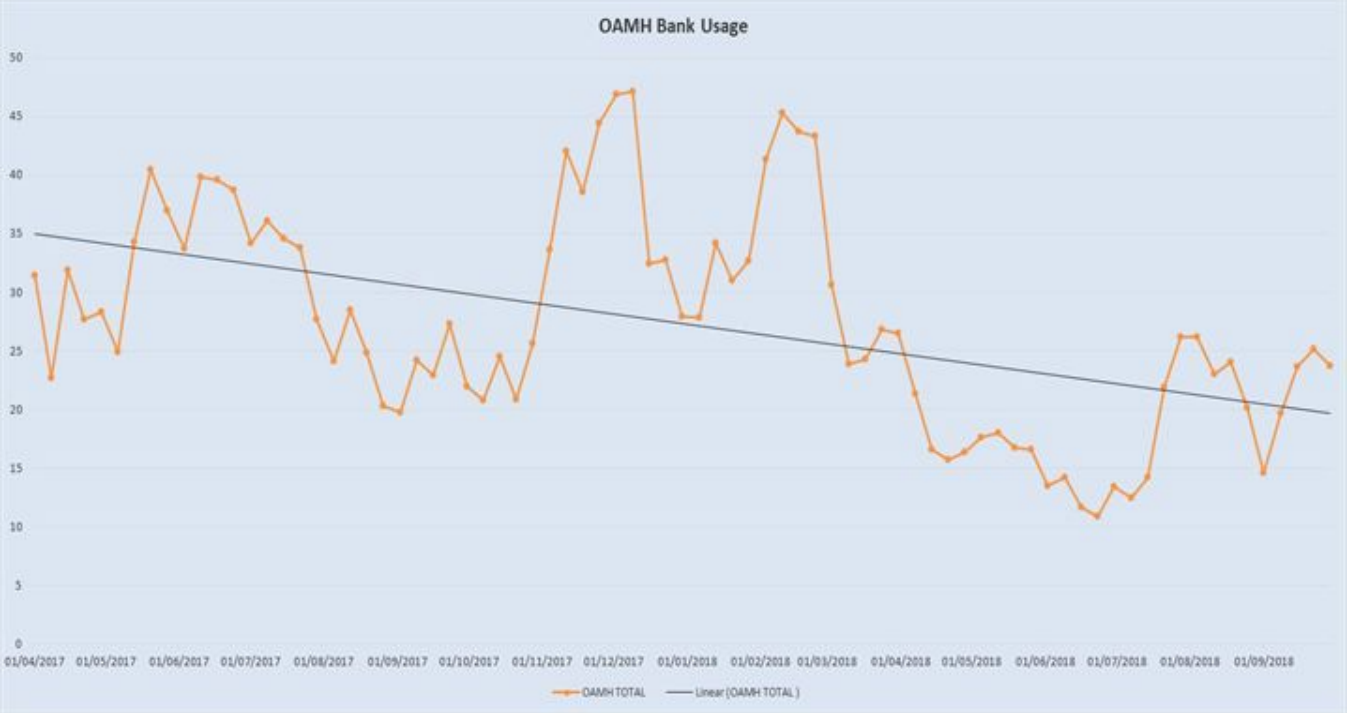
o **Access to Inpatient Facilities**

A key concern raised during the consultation related to increased travel for patients and carers when accessing Older Adult MH Inpatient facilities. This specifically related to those patients who previously would have accessed St Pierre Ward, Chepstow Community Hospital as their local unit.

Since the closure of St Pierre Ward there have been 14 patients with dementia from Monmouthshire requiring admission to an inpatient ward between April and the end of November 2018.

- Seven patients from North Monmouthshire were admitted to Cedar Parc Ward, Ysbyty'r Tri Chwm, Ebbw Vale. Four of these patients were from the Abergavenny area, and three were from Monmouth.

- Seven patients from South Monmouthshire were admitted to Sycamore Ward, St Woolos Hospital, Newport. Three of these patients were from the Chepstow area and four were from Caldicot.

The admission destination is individually discussed with each family/carer prior to admission and the ward staff are sensitive to this issue and seek individualised solutions to support families and carers if travel is identified as a difficulty.

During this period no patient or carer has raised any issues concerning admission to the wards. There have been several positive comments from patients and relatives following the changes. A selection of these are shown in the table below.

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| Examples of Recent Compliments from Patients & Carers |
| --- |
| *"We would like to thank each and every member of staff for the care and attention you have given my husband over the past three months.   This has been a very difficult time for myself and our family but could have been much worse without your dedication and expertise.   My family and I are truly grateful for the level of care you were able to give him. Very grateful for the time you took to talk to us to help us better understand our options for future care".*   Cedar Parc Ward |
| *"Thank you to all the staff who looked after our uncle. We are so grateful for the tenderness and dignity you showed him".*   Annwylfan Ward |
| *"Please convey my gratitude to all involved in befriending and caring for my sister during her stay in the ward.   While visiting last week I was deeply touched by the wonderful way you and your staff cared for her and am most grateful for the warmth, kindness and compassion shown to us, the family and friends".*   Hafan Deg Ward |
| *"Just a little note to thank you all for looking after, and caring for my mum. It has been a very difficult time for us but knowing mum was being so well looked after helped us a great deal.   We will miss you all".* Sycamore Ward |
| *"Thank you for all the help and support you have given to me. You are much appreciated".*   Newport CMHT |
| *"We'd like to thank each and every one of you for all your care and support you gave to both our dad and ourselves.   We are so very grateful for all your hard work and dedication.   Thank you so much for looking after him. Forever grateful".* Sycamore Ward |
| *"I would just like to thank you for all your help with my father over the years.   You have been a life saver for me in helping with his condition.   A huge thank you to everyone who has been involved in my dad's care and I wish you all well for the future".*   North Monmouthshire CMHT |
| *"Thank you for being so nice when I had my first appointment.   Your professionalism and caring helped me enormously. You were fabulous, understanding and just really lovely".*   Newport CMHT |
| *"To all the wonderful staff, many thanks to you all for all the care and help you gave to my husband during his stay with you. I will never forget your kindness".* Sycamore Ward |

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3.6

> *"A big thank you to all for the care and understanding given to my dad over the last few months. Also to the understanding shown to myself and my brother over these difficult times.   Thank you all once again"*.   Cedar Parc Ward

> *"Thank you for looking after my dad so well.   All the staff have been so lovely and patient, and caring and open.   You kept me informed of what was happening throughout.   Your sensitive approach made everything so much easier. I cannot thank you enough, I think you all deserve medals"*. Cedar Parc Ward

> *"Thank you very much for the care and compassion you showed our dad whilst he was an inpatient with you"*.   Hafan Deg Ward

> *"We would like to thank all the staff on the ward for the care and attention shown to my father.   Your thoughtfulness and diligence was greatly appreciated.   The lengths your staff went to make my father feel that he was one of your family albeit in a ward environment was faultless. We hope that the ward continues to flourish and that many more patients enjoy the meticulous care shown by all your staff to my father"*.   Sycamore Ward

> *"I will never be able to thank you enough for all your care and love you have shown me on the ward"*.   Hafan Deg Ward

> *"Each week I visited my husband I was impressed by the level of care that all the staff were providing"*. Hafan Deg Ward

> *"To all the wonderful staff, many thanks to you all for the care and help you gave my husband and myself during his stay with you. I will never forget your kindness"*. Sycamore Ward

The directorate has continued to explore better ways of gaining patient and carer feedback and further work is taking place across the Division to improve the way that qualitative experiences of service users and carers can be captured and used to inform future service improvements.

Over the period since the changes (April-Dec 18) there have been five formal complaints made about older adult mental health services compared to ten formal complaints over the same period in the previous year. There have been three informal complaints made in the comparable period in both years. All complaints are fully investigated and reviewed through the Quality and Patient Safety processes within the Division.

A further concern raised through the consultation process was the permanent reduction in beds and the potential for admission not to be possible due to no beds being available. The graphs below show bed occupancy for the specialist dementia wards and Hafan Deg functional ward. It can be noted that since the changes have been made within the

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inpatient services there have been no concerns regarding beds not being available to meet the needs of the population. The Division continues to monitor bed occupancy and a review of bed occupancy to inform any further service change proposals will be undertaken twelve months following the closure of St Pierre Ward.

Graph 7 – OAMH Dementia Assessment Bed Occupancy

OAMH Dementia Assessment Bed Occupancy
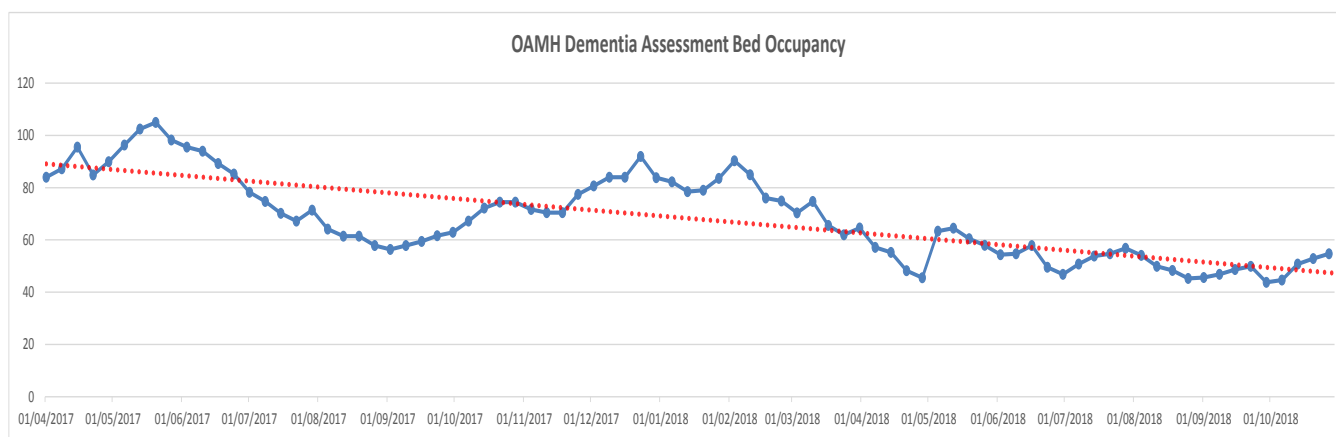
Graph 8 – OAMH Functional Assessment Bed Occupancy

OAMH Functional Assessment Bed Occupancy
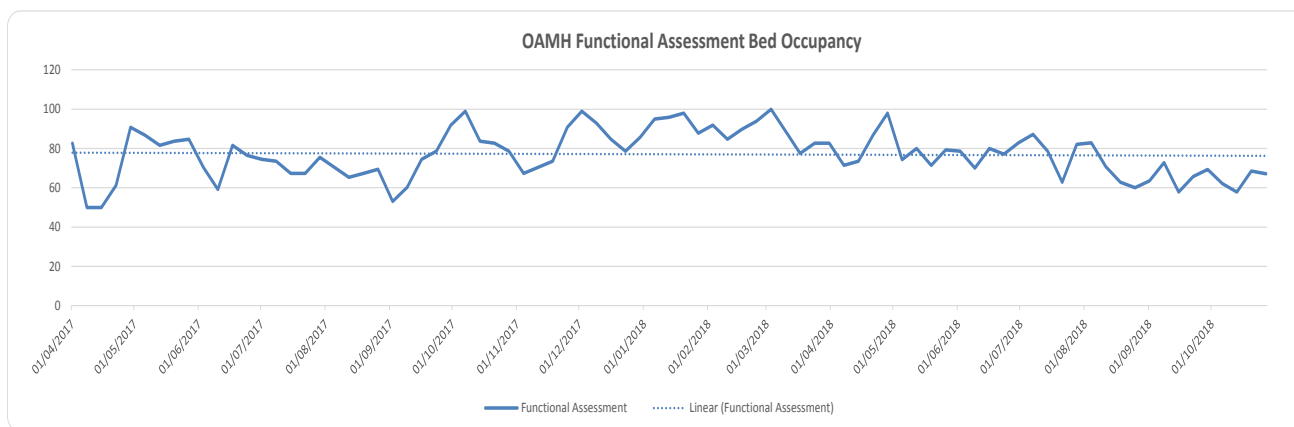
3.3 Further Enhancement of Community Services in Monmouthshire

An additional investment of £200,000 was approved in Monmouthshire for older adult mental health services in conjunction with Monmouthshire County Council and other stakeholders to further develop an integrated model of support for older people with mental health needs. This work is being led by Monmouthshire County Council and Health Board colleagues working within the Primary and Community and Mental Health and Learning Disabilities Divisions. The following initiatives have been developed as part of this work to date:

- A Creative Lives Active Lives Pilot Project run by Monmouthshire Museums, Leisure and Countryside Services will run a 12 week programme of creative and exercise based activity starting in January 2019 for patients with a diagnosis of dementia. The pilot will assess the impact on people living with dementia and their carers of participation in creative/active activities provision on their wellbeing, social isolation and loneliness in the community. It will gather evidence of need regarding the

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potential creation of five creative active hubs across Monmouthshire via a larger funding application to the Big Lottery People and Places Fund.

- A NERS Exercise programme for dementia will also start in January 2019 and run a 12 week (twice a week) programme of seated exercise initially in South Monmouthshire, Caldicot and Chepstow leisure centres. The pilot will then be expanded to North Monmouthshire in April 2019.
- The Bridges Volunteer Car Scheme was extended at the end of November 2018. The scheme will help with transport to both the above projects as well as assist carers and relatives to visit patients requiring inpatient admission.
- Additional EMI respite bed capacity has been commissioned in Monmouthshire from December 2018.

In order to consider the impact of the above initiatives a framework has been developed by the Monmouthshire Integrated Service Partnership Board and the projects will be evaluated within this partnership arena.

3.4 Lessons Learned from Tawel Fan

An independent investigation into the care and treatment provided on Tawel Fan Ward in Betsi Cadwaladr University Health Board (BCUHB): a Lessons for Learning Report was published in May 2018. Tawel Fan was a ward providing care to older adults with dementia and whilst the report focussed on much broader learning for the health board, there was specific learning for mental health services in general.

The Mental Health and Learning Disabilities Division has considered the Tawel Fan recommendations in the context of the Older Adult Mental Health Services redesign and note that the factors, such as limitations in the patient care pathway and limitations in the evidence based treatment of older adults, that made a significant contribution to sub-optimal care and treatment provision in BCUHB have been central to the redesign of an older adult mental health service that meets the needs of people from diagnosis through to in-patient services and to the development of care home in-reach at the later stages of the illness.

The investment in in-patient therapies, the provision of a wider multi-disciplinary team, the provision of dementia care mappers and safe nurse staffing will realise benefits in the support to people with behaviours that challenge, ensuring that restrictive and pharmacological interventions are used only when necessary and in conjunction with other psychological and occupational interventions.

There is a multi-agency Regional Dementia Board established to oversee the delivery of the Dementia Strategy and action plan. This work will include the use of benchmarking and gap analysis against the Welsh Government Action Plan and the Tawel Fam Report to identify future areas of improvement.

Recommendations
o   To note the progress made in taking forward the recommendations of the redesign of older adult mental health services that were approved by the Health Board in March 2018.

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o To support the on-going actions in relation to fully implementing, embedding and enhancing specialist community services for older people with mental health difficulties across the Health Board.
o To note the projects supported to enhance integrated community services in Monmouthshire through the additional £200,000 investment approved by the Health Board in March 2018.
o To note the intention to complete outstanding actions to enhance the inpatient multi-disciplinary teams with additional therapy and pharmacy support by the end of March 2019.
o To note the current bed occupancy post service re-design and to support the intention to review bed occupancy 12 months following the implementation of the in-patient services reconfiguration to inform future bed provision.
o To consider the Older Adult Mental Health Services redesign in light of the Tawel Fan learning report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The main area of risk is associated with recruitment of registered nursing staff. The report provides an update on how the redesign has reduced vacancies and reliance on bank and agency staff.
Financial Assessment, including Value for Money	The report details the financial investment plan agreed by the Health Board in March 2018.
Quality, Safety and Patient Experience Assessment	This report provides an update on the delivery of anticipated quality and patient safety benefits that underpinned the proposal to redesign older adult services.
Equality and Diversity Impact Assessment (including child impact assessment)	The report provides information on how the health board is looking to reduce variation and improve access to service provision for older adults with mental health problems.
Health and Care Standards	Standard 1: Support/information for individuals and carers Standard 2: Safe Care standards 2.1,2.3,2.6,2.7 Standard 3: Effective Care standards 3.1, 3.2 Standard 4: Dignified Care standards 4.1,4.2 Standard 5: Timely Care standard 5.1 Standard 6: Individual Care standards 6.1,6.2,6.3 Standard 7:Staff and Resources standard 7.1
Link to IMTP/Corporate Objectives	Delivery of Older Adult Redesign was a service change priority in SCP 4 in the Health Board's 2018/21 IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Supports the delivery of sustainable services to meet future demand as a result of increases in dementia in the population. Maximises the effective use of NHS resources in achieving planned outcomes for services and patients. Develop our staff to be the best that they can be and to have a sustainable staffing model for the future.

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3.6

	Integration – Implementation of change resulting in integrated investment in community based MDT services
	Involvement – Publicly consulted service change with significant public and staff engagement undertaken
	Collaboration – Stakeholders engaged in developing service change proposal through a series of engagement events
	Prevention – Development of community services will better support individuals and their families/carers to remain at home longer. Supporting older adults with mental health difficulties in Gwent to live healthy lives, so that they can retain independence and enjoy a high quality of life in to old age.
Glossary of New Terms	*N/A*
Public Interest	Due to previous public interest regarding the changes to Older Adult Mental Health Services it is envisaged that this report may be of significant public interest.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.1

4.1

Aneurin Bevan University Health Board

Development of the Integrated Medium Term Plan 2019/20 – 2021/22

Executive Summary

The purpose of this paper is to provide the Board with a progress report on the finalisation of the Integrated Medium Term Plan (IMTP) and to seek approval for its submission by the 31st January 2019.

This paper briefly summarises progress in finalising the Plan, including discussions with Welsh Government. The Plan is underpinned by Service Change Plans and Divisional Plans, and supporting appendices, including a detailed Quality Assurance and Improvement Plan.

The Health Board is asked to:

- Note the progress achieved in finalising the IMTP.
- Consider the draft Plan and identify areas for refinement for submission to the Welsh Government by the 31st January 2019.
- Approve the Integrated Medium Term Plan for 2019/20 – 2021/22 for submission to Welsh Government by the 31st January 2019 subject to any areas of refinement and presentation.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital and IT

Report Author: Ian Morris, Deputy Director of Planning

Report Received consideration and supported by :

Executive Team	✓	**Committee of the Board [Committee Name]**	Planning & Strategic Change

Date of the Report: 18th January 2019

Supplementary Papers Attached:
Final Draft IMTP and supporting Quality Assurance and Improvement Appendix.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

Background and Context

With an approved Integrated Medium Term Plan in each of the last four years, the Health Board is required to develop its plans for 2019/20 – 2021/22. As discussed at the Board's Planning and Strategic Change Committee and Board Development sessions, the Health Board is required to submit a final Plan by the 31st January 2019. The Welsh Government Planning Guidance (2019/20 – 2021/22) requires a Plan of no more than 100 pages, to a defined format. The Plan reflects this guidance and is accompanied by a detailed supporting Quality Assurance and Improvement Plan.

Progress in the development of the IMTP

A number of initiatives have been undertaken in the development of the Plan and to seek to ensure that the Health Board manages within available resources, and these have included:

- The organisational approach as informed by the Health Board's IMTP workshop on the 24th October 2018.
- The Health Board priorities have been reviewed and revised.
- Divisional Plans have been updated and will be further strengthened before year end.
- The Service Change Plan structure has been retained and used to frame the delivery of organisation objectives.
- The Health Board's approach to quality, patient safety and experience is underpinned by a detailed supporting appendix.
- The Plans respond to 'A Healthier Wales' and the strengthening of partnership working across Gwent, including transformation plans and the further integration of Health and Social Care.
- Progress in the implementation of the Health Board's Clinical Futures Strategy is described and in particular the transition plans supporting the opening of The Grange University Hospital and the future configuration of acute services across the Health Board.
- Golden threads of quality and safety, patient experience, partnership working, and improving efficiency and value have been adopted across the IMTP.
- The Plan describes how key performance improvements will be delivered, aligned to the NHS outcomes and delivery framework.
- The Plan describes financial balance over each of the next three years, subject to the management of risk and this has been subject to prior discussion with Welsh Government.

The Health Board has been meeting regularly with Welsh Government in recent months and has reflected this feedback in the development of its IMTP.

With the submission of the IMTP at the end of January, the focus will move to the finalisation of the Divisional and Corporate Plans and transformation of service, workforce and financial plans. This will reflect the increased emphasis on efficiency and will build on value based approaches.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

Assessment, Conclusion and Recommendation

There has been positive process in finalising the Integrated Medium Term Plan and the Health Board is asked to:

- Note the progress achieved in finalising the IMTP.
- Consider the draft Plan and identify areas for refinement for submission to the Welsh Government by the 31st January 2019.
- Approve the Integrated Medium Term Plan for 2019/20 – 2021/22   for submission to Welsh Government by the 31st January 2019, subject to any areas of refinement and presentation.
- Note the further work to be undertaken post submission with Divisions and Corporate functions in the transformation of service, workforce and financial plans.

4.1

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Risk areas and mitigation plans are inherent throughout the IMTP and align to the corporate risk register.
Financial Assessment, including Value for Money	Sets out the financial framework for 2019/20 – 2021/22 with key opportunities and risks. Areas of opportunities for improved efficiency and value for money are identified throughout the plan.
Quality, Safety and Patient Experience Assessment	Quality, Patient Safety and Experience underpins the whole IMTP and runs as a theme throughout the plan. A summary section on Quality and Patient Safety sets out the key headlines but is supported with a comprehensive appendix which provides detail on the Quality Assurance and Improvement agenda across the Health Board.
Equality and Diversity Impact Assessment (including child impact assessment)	Key issues will be reflected in overall Plan. Equality Impact Assessment will be required for key elements of the plan as they are designed and progress.
Health and Care Standards	The Health and Care Standards underpin the service plans throughout the IMTP and referenced specifically in the Quality and Patient Safety section.
Link to Integrated Medium Term Plan/Corporate Objectives	This is the three year integrated medium term plan for 2019/20 – 2021/22 and sets of the key priorities aligned to the corporate objectives.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –**The IMTP sets out the Health Boards vision of a rebalanced system, predicated on the ten design principles established in '*A Healthier Wales'*. Implementing system wide transformation, to create more sustainable models of care, and a robust healthcare workforce, are our priority objectives, driven by the need to improve wellbeing over the long term and reduce reliance on services. The Clinical Futures programme where over 53 clinical models have been reviewed and the construction of the Grange University Hospital demonstrate how the Act has supported a system shift to longer term integrated planning. In addition service specific

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

4.1

plans for key specialities have been finalised to ensure delivery and long term sustainability.

Integration – Integration is evidenced consistently throughout the IMTP as a key driver of change, particularly in terms of the development of primary and community care, and the focus on providing more care closer to home- a significant number of programmes are underway in close partnership with local authority and housing colleagues. The Gwent Area Plan, and recent award of £13.4 million from the national transformation fund, will drive forward integration in CAMHS, Hospital discharge, early intervention and prevention services and workforce development. These services cannot be delivered by health alone, and the Area Plan demonstrates the extent of activity to create integrated services, modelled on a place based approach.

Involvement The Health Board has demonstrated consistently through the IMTP the importance of effective citizen and community engagement. A substantive programme of patient, citizen and community engagement has been constructed, led by our bespoke engagement team. The team, have constructed a programme of engagement alongside Clinical Futures, to ensure that engaging citizens, enables us to improve the planning and delivery of services, and better help the public to understand the positive impact to their health and wellbeing, on the new models of care, that are planned.

Using the design principles of 'A Healthier Wales' and the citizen centred approach prescribed in the SSWB Act, the 'what matters approach' is now a core part of daily business. During 2019/20 there will be a sustained engagement campaign to communicate across Gwent the changes that are being made to primary and community care services and other changes resulting from the building of the Grange University Hospital.

Collaboration –Only by collaborating with our partners in local government, the police, housing and the social value sector, will we be able to deliver safe, effective and accessible services. Throughout the IMTP, our extensive collaborative activity has been detailed, including the ACE programme in partnership with Gwent Police, the Gwent Area Plan, and the delivery of Public Service Board Wellbeing Plans. Specifically, Integrated Partnership Boards on a local authority footprint are driving the development of significant operational collaborative approaches.

Prevention -Recognising that early intervention and prevention are key planks of improving wellbeing of future generations, we have focused dedicated activity on developing our early intervention and prevention services, in collaboration with partners including the development of a new population health strategy, integrated wellbeing

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

	networks, an ACE aware organisation, and the continued delivery of living well living longer scheme.
Glossary of New Terms	Any new terms are explained as they occur within the document.
Public Interest	This report has been written for the public domain.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

DRAFT

Integrated Medium Term Plan 2019/20 – 2021/22

Status: Draft v5 – 18th January 2019 –Submission to Board

Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

4.1

Dyfodol Clinigol
Clinical Futures

Gofalu amdanoch chi a'ch dyfodol
Caring for you and your future

Our Change Ambition

In our area, people are looking after their own health and well-being and that of their families. When they need help, this is readily available at home and in their community and supported through innovative technology.

We work in a modern system that, with partners, delivers the best quality outcomes, utilising best practice in the most appropriate setting. Our service provides truly holistic care from home to home and continuously evolves so it remains leading edge.

Compassionate care is delivered by talented creative teams that we trust and respect to put the needs of our patients at the heart of everything we do.

Our staff tell us they feel empowered, equipped and driven to make a difference to the lives and outcomes of people. Our teams feel listened to, valued and trusted.

We are a dynamic organisation that cares, learns and improves together.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

EXECUTIVE SUMMARY

The Aneurin Bevan University Health Board's 2019/20 – 2021/22 Integrated Medium Term Plan (the Plan) builds upon the Health Board's approved IMTP of the last four years. The Health Board is facing an exciting and ambitious phase of its Clinical Futures strategy, which will culminate in the opening of The Grange University Hospital in spring 2021 and transition to a new robust hospital network of high quality, citizen centred, health care. Of equal importance is the underpinning provided by a strong focus on prevention, reducing inequalities and transformative change in the provision of more integrated health and social care closer to peoples' homes.

The Plan has been strengthened to reflect the requirements of Welsh Government's Planning Framework with increased emphasis on the Health Board's role in realising the benefits of the *Well-being of Future Generations (Wales) Act* and *A Healthier Wales*.   It describes how the Health Board will address the unprecedented changes that are required to support the opening of The Grange University Hospital in 2021, and also sets out the Health Board's commitment to playing a lead role in partnerships, regional collaboration and planning.

The Health Board's commitment to improving quality, safety and patient experience is at the centre of our work in seeking to achieve excellence. The Plan describes how the Health Board will deliver further improvements across the whole system, with a clear governance framework providing assurance.

The Health Board's Service Change Plans cover the spectrum of the Health Board's activities from well-being and prevention, to primary and community services and secondary care. The value programme increasingly underpins work programmes across the health Board and the Plan describes how this and an increased focus on improving efficiencies to support the delivery of key performance improvements, aligned to the NHS outcomes and delivery framework supporting our ambition to be "Best in Class".

As part of the Health Board's commitment to the delivery of the Plan, ten key priorities have been identified which will be given enhanced Executive support to ensure delivery with pace and purpose. Other key enablers to delivery are also identified especially in terms of workforce, revenue and capital resourcing, technological advances and IT capacity to deliver the Health Board's ambitions.

The Plan describes financial balance over each of the next three years, subject to the management of risk and prior discussion with Welsh Government.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

1. INTRODUCTION

1.1 Strategic Overview and Organisational Principles

This document sets out Aneurin Bevan University Health Board's plan for the next three years April 2019 – March 2022. It is a statement of the Health Boards' ambition, working with partners, to improve the health and wellbeing of the population through services delivered closer to home. At the same time, the plan sets out how safe, timely and efficient hospital care will be maintained, in the most appropriate location, delivering the best possible outcomes to patients, by well trained staff who feel supported and valued. Informed by the Welsh Government's ambition for future generations, and the strategic direction described in "A Healthier Wales", the Health Board has devoted time and effort in the last year to strengthening collaborative working across the public and voluntary sectors as a key enabler in achieving change.

The Health Board works across many communities, systems and services, with an ambition of improving the health and wellbeing of the population we serve which will only succeed if it reflects the needs of citizens and is aligned to the plans and priorities of partners. This plan, together with the Area Plan, sets out a vision for a better NHS, playing its full part in creating A Healthier Wales and the steps required to get us there.

During the last year the Health Board has continued to progress the Clinical Futures plan "Caring for You and Your Future". More services are provided in the community and closer to the people who need to use them. Construction of The Grange University Hospital is well underway and will treat its first patients within the life of this three year plan (spring 2021). More importantly this new hospital, a centre of excellence for specialist and critical care, will help to deliver the long standing clinical strategy designed to provide 21st century health care; a sustainable, value driven system of care designed to meet the needs of our population.

The fundamentals of this plan remain constant. The Health Board believes in what it is doing and how the plan is being delivered, working with partners in communities across Gwent to transform how health and care are delivered. Enhancing care in the community remains the cornerstone of this plan. Focusing on giving citizens access to more community based health and care services to keep them healthy and out of hospital, and when they do need hospital care, getting them back home sooner because there is more support for them near to where they live.

Figure 1.1 –Aneurin Bevan University Health Board's Vision and Values

ABUHB's VISION
Work with you for a healthier future
Care for you when you need us
Aim for excellence in all that we do

Everyone who works within the Health Board share four core values that guide the approach we take to work, how we do things, how we treat each other and how we expect to be treated. (See Figure 1.1 opposite).

Success will mean citizens are able to look after their own health and wellbeing and that of their

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

families and friends. They will know when and how to access health and care services that deliver best outcomes (those that add value to people), in the most appropriate setting and delivered by compassionate and talented teams.

Our guiding principles and ways of working

Figure 1.2 – Our guiding principles

The Health Board commissions and delivers services based on a number of golden threads that are the principles that underpin the way in which we plan, deliver and improve services for our population.

Summarised in Figure 1.2 and set out in detail in our 2018 – 21 IMTP, our guiding principles are consistent and coherent with the Quadruple Aims and the 10 design principles (A Healthier Wales). Public engagement and partnership is the foundation on which our ambitious agenda to modernise and transform the health and care system is built. We recognise the right of

QUADRUPLE AIMS

1 Improve Population Health and Wellbeing	2 Better Quality & more accessible health and social Care	3 Higher value health and social care	4 Motivated and sustainable health and care system
i) Reducing health Inequalities	ii) Quality & Patient Safety iii) Patient Experience	iv) Prudence & Value v) Innovation & Research	vi) Staff Empowerment & OD

vii) Public Engagement & Partnership
viii) Welsh Language

ANEURIN BEVAN UNIVERSITY HEALTH BOARD GUIDING PRINCIPLES AND WAYS OF WORKING

citizens to live their lives through either or both of the official languages of Wales, and remain committed to rise to the challenge of bilingual patient care.
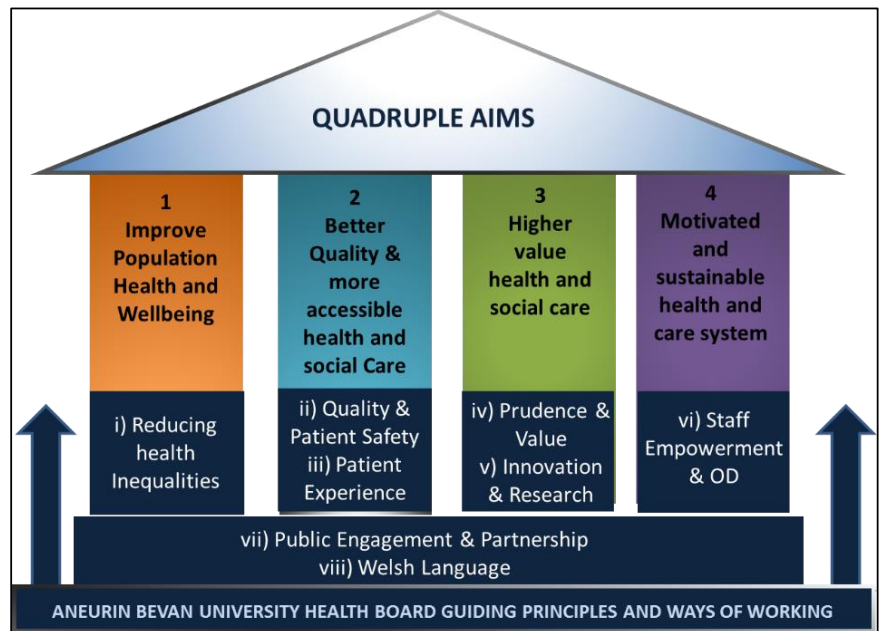
1.2   Progress in Delivering the 2018/19 – 2021/22 IMTP

The Health Board has continued to make significant progress across the breadth of its complex agenda over the year and secured approval of its IMTP for the fourth consecutive year. The key achievements at an organisational level include:

- Good progress has been made across the spectrum of the Clinical Futures Programme from population health and well-being, to the strengthening of primary and community services and the work programme to support the opening of The Grange University Hospital.
- The Health Board is leading the way with its partnership work within Gwent. The Area Plan describes how the Regional Partnership Board is responding to "A Healthier Wales" and the transformation proposals describe how the region will increase the pace and scale of integrated working across health and social care.
- The Neighbourhood Care Network structure is at the heart of the Health Board's ambitious Care Closer to Home Programme.
- Trail blazing work is being undertaken via Ffrind I Mi and the intergenerational working programme, demonstrating the Health Board's commitment to the wellbeing of its population. A Partnership Board was established and developed an Intergenerational Strategy (over 50 local partners have 'signed up' to the strategy) and collaborative approach being progressed with Health Boards and Universities across Wales.
- The Health Board has secured the outsourcing of ophthalmology activity to deliver 100% compliance with the 36 week target
- A mobile operating theatre suite was commissioned at RGH site for October 2018 delivering additional capacity for 4 major joint procedures per day and enabling the Health Board to comply with RTT.
- Recovered the 8 week target for endoscopy during the first half of 2018/19 from a significant outlier position at the beginning of the year. Positon will be maintained on this and all diagnostics.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

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- The Health Board has led the regional plans for vascular services and for ophthalmology. The former will see a Regional Out-of-Hours Interventional Radiology Service implemented in February 2019 and ophthalmology has developed plans to deliver elective waiting times and is now turning its focus to plans to develop a regional high volume cataract centre.
- Good progress has been made in the delivery of the Health Board's Financial Plan and it is anticipated that financial balance will be achieved at year end through pro-active management of risk.
- Implemented a sustainable model of care for Older Adults delivering three inpatient centres of excellence for dementia assessment and one centralised unit for people with a functional mental illness together with an enhanced community service model in Monmouthshire.
- Learning Disability Residential Review has enable more people with a learning disability to live within communities and reduced the need for NHS residences.
- NHS Wales Staff Survey results demonstrate engagement index score for the Board is 3.87 (up from 3.70 in 2016) and is above the overall engagement index score for NHS Wales (3.82).

Delivering improvements on patient safety and quality of care

Patient safety and quality underpin all our plans and is assured primarily by the Board's Quality and Patient Safety Committee (QPSC). The Health Board aligns quality assurance and improvement efforts around the themes from the Health and Care Standards for Wales of safe care, effective care, dignified care and individual care as set out in **Appendix 1** - Quality Assurance and Improvement. Some of our key achievements to date are:

- Good progress across infection prevention and control action plan with agreement to invest in an infection control nurse in Primary and Community services.
- Dementia diagnosis rates improved to 55% with target of 57% by year end. Over 67% of staff have received dementia training.
- The Health Board's volunteering strategy has been relaunched along with a new marketing strategy to attract new volunteers.
- Hospital visiting hours have been extended across acute sites.
- Standardised training on inpatient falls developed and being rolled out to all hospital staff with a reduction in inpatient falls being consistently maintained. The pilot of the Care Homes Falls Protocol pilot (i-stumble) has been evaluated and is now being rolled out to other Care Homes. Continuation and expansion of the Falls Response Service, delivered in partnership with WAST.
- Continued embedding the sepsis trigger tool on all wards, to improve recognition of and response to the deteriorating patient. Vital pac implemented at Ysbyty Ystrad Fawr and Nevill Hall Hospital. Also established projects to embed NEWS as the common language for deterioration in primary and community settings.

1.3   Opportunities and Challenges

The environment in which the Health Board operates has become increasingly complex and dynamic. Some of the key challenges include our ageing population, increasing demand for health and care, significant workforce challenges across the health and care system and increasing public expectation. Against the backdrop of these challenges, the Health Board recognises the need to work closely with social care and third sector partners to deliver more "place based services" in primary care and community settings.

A Healthier Wales extends the scope of challenge and opportunity to improve the economic, social, environmental, cultural, health and wellbeing of Gwent citizens. Through our Regional Partnership Board the public sector in Gwent have developed a bold and unified vision for the whole health and care system. The Gwent Transformation Offer, and the Integrated Care Fund (revenue and capital) supported by Welsh Government provides an opportunity to create integrated health and care services that will deliver a step change in our efforts to improve population health and wellbeing, and drive value out of the health and care system.

The Grange University Hospital provides a clear focus for the transition of services from traditional

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DGH models to our new system based on the differentiated "hub and spoke" model set out in our Clinical Futures Strategy. There will be challenges in maintaining the current configuration of some services (where recruitment and/or retention of specialist staff present significant challenges) prior to the opening of The Grange University Hospital. The new hospital is also an enabler for wider regional change across South East Wales including the Satellite Radiotherapy Unit at Nevill Hall Hospital under the auspices of Velindre NHS Trust's Transforming Cancer Services Strategy.

The Health Board strives to continually improve its efficiency and productivity. As part of our internal IMTP process, targeted improvements in performance against a number of indicators in urgent and emergency and elective access are being actively pursued. -Whilst the Health Board continued to improve performance on a range of measures and plans in 2018/19, there are a number of key lessons and challenges that have been considered in developing this IMTP including:

- The scale of ambition versus what is realistically achievable over a 12 month period, in particular urgent and emergency care.
- Continued workforce pressure due to the national recruitment issues and additional costs that has resulted from over reliance on agency staff for medical and nursing staff in a number of specialties.
- Ability to deliver Clinical Future models and transition plans that are consistent with public consultation and expectation of the Health Board and Gwent residents.
- Need to deliver Regional change at pace across key services.
- Need to improve the pace of achieving efficiency and productivity improvements in support of financial sustainability.
- Need to align the service plans with available or realistic workforce assumptions.

As part of the Health Board's commitment to delivering this plan, ten key priorities have been extrapolated, they will be given greater focus and enhanced Executive leadership during 2019/20 to ensure delivery with pace and purpose.

Table 1.1 – Priority Areas

1	Progress at pace systems which support the positive engagement with and improving the well-being of our staff
2	An enhanced focus on smoking prevalence in our most deprived areas to reduce cancer inequalities across the Gwent region.
3	Fully implement the integrated well-being network, alongside the new workforce model for primary care in five NCN areas to improve sustainability of Primary Care Services.
4	An innovative and patient centred approach to meeting needs of complex care in mental health looking at new models of delivery supporting patients closer to home.
5	Implementation of a more integrated mental health and well-being services for children and young people (the ICEBERG model)
6	Significant improvement in the performance across the urgent and emergency care system with a focus on appropriate assessment, optimising flow and effective discharge to assess services with the ambition of eliminating 12 hour breaches.
7	An enhanced focus on efficiency, productivity and value based care with specific reference to clinical variation, theatre productivity and outpatient based projects including reduction in delayed follow ups.
8	An enhanced focus on our patient's experience and working across the system to improve services based on feedback and active involvement from patients to better understand what matters to the people that use our services.
9	Finalise and deliver transition plans leading up to the opening of The Grange University Hospital with a key focus on paediatric, obstetric and neonatal services in 2019/20.
10	Development of updated Cancer Strategy and 5 year plan including a key focus on delivering the single cancer pathway.

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2.   DELIVERING A HEALTHIER WALES

'A Healthier Wales' sets out a long term, future vision of a whole system approach to health and social care which is focussed on health and wellbeing and on preventing illness. The ambition is for the continued development of a seamless, integrated system of health and social care, predicated on a place based approach to service delivery, to improve service sustainability, quality and safety and to improve population wellbeing. The Social Services and Wellbeing (Wales) Act and Wellbeing of Future Generations (Wales) Act 2015 provide an enabling legislative framework which requires the Health Board and partners to work collaboratively in an integrated way across the whole system, involving the public in developing long term solutions to prevent avoidable illness and provide sustainable services in the future.

Through the Gwent Clinical Futures Programme and the Gwent Regional Partnership Board, the Health Board is already undertaking significant work to redesign how services are delivered to provide more care closer to home, breaking down health and social care boundaries to provide a more seamless system of care.

2.1   Health, Wellbeing and Prevention

Embedding the five ways of working defined in the Wellbeing of Future Generations (Wales) Act 2015 across the organisation is how the Health Board will bring about the organisational culture change needed to deliver on the ambition of 'A Healthier Wales'. The whole system redesign process the Health Board is undertaking to implement the Gwent Clinical Futures programme is providing the strategic opportunity to assess how well each of the proposed new service models demonstrates the five ways of working. Each part of the organisation is undertaking the Health Board's self-assessment programme to describe what full implementation of the five ways of working would mean for their part of the organisation and what changes are needed to how they work now. For a summary of progress across the organisation with this self-assessment programme and progress in meeting the Health Board's Wellbeing Objectives see **Appendix 2**.

The five Public Service Boards across Gwent have each agreed a Wellbeing Plan, all of which reflect the Health Board's individual Wellbeing Objectives (see SCP1). The Health Board members of the five Public Service Boards (PSBs) are taking an active role in leading PSB programmes of work to give children the best start in life, to promote good child and adolescent mental wellbeing, to enable people to live healthy lives to prevent avoidable disease and to enable people to age well. These PSB programmes of work are being developed with the five local authorities, Natural Resources Wales, South Wales Fire and Rescue, Gwent Police, Gwent Police and Crime Commissioner, Gwent Association of Voluntary Organisations and other PSB partners. Activity underway includes the first 1000 days programme and the development of a Gwent wide approach to tackling Adverse Childhood Experiences (ACE's). Progress is reported to the Public Partnerships and Wellbeing Committee who provide Board oversight of the Health Board's delivery of its PSB commitments.

2.2   Level 1 Clinical Futures Programme

The Health Board is moving at pace to transform primary and community services in order to provide more care closer to home. A 'place based approach' is starting to be implemented to improve coordination across organisational boundaries. The Health Board has had some early success with implementing the new model of primary care utilising a new, multi-disciplinary workforce. Care navigation training has been provided for all practices and a range of community and health connectors are working with practices across Gwent. Using Pacesetter and Transformation Fund monies, the model is being tested in Brynmawr, Tredegar and other locations, bringing together primary care, social care and wider wellbeing services around a place based approach to service delivery and breaking down health and social care boundaries to provide a more seamless system of care. The Health Board has well developed plans to build on these early successes to develop

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sustainable primary and community services delivering accessible, integrated services to people living in communities across Gwent (see SCP2).

The Clinical Futures Programme provides the mechanism for moving services and resources from a hospital setting to a community setting and implementing new models of locality based care underpinned by the principles of Prudent and Value Based Healthcare. The Health Board is ambitious in its intention to re-model services to reduce unnecessary complexity and deliver more integrated, inter-professional ways of working across the public and third sector. Better quality and more accessible health and social care services are a key driver for change. Through the Clinical Futures Level 1 programme of service transformation and the Gwent Area Plan, the Health Board will build on the foundations already in place to drive forward system change at pace in primary and community care, CAMHS and hospital discharge.

2.3   Gwent Regional Partnership Board

The Gwent Regional Partnership Board (the Gwent RPB) has secured additional funding provided by the 'A Healthier Wales: National Transformation Fund' to fund the Gwent RPB transformation programme. With this funding, the Health Board is working in partnership with social services, housing and third sector partners across Gwent to deliver a transformational improvement programme which will start to build the sustainable foundations required to achieve a system shift to a seamless system of care and wellbeing, with more care provided closer to home. The improvement programme focuses on supporting people to stay healthy and well, to self-care and to access a wider range of integrated services in primary and community care.

Table 2.1

Model of care	Initiatives / Solution	Impact
Integrated Well-being Network	▪ Place-based co-ordination and development of well-being resources and hubs identified as centres for resources in the community ▪ Established systems for linking with Primary Care ▪ Developing the well-being workforce ▪ Communication and engagement to support whole system change	▪ People remain active and independent in their own homes ▪ People maintain good health and wellbeing for as long as possible
Primary Care Model	▪ Integrated community teams in place ▪ Multidisciplinary primary care workforce ▪ Culture change creating an 'enabling environment' across the system ▪ Compassionate Communities model ▪ Primary Care Training Foundation	Reduction of: Patients self-presenting to ED for non-medical emergencies ▪ Inappropriate referrals for social care ▪ Reduction in waiting times to see GP and reduction in GP locum expenditure ▪ Prudent pathways using alternative disciplines
Iceberg Model	▪ Establish a new model of integrated working across organisational boundaries ▪ Strengthen prevention and early intervention ▪ Build emotional resilience in children and young people address the root causes ▪ Support emotional and mental well-being of children and young people	▪ Enable children and young people and families to have the right support at the right time in the right place ▪ Ensure that only those who need specialist intervention are able to access that service promptly ▪ Voice of children and young people to co-produce a more accessible, equitable and seamless service
Home First Model	▪ Recruitment to domiciliary care market ▪ Joint training across whole system pathway ▪ Culture change to promote 'home first' ▪ Integrated discharge process	▪ Increase patients discharged to home first ▪ Reduction in inappropriate referrals to social services ▪ Improve access to assessment; Admission avoidance ▪ Single point of contact for ward managers and clinical teams

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2.4   Next steps

A refreshed Health and Social Care Area Plan for Gwent, will be developed and agreed by the Gwent RPB in early 2019. The refreshed plan will set out a plan to deliver system transformation rather than a collection of specific programmes. It will reflect the increased pace and scope of partnership working across a wide range of activity, including the transformation programme and use of the Integrated Care Fund ICF award. It will set out plans to address workforce challenges through the development of a Gwent Workforce Academy as a substantive step towards a sustainable and appropriately skilled, wellbeing workforce.

The refreshed Area Plan will be developed and delivered through the established RPB governance model, with population focused Strategic Partnerships setting the strategic direction and local Integrated Partnership Boards acting as the engine room for delivery in each local authority area. The continued maturation of Neighbourhood Care Networks will enable the potential for integration at an NCN level to be realised, as new services, pathways and models of care are established. The unique Neighbourhood Care Network (NCN) model in Gwent provides a delivery mechanism across Gwent for a new place based approach at locality level, with local Integrated Partnership Boards (IPB) providing leadership, governance and accountability at a local authority level and the RPB providing strategic direction and oversight at the Gwent level.

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3.   DELIVERING THE CLINICAL FUTURES STRATEGY

The Health Board's ambitious clinically owned and led Clinical Futures strategy is delivered through Strategic Change Plans and a longer term transformation programme. Having been established for one year the transformation programme is now entering a different phase as it moves from planning to implementation.

3.1   Progress in 2018/19

4.1

The Programme is organised into six workstreams, each with their own unique set of deliverables and milestones. There is a high degree of interdependency between the deliverables of each workstream and these are co-ordinated at a programme level. There has been significant progress across the Clinical Futures Programme in 2018/19 and within specific work streams as set out below.

Table 3.1

	Progress delivered in 2018/19
Programme	▪ Established an effective governance reporting and assurance system which is an effective way to be able to communicate up, down and across the organisation. ▪ Recruited a dedicated, multi-disciplinary team (therapists, health scientists, nurses, GP system leads, acute medical lead, corporate and technical disciplines) supporting programme delivery. ▪ Commissioned an Office of Government Commerce (OGC) Gateway 0 review of the programme in summer 2018, to provide independent scrutiny in line with best practice. The review gave an amber confidence assessment for delivery and made eleven recommendations, all of which have been adopted for 2019/20 implementation plans. The Gateway review independently reached a similar assessment of programme progress to the internal assurance review processes. ▪ An increased focus on risk and non-financial benefits management as a way to clearly identify priority work areas with plans is being actively worked through and reviewed by the programme's Delivery Board. This has included industry standard training in benefits management across the organisation, the application of Managing Successful Programmes risk management and a detailed non-financial benefits strategy. This will focus the programme on its 'core' benefits to measure success in 2021 and beyond.
Service Redesign	▪ During 2018 the programme generated an enhanced level of service planning supported by a strong process and increased levels of enthusiasm across the workforce with many front line staff volunteering to review the key aspects of how they deliver their service. They have identified areas for transformation that enhance planning of safe and effective service in readiness for the opening of the Grange University Hospital. Their work is supported by robust processes to scrutinise and systematically capture the outcome of service model reviews. Clinical engagement has consequently been greatly enhanced. ▪ A Healthier Wales has provided a clear focus for progressing the Level 1 (Health and Care service provided out of hospital) component of the Strategy in collaboration with public sector partners. ▪ Service models have been categorised into three different priority tiers based on critical path area. Currently 54 service models that are being progressed demonstrating the level of ambition and scale of change within the Health Board. ▪ The Health Board uses two approaches to service re-design, firstly large scale internal events where senior clinical colleagues share service models with peers, secondly smaller focussed medial sessions with external, international experts for more complex models, initiated at the request of senior clinicians ▪ Site visit to Northumbria and Southmead have taken place, where senior clinicians collaborate with and learn from peers across the United Kingdom.
Workforce and Organisational Development	▪ Extensive awareness programme delivered to improve understanding of the importance of culture including staff surveys to provide a base for measuring progress. ▪ Creation of an internal change ambition by the Board and Executive Team to give direction and purpose. ▪ Recruitment of 400 Clinical Futures champions. These are staff working on the front line who have signed up to be informal change ambassadors in their area. This has significantly increased capacity relating to communication and reviewing feedback from staff as well as testing new ideas and approaches. ▪ Management of change plan developed with Trade Union partners to agree how we work with staff during a time of significant change. ▪ Workforce plans refreshed with many being reviewed and due to be completed alongside the completion of the clinical models. ▪ Close review and monitoring of the advanced nursing practitioner recruitment and training, which is a critical path activity. ▪ Engagement with the Local Negotiating Committee to begin work on developing principles of job planning for future changes. ▪ Meetings with the Deanery to discuss service requirements and impact to the training plan with the junior workforce and training requirements remain under close review ▪ An Employee Experience Framework has been developed recognising links between staff engagement, well-being and impact on patient experience.

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	Progress delivered in 2018/19
Strategic Capital and Estates	▪ Grange University Hospital build on time and on budget. ▪ Programme of clinical and stakeholder visits to the site to increase understanding of the space and the timeline. This has visibly helped to build enthusiasm in the programme. ▪ Draft equipment transfer and procurement lists updated and being actively managed. ▪ Procurement processes have commenced on time critical items, specifically diagnostic equipment and art commissions. ▪ Road signage work scoped and critical path defined. This will see the programme working with five local authorities as well as the Welsh Government Network Management Division. ▪ Strategic capital estates plan for all Health Board owned estate in advanced draft. ▪ Specific plans for Nevill Hall and Royal Gwent hospitals post 2021 drafted, require full review and re-work on conclusion of all service models. ▪ Brynmawr resource centre opened. Plans for Tredegar and Newport East Health and Wellbeing Centres well developed. ▪ The Strategic Outline Context for a Low-Secure Mental Health Unit was submitted to Welsh Government in June 2018. ▪ Hospital Sterilisation and Decontamination Unit Outline Business Case for the Llanfrechfa Grange site submitted to Welsh Government in October 2018. ▪ Planning work for the Satellite Radiotherapy Unit and Cancer Centre development is underway and working in collaboration with Welsh Government and Velindre. ▪ The development of Breast Centre of Excellence at Ysbyty Ystrad Fawr to enable the centralisation of out-patient and diagnostic services, and the overwhelming majority of surgery, and a means of transforming the clinical model and improving the timeliness of care and patient experience
Communication and Engagement	▪ Annual survey of staff awareness and engagement undertaken in September 2017 and October 2018, showing very high awareness and understanding of the programme benefits. ▪ Internal staff newsletters produced monthly for stakeholders and bi-monthly for all staff. Proven an effective way to increase involvement in some of the workstreams. ▪ Multiple roadshows, and some joint activities with Trade Unions partners. Internal conferences themed to Clinical Futures where appropriate to maximise awareness ▪ Aneurin Bevan Community Health Council (CHC) in attendance at Delivery Board and frequent presentation at CHC meetings locally and with Powys Community Health Council. ▪ Development of a four minute public facing video in English and Welsh, very positive feedback received. Over 18,000 views on Facebook with thousands of views of other related videos. ▪ Very strong social media presence from September 2018. 30 videos/publications per month with a reach of up to 118,000 people. These channels are used for internal and external engagement. ▪ Grasping opportunities to promote the Welsh language with key materials for the programme available in Welsh and English. ▪ Programme of external engagements through 'Talk Health' and borough based events continue. ▪ A detailed communications and engagement plan being developed for 2019 to guide activities.
Supporting Infrastructure	▪ Non-clinical support service models completed. ▪ Inter-site patient transport group established with WAST representation. Draft inter-site step up and step down numbers and escorting criteria. ▪ Sustainable travel plan being developed for acute hospital sites. ▪ Public transport providers initially contacted about Grange University Hospital opening.
informatics	▪ All Clinical Futures IT programmes managed through single Health Board transformation mechanism with top ten priority areas identified, including mobile working and WCCIS. ▪ Key IT dependencies for 2021 changes making progress and implementation, particular focus on paper lite digital records, e-forms and e-referrals, roll out now well underway. ▪ Grange University Hospital ICT infrastructure procurement and commissioning delivering to design and plan including engaging BT for network connectivity.

3.2   Overall Programme Approach

The key elements of the transformation programme delivery approach are:

▪ Clear and robust governance structure linking the innovative transformation work of clinicians and divisions up to an organisational level are firmly embedded across the organisation. Executive and Clinical roles have clear ownership, accountability and leadership responsibilities. The Chief Executive is the overall programme sponsor, each workstream has an Executive lead and Senior Clinicians lead service design.

▪ Organisation development and service improvement methodologies are complementary to programme management and key drivers for innovation and system transformation.

▪ Managing successful programmes (MSP) and PRINCE2 methodologies are used to manage the

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programme and projects and form the basis of the overall planning, delivery and risk assurance frameworks.
- Non-financial benefits management has been strengthened during 2018/19
- The main refinement of the governance for 2019/20 reflects the progression from a planning to an implementation phase including the 'Service Redesign' workstream becoming 'Service Transformation', signalling the change in work from planning to delivery.

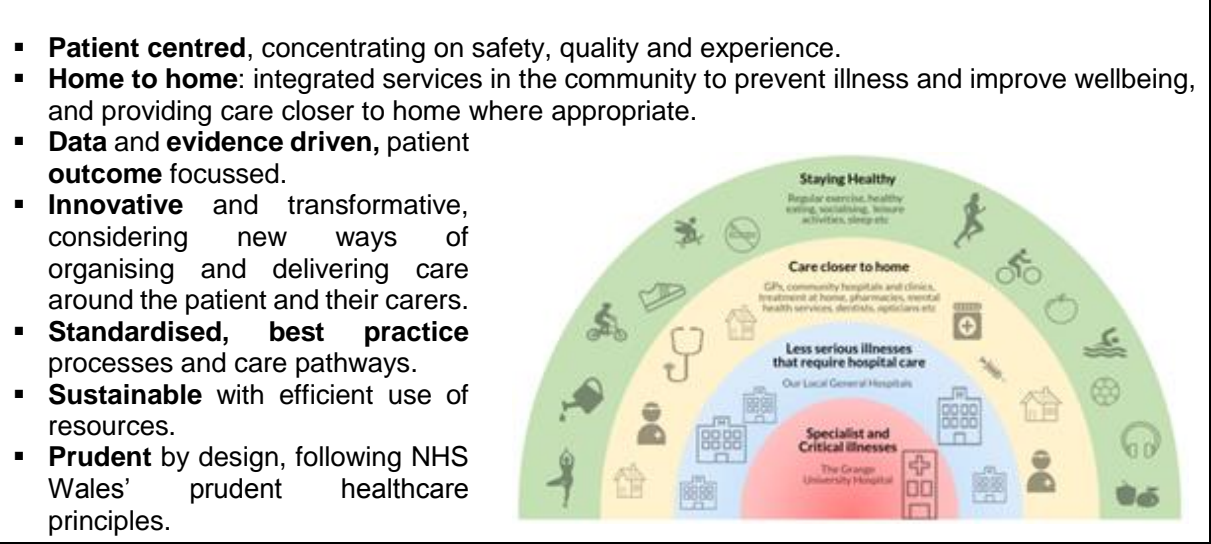**Figure 3.1 – Clinical Futures Programme Governance**
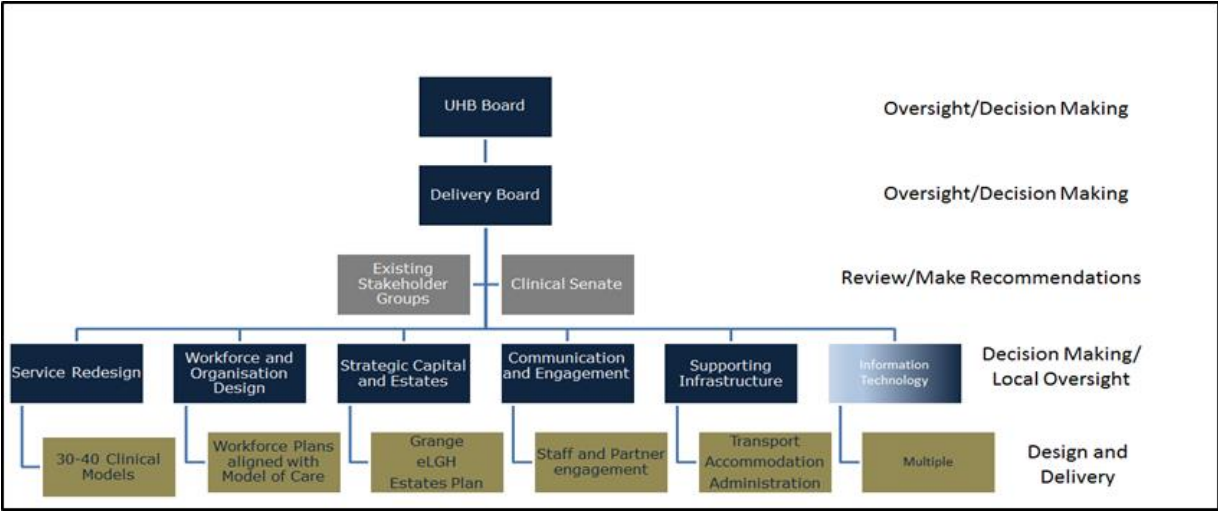
The programme has clear objectives that will be achieved through designing and delivering new models of care and all transformation work is delivered through a set of clinically developed design principles shown in Figure 3.2.

Figure 3.2 – Clinical Futures Programme Design Principles

- **Patient centred**, concentrating on safety, quality and experience.
- **Home to home**: integrated services in the community to prevent illness and improve wellbeing, and providing care closer to home where appropriate.
- **Data** and **evidence driven,** patient **outcome** focussed.
- **Innovative** and transformative, considering new ways of organising and delivering care around the patient and their carers.
- **Standardised, best practice** processes and care pathways.
- **Sustainable** with efficient use of resources.
- **Prudent** by design, following NHS Wales' prudent healthcare principles.

3.2.1   Delivery Milestones

The four year transition plan was launched in June 2017, it includes all work streams, service re-design, workforce and organisation development, communication and engagement, strategic capital and estates and informatics. Whilst the opening of The Grange University Hospital in spring 2021 is a useful fixed point when developing Service Change Plans the scale of service transformation is much wider than the opening of the new hospital. A summary of the whole programme is set out in Figure 3.3.

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Figure 3.3 Clinical Futures Programme Delivery Milestones
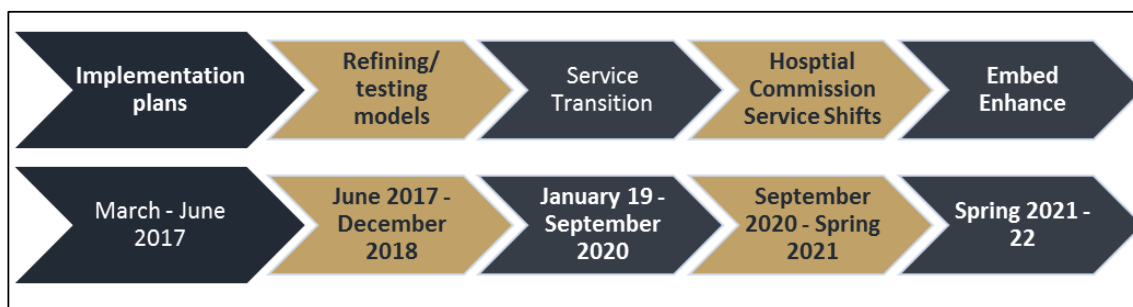
3.3 Clinical Futures Programme - 3 year plan Transition

The last quarter of 2018/19 is being dedicated to the full write up of acute care services in 2021, identifying the key relationships and strategic changes in working with primary and community care to give a whole system operating plan. The operating plan will ensure changes that relate to workforce, capital and service are fully articulated and, in this round of IMTP planning, key service transitions are being identified for costing and planning.

A high level overview of the deliverables that make up the Clinical Futures transition plan are set out in this section. Key risks within the transition plan include the following and each have mitigation plans in place outlined in the following sections:

- Clinical workforce availability and the affordability of the service plan.
- Clinical engagement with system changes.
- Making the most of the opportunity to move services out of hospital and closer to home.
- Transport in the new model, including inter-site patient transfers and public transport availability.
- Engaging staff and citizens with service model changes and communicating complex health system changes to a wide and diverse audience.

Year 1 – Overall summary of the year

2019 sees the programme moving from a largely planning phase to the start of the implementation phase. The focus will be getting the organisation ready for the significant change which could involve around 6000 staff directly. Where possible, initiatives will be implemented early in order to realise benefits for patients. By the end of 2019, both Health Board staff as well as the citizens in Gwent will have a much clearer understanding of what and where changes will be and what these changes will mean for them.

Table 3.2 - Workstream 1 - Strategic Capital & Estates incl. the Grange University Hospital

Quarter 1	Operational commissioning group established; Decision on hospital road signage; GUH Superstructure complete; Health Board Estates Strategy Finalised.
Quarter 2	GUH watertight/utilities connected; Group 2 equipment delivery window; Tredegar Health & Wellbeing Centre OBC submission to Welsh Government; Technical commissioning begins
Quarter 3	GUH energy centre complete; Review building handover position - 1 year out; Newport East Health & Wellbeing Centre OBC submission & Hospital Sterilisation and Disinfectant Unit FBC submission; Group 3 items procurement begins
Quarter 4	Commissioning plans finalised

Table 3.3 - Workstream 2 - Infomatice

Quarter 1	GP Test Requesting rolled out to all GP surgeries; Continuing E-Form development; Internal GUH data cabling install; BT Openreach duct work takes place; Vocera data gathering
Quarter 2	WCCIS mental health & community go live; Royal Gwent Hospital WiFi refresh; Continuing E-Form development; Telehealth pilots begin specifically GUH model related; Mobile telephony survey; Patient flow national procurement begin
Quarter 3	WCCIS frailty go live; Telehealth pilots begin; Continuing E-Form development; Digital dictation / voice recognition delivered; Electronic Health Record - clinical letters implemented

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| Quarter 4 | Critical care clinical information system implementation period; Continuing E-Form development; LOR begin to handover GUH computer rooms to Health Board IT; Patient flow pilots complete at YYF and NHH |

Table 3.4 - Workstream 3 – Service Transformation (formally Service Redesign)

Quarter 1	Whole system mapping of services - for decision; Finalise financial plan and approvals for delivery of models; Hospital@Night Business Case approved; Refinement and begin implementation of surgical and medical ambulatory care. Agreement of transition plan for paediatrics, obstetrics and neonates.
Quarter 2	Pre- hospital streaming evaluation period; Prioritisation of models for delivery & key transformation drivers; Business Case development to support divisions; Medical staff job plans drafted
Quarter 3	Pre-hospital streaming - Business case completed & approved; Detailed resource and commissioning plans for models in Priority 1 and 2; Leadership to support Medi-park project to accelerate pace; Hospital@Night model implemented
Quarter 4	Review of models to inform IMTP; Detailed resource and commissioning plans for priority 3 models; Implementation of two urgent care hubs

Table 3.5 - Workstream 4 – Workforce and Organisational Development

Quarter 1	Development of underpinning comprehensive workforce plans to get to completion by March 2019; OD - Undertake training needs analysis of services to inform level of support required for change; Design format of pre-engagement roadshows to staff
Quarter 2	Staff roadshows / informal consultation; Agree post graduate funding / align with WF plans; Business case development supporting Service Redesign; Implement OD programmes for hot spot areas; Medical staff job plans finalised; Training for middle managers
Quarter 3	Staff roadshows continue; Training for middle managers continues; Develop and refine programme workforce plans for 20/21; Produce detailed transitional workforce plans
Quarter 4	Staff roadshows conclude; Assess risks of expression of interest of staff against original plans; Support staff in relation to interview and CV preparation

Table 3.6 - Workstream 5 – Supporting Infrastructure

Quarter 1	Options appraisal & decision for inter-site patient transport; Develop sustainable travel implementation plan; Implementation plan for GUH admin & Hospital Management Structure
Quarter 2	Begin commissioning patient transport option; Options appraisal for hospital management structure; Public transport plan developed and agreed
Quarter 3	Rollout period for new ways of working in ELGHs / implement hospital management structure; Implement sustainable travel recommendations
Quarter 4	Embedded new ways of working across services; Confirmation of JDs & rotas for Soft facilities management to support GUH opening; Implement plan for inter-site transfers

Table 3.7 - Workstream 6 – Communication and Development

Quarter 1	Preparation of key messages as a result of Service Redesign work; All staff newsletter released monthly through 2019 onwards
Quarter 2	Begin to communicate future service models WAVE 1 - COMMUNITY FLOODING - System updates; Service Redesign - Where & how to access services in the future Campaign
Quarter 3	Work with WF&OD on pre-consultation roadshows; Ongoing increased activity of internal and external communications and engagement as per detailed plan
Quarter 4	WAVE 2- COMMUNITY FLOODING - Transport & expectations; Focus on external comms & engagement incl. potential for leaflet drops, poster campaigns

Year 2 - Overall summary of the year

2020 will see the Grange University Hospital become complete from a construction point of view and handed over to the Health Board to begin commissioning. Clinical services will be prepared and made ready to move and/or transform where applicable. Major equipment will be delivered and installed within the Grange University Hospital and work to decommission and reconfigure parts of the current hospital sites will have begun. The key out of hospital services will be in implementation.

By the end of 2020 a large proportion of the Clinical Futures Programme team will be focussed primarily on the operational commissioning of the Grange University Hospital. There will be constant liaison with services to ensure staff groups are trained, supported and made familiar with ways of working from 2021.

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Table 3.8

	Key activities and deliverables in 2020
Strategic Capital & Estates incl. the Grange University Hospital	**Building handover** - During the summer of 2020 there will be a formal handover from the supply chain partner to the Health Board programme team. This will signal the end of the construction and technical commissioning and the start of the period of time the Health Board has to commission the building. **Operational commissioning -** This period ranging between 3-6 months will most likely take place during the Winter months in 2020/2021 and will start as soon as the building has been formally handed over by the supply chain partner. This large task will involve every member of the programme team as well as utilising strong ties to all impacted Divisions and Directorates. This stream of work will have its own detailed commissioning plan which will allocate and dictate every stage to ensure the building is fit for purpose and opens as soon as feasibly possible. Public and intersite transport options will be fully decided and ready to being implementation **Group 3 deliveries and fit out** - As part of operational commissioning, there will be a large influx of group 3 equipment items. Level 3 equipment items are those that are procured and fitted as a responsibility of the Health Board. Examples of these include large clinical equipment items such as MRI scanners all the way to kitchen freezer units. **Hospital Signage Rollout** - In the approach to the Grange University Hospital opening and the Local General Hospitals reconfiguring, there will be a staged rollout of new and replaced road signage to ensure that citizens are guided to the right hospital.
Informatics	**Health Board IT team Network & IT commissioning** - At the beginning of 2020 the Health Board IT team will be granted access to the Grange University Hospital to begin the technical network commissioning as well as then moving onto the IT commissioning. This work will include installing telephony and computers as per the specification designed and agreed in 2019. **Supporting Service Redesign** - The IT workstream will work closely with the Service Redesign team and relevant services to ensure the best use of technology is being enabled. The use of systems such as WCCIS, Electronic Patient Flow and Electronic Health Records will enable services to work smarter and more efficiently. Funding requirements for some systems will be analysed and presented during 2019 into 2020 to ensure there will be technical delivery by 2021
Service Transformation	**Clinical services preparation** - By 2020 there will be close links developed to each impacted service within the Health Board and this relationship will be vital in the preparation of services to move and transform. Lessons will have been taken on-board from any centralisation and transformation work conducted in 2019 to ensure any transition is as smooth as possible. Services will lead their transitions as much as possible, however there will be a range of programme staff and expertise available to ensure robust planning translates into clear and precise activities.
Workforce and Organisational Development	**Staff formal consultation** - The 2019 staff informal consultation / staff roadshows will have had a major positive impact in engaging early and identifying exactly what staff wish to work across which sites. Leading off from this will be the formal consultation to ensure that a thorough exercise has been conducted to inform staff of changes. Specialist workforce staff will be on hand to support managers to enable this to happen and throughout the process trade unions will be constantly referred to and kept fully informed. **Implementation of workforce changes** - Once an analysis has been conducted after informal and formal consultation there will be a clear understanding of clinical and non-clinical posts that will need to be either redeployed or recruited. At present there is no plan requiring a large scale recruitment programme but instead to utilise current staff by offering a range of opportunities across multiple sites. **Staff training** - As part of the preparation for the opening of the Grange University Hospital, training will be required to be given to staff on a variety of future processes and ways of working. This will be managed and resourced by different parts of the programme.
Supporting Infrastructure	**Works and estates staffing** - The underpinning works and estates staffing structure will be implemented during 2020 including designing robust rotas and ensuring coverage as required across all sites at all times, meeting the needs of clinical services and patients. Where necessary redeployment and recruitment will be initiated to ensure there is sufficient coverage. **Detailed engagement with transport companies** - Agreements will have been made with local transport providers which will be implemented to ensure there are realistic bus services to and from the Grange University Hospital for our staff and visitors of patients. Timetables will be constructed which will feed into staff training and information provided. **Work with neighbouring agencies and groups** - There will be final preparations to ensure that organisations such as the Welsh Ambulance Service are clear on protocols of where future patients should be directed to according to their clinical requirements. Patient transport for inter-site transfers will be set up and ready to move into operation on opening of the Grange University Hospital. Plans will be drawn up to ensure that the movement of patients during the transition of the Grange University Hospital opening is resourced and that the Welsh Ambulance Service understands its role in the plan.

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4.1

	Key activities and deliverables in 2020
Communications and Development	**Community flooding - communication and engagement campaign** - During 2019 into 2020 there will be a sustained communications and engagement campaign to ensure Gwent and South Powys' 600,000+ population understand the upcoming changes. Every social and professional forum and method of communication will be used. There will not be a reliance on social media but also written and television media as well as face to face communication. **Internal staff communication** - Staff communication of changes will be channelled through a variety of mediums ranging from the continual staff newsletter to more bespoke and targeted communications. Clinical Futures Champions will be utilised to ensure feedback and questions are being addressed quickly. Support will be given to service managers to deal with any enquiries so staff feel informed and empowered about upcoming changes.

Year 3 - Overall summary of the year

2021 will see The Grange University Hospital commissioning completing and the site becoming operational. A new operational system will have been achieved and impacted staff will be working in different sites and in some cases working differently across multiple sites. This will be a significant milestone reached for the Health Board and the result of many years of hard work from a large number of clinical and managerial staff.

Focus on ensuring any 'teething' issues are dealt with immediately will be a priority. From this point, the focus will switch to the ongoing reconfiguration of the Enhanced Local General Hospitals with the options presented to the Executive Board. Other additional new capital funded infrastructure schemes will also come online during this period.

By the end of 2021 an early look at benefits realisation will have been achieved to gauge the measurable improvements gained up to this point. The Health Board will be in a place where informed decisions can be made in regard to further changes and where to focus future effort. This includes delivering changes against the Health Board Estates Strategy.

Table 3.9

	Key activities and deliverables in 2021
Strategic Capital & Estates incl. the Grange University Hospital	**GUH opening** - The Grange University Hospital will open according to a strict and mandated timeline and 'go / no go' criteria. Work up to this point will ensure that the transition is well planned and managed. It is likely the transition of the opening the new hospital will take place over 1 to 2 weeks. Patient safety will be the paramount concern throughout this transition and the final department to open is likely to be the Emergency Department. From this point the hospital will be fully operational as Gwent's specialist and critical care centre. **Decommissioning** - Where services have moved out of parts of the current hospital system, there will be a process of decommissioning which will involve either closing physical space or reconfiguring current services to use space differently. This direction and to what extent this reconfiguration and decommissioning work is done will depend on a small number of factors including the current demand for space as well as capital money available to fund any changes. **HSDU opening** - The Hospital Sterilisation and Disinfectant Unit at Llanfrechfa is due to be commissioned and completed by February 2021. This will ensure that the Grange University Hospital will have a local HSDU on site in line with current best practice guidance. If the hospital is delivered earlier than this point then there will be a logistical transport arrangement provided to ensure clinical equipment is appropriately cleaned without any undue delay. **Health & Wellbeing Centres at Newport East and Tredegar** - The two Health and Wellbeing Centres in current planning development are due to open during a window of December 21 to January 22. Dedicated project teams will be working on these initiatives to this point and working closely with Primary and Community Care to ensure an integrated range of services will operate from these centres, benefitting patients with a range of needs. **Estates strategy options** - The approved Health Board Estates strategy will provide a great deal of analysis and options for the Executive Board to take informed decisions on. Depending on capital funding as well as future demands, there can be a number of options presented to improve the Health Board's condition and use of its current estate

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4.1

	Key activities and deliverables in 2021
Informatics	**Supporting Grange University Hospital opening** - A dedicated IT team will ensure that the opening of the new hospital is fully supported from an IT technical viewpoint. Training on new or currently used/updated systems, such as Vocera, will be provided by relevant experts. Electronic Form development will have ensured that using paper forms in hospitals is a rare occurrence. This will speed up the process of medical and nursing staff accessing relevant information when they need it. Any 'teething' issues will be resolved promptly to ensure that the new service models are being fully exploited in their use of IT. **Supporting the Health Board's 10 IT Pillars strategy -** The following priority areas for IT within the Health Board will be taken further up to and beyond 2021: Electronic Health Record (Acute) – DHR / WCP; Electronic Health Record (non-Acute)- WCCIS; Patient Portal; Patient Flow; Diagnostics modernisation; Pharmacy Systems; Mobilisation; Telehealth; Sustainability & Cyber; The Grange
Service Transformation	**Enable services to transition** - The Service Redesign team will be working very closely with the Grange project team to ensure the movement and transition of staff and equipment is streamlined as possible, minimising disruption. There will be strong links to each of the impacted services and representatives from each will ensure there are clear lines of communication. **Provide options to continue transformation for services** - Once services have moved and the new system of operation is in place the Health Board will have reached a significant milestone. From this point there will be an analysis of what transformations have been completely successful and what services could still do more to improve the experience and outcomes of patients. Looking at benefit measures will help in this endeavour. Acknowledging that being able to change and adapt is vital within Healthcare, further service improvement work can be initiated as required to ensure services are sustainable.
Workforce and Organisational Development	**Staff Wellbeing** - An ongoing priority of workforce and OD centres around staff wellbeing. Staff will have been through a great deal of change up to 2021 and a number of initiatives can be put in place to ensure staff feel valued and supported in their work. There are options including the creation of staff wellbeing centres to allow staff to access a range of services and support. **Agile working** - The organisation has endorsed agile working principles and in tandem with decisions made on the use of estate, staff will be given the tools and support to work in a more agile way. This includes operating from whatever sites it is most appropriate for the job at hand rather than having a permanent base desk or office. Utilisation of communications technology such as skype video conferencing will help enable this and benefits such as a reduction is travel expenses could be gained.
Supporting Infrastructure	**Transport enabled** - Patient, Non-patient / logistics and public transport services will move into operation across Gwent. Feedback gained over the first 3-6 months of operation will be captured to ensure that improvements can be made where required. Any service level agreements will be monitored. **Hospital Management Structure enabled** - A clear, empowered hospital management structure will be enabled at the Grange University Hospital. The relationship between this site and the other Gwent secondary care sites will be defined, including policies and procedures in the event of increased pressures or a significant health event taking place. This new structure will enable Gwent to operate in a more streamlined way and make the best use of staff and resources. This structure will also ensure that there is robust governance and control mechanism in place 24 hours a day / 7 days a week.
Communications and Development	**Reinforcement of messaging** - Even after the opening of the Grange University Hospital and reconfiguration of current hospitals there will be a regime of reinforcement messaging through different mediums of communication. This will embed to the citizens of Gwent what levels of care are available and what options are available to them. A push towards services such as 111 will be constantly encouraged to ensure the Clinical Futures model does not become blocked up in the secondary care space. **Obtaining feedback from citizens** - The Health Board will look to gain insight and feedback from its citizens in regards to the changes made. Any patterns in feedback captured will be fed directly back into the programme in order to address. Any long running themes will help in the direction of where any future transformation should head.

Due to the way the programme developed its work, the organisation is already starting to see cultural change and an increase in organisational effectiveness. The Health Board and the diverse population its serves are uniquely positioned with vibrant communities with assets themselves, productive partnerships, a health and social care system ethos, talented clinicians, strong innovation track record, thought leadership, investments in state of the art estate and focus on value.

Our ambition is to make the most of these unique opportunities to become a test and rapid roll out hub for patient and citizen improvements that can be shared across NHS Wales, aligned strongly with Welsh Government policy and direction. The Health Board will take the very best of what it does, transform and innovate much further and develop both published research, tool kits and advice for other Health Boards and Public Services to adapt and adopt.

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4. DELIVERING OUR PLANS

Our Integrated Medium Term Plan sets out how we are developing and establishing services that better promote good health and wellbeing for everyone, build healthier communities and deliver quality health and care fit for the future with a focus on key plans over the next three years.

Figure 4.1

4.1

The Health Board plans across three levels, operational, tactical and strategic which allows the organisation to identify complementary work programmes across each level that will deliver our aims and objectives.

Operation plans set out to maximise the use of resources available to us to deliver core services and are delivered through Divisional IMTPs.

Tactical plans set out to create an environment that heighten the pace, scale, deliverability and impact of health and care services. They do this by facilitating the transition from traditional service models to the full adoption of the integrated system of care set out in our Clinical Futures Strategy.

We continue to adopt Service Change Plans as the mechanism to progress change that spans the tactical and strategic levels of planning.

4.1 Quality and Patient Safety

Quality and patient safety is at the centre of our work in seeking to achieve excellence. The Health Board aim to put the person first, so that every individual that uses our services, whether at home, in their community, or in hospital, has a good experience. To do this, the quality and safety of our care and services is a core focus throughout all our plans, both for the service the Health Board provide now, and for the changes we are making to our models of care as we move towards the opening of The Grange University Hospital, from small changes in one service to the driving force for Clinical Futures. In line with A Healthier Wales, the Health Board are changing patient pathways to deliver services closer to home and to enable people to live independently where ever possible.

Our approach to quality improvement is to ensure that all staff understand they have two roles, to continuously improve in their job and to see patients as equal partners in their care and the services provided. This will ensure that the highest quality services are provided for the people the Health Board serves. To empower staff to be able to do this, Improving Quality Together training is available to everyone, encouraging teams to undertake training together so that they all have an understanding of improvement methodology and share the same "common language" to support innovation and delivery of change. The focus is to empower staff to deliver significant improvement of patient flow across the healthcare system. In line with "A Healthier Wales", the Health Board also aim to support people to manage their own health and wellbeing, as the evidence suggests that this leads to better health outcomes and incurs lower costs.

This is reflected in our values, which define what is important to the Health Board and how we behave when delivering care. They support a shared understanding about how staff relate to patients, the public and each other. Living our values (figure 1) requires every member of staff to consider five simple questions, which align behaviour and culture, providing an environment in which quality flourishes, with the patient at the centre and an equal partner in their healthcare.

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Figure 4.1.1 - Living Our Values

Patients First
Personal responsibility
Passion for Improvement
Pride in what we do

Did I really listen to what the patient was telling me even if they did not say it?

Did I ask the patient what matters to them?

Does this treatment give best value to the patient?

Was the care I provided safe and did it follow the most up to date evidence?

How could we do this better and reduce waste?

Core Priorities for Quality and Patient Safety

The 22 Health and Care Standards are the quality framework against which all our healthcare services are assessed. The Health and Care Standards are the same as the 7 quality themes identified in the NHS Outcomes and Delivery Framework and the Health Board continue to prioritise areas that reduce avoidable harm to patients, specifically:

- Avoidance, early identification and management of sepsis, healthcare associated infections, hospital acquired thrombosis, falls and pressure damage.
- Compliance with fundamental aspects of care including: nutrition, hydration, medicines management and continence care.
- Adopting prudent healthcare principles, ensuring that patients are equal partners and fully engaged in our improvement events.
- Embed identification of people living with dementia across all areas and appropriate management of their care and support for their carers.
- Learning from surveillance mechanisms like mortality reviews, scrutiny panels and National Clinical Audit about variance and system and process issues that impact on mortality and harm across our hospitals.
- Improving the quality improvement skills of our staff.

Quality, Patient Centred Care and Safety Culture across the Healthcare System

The Health Board is actively seeking to drive quality, patient centred care and a safety culture to cover the whole scope of its services, from the patient's home, through community services to hospital care for services it provides and those it commissions. We work across the healthcare system to ensure that any changes ensure the best possible outcomes and experience for the greatest number of people (examples illustrated in able below). There is close collaboration with partners in social care, the independent sector and the third sector to deliver improvements in quality. For example, the Dementia Board spans Health, Social Care and the 3rd sector, jointly setting and delivering a strategy for ensuring that people and their carers can live well with dementia, working together to increase the numbers of dementia friendly communities and ensuring acute hospital wards have the skills and resources to provide effective and compassionate care for people with dementia.

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Table 4.1.1 - Quality Improvements across the whole healthcare system

Home	Primary Care/NCN Team	Hospital
Acute Deterioration/Sepsis		
▪ District Nurses record baseline physiological Observations. ▪ Nursing Homes trained on recognising sepsis.	▪ GPs report patient observations when contacting hospital for admission. ▪ OOHs service using NEWS.	▪ NEWS used across all acute and community wards. ▪ Sepsis Screening Tool used at the front door and on wards to support recognition and response to sepsis.
Reducing C diff		
▪ Infection control training for Nursing Homes. ▪ Infection control Nurse for Community.	▪ Antibiotic prescribing practice informed by appointment of antibiotic pharmacist for primary care. ▪ Significant Event Review of each case of C diff.	▪ Antibiotic Consultant Pharmacist post to support good antimicrobial practice ▪ Deep cleaning prioritised ▪ Handwashing and bare below the elbow. ▪ Scrutiny Panels for cases related to C.difficile, Staph aureus, EColi.
Preventing Pressure Damage		
▪ Pressure damage prevention by district nursing utilising community pressure relieving equipment. ▪ Support for Nursing Homes to prevent and manage damage through TVN education and visits.	▪ Pressure Ulcer reporting for district nursing and Nursing Homes. ▪ Pressure ulcer scrutiny panels for significant damage – district nursing and Nursing Homes. ▪ TVN service to Primary Care and Nursing Homes. ▪ Welsh Government Improvement Initiative to targeted Nursing Homes.	▪ Pressure Damage Collaborative to test and spread good practice. ▪ Robust process for reporting of pressure damage. ▪ Pressure Ulcer Scrutiny panels with associated learning. ▪ Access to fit for purpose pressure relieving equipment.
Preventing Falls		
▪ WAST framework for responding to calls for a fall in a patients home developed with ABUHB. ▪ I-STUMBLE tool in Nursing Homes to reduce calls to WAST and unnecessary attendance at A & E.	▪ Community Falls Service.	▪ Training across all acute and community hospitals on preventing falls and using the MFRA and care plan. ▪ Review of every fall with a fracture to ensure learning about prevention of falls.

Patient Experience and Value Based Care

The Value Based Health care is collecting data that combines a number of measures that effect the treatment and interventions from the individual patient's perspective, especially functional outcomes, wellbeing and adverse effects of treatment. The Health Board is using the Dr-Doctor platform to collect data using a range of methods – remotely and/or in a clinic environment. Data collection now covers 15 specific disease areas, and there are plans to start in a further 10 areas in 2019-20. The data can then be used to improve the quality of care from the individual - to inform the doctor's discussion with the patient in the clinic, to the collective – to pull together into larger datasets that inform opportunities to improve or reconfigure services.

Quality Assurance

The Board monitors quality across the Health Board through a robust governance framework. The Board's Quality and Patient Safety Committee (QPSC) monitors key quality and safety outcomes

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and oversees assurance via a quality and patient safety assurance framework that is supported by a range of committees that covers clinical effectiveness, research governance, patient experience, patient safety and learning. This is further supported by the divisional quality structures.

Further assurance is provided through using many sources of data that together provide comprehensive surveillance and review. This starts with the patient voice by triangulating concerns, patient experience information, mortality reviews, national clinical audits, incident reporting (including serious incidents), complaints, Ombudsman and HIW reports. Details of our overarching approach and specific plans for quality assurance and improvement for this planning cycle are set out in an extended report in **Appendix 1**.

Aneurin Bevan University Health Board are committed to enhancing our engagement with patients and their families to seek their views on the care we provide so that we can listen and learn with the aim of improving patient and family experience. This year the Health Board have continued to build on the outcomes of the Evans Report, "Using the Gift of Complaints" on complaints handling in NHS Wales. This concluded that "Putting things right" is the right approach for managing complaints and concerns. The Health Board will continue this work, closely aligned to the patient experience and citizen engagement programme.

We welcome and encourage patients, relatives, carers and the public to communicate their views and experiences with us. In particular, the Health Board are encouraging people to raise their concern with us directly at an early stage so that we can work with them to resolve their issues before they escalate into a formal complaint. We have consulted on the Ombudsman Wales Bill in terms of future proofing our work in relation to complaints management and are working in collaboration with the Ombudsman's office and Welsh Risk Pool as part of the National Ombudsman's Network Group.

The Health Board are further developing the way that concerns are managed (Incidents and complaints) to ensure both the timeliness of the response and the quality of contact, openness and communication with those raising a concern.

The Health Board Executive Director of Nursing is the Executive lead for concerns. We have a Corporate Concerns Team who provide specialist advice and also support the Operational Divisions to manage Incidents and complaints. We have put in place the standards of the putting things right guidance and the standards that are articulated in the Welsh Government White Paper, "Services fit for the future", including an approach whereby the Health Board are open with those who complain and we aim to respond with information which is straightforward and easy to understand. We work with other organisations where concerns cross two or more NHS organisations.

We remain fully committed to using the learning from concerns to improve our service standards and user experience.

Independent Members are involved directly through championing specific issues and areas of service, providing challenge and support. They also consider a performance report on quality at every Quality and Patient Safety Committee and Board meeting, which monitors quality outcome measures, many of which are reflected in the quality improvements in this plan. Increasingly the measures reflect quality across the whole patient pathway. The reporting arrangements enable them to monitor against milestones that have been set, to ensure progress towards each outcome.

Some Key Achievements in 2018/19
- Achieving the 10% reduction in in-patient falls on the 2016-7 baseline.
- Reducing the number of C diff cases in 2018-19, after the increase in 2017-18.
- Continuing the work of ABC Sepsis at the front door, with good recognition of sepsis and compliance with the sepsis 6 bundle in 3 hours.
- Roll out of vital pac to NHH, and use of the electronic recording of observations to improve patient care.

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- Roll out of the I-Stumble tool, which evaluated positively, to more Care Homes in the Health Board area.
- Successful pilot of the bereavement service at Ysbyty Ystrad Fawr.
- Continued roll out of the Value and Outcomes work in both Scheduled and chronic conditions.
- Aneurin Bevan University Health Board, in partnership with WAST and St John Cymru Wales, are operating two Falls Assistants who provide an initial response to safely lift patients from the floor when they have fallen at home, where there are no injuries or a minor injuries as a result of a fall.
- Caesarean section rate has continued to remain under WG target of 25% of births.

4.2   Prudence and Value Based Healthcare

In 2018/19 the Health Board drafted a Strategic brief which sets out its plan to embed and scale up its commitment to Prudent and Value Based Healthcare as the methodology so support change internally and externally across the organisation. All healthcare systems want to be sure the services they provide deliver the best possible experience and outcomes they can for their patients. In order to measure effectiveness, and what is good as well as bad is not easy to set out for any organisation, and the Health Board prides itself on taking the bold step to want to compare itself not only within Wales and the United Kingdom but on a broader international stage.

The Health Board's approach considers a Value Based Health Care system across the population of Gwent evidencing Value by collecting experience and outcome measures, combined with costs and other relevant data. Its sheer scale is ambitious, and unique and demonstrates the ability to work within a restrictive environment in an operational legacy system. Our programme supports a number of key National policies and priorities not least, Prudent Healthcare, the Wellbeing of Future Generations Act and A Healthier Wales: our Plan for Health and Social Care.

The Health Board defines Value as *'achieving the experience and outcomes that matter to people whilst being good stewards of the finite financial resources available, working together to do the right thing across the whole system, improving Value for the population of Gwent'.* The Health Board have created a unique approach to its implementation of Value Based Health Care aligning to both the Digital Health and improvement agendas', using an Implementation Framework and functionality enabled via the technology with the work programme comprising:

Seamless collection of experience and outcome measures
Much of what has been historically collected and measured are not true outcomes but indicators, proxies or process measures often used as a benchmark of organisational performance, the Value Based Health Care programme will collect and combine a number of measures that effect the treatment and interventions from the individual's perspective, especially functional outcomes, wellbeing and adverse effects of treatment. Using the Dr-Doctor platform the Health Board has devised a flexible approach to collecting outcomes using a range of methods which enables data to be collected remotely and/or in a clinic environment, where the data is visible for clinicians to use as part of their direct consultation with the patient, as well as using larger data sets to help inform opportunities to re-configure services. 2019-20 will focus on improving its communication with patients, using the Dr-Doctor platform to encourage more remote completion setting a target for 80% completion remotely.

The programme is growing at scale, and enables the systematic collection of experience and outcomes across whole cycles of care to assess the true value of our interventions, ensuring delivery of the highest quality at the lowest possible cost, and the programme currently spans 135 outpatient clinics across multiple hospital and off-hospital clinical sites, covering around 15 specific disease areas, ranging from surgical procedures to multiple chronic conditions i.e. Heart Failure and Epilepsy. The scope of the work programme is summarised below:

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Table 4.2.1

Scheduled	Chronic Conditions	Chronic Conditions
Cataract Surgery	Parkinson's Neurology	Parkinson's Care of the Elderly
Foot and Ankle	Dementia (Memory Assessment)	Dementia (IP & CMHT)
Trauma and Orthopaedics	Inflammatory Bowel Disease	COPD
Prostate Cancer	Pulmonary Rehabilitation	Paediatric Asthma
Urinary Flow	Epilepsy	Pleural Disease
ITU	Lung Cancer	Haematological Cancers
	Dermatology – Psoriasis/Eczema	Colorectal Cancer
	Inflammatory Arthritis	Heart Failure
	Alcohol Liaison Service	Stroke

4.1

Improving two way communication with patients

Integral to the success of a Value Based approach is the Digital Health and Social Care Strategy for Wales (2015), the programme is clearly aligned within one of the strategic enablers 'Information for you'. This stream enables:

- The use of text and email to communicate with patients, enabling the ability to amend/re-book by selecting appropriate slots (*Self-service booking).*
- Educational resource for people to understand more about their condition by providing appropriate education and material and signposting to other appropriate information.
- Remote monitoring (*Self-service reporting*) providing the opportunity for people to report and manage aspects of their health and well-being.

Supporting improvements in Outpatients and follow-up management

Work is progressing utilising the Dr-Doctor platform to provide better visibility of the follow-up demand, and the use of outcome data including patient reported outcome measures (PROMs) to support decision making in direct patient care. This approach enables patients who would traditionally attend routine follow-up appointments to be seen based on need i.e. symptomatic, rather than routine, and enables clinicians to manage their follow-up demand, focusing on those with the greatest need first, and avoids following up patients unnecessarily through a review of their outcomes.

The Health Board are currently piloting this functionality in Heart Failure, Psoriasis and Ank Spondylitis where it is anticipated that around 25-30% of the follow-up appointments could be followed up using an alternative method, making the process more efficient and effective and ensure appropriate timely access for patients. During this next period the programme will look to explore more innovative ways of managing follow-up demand through offering alternative methods i.e. telephone, skype and virtual clinics as well as using the technology for patients to self-report using a remote monitoring tool.

Combing, analysis, presentation and utilisation of the data to inform service re-design

Analysis of the combined data will allow the Health Board to assess the true Value of the interventions made across the whole cycle of care for its population, and inform what parts of the system we should look to expand, and also any opportunities to stop providing services (based on low or high value) ensuring delivery of the highest quality healthcare at the lowest possible cost, addressing endemic problems of over-investigation, variation and over-treatment. Data will be presented at a number of different levels across the organisation using Qlik as the business intelligence tool via dashboards.

Partnerships

The Health Board have formed a number of new partnerships where Value Based health care will feature as a key component, these include academic relationships with Swansea, Cardiff and South Wales Universities, as well as early discussions with Birmingham University specifically focussing on Patient reported outcome measures.

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Technical Efficiency: Outcomes Based Procurement

The Health Board also hosts the National lead for Value Based Procurement working in partnership with NWSSP-Procurement Services. The work aligns itself with all National strategies and policies being adopted in addressing 'How do we know if we are getting good Value from the products and services that are provided to our population within a specific pathway. The NHS in Wales rarely connects its services end to end in terms of volume, costs and outcomes to assess whether it is addressing the population needs and linking costs to outcomes.

Procurement in NHS Wales has for many years been successful in driving a quality agenda as well as delivering significant savings year on year. However, because of the breadth and depth of contractual savings achieved on products and services across a vast range of category areas the opportunities for extensive traditional price savings are now fewer. An outcomes based approach to procurement is being developed and will assess the value, measuring outcomes that matter to the population, placing those outcomes at the heart of the decision making process. It is anticipated that these projects will continue to grow over the next 12 months creating a focus on the total cost of care i.e. a system based approach.

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4.3   SCP 1 – Improving Population Health and Well Being

Introduction

Increasing the proportion of the population who do not smoke, who are a healthy weight, who eat a healthy diet, are physically active and do not exceed guidelines on alcohol consumption would have population impact on rates of heart disease, stroke, diabetes, cancer and liver disease. Smoking in particular is the biggest risk factor for productive life lost due to disability and premature mortality. As well as impacting on quality of life for individuals and their families, the burden of preventable diseases due to lifestyle factors are putting current NHS treatment services under considerable strain. There is a high risk that the projected increase in lifestyle related disease will continue to create an unsustainable strain on NHS services and finances.

There is also a persistent issue of health inequities in our Health Board area. On average, men living in our most economically disadvantaged areas die 9 years younger and women 7 years younger than men and women living in our least economically disadvantaged areas. This gap has widened over the last decade, although life expectancy has been increasing for the population as a whole. Furthermore, the difference in average years spent in good health is over 18 years for both men and women. Much of this inequity in health is due to heart disease, stroke, cancer, diabetes, respiratory conditions and liver disease.

Well-being of Future Generations Act

The Health Board published its Well-being Statement with 10 Well-being Objectives in the Integrated Medium Term Plan (2017/18- 2019/20). The Health Board is able to influence overall population health, health inequalities and the associated impact on treatment services of preventable conditions. This is possible through both collective action and through system leadership at Public Service Board (PSB) level. Four of the Health Board's Well-being Objectives have been selected as priorities for PSB Well-being Plans on the basis that they can only be addressed successfully by working with PSB partners, these are:

Table 4.3.1

Our Aspiration to:	Reduce health inequalities and improve the health of people in Gwent by working with our partners, focusing particularly on those in greatest need	
Our priorities for PSB Well-being Plans	1. To provide children and young people with the best possible start in life.	2. To achieve impact on preventable heart disease, stroke, diabetes, cancer, respiratory and liver disease.
	3. To improve Community & Personal Resilience, Mental Health and Wellbeing.	4. To enable people to age well and for those that need care to receive it in their home or as close to their home as possible.

Success in achieving these objectives will depend on action across the public sector system, using the Well-being of Future Generations and Social Services and Well-being Acts to drive system-wide collaboration. These actions are set out in Service Change Plan 2 – Delivering a Seamless System of Health, Care and Well-being.

The Health Board will continue to provide system leadership for improving population health and reducing inequalities by agreeing a strategic framework for action to reduce health inequalities and improve population health by 2030.

There are 7 key programmes of work in SCP 1 to support the objectives of improving population health across the life course, reducing health inequalities, and ensuring the sustainability of our healthcare system.

4.3.1   Provide children and young people with the best possible start in life

Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the

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close links between early disadvantage and poor outcomes throughout life be broken. For this reason, giving every child the best start in life is a priority. There is a strong economic case for investing in the early years which will not only improve outcomes for the younger generation, but will prevent problems in the future.

Adverse Childhood Experiences (ACEs) are known to have direct and immediate effects on a child's health, often impacting on the long-term physical and mental wellbeing of an individual, which in turn can be inter-generational. The impact of ACEs is felt across the health, social, criminal justice and educational systems and so preventing and mitigating ACEs is our common purpose across the public sector in Gwent.

Young people are an important group, particularly as they are the parents of future generations. Evidence is emerging that brain structure is still developing and is not mature until the early 20s, and that after infancy, the brain's most dramatic growth spurt occurs in adolescence. The teenage years are thus a key stage for action to strengthen health behaviours, build resilience and ensure individuals reach their potential.

Oral health of children in the Health Board area is improving, but tooth decay rate (and dental general anaesthetic rate) is highest in the most deprived parts of the Health Board area and lowest in the least deprived areas. The Designed to Smile Programme will expand its focus to include children from birth to age 5 years.

The Gwent Childhood Obesity Strategy 'Fit for Future Generations' has been adopted by all five Public Service Boards in the Health Board's area, and provides a framework for coordinated, multiagency and evidence-based action. During 2018/19 a level 3 weight management service for children and families with severe obesity has been developed and will be launching in March 2019.

The Public Health (Wales) Act received royal assent in July 2017, and sets out a range of policy interventions aimed at improving population health. The Health Board will be supporting local implementation of relevant elements of the Act, including:

- Ensure local preparations are being made to coordinate and implement the restrictions of smoking in public places (including hospitals, public playgrounds and schools) by July 2019 in order to de-normalise smoking among children and young people.
- In preparation for the publication of an overweight and obesity strategy for Wales, we will continue to strengthen our prevention approach to address tiers 1, 2 and 3 of the Welsh Government Overweight and Obesity Treatment Pathway.

To provide children and young people with the best possible start in life the Health Board will:
- Further develop support for pregnant women to stop smoking (By March 2020).
- Inform partners who work in outdoor care settings for children, schools and public playgrounds that smoking on these grounds will be illegal from July 2019 to ensure they are prepared ahead of implementation and beyond.
- Fully implement the Healthy Child Wales programme with a skill mixed model, in line with approved business case, by March 2021 (see Table 3.1.3 for financial and workforce profile).
- Continue to implement refreshed Designed to Smile programme.
- Provide 6 Adverse Childhood Experiences Awareness training sessions for staff working with children and young people by March 2020.
- Develop a model for Level 2 weight management service for children and families and implement across NCNs March 2021 (subject to business case development and consideration).
- Contribute to the consultation on the All Wales Healthy Weight strategy and agree priority areas for action by March 2021.

4.3.2   Making Every Contact Count

Currently only 2% of the people living in the Health Board's area are achieving all five healthy lifestyle behaviours with 3% achieving none, 36% only two and 29% three.

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Historically, policy and services have tended to focus on individual lifestyle risk factors but increasingly the importance of addressing multiple lifestyle risk factors is being recognised, and this is reflected in Health Board's Making Every Contact Count (MECC) strategy. The Health Board is committed to provide MECC training to 10% of its frontline staff each year to ensure that all opportunities to help our population to address their lifestyle risk factors are optimised.

To Make Every Contact Count, the Health Board will:
▪ By March 2020 provide MECC training for an additional 10% of frontline staff.
▪ Collaborate with academic partner to evaluate the MECC programme delivery and embedding across the organisation by March 2020.
▪ By March 2021 provide MECC training for an additional 10% of frontline staff.
▪ By March 2022 provide MECC training for an additional 10% of frontline staff.
▪ Systematically embed MECC approach into Integrated Well-being Network well-being workforce development by 2020.

4.3.3 Developing the Health Board as an exemplar Health and Well-Being Employer

The health and well-being of employees can have a big impact on how well a workplace functions, including the quality of care that can be provided to patients in healthcare settings. Organisations that recognise this, and that actively support staff health and well-being have been shown to perform better, and provide better, safer services with less staff turnover and absenteeism.

As one of the largest employers in the area, Aneurin Bevan University Health Board has an opportunity to impact on population health by improving the health of the workforce, with a large proportion (over 80%) of staff living and working in the Gwent area. The Health Board has demonstrated its commitment to staff well-being by working towards revalidation for both Gold and Platinum Corporate Health Standard, and will continue to develop this work.

To improve the health and well-being of Health Board staff, through:
▪ Develop an active travel plan for the organisation by 2019.
▪ Develop a holistic workplace health programme to support the development of The Grange University Hospital and the implementation of Clinical Futures Strategy by March 2020.
▪ Prepare for restricting smoking in hospital grounds ahead of legislation being introduced, including awareness raising with staff, patients and visitors, signage in place and reinforcement on-site once introduced, by July 2019.

4.3.4 Disease prevention through population scale services to improve Health and Well-Being

To achieve impact on preventable heart disease, stroke, diabetes, cancer, respiratory and liver disease at a population scale will necessitate reaching thousands of adults living in the Health Board area to encourage and support them to make lifestyle modifications to reduce their risk of preventable disease. The scale of the challenge can be determined from the results of the National Survey for Wales (2016/17 - 2017/18) which tells us that in the Health Board's adult population:

- 19% of adults are smoking.
- 18% of adults are drinking 'above guidelines'.
- 33% of adults are a healthy weight.
- 53% of adults meet physical activity guidelines.
- At least 1 in 6 adults in Gwent experiencing poor mental health.

Transformation Funding will enable development of Integrated Well-being Networks on NCN footprints to ensure the consistent offer of universal prevention programmes across Gwent, including integration between health, social care and wider well-being services such as housing, employment and debt advice. We will be working to ensure the Integrated Well-being Networks are relevant for children and families as well as working age and older adults.

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In order to enable citizens to make informed and empowered choices that help them stay healthy and well, the Health Board will:
▪ Implement Integrated Wellbeing Network (IWN) programme using Transformation Funding on a phased basis by March 2020.
▪ Share the learning and implement Integrated Well-being Networks, including systems for linking patients to support that addresses the social causes of poor wellbeing in remaining NCNs by March 2021.
▪ Work with partners to develop a well-being workforce aligned to IWNs, including competencies in well-being & care navigation, health improvement, behaviour change (MECC) and mental well-being, by March 2020.
▪ Work with partners to ensure implementation of the healthy ageing interventions outlined in the 10 Year Population Health Strategy for Gwent by April 2022.
▪ Further develop the Health Board's Inverse Care Law Programme "Living Well, Living Longer". Informed by the results of the evaluation of the programme and implement a sustainable service model by March 2020.

Smoking remains the largest single preventable cause of ill health and death in Wales with high costs to the NHS, society and the economy. Smoking rates are 2.5 times higher in the most deprived populations and 4 times higher in the long term unemployed. The Health Board priorities for action will take into account Public Health Wales priorities on tobacco control and will be aligned with national tobacco control policy.

Physical activity is essential for good physical and mental health and contributes significantly to the prevention of ill health. It can reduce the risk of many chronic conditions, like cardiovascular disease by 35%, type 2 diabetes by 40%, cancers (colon and breast) by 20%, joint and back pain by 25%. Regular physical activity also helps maintain healthy weight, promotes mental health and prevents vascular dementia. Creating opportunities for active travel also contributes to environmental sustainability.

In line with the predicted rise across Wales, diabetes in adults in Gwent is predicted to rise to 10.7% in 2020 and 11.9% in 2023 (ABUHB DPH Report 2015). It is known that 85% of Type 2 diabetes is attributable to obesity, and as such it will also be important to halt the rise in obesity. The Gwent 'Fit for Future Generations' childhood obesity strategy outlines actions needed across the system. Poor mental wellbeing is strongly associated with unhealthy behaviours. Improving mental wellbeing is a necessary first step towards making lifestyle changes for many people, particularly in the most disadvantaged communities and amongst vulnerable groups. In order to address the impact of preventable diseases, the Health Board has plans for scaling up healthy lifestyle and mental well-being support services as part of Integrated Well-being Networks, to ensure a consistent provision across NCN areas and mapping of community assets has been completed.

To scale up healthy lifestyle support services, the Health Board will:
▪ Continue to implement local action plans to increase the number of referrals to NHS smoking cessation services, to reach the IMTP Tier 1 smoking cessation target to treat 5.0% of the adult smoking population and achieve a 40% CO validated quit rate by 2020/2021.
▪ Align all local smoking cessation services into one integrated service to improve service delivery, using nationally agreed minimum service standards by March 2021.
▪ Implement plans to extend the Alcohol Care Team to seven days a week and introduce an outreach service, informed by evaluation and subject to business case.
▪ Evaluate and review adult weight management services, including service provision for specific risk groups such as pregnant women and pre-diabetics by March 2020.
▪ Develop a business case to scale up delivery of Foodwise across Gwent as part of the All Wales Obesity Pathway by March 2021 (Level 1 – Community based prevention and early intervention)
▪ Develop a business case to expand Level 2 Adult Weight Management Services and maternity weight management services as part of the All Wales Obesity Pathway by March 2020 (Level 2 – Community and Primary Care weight management services).
▪ Further develop the mental well-being Foundation Tier as part of the IWN by integrating and making visible services which build resilience in the face of stress (including Road to Well-being), and community assets that enable people to be active, take notice, give, keep learning (Five Ways to Well-being) by March 2020.

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4.3.5 Reducing inequalities in the incidence and rates of survival from cancer

Health inequalities are particularly evident in cancer incidence and survival, and because of this the Director of Public Health's Annual Report 2018 has focussed on tackling cancers. The Annual Report highlights actions for the Health Board and other partners and the public to address the modifiable risk factors, such as smoking and physical inactivity, which would help to reduce the incidence of preventable cancers. Disease prevention measures highlighted elsewhere in this chapter (MECC etc.) will contribute to this agenda.

As well as preventing cancer, we need to ensure that those who are diagnosed with cancer are identified at an early stage, as this helps to improve the chance of survival and quality of life. Patient behaviour is one of the factors that can influence how early a cancer is detected, this includes participation in cancer screening programmes. Inequalities in screening participation has been shown across Wales, with uptake decreasing with increasing deprivation. In particular, bowel screening uptake in the Health Board, although similar to Wales as a whole, is below target.

To improve Cancer Survival Rates the Health Board will:
▪ Work to encourage prompt presentation and uptake of national cancer screening programmes in the population to enable diagnosis as early as possible, by March 2020.

4.3.6 Population Immunisation Programmes

In 2016 the Health Board successfully implemented a new service model for providing the routine childhood immunisation programme in response to provide greater service capacity to deliver the extensions to the programme in recent years. Childhood immunisation is a highly effective population health measure.

Influenza vaccination is a highly effective population health measure to prevent older people, those with a chronic condition, pregnant women and children becoming ill with flu and developing serious complications. The Health Board has some of the highest community flu vaccination uptake rates in Wales and in 2018/19 implemented a focussed programme to improve uptake by Health Board staff.

To maintain and improve uptake of population immunisation programmes the Health Board will:
▪ Work with partners in NCNs to improve uptake of MMR vaccinations across the Health Board to meet the 95% uptake required to achieve population herd immunity (March 2020 – 94%, March 2021 – 95%, March 2022 – maintain 95%).
▪ Improve uptake of the school based flu vaccination programme, in primary school aged children, in line with national guidance.
▪ Improve uptake of flu vaccine in 2 to 3 year old children, delivered by General Practices.
▪ Build on the 2017/18 programme to achieve the 60% target and increase influenza uptake by Health Board front line staff (March 2019 – 60%, March 2020 – 62.5% and March 2021 – 65%).
▪ Maintain position as leading Welsh Health Board performance on influenza immunisation for over 65 year olds and those in at risk groups and reduce the variation in uptake through peer-led improvement at NCN level.

4.3.7 Population Health Protection

The Public Health Wales local Health Protection Team is responsible for protecting the population from infectious diseases and environmental threats to health, through the surveillance, prevention and control of communicable diseases, vaccine-preventable diseases and non-communicable public health incidents. It provides a local presence as part of a national health protection service that offers a source of expert reactive and proactive services that contribute to reductions in morbidity and mortality (including inequalities) linked to infections and environmental hazards. The Health Protection Team works closely with and reports regularly to the Health Board's Director of Public Health who has accountability for the Health Protection agenda.

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To protect the population from infectious diseases and environmental threats to health, the Health Board will:
▪ Support Public Health Wales to review and revise the Communicable Disease Outbreak Plan for Wales to clarify the statutory responsibilities of both organisations during an outbreak investigation.
▪ Identify and mitigate potential environmental public health problems associated with the development of the Grange University Hospital (Specialist Critical Care Centre), supported by Public Health Wales' Health Protection Team who will provide advice to inform local planning decisions to maximise environmental sustainability while at the same time protecting and improving public health.
▪ Implement the re-designed Tuberculosis service and pathway using findings from the TB needs assessment.
▪ Work with Public Health Wales to re-engage patients who were exposed to Hepatitis C but were not offered treatment, by March 2020.
▪ Work with partners to develop a plan to attain the WHO target of eradicating Hepatitis B and C by 2030, by June 2019

The following table sets out the links to key enablers including finance, workforce and capital at a high level.

Table 4.3.2

Key Theme	Reducing health Inequalities and improving population health
Finance	Funding to deliver this SCP has been secured through national funding sources or existing resource. Where business cases are planned or have been approved, these are indicated below. **Implementation of Healthy Child Wales Programme** Business case approved, financial schedule: YR 1 (2019/20) - £576,000 YR 2 (2020/21) - £576,000 **Implementation of Foodwise (Level 1 Adult Weight Management)** A business case for additional funding required to scale up Foodwise Level 1 community adult weight management programme will be developed. Indicative costs for delivery of this service are £205,000 per year. **Implementation of Level 2 Adult Weight Management Services** A business case for additional funding required to provide Level 2 Adult Weight Management Services and maternity weight management services in line with national strategy will be developed.
Workforce	**Implementation of Healthy Child Wales Programme** Skill mixed model as per business case: 10.1 WTE Health Visitors, 5 WTE Early Years Workers, 2 WTE Admin YR 1 (2019/20) – 6.1 WTE Health Visitors, 5 WTE Early Years Workers, 2 WTE Admin YR 2 (2020/21) – YR 1 + Additional 4.0 WTE Health Visitors.
Capital	No capital implications.

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4.4   SCP 2 – Delivering a Seamless System of Health, Care and Wellbeing

4.4.1   Implementing a Seamless System of Health, Care and Wellbeing

'A Healthier Wales' sets out a vision for a seamless system of care and wellbeing, providing more care closer to home through an enhanced range of integrated services provided in partnership by health, social care and housing. To achieve this will require a rebalancing of the system to create more prevention and early intervention services, to remodel primary and community care to provide a wider range of services closer to home, and to shift a number of models from a secondary care setting into the community.

To do this in a way that creates lasting and sustainable service transformation requires changes to the planning and commissioning of services to result in new models of care and support. Using the quadruple aim, and ten design principles as a benchmark, a number of strategic service reviews are being undertaken through the Clinical Futures Level 1 programme to develop a comprehensive plan for more integrated services closer to home achieving a lasting shift away from secondary care. Much of this must be done in tandem with our partners in social care and housing. and Those integrated aspects of service transformation will be a core element of the refreshed Gwent Regional Partnership Board's Area Plan which will set out all activity to achieve 'integrated' service planning, commissioning and deliveryfor those services which require both a health and social care input. The development of an integrated health and social care 'wellbeing' workforce has been identified as a key enabler for delivery of the Area Plan.

The refreshed Area Plan will describe how the RPB's transformation programme, funded by an award from the Transformation Fund will act as a catalyst for wider system changes starting with an initial programme of 'transformative change' in four service areas. The transformation programme will include the delivery of Integrated Wellbeing Networks, the delivery of the new model of primary care, reform of CAMHS services, and the delivery of the HomeFirst hospital discharge service. Underpinning all of this will be a sustained focus on workforce development, to ensure the workforce capabilities needed to sustain and deliver the new models.

Over the next three years, services will be increasingly re-designed to provide more co-ordinated care, with fewer handoffs and reduced complexity. To do this will require a radical transformation of services which have been working in particular way for many years. The delivery of a seamless system of health, care and wellbeing will continue to be through the framework established for this SCP 2, to direct resources and service redesign across the following four tiers:

Figure 4.4.1

The population footprint for different services will range from local to regional as described in the following table.

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Table 4.4.1
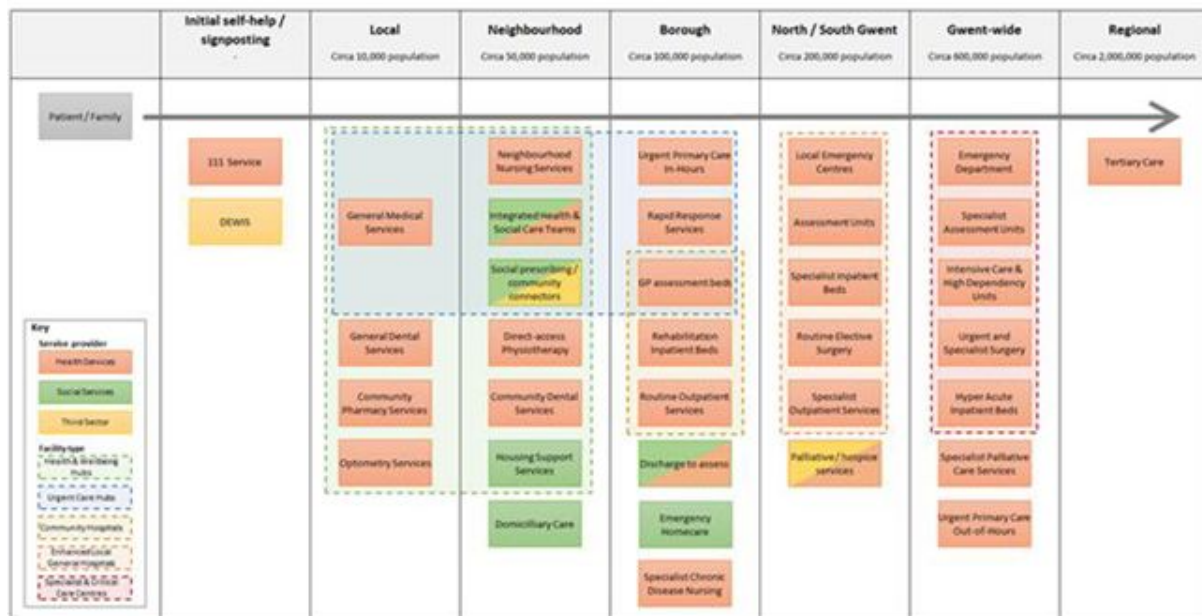
4.1

4.4.2 Tier 1 - Keeping People Healthy and Well

Details of the approach, priorities and programmes for keeping people healthy and well are set out in SCP1 - Improving Population Health and Wellbeing.

4.4.3 Tier 2 - Self-Care

One of the most significant system shifts required is enabling patients, families and carers to become more empowered and informed about the services and support available to them.

A core element of the Gwent Area Plan is therefore focused on providing patients, carers and families with the appropriate information, advice and assistance to better manage their needs, enabling continued independence and effective long term conditions management in their own homes. Access to information, advice and assistance for patients and the public will be enhanced in the coming years, beginning with the introduction of the 111 system and the continued development of DEWIS across primary and community care services.

Use of other digital resources such as 'My Health Online' and services such as 'My Health Text' will also be developed, ensuring that digital enablers underpin the provision of more timely and accessible information, advice and support. Patient education and support groups will be further developed to support improved self-care with the proposed development and roll out of conditions specific groups over the next 12 months. Digital education films and dedicated websites, for schemes such as 'Ffrind i Mi' and patient support groups, will be rolled out to help people access more detailed advice using their smartphones or tablet devices. A programme to educate the public in the new ways of working and the new digital services available will be a priority.

The development and implementation of the wellbeing model of 'Compassionate Communities' , in a way that aligns with the specific demographics and demography of Gwent, will dovetail with the development of Integrated Wellbeing Networks and the new model of primary care. 'Compassionate Communities' seeks to draw together existing community resources in order to maximise wellbeing. Its value in this context is the development of new networks of support and services to enable people to better improve self-care and reduce reliance on 'traditional' medical services.
In Gwent the 'Compassionate Communities' programme will embed social prescribing principles within primary care. The model features health connectors (1fte per 10,000 population) based within and working directly with colleagues in primary care to support patients with non-medical issues,

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such as housing, debt advice, bereavement, isolation, among other issues, through creating connections with the wider community. Health connectors will also support the wider adoption of 'risk-stratification' approaches, thereby proactively working with those who are at greatest risk of deterioration and putting in place measures to prevent this wherever possible through 'stay-well plans'.

Table 4.4.2

Over the next year we will:
- Develop a programme to educate the public in the new ways of working and the new services available, using digital media   - Deliver the Integrated Wellbeing Networks model linked to DEWIS to enhance availability of information to support improved wellbeing   - Develop a new proposal to extend patient education platforms and support groups   - Promote the use of 'My Health Online' and develop other new opportunities to use digital technology to support delivery of new models of care   - Develop the capabilities of WCCIS to enhance self-care, with a particular emphasis on utilising it across frailty services.   - Technology enabled care will be used to develop new on line learning platforms that patients, families and carers can access in their own homes, including an OAK on line learning platform for those patients who cannot attend a community group.

4.4.4   Tier 3 - Primary Care and NCN Teams

The Health Board is implementing the new model of primary care with increasing pace consistent with the national Strategic Programme for Primary Care. Significant activity will be undertaken to increase the pace of transformational change over the next twelve months, supported by additional funding from the Transformation Fund, to deliver care closer to home.

Table 4.4.3

To deliver the new model of Primary Care we will:
- Use our experience of the Pacesetter Programme to increase pace and scale of change across the region through deployment of Transformation Funding.   - Implement six Integrated Wellbeing Networks over the next 12 months, in alignment with the delivery of the 'Compassionate Communities' (See SCP 1)' model and consider extension of the Older Persons Pathway across the same 5 NCN areas through the recruitment of 24 health connectors by March 2020.   - Commence construction of two new Health & Wellbeing Hubs in Tredegar and Ringland and determine the next priority developments to enable the new social model of primary care is a prominent feature of planning. Typically, these hubs will contain the following services: ❖ **Independent contractors**: General Medical Services, General Dental Services, Optometry Services and Community Pharmacy Services.   ❖ **Integrated Service Teams**: Integration of local nursing and community resource teams in the first instance, with opportunities to incorporate local mental health and complex care resources in the future.   ❖ **Social Care Services**: Including social work, housing & debt advice services as a core, with the option to include wider services   ❖ **Facilities for provision of care**:   Including direct-access therapies and patient education groups as a core with the option to include wider services in the future   - Implement an incentive scheme to encourage uptake of the new skill mix model in primary care in the 5 NCN areas of Gwent with the greatest GMS sustainability challenges which are Blaenau Gwent East and West, Caerphilly North, Newport East and Torfaen North. This is expected to result in an uplift of 74 new extended roles by March 2020.   - All reception staff in primary care will be trained in the West Wakefield care navigation model in order to facilitate the re-direction of patients to an alternative professional within the practice or signposting to alternative services elsewhere, such as 111, Common Ailments Scheme, Eye Health Examination Wales, General Dental Services or others.   - Offer more consultations through the Common Ailments Scheme as an alternative to a GP appointment and the increasing numbers of independent pharmacist prescribers within these services will mean that more and more patients will be able to access care quickly without the need to see a GP.   - Implement the 111 Service which will provide a central point of contact for primary care 24/7. The 111 Service will consist of both non-clinical call handlers and a clinical hub to assess, advise and, where necessary, refer patients to the most appropriate service in operation at that time.

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4.1

To deliver the new model of Primary Care we will:
▪ Take forward integration of local nursing teams and intermediate care services to ensure fewer handoffs between professionals working within the same geographical area with many of the same skills.
▪ Complete training of District Nursing staff in Buurtzog principles and use the funding to pilot the Buurtzorg nursing principles in Newport East 2018/9 and use the funding to determine the longer-term model for integrated community nursing
▪ Provide ongoing support to care homes to continue to embed key protocols and pathways for the management of deteriorating patients, patients who have fallen, patients with palliative care needs, verification of death and other key areas of focus. It is planned to support care homes though nurse-led provision of the Care Home DES and to substantiate an urgent in-reach model following successful pilots in 2018/19
▪ Embed a new skill mix in our urgent Primary Care Out-of-Hours Services with greater emphasis on advanced nurse practitioner roles and clinical nurse specialists to support GPs in delivering the service.
▪ Increase routine dental access in areas of greatest need and extend appointment times.

4.4.5 Tier 4 - NCN Hub with specialist and enhanced services

Table 4.4.4

To shift demand from secondary to primary care, providing more place based care closer to home we will:
▪ Increase the number of patients who access an urgent eye examination through optometry services without placing unnecessary pressure on GPs or hospital services with referral on to specialist Ophthalmology Service only when the severity of the condition requires it.
▪ Undertake a mid-year review of all endodontic, periodontal and sedation services and determine options to use national funding to move services to primary care and away from secondary care.
▪ Assess opportunities to move audiology services to a primary care setting
▪ Embed the new model of working of Urgent Primary Care Out-of-Hours, Clinical Nurse Specialists, reviewing the WAST stack and providing in-reach support to Nursing Homes.
▪ Conclude and evaluate the pilot use of healthcare support workers overnight in Blaenau Gwent to determine future expansion and integration with Integrated Nursing Teams and / or Urgent Primary Care Out-of-Hours
▪ Review Rapid Medical and Rapid Nursing Services to determine their relationship with local integrated teams and reduce any duplication or inefficiencies created by the segmented models current in place
▪ Finalise plans and begin implementation of a new, equitable Palliative Care model across Gwent, featuring improved utilisation of hospital and hospice capacity, Bereavement Support Service and enhanced training to hospital-based and community-based staff.
▪ Continue work to reduce falls and their adverse implications through evaluation of the extended Falls Response Service during the winter period, continued training and availability of equipment to care homes and development of a new Community Falls & Bone Health Strategy to standardise best practice.
▪ Implement a 'graduated care' model in community hospitals, featuring a range of interventions to best support patients outside of acute hospital settings including Frailty-led hot clinics, ambulatory care treatment centres, short-stay assessment beds, nurse-led rehabilitation wards and 'virtually-home' beds with full assistive technology.
▪ Further develop the Home First discharge to assess service by
▪ Embedding the Home First model and trusted assessors to ensure that patients do not experience unnecessary delays in discharge from hospital
▪ Developing Home First as an evidence based service model to support patient flow in readiness for The Grange University Hospital
▪ Creating a single point of contact for discharge with clear communication commitments
▪ Concluding the review of frailty services and developing improved pathways between GPs and Crisis Response Teams

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4.4.6 Enablers

Table 4.4.5

Enablers:	Over the next 12 months we will:
Skilled Workforce Creating a sustainable wellbeing workforce is critical to a substantive integrated health, care and wellbeing system. The transformation fund will provide the capacity for enhanced workforce planning and modelling to develop a clear 'Grow your own' approach in Gwent, so that we are able to sustain and train the required multi-disciplinary professionals to work in a community located, multi-agency environment.	• **Primary Care Training and Development Academy** Offer of nurse training posts and 3 newly qualified pharmacist posts in primary care by August 2019 extended roles already proven to be accepted and effective in a primary care setting (e.g. clinical pharmacists, advanced nurse practitioners and occupational therapists. • **Gwent Academy for Health & Social Care** Workforce development opportunities will be created in conjunction with HEIW and Social Care Wales and will be supported through the development of a Gwent Academy for Health & Social Care. • **New Role Development** –Test and expand new roles in primary care including physician's associates, social prescribers and care navigators.
Integrated Estates Strategy a seamless system of health care and wellbeing rooted in the community, will require an integrated estates strategy that supports the new model of primary care through better utilisation of existing estates and developed of new estate utilising capital and pipeline funding flows**.**	• Complete the primary care element of the Health Board's estate strategy including identifying where new developments for Health & Wellbeing Hubs will be required in areas of Gwent where there is no existing infrastructure in place to enable integrated, place-based care delivered by a multitude of organisations / agencies. • Ongoing consideration of the role and benefits of Urgent Care Hubs and Frailty Day Units although it is unclear to what extent these should be developed until the final model is determined.
Digital Technology Advancements in digital technology present exciting opportunities to improve the quality and timeliness of care in the primary care setting. The Primary Care & Community Services Division have commenced work alongside Informatics Services to assess the opportunities and prioritise digital developments to support implementation of the new model of primary care.	• Introduce the Welsh Community Care Information System (WCCIS) into Community Resource Teams (October 2019) and District Nursing Services (March 2020). • Introduce new digital capabilities into GP surgeries, including full implementation of electronic hospital discharge notifications and clinic letters and electronic diagnostic test requests. • The process for sharing of Advance Care Plans (APCs) across all systems electronically will also be reviewed and refined. • Introduce telehealth / virtual consultations, for Urgent Primary Care Out-of-Hours, Speech & Language Therapy, and Care Homes & Prisons as priority areas for 2019/20.

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4.5   SCP 3 – Management of Major Health Conditions

4.5.1   Introduction

Tackling major health conditions and their causes is one of the biggest challenges facing the health and care system in Wales. Along with an ageing population, increasing expectations and the high cost of pharmaceuticals and treatments, ever-increasing rates of chronic conditions are putting unprecedented strains upon individuals, communities and the health and care system.

Over the past 40 years, the burden of disease has shifted from infectious diseases and injury, well suited to an episodic care model, towards chronic conditions requiring attention to prevention activities and coordinated management. Chronic conditions are occurring earlier in life, this means individuals require more services from a range of providers across the health and care system over extended periods of time. There is an inequitable burden of chronic conditions on our most deprived populations, where there is a higher prevalence of risk factors.

The Health Boards' first responsibility is to prevent as many people as possible from developing avoidable health conditions at every stage of the life cycle by ensuring every child has the best start in life, improving health literacy, early detection of risks/disease and improving the health and wellbeing of citizens. Our approach to improving population health and wellbeing is set out earlier in SCP1 and 2.

The Health Board recognises that the traditional approach to supporting people with, or at risk of, acquiring one or more major health condition has to change to deliver a sustainable health and care system for future generations. Since 2015/16 the systematic adoption of a longer term strategy "Living Well Living Longer" has been embraced by the Health Board and public sector partners. This programme seeks to prevent chronic conditions, provide better health outcomes and drive a value based health and care system. This approach is being further strengthened through the Area Plan and the development of Integrated Wellbeing Networks.

The Health Board also recognises that strategies to effectively manage chronic conditions are equally important, to minimise multiple morbidities, complications and associated disabilities and to optimise quality of life. By reducing the impact of chronic conditions, there is more to be gained than building an economically viable and sustainable health system. Reducing the physical, psychological, social and financial impacts of chronic conditions will improve quality of life and enhance health outcomes for individuals, families and communities.

4.5.2   Major Health Conditions Delivery Plans

Figure 4.5.1

Welsh Government has established a five-year vision for the Welsh NHS and its partners and included the creation of delivery plans for major conditions. National Delivery Plans set out agreed actions and defined performance measures and outcomes within a frame of reference for action by Health Boards in Wales. The Health Board has well-established, mature systems in place, a lead Executive Director and Senior Clinician to drive delivery of local plans across all major health conditions.

Our Ambition for people with or at risk of one or more major health conditions

To create and deliver a modern holistic system of care from home to home that continuously evolves to deliver best outcomes for citizens. One that:

Recognises health conditions do not occur in isolation; focuses on value and benefit for individuals.

Promotes integration between clinical pathways, particularly preventative programmes, psychological services and palliative/end of life care

Plans are reviewed and refreshed annually with Annual Progress Reports. Detailed plans setting out work programmes that encompass prevention, early detection, fast/effective treatment and care, meeting people's needs, palliative and end of life care in addition to research, are published on the Health Board's website (**Local Delivery Plans and Annual Progress Reports**).

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4.5.3   Transformation/Strategic Priorities

The Health Board's 2018-21 IMTP set out the 63 priority actions across major health conditions which remain extant. These actions are progressed through the relevant local delivery plans and will be reported through the current governance arrangements as set out in this document. At the request of Welsh Government policy leads, this IMTP will focus on the crucial actions, those that are essential to deliver significant benefits to citizens and to health and care system sustainability.

Cancer

When someone is diagnosed with cancer, they should be able to live for as long and as well as possible, regardless of their background or where they live. However, survival rates in Wales need to be improved, along with improvements in patient's experience, quality of life, reduced variation in access to services and better outcomes. The Transforming Cancer Services (TCS) Programme has shed a light on different ways to deliver modern, high quality services that are more accessible and local to the populations they serve. The Health Board welcomes the opportunity to lead on the development of first Radiotherapy Satellite Centre at Nevill Hall Hospital and are reflecting on how we can build more sustainable and responsive cancer services for our citizens.

Table 4.5.1

Priority Action	What and Why	When
Develop a 5 year Cancer Strategy to deliver the Health Board's vision for cancer services in the context of TCS. Develop implementation plan.	In 2018 we invested time in developing our vision for cancer services. Now require a 5 year strategy to realise that vision which includes role of cancer centre, the unification and integration of tumour site pathways and services, and living with and beyond cancer.	Quarter 1 April 2019

Quarter 2 June 2019 |
Implement the Single Cancer Pathway.	To ensure equality of access to cancer diagnosis irrespective of how a patient enters the pathway. Understanding of and solutions for diagnostic demand/ capacity to deliver pathway.	Quarter 1 April 2019
Optimise the bowel screening programme uptake in hard to reach populations and in particular to roll out of the FITT programme.	To ensure equality of access to at risk citizens and to reduce health inequalities.	Quarter 3 2019/20
Develop a sustainable endoscopy service underpinned by a 5 year demand capacity assessment. Including single cancer pathway.	Diagnostic capacity is not sufficient to meet future demand sustainably. Demography and service change drives the need for investment. Outline Business Case to be completed in context of local demand and regional capacity.	Quarter 4 2019/20
Develop a case for a Cancer Service Hub at NHH, including a Radiotherapy Satellite Centre.	To meet radiotherapy demand in South East Wales and provide a focus for cancer services in Gwent.	Quarter 4 2019/20

Critically Ill

The Health Board provides healthcare to a population of 600,000 people, with some of our communities amongst the most deprived in the country. We have the second lowest number of critical care beds per head of population in Wales (4/100,000 versus 5.6/100,000 population), which is already low when compared to England. The Health Board's strategic priority is twofold, firstly to expand core critical care capacity, building incrementally up to 2024; and secondly to develop alternative services to avoid unnecessary admissions or stays in a critical care bed.

Table 4.5.2

Priority Action	What and Why	When
Extend Critical Care Outreach service to a 12 hour (8am – 8pm) service over 7 days.	Strong evidence to support that this team reduces demand for a critical care bed by avoiding unnecessary admissions, reduce the length of stay and improves clinical outcomes for patients.	2019 - Business Case 1st call on HBs allocation of CC monies by WG

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Priority Action	What and Why	When
Expand Critical Care Core Capacity in line with the Clinical Futures CC service model. 2018: 23 + 2 = 25; 28 beds by 2024	Insufficient Critical Care capacity to meet emergency and planning critical care needs of population. Immediate plan to increase by 2 beds	2019 - Business Case approved. Contingent on securing CC monies from WG
Expand Post-Anaesthetic Care Model at RGH from 3 – 6 beds	Clinical Futures Model relies on maintaining routine surgery in Local General Hospitals. PACU will ensure that transfers to Critical Care Unit at the Grange University Hospital are minimised.	2021/22

4.1

Diabetes

The incidence and prevalence of Type 2 diabetes is increasing exponentially and is recognised to be one of the most significant challenges facing health and care services. Our focus is on reducing and reversing this trend, by ensuring services are designed to support people who have been diagnosed to understand the options they have to improve their health and wellbeing, stunt the progression of the disease and avoid associated complications.

Table 4.5.3

Priority Action	What and Why	When
Implement the secondary care diabetes workforce plan (includes medical, nursing, dietetic and psychological roles) to provide an integrated service.	Business Case submitted and approved. To ensure a robust workforce with the capacity to pro-actively support in-patients with diabetes to improve safety, patient experience and reduce length of hospital stays.	Quarter 3 2018/19 Quarter 1 2019/20 to Quarter 1 2020/21
Increase the uptake of Enhanced Diabetes Services in primary care aiming at full uptake	To ensure that patients have local access to services that improve compliance with optimal care to reduce avoidable complications of diabetes. Ensure 100% availability across all GP practices	Quarter 4 2019/20
Improve services for children with diabetes	Adopt and implement the referral pathway for children with suspected diabetes.	Quarter 4 2019/20

Heart Conditions

During 2018/19 we have established community cardiology services making the best use of extra capacity to reduce waiting times and provide more timely diagnostics and care for patients with acute coronary syndromes (ACS) and atrial fibrillation (AF). Patient Recorded Outcome Measures (PROMS) are being actively used to inform service improvement in cardiac services for heart failure patients.

Table 4.5.4

Priority Action	What and Why	When
To implement the Out of Hospital Cardiac Arrest Plan for Wales	Agree and implement a locally enhanced pathway for patients who have out of hospital cardiac arrest in order to improve survival rates.	Quarter 3 2019/20
To implement and deliver prudent pathways to improve access, treatment times and outcomes for Acute Coronary Syndrome, Atrial Fibrillation and Heart Failure	Improve equity of service for citizens by reducing waste and variation in these clinical pathways. Heart failure and AF part of Value Based Healthcare Programme 2019/20	Quarter 4 2019/20

Respiratory Conditions

Respiratory care is the fifth highest level programme of expenditure within NHS Wales and accounts for £0.4bn of annual spend. Within the Health Board the burden of respiratory disease is also significant, within primary care 6.9% of practice populations have a diagnosis of asthma, and our acute hospitals have the highest number of respiratory related admissions across Wales.

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4.1

COPD and Asthma continue to be national priorities with opportunities to improve pathways and reduced avoidable admissions, optimise pathways and enhance outcomes and value for patients. These priorities are reflected locally although the approach adopted within the Health Board which focuses on integrated services for respiratory conditions rather than condition specific.

Table 4.5.5

Priority Action	What and Why	When
Develop integrated MDT Respiratory Services across primary and secondary care. Complete the TB Pathway Service Review Improve flu immunisation for asthmatic patients Implement new smoking cessation service model	Improve care planning in the community and management of deterioration/exacerbations of respiratory conditions in nursing homes.	Quarter 3 2019/20

Stroke

The Health Board achieved its plans to develop a Hyper-acute Stroke Unit and focus stroke rehabilitation into fewer centres in January 2016 with the benefit of improved performance on all quality improvement measures. The programme was focussed on a prudent workforce model and addressed some of the flow issues for stroke patients. The second phase will further address patient care and flow across the whole stoke pathway. A pathway and referral criteria for stroke thrombectomy are agreed and plans are in place for our commissioning leads to take forward discussions with providers to ensure appropriate thrombectomy rates for our patients in line with the WHSSC process.

Baseline data from Audit Plus is now available to NCN leads at individual practice level as part of the pilot 'Stop a Stroke' Project to reduce the number of strokes due to Atrial Fibrillation. The first practice went live in November 2018. A helpline will be available targeted in one area for the pilot.

Table 4.5.6

Priority Action	What and Why	When
Business case for 2nd phase Stroke Services Re-design which is necessary to deliver the Clinical Futures Stroke model of care.	Identify and appraise options to address patient flow through the whole stoke pathway, ensuring a prudent workforce model, in order to improve hyper-acute stroke care and improve performance, patient outcomes and patient/carer experience.	Quarter 2 2019/20
Evaluate "Stop a Stroke Project" in South Monmouthshire NCN and confirm plans across Gwent.	To initiate a sustainable approach to review the treatment and management of patients with atrial fibrillation to reduce the risk of having a stroke.	Quarter 2 2019/20

Palliative and End of Life Care

The Health Board has made excellent progress with empowering patients through Advance Care Planning and educating staff on serious illness conversations with the understanding that a healthy approach to dying, planning ahead and informing family and friends of their wishes can result in improved person centred care at the end of life.

A detailed independent review of palliative and end-of-life care services was carried out early in 2018 helping us (the health and care system) to understand the current position and options for the future. The findings and recommendations have been instrumental in our review of the Clinical Futures Palliative and End of Life Care Pathway.

Table 4.5.7

Priority Action	What and Why	When
Develop a Gwent wide acute bereavement service.	We recognise the impact of bereavement on the wellbeing of patients, families and carers and the pilot undertaken at YYF has demonstrated the importance of supporting people at times of extreme vulnerability.	Quarter 2 2019/20

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Priority Action	What and Why	When
Integrated model of Palliative Care for hospital settings	Too many people are dying in hospitals, where staff can be ill-equipped to create the palliative care ethos that is core to community and hospice care. Depending on pressures on the hospital system, providing appropriate environments that respect dignity and privacy for the person and their family is challenging. The Health Board wants to do better.	Quarter 3 2019/20

4.1

Liver Disease

Liver disease is the only major cause of death still increasing year-on-year. It is the fifth 'biggest killer' after heart, cancer, stroke and respiratory disease. One in five of us may be affected and it kills more people than diabetes and road deaths combined. The Health Board has high prevalence rates for the 3 biggest risk factors for liver disease: excess alcohol consumption; high rates of obesity; and risk factors for the acquisition of blood borne viruses. Consequently we have the highest rate of alcohol related liver disease admissions and alcohol specific in the whole of Wales. Local primary care networks lead the way in testing and assessment of those at highest risk of liver disease.

Table 4.5.8

Priority Action	What and Why	When
Identify a sustainable, value-based solution to embed and extend Alcohol Care Teams equitably across the Health Board.	Currently Alcohol Care Team at RGH is funded through National Delivery Programme until 2019/20. Working with Value Based Healthcare Programme to inform the case for sustainable funding.	Quarter 3 2019/20
Agree and implement options for providing a specialist dietetics service for liver patients.	Reduced morbidity & mortality and prevalence of malnutrition amongst patient with chronic liver disease through business case for specialist dietetics service that will support earlier intervention for inpatients with complex liver disease	Quarter 2 2019/20

Neurological Conditions

Neurological conditions span a broad spectrum of diseases including Multiple Sclerosis, Parkinson's, Epilepsy and Motor Neurone Disease. They can have sudden onset and acute stages and occur across the life cycle, although they become more prevalent with older age. Consequently the numbers of people with neurological conditions is set to grow sharply. Currently 10% of visits to Emergency Departments are for a neurological problem and 19% of hospital admissions require treatment from a neurologist or neurosurgeon. This suggests that many people access the system on an unplanned basis when it would be better for patients and the Health Board to develop a more coherent system of care.

Table 4.5.9

Priority Action	Why and Why	When
Raise awareness of neurological conditions with our staff and local communities.	Early detection, optimise treatments that manage symptoms and avoid complications and improve the quality of life for patients and their families.	Quarter 4 2019/20
Improving access to outpatient services for patients with neurological conditions.	Waiting time for new outpatients to be compliant with 95% seen within 26 weeks.	Quarter 4 2019/20
	Delays in follow up clinics will be addressed to promote timely access to services.	Quarter 4 2019/20

Chronic Fatigue Syndrome/Myalgic Encephalopathy and Fibromyalgia Syndrome (CFS/ME & FM)

Both ME/CFS and Fibromyalgia are complex conditions and although there are examples of good practice in Wales, challenges exist in accessing appropriate care and services. Within the Health Board we recognise the need to develop effective, reliable and accessible pathways for adults and children building on the pilot project that has been implemented in the Torfaen locality for patients with Fibromyalgia.

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Table 4.5.10

Priority Action	What and Why	When
Develop, agree and implement effective pathways for children and for adults with ME/CFS & FM	To ensure that children and adults have clearly defined pathways to ensure timely diagnosis and effective management to enable people to find solutions and manage their condition in the community.	Quarter 2 2019/20
Increase awareness of ME/CFS and FM in primary care.		Quarter 3 2019/20

Rare Diseases

The Health Board adheres to national standards and best practice guidance to ensure patients are provided with a bespoke service to support and manage their condition. Work has been undertaken to ensure that patients with rare diseases receive timely diagnosis where possible, and have access to high quality, accessible information at all stages of their disease to help them make informed decisions.

A multidisciplinary approach is undertaken to support families which includes mutually developed and refined care plans, often with quite significant input across disciplines and agencies. Families are usually directed to on-line, national resources which tend to be of higher standard and kept up to date.

Table 4.5.11

Priority Action	What and Why	When
Identify and improve the pathways for patients with unknown or delayed diagnosis.	There is a need to identify groups of patients and retrospectively evaluate the "whole" pathway with a view to identifying areas for improvement and learning from best practice.	Quarter 2 2019/20
Ensure better use of patient feedback, best practice and evidence to improve pathways for primary, secondary and specialist services.	Primary, secondary and specialist services need support for responding to and meeting needs of people with rare diseases.	Quarter 3 2019/20
Improve reporting of rare disease information including epidemiology, significant event analysis and shared learning.	We want to develop a database relating to patients diagnosed with rare disease which will enable better reporting and inform future service planning both locally, regionally and nationally.	Quarter 4 2019/20

Organ Donation

We are committed to ensuring that services for people who are donating or receiving an organ are sustainable and that no opportunity is missed. In 2017/18, from 17 consented donors the Health Board facilitated 10 actual organ donations resulting in 27 patients receiving a life-saving or life-changing transplant. Specialist Nurses for donation work closely with staff supporting opportunities for education and performance data which is reported twice annually to the Health Board.

Table 4.5.12

Organ Donation Priorities
Identify and support opportunities for educating health care professionals and the public about: ▪ The benefits of organ donation and transplantation.   ▪ Understanding of the choices people have in an opt-out system.   ▪ Encouraging individuals to talk to their families about their organ donation decision.

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4.6 SCP 4 - Mental Health and Learning Disabilities (MH/LD)

4.6.1 Introduction

The Health Board's vision for mental health is underpinned by the national 'Together for Mental Health' Strategy, 'Together for Children and Young People Service Improvement Plans', the MH Measure (Wales) 2010, local integrated strategies developed in partnership with Local Authorities and other statutory legislation and policy drivers.

Based on these, our approach aims to focus on the following key principles:

- An emphasis on creating a culture and environment that is safe, therapeutic, respectful and empowering. This includes a foundation of "Inspirational leadership and a well-trained, competent workforce in sufficient numbers".
- A vision of services that are integrated, evidence-based and high quality; services which offer accessible information that will allow services users to experience hope and optimism about their future and their recovery and will empower them to develop their care in partnership with those that deliver care or offer support.
- An emphasis on working towards recovery and promoting independence where possible by providing the information and support required to sustain and improve mental health and self-managed mental health problems.
- Ensuring that people are treated and supported in environments and services that tackle stigma and discrimination.
- Developing services in partnership with the people that use them, including the design and evaluation of such services.
- Ensuring that the physical environment offers single sex facilities, usually in single rooms, gender safe, communal areas, family areas, privacy and safety and dignity for children and young people.

The challenges facing the Health Board continue to be the pressures of rising demographics, complexity and acuity and the ongoing difficulties with workforce recruitment and retention. Our plans therefore play an important role in supporting strategies for prevention and early signposting of mental health issues working in partnership with others.

4.6.2 Service Plans

The current service profile and operating context for Adult MH and LD and Children and Young People MH and LD services are set out in our Divisional IMTPs. This includes plans for developing our specialist inpatient substance misuse service and alcohol liaison. All our programmes are underpinned by Prudent Healthcare and Value principles and have measureable impacts based on the National Outcomes Framework. The detailed milestones and outcome measures for these plans are available at the document linked above.

4.6.3 Transformation Programmes and Priorities

The Health Board's 2018-21 IMTP identified 5 major transformation programmes as its priorities. As illustrated above, some of which these are also divisional priorities. Two of these programmes, the redesign of the Older Adult MH model and the Learning Disabilities Residential Services Review, are sufficiently on track to conclude in the near future and are therefore being removed from the priorities list in this refresh. The LD residential review has resulted in some residential properties being declared surplus to requirements for people with learning disabilities. The Assessment &Treatment Unit at Llanfrechfa Grange has recently been refurbished to provide a fit for purpose and more homely facility until such time as the proposed Low Secure/PICU/HDU development is commissioned. These programmes are replaced by two new integration programmes on young peoples' transition services (for the 15-25 age group), and developing service models that integrate physical and mental health care. A summary of their key achievements, opportunities and risks are outlined below along with a synopsis of the refreshed priorities for 2019-22. Detailed outcomes,

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benefits and key milestones are attached in the delivery tracker for SCP 4 at appendix X.

The Health Board's 2018-21 IMTP identified 5 major transformation programmes as its priorities. A summary of their key achievements, opportunities and risks are outlined below along with a synopsis of the refreshed priorities for 2019-22. Detailed outcomes, benefits and key milestones are attached in the delivery tracker for SCP 4 at **Appendix 3**.

Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model)
In 2018-21 plan focused on building emotional and mental health resilience in schools based on two pilot projects in Newport (ARROW) and the WG supported national CAMHS in-reach programme in Blaenau Gwent, Torfaen and South Powys. The ARROW project has recently been positively evaluated and funded for another 2 years and good progress is being made on the national in-reach pilot.

This has now been broadened into a much more ambitious and whole system transformation programme as part of the Gwent Transformation Fund "offer". Sponsored by the Regional Partnership Board and resourced with an allocation of the £100m transformation monies for Wales to implement "A Healthier Wales", it builds on the very strong collaborative working relationships between Health, Local Authorities and Education that enable the Gwent Strategic Partnership for Children and Young People. Development and implementation will take 3-5 years.

Specifically this part of the offer focuses on the implementation of a new service model redrawing the current landscape to provide a more sustainable model of care, by working in a different, expansive and more integrated model. The initial phases of the programme will establish a multi-partner leadership team and appoint a structure of senior community-embedded clinicians to create a Single Point of Access and provide psychologically based, ACE and trauma-informed support for a wide range of mental health and emotional well-being needs. From early 2019 the programme will recruit a number of local pacesetter initiatives across Gwent to develop new models spanning community-embedded family interventions, infant and parent-focused perinatal mental health support, strategic refocusing of school health nursing and further school in-reach support. Fundamentally, this approach will ensure that the children and young people who need the specialist intervention provided by S-CAMHS and related services are able to access that service promptly and will do so by re designing the current tiered approach.

Older Adult MH Service Redesign
This is a whole system redesign involving multiple service change schemes. It includes; enhanced community service model, reconfiguration of inpatient services, improvement of the ECT service, provision of a flexible hospital resource team, piloting of a behavioural support service for dementia care and roll out of PLICS and ICHOM in dementia memory assessment services (MAS). There has been good progress across the work programme with many of the schemes completed and delivering benefits. It will therefore be carried forward into 2019 - 2022 as part of the Divisional IMTP.

Key achievements in 2018/19 have been the completion of the reconfiguration of inpatient services to provide three centres of excellence for dementia assessment and one centralised functional unit. This has improved the quality of care and delivered a more sustainable staffing model. A new enhanced community service model has been developed in Monmouthshire with additional investment. The Memory Assessment Services have been standardised and improved and a new single pathway developed.

A bid for funding through the Dementia Action Plan (Priority 5) 'Living as Well as Possible', has been resubmitted to WAG as a single phase study. If approved this will enable closer working with the Community and Family & Therapies Divisions in supporting EMI Nursing Homes to reduce the use of anti-psychotic medication.

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Whole Person, Whole System Adult Crisis Support Transformation Programme

This is a major transformational programme managed under the auspices of the Gwent MH/LD Strategic Partnership and covering the redesign of the acute patient pathway from acute crisis support and response with partners, through admission, discharge and follow up. The programme is anticipated to span 3-5 years to deliver a range of alternatives to admission including 24 hr crisis support, Crisis House short term accommodation and Sanctuary day care, Host Families, robust home treatment services and a broader range of discharge options. The work programme will also realign flow and acuity across inpatient services.

Key achievements in 2018/19 have been the delivery of a feasibility study for the Crisis House and Sanctuary components and a successful bid against the £1.3m allocation for the Health Board from the MH Innovation and Transformation Fund. These monies have funded an expansion of the Crisis Resolution Home Treatment Team enabling multi-disciplinary roles to be recruited, the roll out of Care Aims training and investment in a Housing and Tenancy Support project. In 2019/20 they will also fund a pilot Host Families scheme with Shared Lives in the Newport borough with a view to this being fully rolled out in 2020-21 if proven effective. These initiatives focus on providing better support aimed at preventing crises from escalating and suitable alternatives to inpatient admission for people already experiencing a MH crisis.

Options for the transformation of inpatient and Crisis Resolution Teams will be further developed and tested through a 12 month pilot with a view to identifying a preferred option and implementation by mid-2020. A separate bid for £1.4m capital funding from the Intermediate Care Fund (ICF) has been submitted for the establishment of a Crisis House to be run by the third sector. The aim is to begin development in partnership with Housing and the Third Sector in 2019/20 and to be fully operational by 2021. The development and piloting of a Sanctuary service in 2019/20 will be funded and led by the Third Sector. Its purpose will be supporting individuals in emotional distress who might otherwise escalate into a MH crisis.

Complex Needs Transformation

The aim of this programme is to address a particular gap in the provision of suitable environments of care for this client group, where currently many have to take up placements outside Gwent to meet their needs. In order to better manage forecast rises in demand and costs, our work programme has developed options that provide further supported living facilities using the 'In One Place' special purpose approach and refurbishment of South Lodge for a service user placement. The longer term service transformation is focused on the development of an integrated MH/LD low secure facility supported by an extended PICU and an HDU. This is expected to be a 3-5 year programme dependent on the availability of Welsh Government capital.

Key achievements in 2018/19 have been the submission of a Strategic Outline Case to WG for the LSU/HDU and PICU and an interim extension of the existing PICU due to open in Quarter 4 2018/19. These changes aim to provide a more integrated adult MH and LD service and care closer to home. This programme has also benefitted from the MH Innovation and Transformation Fund enabling us to recruit extra capacity to introduce a structured case load management scheme and extra management capacity to support a robust strategic review of demand management approaches and other alternatives to placements outside Gwent.

Learning Disability Service Reviews

At the beginning of 2018, the Health Board's LD residential service had 24 residents across its five homes. The residential services review undertook detailed multi-disciplinary assessments with service users and their families to determine whether there was a primary health need and then discussed tenancy options for residential care or the appropriate package of care for those with continuing health care needs. This ensured service users would receive the environment of care and services most appropriate to their needs in line with Prudent Health Care principles.

The review also delivered significant cost savings. To date all service users have moved to new placements except for 7 who will be remaining in their current homes. This has enabled the closure

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4.1

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of Bridgeview, Homelands and 2 houses in Mitchell Close with attendant financial savings. The service change has affected 90 staff, of which all but 6 have been found suitable alternative posts and are either in permanent posts, undertaking a trial period or discussing options. A new centre of excellence has been developed in Twyn Glas. This programme of change will be completed by close of 2018/19 and service user outcomes will be evaluated in 2019/20 once they have settled in.

Bringing Together Physical and Mental Health
In 2016, the King's Fund published a paper identifying 10 key areas for improvement in holistic care (*Naylor C et al, (2016), Bringing together physical and mental health; a new frontier for integrated care, King's Fund March 2016*). These ranged across all tiers of service provision, including:

- Prevention/public health (incorporating mental health into public health programmes, health promotion and prevention approaches for individuals with Serious Mental Illnesses (SMIs)).
- General Practice (management of unexplained symptoms, strengthening primary care to meet physical needs of people with SMIs or LD).
- Chronic Disease Management (supporting mental health and emotional wellbeing of people with CDMs and carers).
- Community/social care (integrated support for perinatal mental health and supporting mental health needs of people in residential care).
- Hospital care (mental health in DGHs and physical health in Mental Health inpatient facilities).

Some of these improvement areas already have delivery plans or services in place, including improving mental health well-being and improving access to primary care mental health services (see SCPs 1 and 2). This new work programme will therefore, in the first instance, oversee two under-developed areas of integration:

- Provision of a single psychiatric liaison service for acute hospitals across Gwent to support the transition to the Clinical Futures model by 2021.
- Integrating the physical health care support of individuals with MH or LD.

Mental Health Liaison
A high prevalence of mental health problems is encountered by clinical professionals in general inpatient, outpatient and emergency department settings. Many general staff lack the confidence, skills or training to manage common mental health problems. Patients with co-morbid depression and acute needs tend to have longer length of stay, while patients with dementia often have delayed transfers of care. While the Health Board has a number of specialist MH liaison teams working within departments, e.g. RAID, LD Behavioural Support Team, there is a degree of variation in approach. The work programme will therefore focus on key pathways for streamlining liaison, education and training for general staff to ensure there is a consistent approach and more integrated working that will support the Clinical Futures model and ensure appropriate support at all sites including GUH.

Physical Care Liaison
There is evidence that people in MH inpatient settings who have physical health needs are less likely to be registered with a GP, more likely to present late with physical symptoms and are more likely to have a serious condition under-recognised or sub-optimally treated. The inevitable impact of this is that people with MH problems are more likely to have emergency rather than planned admissions to acute care, longer lengths of stay, poorer clinical outcomes and higher mortality rates.

The ambition of both liaison work strands is to develop a system of care that breaks down barriers between specialties, is age-inclusive, operating 7 days a week and covering all units. While there may be differences in the details, level of outputs, in general the programme will scope the education, training and support needs of staff in hospital settings alongside investment and alignment of appropriate specialist support for MH and physical care teams including the provision of out-reach services to primary care.

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Transition Pathway for Young Adults 15-25

Transition planning for young people moving from child to adult MH and LD services has long been recognised as disjointed and problematic. This new integrated work programme therefore aims to review the whole pathway from prevention to diagnosis, treatment and recovery in order to co-produce a coherent and inclusive model covering the 15 – 25 year old cohort. This is broader than the existing definition for transition. Shifting the focus to young people or "youth service", is envisaged will facilitate the design of more age appropriate and clinically effective pathways. The programme will begin with a series of stakeholder engagement events to agree the core principles, opportunities for new ways of working and desired outcomes and benefits, based on the following existing clinical services:

- Early intervention in psychosis.
- Serious Mental Illness (SMI).
- Eating disorders.

A summary of the key outputs for component elements of this SCP are provided in the table below.

Table 4.6.1

Priorities	Summary of Outputs
Whole Person, Whole System Transformation Programme (MH/LD).	Inpatient redesign, extended pilot separating Crisis assessment and Home treatment, MDT staffing in home treatment teams, developing admission alternatives; Host Families, Crisis House, Sanctuary, single point of contact, housing tenancy support.
Individuals with Complex Needs Strategic Transformation Programme (MH/LD).	Work streams on understanding demand, reducing demand, alternative ways of meeting demand, increasing efficiency and improving flow, increasing capacity. Also to carry forward LSU/HDU/PICU development, In One Place schemes, structured case management.
Bringing Together Physical and Mental Health (MH/LD & F&T).	Education, training and physical health liaison for inpatient MH units providing accessible information, improved screening for falls and frailty, reduced UTIs, improved nutrition and hydration management, improved surveillance of patients with diabetes, improved physical health monitoring of people on psychotropic medication. Division wide scoping of Clinical Futures bed model impact and best practice models. Develop proposals and business case for new single integrated MH liaison service model serving all DGH sites and outreach to PC.
Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) (F&T).	Integrated children's emotional well-being service implementation. Ongoing pilots in schools, i.e. Newport ARROW, Blaenau Gwent and Torfaen CAMHS inreach.
Transition Pathway for Young Adults 15-25 (MH/LD & F&T).	Whole pathway scoping and redesign for; early intervention in psychosis, SMI, eating disorders.

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4.7   SCP 5 – Urgent and Emergency Care

In 2018 the Health Board set out its Service Change Plan for Urgent and Emergency Care in the context of a system that has been increasingly under pressure from changes in the patterns of demand being seen across the system. Difficulties included matching demand to capacity in the areas that would ensure people can be cared for at home first. The plan described an improved whole system approach that maximises the contribution of every service, with the aim of caring for patients in the right place, at the right time and by the right care team.

The pressure on the system has not diminished in 2018. The Health Board has experienced some of the highest volumes of attendances at its Emergency Departments over the summer since the Health Board's inception, together with high GP referrals for assessment, particularly in surgical assessments, which are resulting in admissions. Balancing elective and emergency care capacity has been difficult resulting in system blockages, high levels of escalation and lower than projected performance both in and out of hospitals.

Delivering sustainable Urgent and Emergency Care system remains a top priority for the Health Board, with a clear focus on eliminating 12 hour waits in Emergency Departments. With its partners, the Health Board is driving change through the Urgent Care Board, this is a dynamic forum that agrees and sets shared clinical and management action across the care system. It seeks innovative solutions that deliver a proactive approach which balances and minimises competing clinical risks, including the identification and management of those at risk of becoming delayed when in hospital.

Last year's plan framed the approach to addressing the risks and issues in the Urgent Care system into three priority areas, which will be retained and strengthened in this planning cycle.

1. **Demand Management** - A preventative approach across the home to hospital pathway which identifies those at risk of being admitted to hospital and seeks to intervene to avoid attendance and/or admission to hospital where appropriate.
2. Redesigning the system to **Optimise Flow** - Effective systems and processes to identify and manage those who experience a delay in their discharge or transfer to a more appropriate setting seeking to reduce those delays through sustainable interventions.
3. **Discharge** – A system which optimises flow through the entire urgent and emergency care system, and expedites discharge from hospital.

Building on the changes that have been made in the system to date, this plan sets out the key actions that will drive the transformational changes required to deliver a sustainable system consistent with the Clinical Futures Strategy. In order to achieve this, year 1 of the plan is a period of recovery and stabilisation, as well as standardisation of practice. This will enable transformation and implementation of new models of care in years 2 and 3 of the plan in preparation for transition to the Grange University Hospital.

Figure 4.7.1
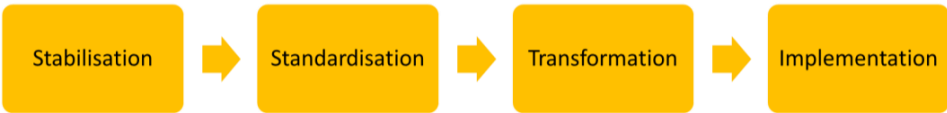
4.7.1   Urgent and Emergency Care Priorities

The next 3 years present both challenges and opportunities across the Urgent and Emergency Care system. This service change plan has set out the key areas of work that will deliver the service change required to transform services as the Health Board prepares to open the Grange University Hospital in 2021 and how the system will operate in the year after opening. The table below summarises the priorities identified in this SCP which are underpinned by detailed programme and/or operational delivery plans.

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Figure 4.7.2

SCP5 URGENT AND EMERGENCY CARE

DEMAND MANAGEMENT	OPTIMISING FLOW	DISCHARGE
• HCP Call Handling • Advance Paramedic Practitioners • Extended Primary Care Hubs • Advanced Care Planning • Graduated care (step up) • Frequent Attenders	• Medical and Surgical Pathways incl. Ambulatory Emergency Care • Urgent & Emergency Care Recovery • EFU Model Expansion • Nevill Hall Ward Configuration and Single Urgent Care Access	• Home First • Graduated Care (step down) • Transport

4.1

4.7.2   Demand Management

Whilst Emergency Department attendances on the whole have not seen a statistically significant shift in volume, the pattern of demand has changed. As improvements in WAST "See and Treat" and "Hear and Treat" initiatives have taken hold the Health Board has experienced a reduction in ambulance arrivals. However, the number of people self-presenting has increased at the same time as an increase in the number of people triaged to majors and resus. This indicates that the system is not necessarily busier due to volume, but due to acuity with a less predictable pattern of arrivals. In addition GP referrals for assessment continue to rise with a notable increase in requests for surgical assessments.

Health Care Professional (HCP) Call Handling
The models of care for Grange University Hospital, the network of local general (eLGH) and community hospitals are predicated on senior clinical, pre-hospital streaming to ensure patients as directed to the right service to meet their need. This programme of work will be brought forward to 2019. The Health Board will work with WAST and Primary Care to implement clinically led Health Care Professional (HCP) Call Handling to redirect patients to non-acute pathways, stream patients directly for assessment or schedule patients into Ambulatory Care or Hot Clinics (both surgical and medical). The Health Board will also work with WAST to schedule patient transport for assessment to manage the pattern of demand and release crews more efficiently.

The Health Board will also agree a preferred option for the location of its Out of Hours base on Royal Gwent Hospital site during 2019, with closer proximity to ED and MAU. The proposed change aims to increase the redirection of patients who can be managed by Primary Care and consequently reducing their wait times in ED.

The 111 Service is a joint initiative between the Health Board and WAST and its implementation is a shared priority across the whole system. It aligns to both the WAST five step model and the Health Board's ambition for out of hospital services, Urgent Care services and EASC's commissioning intentions. The full implementation of 111 will be delivered in 2019.

WAST – Advanced Paramedic Practitioners
The Health Board has worked with WAST to share and align both organisations IMTP priority programmes in the context of EASC Commissioning intentions. The WAST "Table 2" return to EASC reflects the key priorities noted below. Two of the key initiatives for WAST and the Health Board are i) the deployment of Advanced Paramedic Practitioners (APPs) across the Urgent and Emergency Care system; and ii) the increased clinical capacity within the WAST control centre. The Health Board will work with WAST in 2019 to deploy APPs where they will be most effective.

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Enhanced Primary Care Hubs

The Urgent Care components of SCP2 set out the development of an Integrated System of Health and Wellbeing in order to reduce attendances at ED and admission to acute care. In order for the Urgent and Emergency Care system to work effectively and for the Grange University Hospital to operate successfully, it is vital that the out of hospital systems link seamlessly with acute urgent and emergency care services. The Health Board is developing models of care that will deliver a system that is less reliant on acute hospitals and seeks to improve how the system can respond to unplanned care needs in community settings and primary care, effectively converting unscheduled care to planned care where possible. Development of an integrated system will feature:

4.1

Figure 4.7.3

- Locality GP 'overspill' hub
- Urgent treatment centres that receive patients streamed from ED
- Early acute home visiting
- Emergency multi-disciplinary units in community hospitals for sub-acute patients
- Clinical MDT in-reach into nursing and care homes
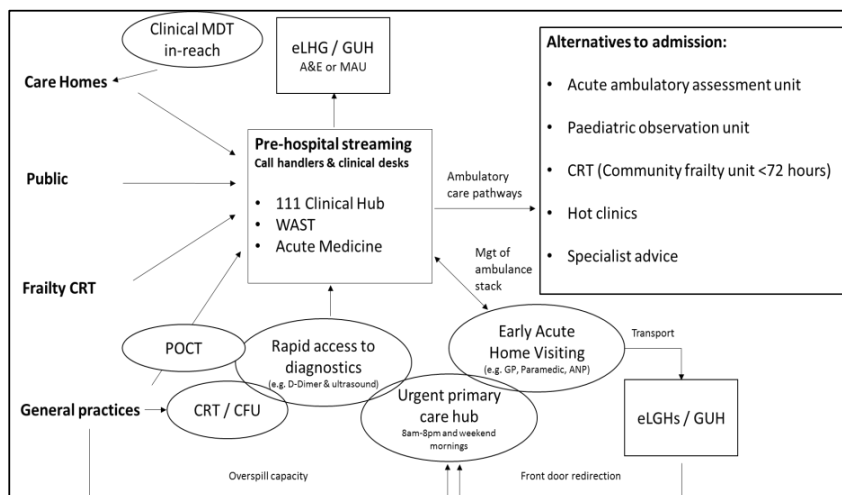
Care Closer to Home

Key components of the Health Board's Primary and Community Care plan that will be progressed in 2019 to manage demand are:

- Advanced Care Planning – increasing the take up in residential homes and a programme of education to improve Advanced Care Plan compliance.
- Graduated care (step up) – review of demand for step-up and step-down beds to determine the bed plan for community hospitals, training requirements in the community and estate requirement. The model comprises Community Frailty units at County Hospital, St. Woolos and Ysbyty Aneurin Bevan.
- Frequent attenders - investment in dedicated resources to co-ordinate the care for frequent attenders, this will be in place over winter and established permanently in quarter 1 2019.
- Tier 1 falls service with St. John's Ambulance operating during winter period will be reviewed and inform commissioning of a wider Falls Assessment and Response Service.

Table 4.7.1 - Demand Management - Delivery Plan

Programme	Anticipated benefits	Timescale
HCP Call Handling	▪ Reduction in attendance and admission at acute hospitals	2019/20
Extended Primary Care Hubs	▪ Reduction in attendance and admission at acute hospitals ▪ Care closer to home	2019-22
Advanced Paramedic Practitioners	▪ Support WAST to improve AQI17 and AQI19 non-conveyance performance ▪ Reduction in demand for acute urgent and emergency care services	Q1 2019/20
Advanced Care Planning	▪ Reduction in attendance and admission at acute hospitals	Q1 2019/20
Graduated Care/Step Up	▪ Reduction in attendance and admission at acute hospitals	2019-22
Frequent attenders	▪ Reduction in re-attendance/readmission ▪ Improved patient experience	Q1 2019/20

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4.7.3   Optimising Flow

Throughout 2018 the Health Board has taken action to reduce periods of escalation, improve 4 hour, 12 hour and ambulance handover performance by focusing on and reducing the time taken to access specialty assessment. A key component has been the establishment of site management teams in the north and south of Gwent. Action was also taken to improve key quality and performance indicators, which focus on pulling patients from the front door and increasing the rate at which patients are assessed out, thus avoiding unnecessary admissions and enabling improvements in key performance metrics. Patient flow and escalation policies, procedures and key staff are now in place at all major hospital sites which includes the co-ordination of patient flow across the entirety of the system.

However, anticipated improvements in performance have yet to be realised, significantly in respect escalation status at the Royal Gwent Hospital (RGH) and urgent and emergency care targets, driven by difficulties experienced overnight. Urgent and emergency care performance, particularly at the Royal Gwent Hospital, has deteriorated following the difficult summer period.

Four hour performance has deteriorated with performance in March 2019 projected to be no higher than 80%. Likewise the Health Board was unable to eliminate 12 hour breaches, as intended, by November 2019. Ambulance handover has become a shared concern across WAST and the Health Board, particularly at RGH, where it has been increasingly difficult to offload ambulances in a timely way within the current configuration of the hospital estate. It is projected that there will be 355 > 60 minute handover breached March 2019, if improvements are not made immediately.

Whilst performance has been the focus of the Health Board's attention over the last year, it also sought to reduce surplus bed/trolley capacity in corridors and through outlying medical patients in surgical areas, in line with its Clinical Futures plans. Winter beds were closed later than planned in 2018 but there remains a policy of zero corridor capacity for patient care. As part of the Clinical Futures Organisational Capacity plan there is a focus on the bed reductions required prior to transfer of services to the Grange University Hospital, however during 2018/19 there has been no reduction in the Urgent and Emergency Care bed base.

Workforce remains a challenge, especially medical staffing in Emergency Departments and nursing establishment on wards. A Master Vendor arrangement has been put in place to address medical staffing gaps. Over winter the Health Board is using incentive schemes to manage nursing establishment to enable the required surge capacity in the system to manage demand.

Recovery

The Health Board has commenced an internal turnaround programme, led by a core medical, nursing and operational leadership team with support from an external Turnaround Manager. This will be in place at the beginning of this IMTP period, but in order to embed short term changes to sustain improvement over the longer term, there needs to be a shift in culture across the entire urgent and emergency care system leading up to the transition to the Grange University Hospital. The turnaround programme is backed by a detailed work plan and the terms of reference set out clear operational and clinical targets to be achieved, highlighting the importance of clear communication to ensure better management of interfaces and handover of patients between professionals.

It is also recognised that site management needs to be more robust, particularly overnight, reducing the reliance on "on call" systems to de-escalate sites. Therefore in 2019 the Health Board will finalise site team structures, including staffing the RGH later into the evening. A Hospital at Night model is being developed through the Clinical Futures programme. Efficient, effective and safe acute care services 24 hours a day and 7 days a week, requires funding of the established business case for an Outreach team, a priority within the "Critically Ill" workstream.

There will also be a re- focus on the SAFER bundle and model ward processes at Nevill Hall and the Royal Gwent Hospitals, as well as consistent application of Health Board policies (e.g. Choice

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and Patient Discharge policies) to ensure patients and their families are fully informed about their discharge from acute care. This will be supported by a review of the in-hospital transfer and discharge co-ordination resources, to ensure a prudent, system wide approach to flow.

Key actions to recover system include:
▪ Implementing the programme of recovery, focussing initially on Emergency Department processes and workforce alignment to demand, then moving out to standardising practices across acute and community wards, reiterating the importance of the SAFER bundle in improving flow;
▪ The turnaround programme will be supported by a Workforce and Organisational Development to embed a culture which supports short term recovery over a longer period to sustain improvements;
▪ Establishing standardised leadership, site management and consistent escalation across the system;
▪ Reviewing patient flow resources across the Health Board and configuring the teams to have the most benefit to the system as a whole;
▪ Ensuring accurate, consistent and real time data available to support performance and quality improvement and match capacity to demand. In 2019, the Health Board's newly acquired Business Intelligence system will be implemented across the Urgent Care system to provide this real time data capability;
▪ The Unscheduled Care Collaborative facilitated by ABCi will re-focus its work plan in support of Urgent and Emergency Care Recovery.

Pathways and Ambulatory Emergency Care
Over the next three years the Health Board, in conjunction with WAST, will develop its services to allow certain patient cohorts to bypass ED, including a range of direct admission and ambulatory care pathways. The Royal Gwent Hospital will implement an Ambulatory Emergency Care model in 2019 located in the Short Stay Unit, with a further 20 medical pathways being managed by ED consultants on the unit.

To address the rise in surgical referrals and admissions, the Health Board will establish the staffing for the T&O receiving unit permanently in 2019 and it intends to ringfence a bed for Fracture Neck of Femur patients, in order to stream patients more directly to the T&O ward and theatres.

Elderly Frail Units
There has been initial success in reducing lengths of stay in ED and assessment units for elderly frail patients due to the Phase 1 expansion of the Elderly Frail Unit (EFU) at Royal Gwent Hospital. When it is operating effectively, the EFU team has been able to provide comprehensive geriatric assessments at the front door, pulling patients from ED with an overall improvement in lengths of stay. However the service has been limited to 5 days per week, with no dedicated Ambulatory Care facility.

The Health Board also intends to create capacity to improve ambulance handover times through changes to ward configuration across the Health Board. Therefore, the Health Board will reconfigure wards at RGH and will invest in a 7day EFU service, initially through winter resources and then recurrently which will provide capacity for an ambulatory care bay. The Health Board also intends to fully establish an EFU at Nevill Hall.

Nevill Hall
Once the Grange University Hospital opens, Nevill Hall Hospital will have a full (pre-screened) medical take. Single Urgent Care Access at Nevill Hall is therefore being progressed as a major strategic change. A Schedule of Accommodation will be agreed in quarter 1 2019/20 and a capital case developed to make the required changes over the next 3 years. The output will be co-located assessment, ambulatory care, Minor Injuries and GP Out of Hours with a single access point.

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Table 4.7.2 - Optimising Flow – Delivery Plan

Programme	Anticipated benefits	Timescales
Pathways: Direct admission Ambulatory Emergency Care #NOF and T&O	▪ Reduction in ED and assessment area overcrowding. ▪ Support the improvement in 4hour, 12hour and ambulance handover performance. ▪ Improved patient experience through a clear focus on internal professional standards and emergency system quality indicators.	Q4 2019/20
Urgent and Emergency Care Turnaround	▪ Achieve 90% 4hour performance by March 2020. ▪ Eliminate 12hour breaches in ED by March 2020. ▪ Eliminate >60 minute handovers by March 2022. ▪ Improved patient experience through a clear focus on internal professional standards and emergency system quality indicators. ▪ Reduction in red escalation status.	Q2 2019/20
EFU Model Expansion	▪ Increase the rate of pull from ED and assessment areas to reduce overcrowding. ▪ Reduce LOS for elderly frail patients using an ambulatory care approach first. ▪ Increase the rate of discharges, earlier in the day. ▪ Improved patient experience.	Q4 2019/20
Nevill Hall Front door and ward econfiguration	▪ Single urgent care access in support of acute medical take model. ▪ Improved assessed out rates. ▪ Increase the rate of discharges, earlier in the day. ▪ Support the improvement in 4hour, 12hour and ambulance handover performance. ▪ Improved patient experience.	Q4 2021/22

4.7.4 Discharge

Whilst there is a need to improve acute hospital ward processes to optimise flow, there remains system wide challenges to discharging patients in a timely manner, particularly early in the day. The Complex Discharge review by NHS Wales Delivery Unit highlighted a lack of consistency in MDT and board round compliance, early discharge (which remains at around 20% against a target of 33%), as well as other operational and clinical processes that aim to ensure timely discharge of medically fit patients. Not all delays in the system are the result of social care delays. Regular spot audits also show that at any time there are up to 100 medical outliers on surgical and other non-medical specialty wards, and in unplanned surplus capacity (e.g. Day Surgery Unit). Around half of these patients are medically fit. As noted above, these issues will form part of the turnaround programme.

Graduated Care

To support the acute and community hospitals to improve flow and to enable timely discharge, Primary and Community Care division will continue to develop its Graduated Care model to deliver step down services in the community. This will build on developments in 2018, such as the Ysbyty Aneurin Bevan "Virtually Home" ward, to provide the right level of nursing, therapies and social care support to people in community hospitals and care homes to encourage their independence so that discharges are safe and successful.

Home First

For those patients that do require social support in order to enable their discharge, the Health Board has implemented the "Home First" model, delivered by Local Authorities and established using Welsh Government Transformational Funding.

"Home First" will operate 7 days per week at Nevill Hall and Royal Gwent Hospitals enabling discharges from ED and assessment areas to avoid admission to the body of the hospital. It will also enable more weekend discharges. Therapies staff will continue to play an important role in supporting the Urgent and Emergency Care system. There will be further resilience over winter months as therapies staffing is established over 7 days in these areas. The RGH Discharge Lounge

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will also be opened on Saturdays to facilitate discharges and release capacity to flow patients from the front door.

Over the course of this IMTP, it will be the intention of the Health Board to gradually reduce delays in hospital through shifting resource into the community so that care capacity is available outside of hospital, thereby facilitating earlier discharges and reducing the reliance on the community hospital tier of graduated care.

Transport

The Health Board will work with WAST around the Transport model for Clinical Futures to ensure non-emergency transport is available to support timely discharge. In 2019, NEPTS services will trial "community first" discharges to move patients out of community beds by 9am (pre-booked the previous day) to enable transfers from acute beds to community before 12pm. This will improve flow across the system. The Health Board has also nominated a lead to work with WAST around the transfer of NEPTS commissioning to EASC and the local measurement required to ensure an effective non-emergency transport service to support the urgent and emergency care system.

Table 4.7.3 - Discharge – Delivery Plan

Programme	Anticipated benefits	Timescale
Graduated Care (step down)	▪ Increase in patients admitted directly to community hospitals for assessments. ▪ Reduction in unnecessary demand on Medical Assessment Units and unnecessarily long-stays in acute hospitals for frail elderly patients. ▪ Reduction in the average length of stay in community hospitals.	2019-22
Home First	▪ Expansion of trusted assessor model to Powys. ▪ Additional 25 discharges per week. ▪ Long term admission avoidance. ▪ Improved patient experience.	Q1 2019/20
Transport (NEPTS)	▪ Earlier in the day discharges from community and acute hospitals.	Q1 2019/20
Transport (Clinical Futures)	▪ Supporting infrastructure for Clinical Futures Transport and Retrieval model post-GUH opening. ▪ Timely transfer between GUH and eLGH network.	2019-22

4.7.5   Monitoring and Evaluation

This plan sets out the anticipated benefits for Urgent and Emergency Care that should result from the delivery of system wide change. The key milestones for delivery and benefits will be monitored through a Delivery Tracker, and progress will be overseen by the Urgent Care Board and reported into Executive Team and Finance and Performance Committee.

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4.8   SCP 6 – Planned Care

This plan seeks to secure improvements in efficiency and productivity that in combination with prudent healthcare will improve access and deliver high quality, affordable and sustainable services. In particular, it describes how the Health Board will:

- Improve elective access, maintaining a zero 36 week breach position and achieving 95% compliance with the 26 week target by the end of March 2020.
- Deliver sustainable elective and diagnostic services, achieving transformation in accordance with the National Planned Care Programme.
- Implement regional plans for orthopaedics, ophthalmology and diagnostic services with our neighbouring Health Boards.
- Improve operational efficiency through transforming outpatient and theatre services.
- Ensure that changes to elective services are planned and implemented effectively and aligned with the Health Board's Clinical Futures programme.
- Sustain / improve cancer service access and deliver access targets against the new single cancer pathway

It is designed to ensure that:

- Strategic context and alignment with other change management programmes.
- Existing elective service capacity is confirmed.
- Gaps in the capacity required to deliver IMTP access targets, and any other areas of risk or difficulty in achieving the Scheduled Care Division's required objectives are identified.
- Initiatives to be implemented to address and resolve the identified gaps are set out clearly.
- Benchmarking against national and regional upper quartile performance to ensure activity potential is maximised.
- Quantification of the improvements, benefits and milestones associated with the above initiatives.
- Assurance processes to be established to ensure that these improvements are delivered.

4.8.1   Strategic Context

To ensure optimal effectiveness and co-ordination, the SCP work programme is carefully aligned with a number of complementary programmes and work streams:

Clinical Futures Strategy and revised models of care
53 clinical models have been reviewed in the last 12 months as part of the implementation planning for The Grange University Hospital and transition to the Clinical Futures service model. The revised models confirm the following configuration of planned care service delivery:

Table 4.8.1

Site	Grange University	Royal Gwent	Nevill Hall	Ysbyty Ystrad Fawr
Service configuration	Head and neck surgery Thyroid surgery Patients needing level 2 or 3 support Vascular services Interventional radiology Critical care	All other elective surgical inpatients PACU and 24 hour anaesthetic cover Elective diagnostics Surgical day cases Ophthalmic surgery Surgical step down beds	Ring-fenced surgical day cases Elective diagnostics Surgical day cases Orthopaedic step down beds Cancer centre	Surgical short stay (current model) Elective diagnostics Breast unit

The Planned Care IMTP and SCP documents set out how these revised models will be established, through service, workforce and financial implementation action plans (*insert link to Divisional IMTPs*).

National Planned Care Programme Board (NPCPB).
The NPCPB oversees the benchmarking of efficiency improvements and sharing of best practice in elective care services across Health Boards in Wales, focussing on the five identified priorities of

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urology, trauma & orthopaedics, ophthalmology, dermatology and ENT. Status reports for these services within the Health Board are considered as a standing agenda item on the Health Board's Planned Care Programme Board.

Regional Elective Collaborations (Ophthalmology, Orthopaedics and Diagnostics)
The Health Board continues to be an active stakeholder in three regional work streams which are driving efficiency improvements through collaborative planning in diagnostic, orthopaedic and ophthalmology services (the latter led by this Health Board). The ophthalmology work stream is led by the Health Board's Director of Planning, and collaborative planning has progressed with the submission of eye care sustainability fund bids jointly supported across the region, and with the discussion of options for a future cross-Health Board cataract facility. It is intended to accelerate the pace of regional planning work in 2019/20, with options for more formal programme management support to be progressed as a catalyst for future planning and sustainability. This would enable more robust and challenging programme plans to be established, with clear benefit milestones over the coming year and beyond.

The implementation of the revised eye care measures represents a major step forward for the quality and timeliness of ophthalmology care, and the Health Board views this as one of its highest Planned Care priorities over this IMTP period. The service is considered well placed to expedite the anticipated benefits as a result of the ODTC network already established. The Health Board is closely involved with the development of the National Ophthalmology Electronic Patient Record, and will form part of the first wave of roll out. It is intended to use this as a catalyst to extend and optimise ODTC capacity, complemented by the use of non-recurring eye care measure funding to drive further optometrist training and increase the number of patients receiving non-medical management of their condition. The resulting improvements and the timeliness of follow up care will be monitored closely, as indicated in Section 4.8.6.

These work streams will build on recent progress to optimise the added value of regional planning, finalise regional strategic plans for service sustainability and co-ordinate joint bids for investment where appropriate. Further detail is included at SCP 7.

Welsh Government/National Guidance and Recommendations
The Health Board's planned care assurance arrangements ensure that formal guidance and recommendations are incorporated into benchmark comparisons and improvement plans for its own services. This will include learning from national audit investigations and recommendations arising from best practice reviews, for example, the recent National Audit Office review of outpatient follow up management across Wales.

4.8.2 Access to Services

Referral to Treatment Time
The Health Board RTT performance was severely compromised in the last quarter of 2017/18 as a result of unprecedented winter pressures, resulting in a backlog of 36 week RTT breaches at the beginning of 2018/19. This position has been largely recovered, such that performance has been on track to eliminate 36 week breaches and to achieve a 26 week compliance rate of 92.5% by the end of March 2019. The current forecast is that these targets will be achieved at year end.

IMTP Intentions
The Health Board plans to enhance elective access to deliver RTT targets through the following:

- Maintaining a 'zero' 36 weeks breach position throughout the IMTP three year period.
- Maintaining 26 week compliance at 95% from March 2020 and maintaining this through the remaining IMTP period.
- Seeking further improvements through internal stretch targets, where these can be achieved and consistent with other targets and constraints e.g. workforce and finance.
- Ensuring that optimal performance has been realised from existing capacity (through efficiency

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improvements, re-engineered patient pathways, application of prudent healthcare principles etc.), prior to any additional core capacity being commissioned.

Plan for delivery

Robust monitoring and escalation of any significant variation from profile will be maintained through the Health Board's established performance management infrastructure. This will include:

- Development of a new comprehensive planned care services dashboard.
- Daily and weekly monitoring at clinical directorate/divisional level, with escalation plans instigated if / as required.
- Executive scrutiny at weekly / monthly / mid-year performance reviews.
- Maintenance and adaptation of individual service sustainability plans.
- Strategic monitoring of improvement and transformation programmes where these are material to future RTT performance.

Service specific plans have been revised and finalised in each key specialty to ensure delivery and long term sustainability. The profile for delivery for the next three years is based on target maintenance as follows:

Table 4.8.2

	March 2020	**March 2021**	**March 2022**
36 weeks	0	0	0
26 weeks	95%	95%	95%

Accountability for the delivery of RTT targets lies with the Executive Director of Operations and the Directorates and Divisions, with regular reporting through the Finance and Performance Committee and the Planned Care Programme Board.

4.8.3 Improving Theatre Performance and Efficiency

Current Position

The Theatre Programme Board continues to meet regularly to oversee progress in theatre service performance and efficiency. The work of the Board has been strengthened by the establishment of a dedicated programme manager to drive improvements across all theatre suites through a series of specific projects and sub groups. A comprehensive data review has been used to identify key areas for improvement and set priorities for the year ahead.

IMTP Intentions

Specific plans for 2019/20 include establishing new benchmarks across all theatre suites for quality and safety incidents, list utilisation, late starts, early finishes, short notice cancellations, activity increases and stock control. Additional commercial intelligence and experience gained as a result of the establishment of a mobile theatre on the Royal Gwent Hospital site will be used to drive efficiency improvements in core service provision.

Plan for Delivery

A comprehensive and ambitious theatre transformation programme has been established and is driving a number of improvement initiatives, set out in six major work streams for 2019/20:

Table 4.8.3

Work stream	**Aims**
Stock Control	• Implement and embed new stock control system to optimise stock handing process.
Theatre management system	• Develop and implement latest system software upgrade to enhance information management across the whole patient pathway from booking to discharge.
Safety compliance and performance	• Optimise patient safety / quality and minimise variation / adverse incidents.
Capacity utilisation	• Maximise the utilisation of all theatre and suite capacity across the Health Board.
Theatre collaborative	• Facilitate rigorous benchmarking, bring existing teams together and share best practice using IHI methodology.

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Work stream	Aims

Clinical Futures	▪ Finalise and implement new service model, to include:
	   ▫ Effective workforce matched to service need.
	   ▫ Optimal equipment and logistics support.
	   ▫ Review role of Llanwenarth Suite.
	   ▫ Development of mathematical capacity model.
	   ▫ Development of day surgery unit at NHH.

A series of performance indicators with associated improvement milestones will be developed over the last quarter of 2018/19, and will form the basis for performance management and benefits realisation in 2019/20 and beyond.

4.1

4.8.4 Diagnostic Service Sustainability and Waiting Times

The Health Board has largely consolidated its previous year end position in respect of the eight week diagnostic access target, with endoscopy breaches virtually eliminated and all radiology modalities – including non-obstetric ultrasound - being monitored on revised profiles to a zero breach position by the end of March 2019.

IMTP Intentions / Plan for delivery
Our aim is to deliver high quality diagnostic services through the following actions and initiatives:

- Managing demand through the practical application of prudent / value-driven healthcare principles e.g. referral audit and alternative patient pathways, recognising that the adoption of the single cancer pathway is likely to result in increased demand during 2019/20.
- Optimising capacity, improving productivity and efficiency.
- Eliminating backlogs and providing sustainable long term services.
- Establishing and maintaining a zero eight week breach position throughout the IMTP period.
- Increasing the proportion of investigations undertaken within six weeks of request.
- Working collaboratively across Health Boards to identify mutually beneficial / regional delivery plans.

The profile for compliance for the next three years is therefore based on target maintenance and enhancement as follows:

Table 4.8.4

	Sep 2019	March 2020	March 2021
% 8 week compliance	100%	100%	100%
% 6 weeks	90%	95%	95%

It is intended that the actions described above will enable the Health Board to address and manage anticipated growth in demand for key radiology modalities e.g. as part of the move to a single cancer pathway. A radiology transformation programme has been established and is driving a number of improvement initiatives, set out in five major work streams for 2019/20:

Table 4.8.5

Work stream	Aims
Appropriate demand	▪ Simplify request protocols and optimise vetting process ▪ Implement I-refer electronic referral system ▪ Benchmark service practice against NICE guidance ▪ GP advice line ▪ Educational forum
Flexible workforce	▪ Implement extended scope radiography roles ▪ Review job planning to ensure alignment with service needs ▪ Establish / consolidate seven day service model ▪ Optimise arrangements for staff bank
Performance and utilisation	▪ Implement patient reminder system as standard practice ▪ Establish activity tracker / cancer dashboard ▪ Review out of hours service provision at YYF
Prioritisation	▪ Priority cancer pathways for neck / lower GI / lung

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Work stream	Aims
	▪ Optimisation of VIP service
GUH transition plans	▪ Finalisation and implementation of Clinical Futures model to provide optimal support to the Grange University Hospital

4.8.5 Orthopaedic Services

Ensuring timely access to orthopaedic care on a sustainable basis remains one of the most significant challenges within the Health Board. Following severe operational pressures in the final quarter of 2017/18, the service began the year with a backlog of 500 patients breaching the 36 weeks waiting time target. Despite continued pressures, performance has stabilised in 2018/19, with new initiatives including additional mobile theatre capacity and a revised trajectory to achieve a zero breach position prior to year-end.

Standards and Outcomes

The service continues to benchmark standards and outcomes against the Getting it Right First Time (GIRFT) report and recommendations, including assessment of demand/capacity balance, minimum critical volumes of specialist procedures, compliance with national guidance, optimisation of fractured neck of femur pathway and best procurement practice. An enhanced neck of femur pilot is currently ongoing to assess the impact over the winter period, pending consideration of long term funding.

Musculoskeletal Service Transformation

MSK transformation continues to be a key priority for the Health Board and across Wales, as a major component of the work to reduce orthopaedic waiting times. The principal aim of the work stream is to rebalance services and maximise the potential for non-medical management, thereby releasing and protecting additional secondary care elective orthopaedic capacity. There are close links with the National Planned Care Board agenda and with the Health Board's Value-Based Healthcare Programme. MSK initiatives are being clinically led through the Clinical Futures Service Redesign Programme, with stakeholders across the whole healthcare system. Regular updates of progress are provided to the Planned Care Programme Board.

4.8.6 Outpatient Transformation

The Health Board recognises the major impact of outpatient services and the potential gains to be made from innovative practice and improved efficiencies consistent with upper quartile performance. Outpatient services therefore represent a major element of the overall transformation programme, with a wide range of initiatives ongoing in a number of specialties. Many of these schemes were initiated as a result of the Outpatient Collaborative, which was established under the guidance of the ABCi team to stimulate innovation across the Health Board. The Collaborative sought evidence of best practice (including from national programme good practice guidance), facilitated staff training in quality improvement techniques and generated a series of pilot improvement projects. Progress against these schemes and against agreed national priorities is monitored by the Planned Care Programme Board, chaired by the Executive Director of Operations.

Examples of schemes that have recently been completed or are ongoing across the Health Board include the following:

Patients in control	**Optimising Resources/Streamlining**
See on Symptoms for follow-up	One stop head and neck lump clinic
Community based lower back pain	One stop varicose vein service
Respiratory drop-in CPAP	Direct listing for hernia pathway
Technology:	**Optimising Workforce**
GP e-mail Advice Lines	Nurse Injectors for AMD patients
Doctor/Doctor reminder services	Nurse Led Annual Review for SMI (mental Health)
Virtual Clinics (PSA urology, ENT, Rheumatology, Ophthalmology)	

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IMTP Intentions

It is recognised that there is considerable added value in co-ordinating the wide range of ongoing and future outpatient-related initiatives and in ensuring that lessons and best practice are shared across all sites as a consequence. The intention is to achieve this under five main improvement themes:

- Enhancing the roles of patients and communities.
- Changing professional roles and culture to optimise response to patient's needs.
- Re-thinking locations.
- Re-designing services through the use of new technology.
- Intelligent use of data and measurement for outcomes.

Specific initiatives will seek to demonstrate best practice in the management of timely outpatient follow up care, drawing on the conclusions and recommendations of the recent Welsh Audit Office report. These will include reduction in demand levels through the further rollout of 'see on symptoms' status and the extension of e-advice networks within and between primary care and secondary care. An improvement profile to reduce the numbers of patients waiting beyond their target date for a follow up appointment over the IMTP period is set out below.

Table 4.8.6

	Apr 2019	Jun 2019	Sept 2019	Dec 2019	Mar 2020	Mar 2021	Mar 2022
Number of delayed patients	20,800	19,200	16,250	13,800	12,000	6,000	5,000

Plan for Delivery

It has been recognised that the spread of outpatient services across several Health Board Divisions and functions requires robust and focussed co-ordination to ensure that benefits in one department are communicated, shared and replicated in all other areas of potential. In order to ensure this, it is proposed to establish a new Outpatients Improvement Board (OIB). The OIB would be chaired by an outpatient clinical lead and would have the following objectives:

- To agree priority outpatient transformation projects and programmes.
- To ensure that corporate outpatient improvement activities are aligned with the priorities of the OIB.
- To agree milestones for outcomes and benefits for each project and programmes.
- To monitor progress with programmes in accordance with agreed milestones and advise the Planned Care Programme Board accordingly.
- To ensure that ensuring that lessons learned and benefits achieved are shared and extended as best practice across all Health Board sites.

To ensure appropriate clarity and governance, the OIB would report to the Planned Care Programme Board. The latter will work with the existing outpatient collaborative / faculty groups and corporate prudent healthcare teams to ensure that their work priorities are aligned with those of the OIB. It is intended that the efficiency improvements arising as a result will form a benchmark for all outpatient services within the Health Board's Clinical Futures programme.

4.8.7   Cancer Services

The Health Board has consolidated its position in respect of cancer care over the past year, despite experiencing a further increase in referrals compared to 2017/18. Severe ongoing operational pressures have had some short term impact on performance against the core 31 day non-USC and 62 day USC targets. Shadow reporting has however been established against the new single cancer pathway target, which requires all patients to be monitored and to receive definitive treatment within 62 days of the original date of suspicion.

IMTP Intentions

2019/20 will see the first formal reporting of performance against the new single cancer pathway,

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with results expected to be in the public domain during the summer. A key objective of the Health Board is to deliver exemplary cancer services in accordance with the revised access target and through the delivery of its broader strategic cancer plan. The IMTP intention will be to maintain target compliance across all tumour sites, monitored against the following milestones:

Table 4.8.7

Parameter	Mar 2019	Sep 2019	Mar 2020
Non USC	98%	98%	98%
Urgent Suspect Cancer	92.5%	95%	95%
Single cancer pathway	92.5%	95%	95%

Plan for Delivery

The Health Board has a Cancer Delivery Plan for each tumour site that covers both compliance with formal cancer standards and the delivery of cancer treatment times. Access time target performance will be monitored through a fortnightly cancer assurance meeting and the achievement of broader standards will be overseen by the Cancer Delivery Board, chaired by the Director of Planning.

In reviewing and managing service demand and capacity, a key concern for the Health Board is that the new single cancer pathway is likely to increase referral numbers by up to 20%. This represents a significant challenge to the services concerned, particularly in respect of diagnostic tests. The capability of the service to anticipate and track individual patient pathways has been enhanced through the procurement of upgraded tracking software, which has much improved connectivity with existing patient information and radiology systems. This is believed to be a leading development in Wales, in the context of the acknowledged constraints of previous cancer patient data systems.

Complementing the above at an operational level, local service initiatives continue within the individual tumour sites to ensure the optimal efficiency of patient pathways. These include rapid access one stop diagnostics clinics, direct diagnostic referral from primary care (against agreed minimum data sets and clinical criteria) and more flexible theatre capacity carve out for cancer interventions.

The Cancer Delivery Plan - and the individual tumour site standards contained therein - remains a key strategic priority for the Health Board in order to ensure continued high quality and timely cancer care and treatment for all our population. Further details of progress against strategic cancer priorities is contained within Service Change Plan (SCP) 3 for major health conditions.

4.8.8   Monitoring and Evaluation

The Health Board's Planned Care Programme Board is the principal vehicle for ensuring that improvements in elective service access, efficiency and effectiveness are delivered in accordance with plans and milestones. It seeks to ensure:-

- Alignment of discussion and focus with key national, regional and Health Board priorities.
- Application of prudent healthcare/value based commissioning principles to service planning and development.
- Robust oversight of progress and delivery.
- Consistent engagement and contributions from all Programme Board members.

The Executive Lead for SCP 6 is the Executive Director of Operations. The Programme Board continues to draw from a broad range of experience and expertise, including the NHS Wales Delivery Unit and the National Planned Care Programme.

In addition, the workforce and financial impacts of the RTT delivery plan are included within the Health Board's overall workforce and financial plans and will be subject to further scrutiny.

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4.9   SCP 7 – Service Sustainability and Regional

4.9.1   Introduction

As described in the Health Board's Clinical Futures Strategy, the sustainability of a number of acute specialties will ultimately be achieved through their centralisation at The Grange University Hospital in 2021, including inpatient care for high acuity elective and emergency surgery, paediatrics, obstetrics, neonatology, acute stroke, cardiology and gastroenterology.

The Grange University Hospital provides the enabling infrastructure and critical mass for such services, though it is recognised that there will be a challenge in sustaining services prior to 2021 and this section describes the transition plans the Health Board will develop to sustain a number of services together with its increasingly important Regional Plans.

4.9.2   Service Sustainability

The Health Board has a track record of transforming its services to deliver both improved outcomes and sustainability.   The Health Board has successfully reconfigured its stroke, urology, ENT, ophthalmology and maxillofacial surgery services, centralising the inpatient elements of care. The Health Board has also implemented and maintained an innovative workforce model for its neonatal services following the redistribution of Tier 1 & 2 trainees to Singleton Hospital and the University Hospital of Wales, sustaining neonatal services at the Royal Gwent Hospital in a refurbished unit.

The feasibility of systematically reconfiguring medical and surgical specialities prior to the advent of The Grange University Hospital has been reappraised with clinical interdependencies such that there is limited potential to significantly change the physical configuration of services. As a consequence, the Health Board will seek, as far as is practical, to retain the existing configuration of acute services until the opening of the Grange University Hospital 2021, giving priority to standardising practice and introduce new models of care in advance wherever possible.

The key work areas for 2019/20 priority programmes are the Health Board's transition plans for inpatient paediatric, obstetric and neonatal services. Whilst this Service Change Plan describes the development of transition plans for a number of acute services, it is recognised that the scope of the Health Board's transition plans extends to its Primary and Community services and these are described in SCP 1 and SCP 2.

4.9.3   Paediatrics, Obstetrics and Neonatal Services

This SCP seeks to provide a transition plan for paediatric, obstetric and neonatal services within the Health Board prior to the anticipated opening of The Grange University Hospital in 2021.

Baseline Position

In 2015/16, the Health Board implemented new workforce models to sustain paediatric, obstetric and neonatal services at the Nevill Hall and Royal Gwent Hospitals to achieve Deanery requirements to centralise medical training at the Royal Gwent Hospital and enable improved quality of medical training. This has required the appointment of hybrid consultants, Clinical Fellows and specialist nursing posts at Nevill Hall Hospital. While the new workforce model has been implemented, it has not proven possible to recruit to substantive roles for all posts, notably Clinical Fellows and it is therefore over reliant upon medical agency staff to cover posts and is very fragile.

The Health Board has continued to manage risks within year and it has been necessary to introduce contingency measures on weekends, with limited changes in patient flows. Significant workforce pressures have however persisted despite a detailed action plan that sought to strengthen recruitment and retention. This is compounded by national recruitment difficulties and the calibre of some agency doctors which has resulted in their early release, exacerbated by maternity leave and sickness. The Health Board is working with Cwm Taf UHB and Powys THB on the development of

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a transition plan for its paediatric, obstetric and neonatal services in advance of The Grange University Hospital centralisation.

In the light of the vulnerability of the current workforce model, and the anticipated opening of The Grange University Hospital in 2021, the Health Board will determine the optimal transition plan for inpatient paediatric, obstetric and neonatal services, and its enablers and associated timetable.

Desired Future State

The objective is to develop and implement a sustainable transition plan for inpatient paediatric, obstetric and neonatal services for the population of Gwent and South Powys, working closely with Cwm Taf UHB and Powys THB. Subject to the outcome of engagement, it is considered that this may require a planned service change with the potential for the centralisation of inpatient paediatric, obstetrics and neonatal services as a transition to the model described within the Health Board's Clinical Futures Strategy. The detailed planning includes the sustainable workforce model, enabling infrastructure changes and resultant financial impact across Health Boards in South East Wales.

Interdependencies

There are interdependencies with the plans of Cwm Taf, Cardiff and Vale and Abertawe Bro Morgannwg UHBs in implementing the outcome of the South Wales Programme and the completion of relevant capital developments. It is anticipated that the completion of the capital development at the University Hospital of Wales in February 2019 will enable the delivery of the outcome of the South Wales Programme with regard to Cwm Taf and Cardiff and Vale UHBs in March 2019, and is a key enabler in potentially identify capacity to support service changes within the Health Board.

Workforce and Financial Issues

The financial costs of the current service are fully reflected in the Health Board's underlying position and the workforce and financial consequences of potential changes, including flows outside the Health Board, will be established as part of detailed planning.

Risks

The Health Board is heavily reliant upon agency and locum staff, together with consultants providing resident Tier 2 cover at nights. It has sustained services on this basis albeit through the adoption of contingency plans on weekends since October 2017. Whilst potential changes in the reconfiguration of services are being considered, the Health Board has continued to prioritise recruitment and retention.

4.9.4   Regional Planning

The Health Board is committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved in 2018/19.

Table 4.9.1

Specialty Workstream	Progress in 2018/19
Paediatric, obstetrics and neonates.	▪ Cwm Taf completed a review of proposed activity flows based on updated local clinical pathways for Paediatric A&E emergencies and for obstetrics following local engagement with mothers-to-be. ▪ Revised flow arrangements shared with AMU UHB, C&V UHB and WAST to inform changes to planning assumptions for activity changes proposed in March 2019. ▪ Capital scheme at PCH completed and UHW NICU and Obstetrics capital schemes on schedule.
Vascular services.	▪ The commencement of a regional out of hours interventional radiology rota from the 4th February 2019, with agreement of a 4th Interventional Radiologist at Cardiff & Vale UHB. ▪ Following appraisal, agreement to plan for a single step approach for the centralisation of arterial surgery at Cardiff & Vale UHB, with spoke services at Royal Gwent and Royal Glamorgan Hospitals.

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Specialty Workstream		Progress in 2018/19
ENT.		▪ Work to develop an acute regional ENT model was, following agreement by the Region, stood down. However, Cwm Taf and Princess of Wales (POW) ENT teams have agreed a model which addresses sustainability issues for POW and will commence in 2019/20. ▪ Review has been undertaken of existing regional Head and Neck Cancer model which comprises cross organisational MDT with a clinical threshold for complex cases (defined as free flap / reconstructive maxillofacial cases) to be undertaken at University Hospital of Wales, Cardiff. ▪ A proposal has been finalised regarding provision of specialist and routine Head and Neck Cancer activity. Regional sign off of the proposal would see the service unchanged at this time. If the evidence base for further improving patient outcomes increases the service model would again be reviewed.
Diagnostics	T/MRI	▪ Regional demand and capacity work for CT and MRI was completed. ▪ Continued to utilise available capacity in MRI within CTUHB. ▪ Scoped and delivered the opportunity for C&V to house a mobile unit on the RGH site, so that they can increase capacity.
	Endoscopy	▪ All Health Boards completed an endoscopy service mapping exercise focused on facilities, workforce, and procedures. ▪ Initial demand and capacity work was completed.
	EUS	▪ Agreement reached to explore the options for a regional solution for a South East Wales EUS service. A service scoping exercise has been completed and the level of future demand a networked service is to be based on has been agreed. ▪ A workshop to undertake an option appraisal to be held early in 2019. It has been agreed that any option would need to be networked across health boards due to the workforce limitations and service fragility.
Ophthalmology		▪ Development of plans to eliminate long waiting patients by the end of March 2019. ▪ Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. ▪ Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Orthopaedics		▪ Collective demand and capacity plans developed. ▪ Service models and implementation plans for the development of community based assessment services shared. ▪ Service specifications for common pathways shared.

The 2019/20 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes.

Table 4.9.2

Specialty Workstream	2019/20 Work Programme
Paediatric, obstetrics and neonates.	▪ Finalise detailed service specifications to reflect revised clinical pathways and flows ▪ Continuously and collectively monitor operational changes implementation during 2019-20 to ensure any ongoing service sustainability pressures are collectively addressed
Vascular services.	▪ Post implementation review of the Out of Hours Interventional Radiology Service. ▪ Detailed planned of the centralisation of arterial vascular surgery to enable implementation in 2019/20. ▪ Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation. ▪
ENT.	▪ New ENT model for Cwm Taf and POW will commence mid 2019/20. ▪ Deliver Head and Neck Cancer cross organisational MDT services across Cwm Taf, POW and Cardiff and Vale, with complex cases continuing to be undertaken at UHW.

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Specialty Workstream		2019/20 Work Programme
Diagnostics	Priority 1: Improving Capacity and Waiting Times	▪ Agreed to develop a standardised approach to demand and capacity planning with the support of the delivery Unit, to strengthen the planning of the regional work. ▪ As part of the collaborative approach, spare capacity within the CTUHB Diagnostic hub will continue to be offered up to partners in the region. ▪ Work on how the mobile MRIs currently in use in Cardiff will be managed regionally via Diagnostic Hub in 2019/20.
	Priority 2: Sustainability of Services	▪ Develop a standardised approach to demand and capacity planning for endoscopy with the support of the delivery unit. ▪ Assess demand and capacity and explore opportunities for joint working and shared working around solutions for meeting any shortfall in capacity. ▪ The group will consider options for the delivery of a regional service for EUS and review other emerging areas of fragility. ▪ CTUHB will be progressing plans to expand Endoscopy services as part of phase 2 of the Diagnostic hub project, which could provide opportunities for the region.
	Priority 3: Colonoscopy and FIT testing	▪ Work will focus on regional planning opportunities surrounding the expansion of bowel screening services in particular the impact of the introduction of FITT testing on colonoscopy. ▪ Work will focus on exploring the opportunities to pilot FIT in symptomatic patients outside of the bowel screening programme, where capacity allows.
Ophthalmology		▪ Refresh of regional plans to improve elective access, reduce and delayed follow ups that reflect the impact of revised prioritisation. ▪ Prioritise the digital enablers for the transformation of eye care services and community solutions, piloting the Electronic Patients Record and the Elective Referral on behalf of the All Wales procurement. ▪ Development of the case for a Regional High Volume Cataract Facility for South East Wales.
Orthopaedics		▪ Update and share 2019-20 demand capacity plans to identify opportunities for collaborative capacity-sharing. ▪ CEOs to confirm each UHB T&O strategic service configuration plans in order to identify and share regional capacity development proposals. Produce high-level regional capital & revenue implications across the South Central UHBs to compare with a centralised elective facility option.
Major trauma		▪ Supporting the NHS Wales Collaborative in the development of the Business Justification Case and in the actions to deliver compliance with relevant standards. ▪ Development of the Business Justification Cases for Major Trauma Units within Cwm Taf and Aneurin Bevan UHBs. ▪ Development of the Outline Business Case for the Major Trauma Centre at the University Hospital of Wales.
Transforming cancer services		▪ Development of an Outline Business Case for a Radiotherapy Satellite Centre at Nevill Hall Hospital as part of the Velindre NHS Trust Transforming Cancer Services Strategy. ▪ To support Velindre NHS Trust with the Transforming Cancer Services Programme Business Case and the Full Business Case for the new Velindre Cancer Centre.

The Health Boards will ensure that the resources required to deliver the above programme at pace are secured, for a combination of external and internal sources.

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5. ENABLERS

5.1 Workforce

The Health Board has an ambitious change and transformation programme that underpins the delivery of its Clinical Futures Strategy. With an ageing population and a rising number of people with complex and chronic conditions, transformational change is required in the way our services are delivered. Our workforce in turn must be ready to evolve and respond to the many challenges ahead.

The key overarching challenges are:

- Developing leadership strategies and a culture that delivers a highly engaged and healthy workforce.
- Continuing to develop and implement OD strategies to support service transformation and redesign.
- Workforce planning and redesign focussed on the need to deliver care closer to patient's homes and support them to maintain their independence and to stay as healthy as possible. This will require radical thinking about what skills are needed and the more effective use of the unregulated and volunteer workforce as well as top of licence working.
- Implementing an ambitious change programme to deliver redesigned services in line with Clinical Futures.
- Collaboration with our partners in other sectors including social services, housing, education, transport and the third sector.
- The affordability and sustainability of the current workforce due to increased agency and locum costs.
- Recruitment and retention of medical and non-medical staff in a highly competitive local, UK and international market place. Depending on the Brexit settlement, the UK's exit from the EU could have a profound impact on the NHS workforce.
- Sustaining sickness absence levels below the Welsh Government target.
- Commissioning adequate training places to meet the needs of the service.
- Maximising the use of digital technologies to support and accelerate change.
- Compliance with Welsh Language standards (See **Appendix 4 - Welsh Language**).

In 2018/19 IMTP the Health Board described a three year programme that was based around three themes, namely:-

- Productive and Efficient Workforce
- Engaging and Developed Workforce
- Sustainable Service Now and for the Future

This was designed to simplify a complex range of activities and describe these in a way that can be readily understood and supported by colleagues across the Health Board.

Our first People Plan was launched in 2018 and is an ambitious programme of

Figure 5.1.1

Cynllun Pobl– People Plan

improvement that ensures activities are fully aligned to the needs of the organisation now and during the transition to the opening of the Grange University Hospital in 2021/22. The People Plan is dynamic and under regular review to ensure that it meets the challenges faced by the Health Board. A more detailed work plan can be found in **Appendix 5** and achievements against this plan are detailed in **Appendix 6.** A high level summary of the People Plan is set out in table 5.1.1.

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4.1

Table 5.1.1 – People Plan: Overview of the Work Plan

Enabling our people to work productively and efficiently	**We will:** Reduce sickness absence to >5% through well-being strategies and improved engagement. Promote the new Managing Attendance at Work Policy with a changed emphasis on managing attendance as opposed to absence. Invest in and improve access to Occupational Health & Well-being Services to support staff Develop new ways of working and better use of technology through involving staff in the design of services and identification of informatics solutions. Think "Digital First" solution to reduce unnecessary waste through travel costs and time (including Skype and tele-health) Facilitate effective deployment of staff through improvements in e-Rostering Maximise existing skills and competencies through effective deployment of our workforce Continue to create easy to navigate systems and support tools for new staff and managers through improved ESR functionality Ensure all medical staff have up to date job plans. Introduce new roles with less reliance on traditional scarce resources and promote" top of licence" working.
Engaging And Developing Our Staff	**We will:** Review PADR processes in line with the all Wales Pay Progression policy Continue Culture Change programme of work embedding the Health Boards' Values and Behaviours Framework. Empower Clinical Futures Champions to support transformational change Promote and help deliver the Clinical Futures Programme. Implement the new People Management core skills programme for new and aspiring managers with enhanced modules to support transformational change. Launch the Employee Experience Framework enhancing staff engagement and well-being; and launch/evaluate the Psychological Debriefing network Listen to our staff by acting on the staff survey results and continue with pulse surveys and deliver a Listening Service to address workplace bullying. Achieve the Health Boards Strategic Equality Objectives Increase the proportion of Welsh speaking staff to meet the needs of the local community. Build staff confidence, skills, curiosity and opportunities for learning across sectors, systems, technology and digital applications Increase awareness of Credit Unions savings through deduction from salary and an increased focus on financial well-being. Continue to strengthen and embrace partnership working with Trade Unions Strengthen the valuable contribution of Volunteering across the Health Board
Sustaining Services Now And For The Future	**We will:** Implement innovative approaches to retaining staff by adopting excellent recruitment, development and employment practices and improve recruitment timeliness Embrace and develop new and extended roles and continue to develop the workforce to deliver the Clinical Futures Programme Collaborate with other Health Boards and partners to share experience, expertise and opportunities for workforce. Support Primary Care to deliver workforce plans aligned with Neighbourhood Care Networks (NCN) to identify priorities that achieve sustainable service. Enhance our offer of work experience and apprenticeships, with a particular focus on disadvantaged groups Strengthen connections with schools to ensure promote health service careers. Collaborate with public sector partners to develop and deliver integrated Health & Social Care services. Continue to optimise workplace coaches following a partnership training programme with Gwent Police. Widen access for local citizens to opportunities that support our social responsibility as one of the largest employers in the area.

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Current Workforce

The Health Board employs 11,252 WTE (October 2018) and is the largest employer in Gwent. The staff group profile has remained relatively unchanged in the last year.

Graph 5.1.1

The largest staff group is Nursing and Midwifery at 30% of the total workforce followed by Additional Clinical Services at 20%.

There has been a 1% (110 WTE) increase in the workforce since October 2017 across a number of professional staff groups. The three highest are within Additional Prof Scientific and Tech (9.50%, Administrative and Clerical (5.00%) and Healthcare Scientists (4.00%).

ABUHB Staff in Post (WTE)

- Add Prof Scientific and Technic
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered
- Students
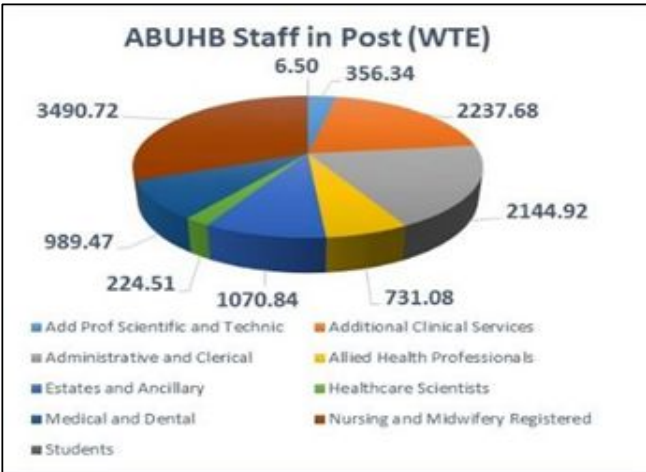
Some Key Facts
- 80% of our workforce are female.
- 50% of the workforce are part-time.
- 25% of the workforce are over the age of 55 years and 40% are over the age of 50 years indicating an ageing workforce profile.
- There are 330 WTE nursing vacancies, 25 WTE Consultants and SAS doctors and 53 WTE Junior and Clinical Fellows.

Primary Care Workforce

Around 1,884 staff work in Primary Care including practice nurses, pharmacists, advanced specialist nurses, HCSWs and administration.

There has been some increase in Allied Health Professionals with the recruitment of multidisciplinary teams including Pharmacists and Physiotherapists.

There are currently 78 General Practices of which 4 are directly managed by the Health Board.

Clinical Staff in Post (Headcount)   **Graph 5.1.2**

- GP Principal
- GP Salaried
- GP Locum/Reg Locum
- Advanced Level Nurses
- Extended Role & Specialist Nurse
- Practice Nurse
- Advanced Paramedic
- Clinical pharmacist
- Physiotherapist
- Physiotherapist
- HCSW
- Phlebotomist
- Dispenser
- Dispenser Assistant
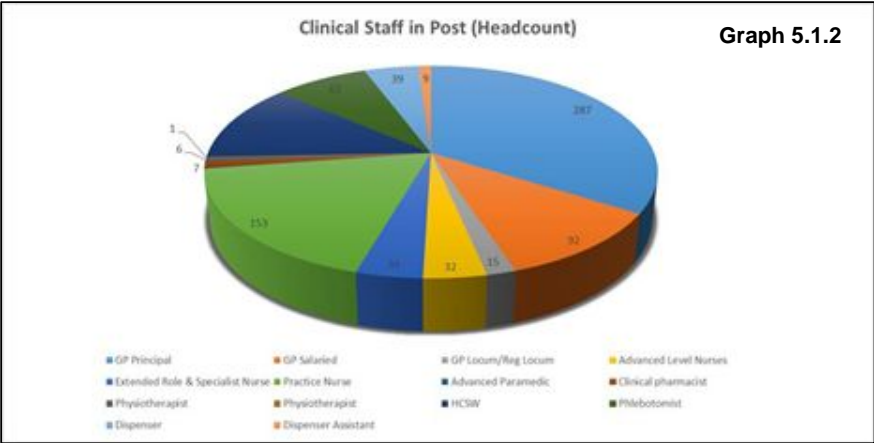
The Primary Care General Practitioners workforce is made up of 379 GPs in post and 8 of these work within the fully managed practices. 34% of the GP workforce is over 50 years, with the potential that 91 GPs could leave the service within the next 5 years.

Most nursing homes provide the Health Board with workforce information to inform the educational commissioning numbers. They report that they employ 176 nurses (126 WTE) but predominantly the workforce is made up of 671 (495 WTE) HCSWs and 161 support staff. These nursing homes are faced with similar recruitment challenges including a high turnover rate of between 8-10% due to the ageing workforce and labour market competition. To address these challenges, some nursing homes have worked with the University of South Wales to develop the enhanced HCSW role to support service delivery and the Health Board are supporting a training and education programme.

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Primary Care - Sustainability

Components of the primary care transformation model have been tested across Wales as part of the Narional Primary Care. The focus will now shift to implementing all components together to achieve maximum value and spreading the new models at pace across areas where access to services is challenging and which support the sustainability of primary care. Funding from the National Transformation Programme will be injected into Primary Care Services to 'jump-start' the transition to the new ways of working. The increases in workforce to support these service changes have been included in the returned templates.

It is accepted that the number of whole time equivalent GPs is reducing at a time when this workforce is increasingly choosing to work part-time. This presents a significant challenge against a backdrop of increasing demands on GP services, an ageing population and a continuing drive to shift the balance of care from acute to primary and community settings. In order to sustain services, GP practices will continue to be provided with opportunities to adjust their practice skill-mix and to employ a wider range of clinical disciplines to absorb demand which does not require the skills of a GP.

It is anticipated that the Health Board adopts a model of 1 extended role clinician to 1 GP (GP+1 model). This would significantly increase the capacity and capability within primary care while also reducing the current GP vacancy factor, resulting in more sustainable services. The model employed by the Primary Care Division takes account of the patient list size, location and number of GP shortages to determine workload intensity. It assumes that optimising skill mix will enable the redistribution of work traditionally undertaken by GPs, for instance an Advanced Nurse Practitioner might absorb 30% of the workload, a Pharmacist 25% of the workload and Allied Health Professionals (such as Physiotherapists, Occupational Therapists or Physician's Associate) a further 25%.

Based on this model, the workforce requirement is shown below. It is unlikely that this model could or should be adopted in its totality across all practices and futher work is being undertaken to refine the model further through 2019.

Graph 5.1.3

Indicative Assessement of Potential Increase in Extended Roles in Primary Care
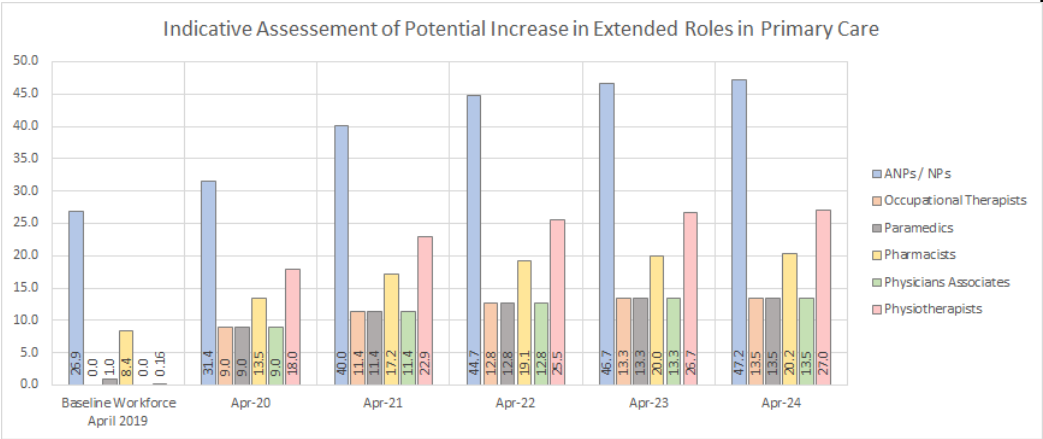
Future Workforce Profile

There is a demanding workforce change programme required for the foreseeable future in order to meet the in-year challenges of minimising workforce costs, delivering the Clinical Futures Strategy and sustainable services, the Health Board will continue to ensure the existing workforce is deployed as efficiently as possible. Continually assessing the Health Board's position against national reports and case studies helps to reshape the workforce. The Compendium of New Roles is shown in **Appendix 5.** Further workforce modernisation opportunities identified within divisional and clinical future workforce plans are set out below.

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Table 5.1.2

Area	Workforce Impact
Primary Care	- Increase practiced based pharmacists, social workers, social connector's therapy staff, HCSWs as well as advanced nurse practitioners and physician associates. - Increased educational requirement to ensure Pharmacy teams have enough qualified pharmacists with independent prescribing. - Use of paramedic practitioners and other skill mix to support GP Out of Hours. - Development of integrated teams supporting continuing health care in the community. - Support training and education within Primary Care and nursing homes to reduce admission avoidance into secondary care through improved advanced care planning. - Implement District Nursing Principles to ensure greater sustainability / safer staffing levels and more prudent use of resources including consolidating services, improving skill mix, and education. - Development of mental health practitioners in GP practices. - Development of an Academy will allow a more proactive approach to recruitment and training of nurses, therapists, health scientists and pharmacists to gain skills required to work in primary care supported by transformational funds. - Development of health and well-being hubs with independent contractors, integrated service teams, social care services and pulling together multi professionals into one place. - Therapists and Health Scientists will be increasing out of hospital support to prevent people coming into hospital and ensuring that they stay well in the community. - Population based workforce planning will be rolled out at each NCN level. This will offer rich information to support workforce sustainability and transformation.
Secondary Care	- Implementation and development of new roles such as physician associates, ANPs, HCSWs and extended scope practitioners in Therapies and Pharmacy to support service sustainability. - Increase in advanced practitioners, acute medicine, paediatrics, ENP's. - Dieticians with supplementary prescribing rights to avoid delays obtaining dietary medication. - Band 4 nurses to support transitional neonatal cots. - Increase in dual role HCSWs in areas such as portering. - Physiotherapy injectors to support spasticity service. - Development of non-registered workforce to improved sustained service delivery e.g. theatres, critical care, midwifery theatres. - Development of non-medical prescriber as an alternative to the traditional medical model. - Appointment of consultant roles in pharmacy. - Increase in prescribers in nursing and pharmacy to support inpatient ward areas. - Increased radiographers to support increased access to diagnostics to meet cancer target and RTT. - Developing enhanced roles for Orthoptists to support delivery of Ophthalmology performance - Increase in pharmacy technicians and assistant technical officers to support medicine reconciliation at ward level and reduce workload of junior doctors. - Development of blended therapy roles and therapy assistant practitioner support roles to mitigate growing challenges around recruitment and retention, potentially in areas such as critical care. - Development of extended nurse role to deliver procedures and nurse led outpatients. - Development of peer mentor roles in mental health.
Workforce and technology	- Virtual reviews in Gynaecology, Paediatrics, Sexual Health and Maternity. - SLT Dysphagia assessment directly into nursing. - Use of skype to deliver services in SALT, CAMHS on an individual and group level and access to medical advice. - Creation of service specific apps to help support patients in their home. - Maximise the use of technology such as DHR, digital dictation. - Embracing technology and accessing data/information whilst mobile (Mobile Working - MoWIC) is a prerequisite for roll out of WCCIS project within community nursing. - Maximise the use of benchmarking through benchmarking data. - Implement recommendations from the Lord Carter report to maximise workforce productivity and efficiencies and reduce back office functions. - Expansion of tele-medicine, theatre stock control system, e-prescribing, point of care, expansion of the Dr Doctor Service and the development of vacuum assisted biopsies. The workforce impacts will need to be evaluated as these projects are expanded and rolled out. - Develop agile ways of working to improve productivity and efficiency.

The impacts of training and education to support these roles, and educational commissioning for the

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wider workforce have been assessed against turnover, aged profiles and service needs. They are included in NHS Planning Framework **Appendix C**.

Our programme of workforce transformation and modernisation to support Clinical Futures is ambitous and a high level summary of this work is documented below. It is recognised that social model of care needs which focuses on wellbeing and prevention presents us with opportunities to work more collaboratively across the health, social care and third sector. This has already started with the Gwent Transformation Programme agreed by the Welsh Government and through our WOD programme and connections with the wider Workforce community.

Workforce Investments
There are a number of schemes seeking to increase core workforce and these include in 2019/2020:

- Transformation funds within Primary Care – CAMHS, Campasionate Communities, Primary Care Academy, Home First involving the recruitment and secondment of professionals and working with Local Authority partners.
- Clinical Futures requires a workforce that is trained in readiness for Care Closer to Home and the Grange University Hospital (GUH). This means an increase in roles such as ENPs, ANPs, ACCPs, First Contact Therapy Practitioners (FCPs) and PAs. It also requires recruitment of radiographers to support service transformation and delivery of cancer targets.
- Investment is required in Clinical Fellows and Speciality doctors to support the acute medical model in readiness for Clinical Futures.
- Increase in nurses to support Critical Care outreach and provide 7-day services.
- Meeting RTT plans will require an increase in core workforce which will result in reductions in WLI and locum and agency costs subject to business case approval.

The workforce plan to support the opening of the GUH in 2021 has been refreshed and indicates the need for investment in a number of workforce models to support service delivery and 7-day services. Centralisation of a number of existing fragile emergency services will also generate efficiencies through reductions in locum and agency and variable pay costs that support current sustainability of those services across multiple sites.

Nursing Staffing Levels Act
As of 6th April 2017 all Health Boards and Trusts in Wales have a duty to comply with sections 25A of the act. There is no statutory guidance relating to Section 25A. In order to comply with this section of the Act the Health Board has reviewed and strengthened a number of systems and processes that can demonstrate that the Board has regard to ensuring that the services it both provides and commissions result in the supply of sufficient numbers of nurses to care for patients sensitively.

An action plan, monitored by the executive team, has been developed to support the implementation of the Staffing Act. In March 2018 a paper was prepared for Executives and Board to approve the staffing levels in readiness for April. Additional funding was requested for D4West, C4W and an uplift for maternity leave and ward managers equating to £0,260M was granted to support rosters.

Progress with Implementation
The Health Board has established a Staffing Act Implementation Group with representation from finance, workforce and the divisions to progress implementation of the Act and is aligned to the ongoing All Wales work. As a Health Board a work programme has been taken forward to ensure compliance and engagement with the Nurse Staffing Act (NSA) and its requirements:

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Education and Raising Awareness of the Act	Nurse Staffing Levels
▪ Acuity masterclasses provided and education sessions. ▪ Nurse Staffing Act interactive presentation at Nursing Conference 2018. ▪ Individual and Group sessions on Staffing Act implementation and acuity training. ▪ Presentations at partnership forum and CHC meetings.	▪ Nurse Staffing Escalation Policy Developed and implemented – which is referenced in the HB's Escalation Policy. ▪ Reporting mechanism to escalate deviations from planned rosters from ward to board – reported weekly in a red, amber, green format. This forms part of the weekly executive huddle. ▪ Operational actions in place to ensure all reasonable steps are taken to respond to deviations from the planned roster.
Quality Metrics	**Recalculation of Ward Staffing and Triangulation**
▪ Further developed the triangulated approach to reviewing the ward staffing, with review of quality indicators that are particularly sensitive to care provided by a nurse. This includes patient falls, hospital acquired pressure ulcers and medication errors – this list is not exhaustive. ▪ DATIX reporting (incident reporting) relating to these quality metrics has been further developed within the HB to highlight any incidents associated with inadequate staffing levels. This work is being progressed on an All Wales basis.	▪ Further developed the ward staffing reviews with Executive panels held. ▪ Monthly Staffing Act meetings. ▪ Workforce meetings focusing on recruitment and retention. ▪ Patient acuity data capture, minimum requirement for data collection is January and June each year. As required ward are undertaking more regular data collection to allow more comprehensive understanding of patient needs and associated staffing requirements.

Means of informing patients

Section 25(B) of the NSA states that the Health Board must make arrangements to inform patients of the nurse staffing levels. All wards have the planned rosters clearly displayed at the entrance to wards. In addition each ward has a copy of 'frequently asked questions' on staffing levels which patients can access. This is provided in both English and Welsh and therefore complies with the relevant obligations under the Welsh Language Standards.

From April 2018 sections 25B and 25C of the Act commenced with supporting statutory guidance pertaining to acute adult medical and surgical wards. In line with the statutory guidance and the operational guidance issued, establishment reviews including finance, nursing and workforce took place in September 2108.

Bi-annual review

A bi-annual review took place in September 2018 as required by the Act, this review exercised a triangulated approach. Of the 12 Staffing Act wards in Scheduled Care, 2 required alterations to their rosters. Unscheduled Care required minimal amendments to the rosters requiring a minimal increase in funding which will be absorbed by the division following budget alignment. Family and Therapies consider their rosters to fit within the financial envelope allocated to them and the staffing has not changed since reported to Board in May 2018. However, due to recent changes and the development of an ambulatory care area they are currently undertaking a further review and re-calculation to ensure rosters are fit for purpose.

The wards within Scheduled Care requiring alteration to rosters are Ward D7E in RGH and ward 3/1 in NHH (both Elective Orthopaedics) both have seen a significant increase in activity as a consequence of seven day theatre working. The staffing template has changed to reflect the change in activity which will be reviewed in 3 months to agree if this is to be recurrently funded on the basis of ongoing level of activity.

The biggest risk to the implementation of the Act relates to RN vacancies, currently Staffing Act wards within acute medical and surgical wards stand at, 94.39 WTE unscheduled care and 74.10 WTE scheduled care.

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Workforce Savings

Workforce savings within the IMTP for 2019/20 are specifically generated through the reduction in variable pay spend in PICU within Mental Health, implementation of the new facilities management IT system, Pathology electronic requesting and DHR.

Summary and Conclusions

The People Plan reflects an ambitious change and transformation programme that can only be delivered through the effective use and deployment of all the skills available within our workforce. Our focus is on putting people first recognising that a healthy and engaged workforce provides better outcomes for our patients and our communities.

The Health Board will therefore continue to align it's WOD programme to support the implementation of the opening of GUH in 2021 and will continue to drive opportunities for workforce savings through ongoing implementation of its People Plan.

We recognise the importance of meeting language needs and the positive impact this has on patient experience and the delivery of safe, high quality care. Wales is a country with two official languages, Welsh and English, and we promote and support the right of the community we serve to live their life through either or both languages. This is an integral part of our values as an organisation in putting 'People First' and the culture we are continuously embedding. As documented in our Bilingual Skills Strategy, Welsh speakers can be found in all areas of our community. It is essential that services are proactively offered in Welsh for those that want and need this, without the burden of them having to ask for it – delivery of 'the active offer' is therefore a key consideration within both service development and workforce planning. A detailed supporting narrative, with delivery priorities, is included at **Appendix 6**.

5.2   Innovation and Research

The Aneurin Bevan Continuous Improvement (**ABCi**) team is a corporate resource focussed on supporting Quality Improvement (QI), with the ultimate aim of promoting high quality, safe and reliable healthcare. ABCi achieves this through:

- **Capability** – building improvement, leadership and modelling skills across the Health Board to enable staff to make meaningful change.
- **Innovation** – designing and testing new approaches to address some of the major challenges we face in healthcare.
- **Delivery** – running large scale improvement programmes, working with frontline staff to improve services for patients.

These three pillars are mutually reinforcing. Implicit in, and in the service of, all of them is also the building of networks, both within and outside our Health Board.

No single methodology is right for every improvement and ABCi encourages and supports frontline staff to find innovative approaches. Our evolving innovation strategy focuses on the relationship between innovation and improvement, and the infrastructure required to develop both.[1] Our goal is to contribute to the development of an infrastructure that naturally sustains innovation within the department itself and across the Health Board.

ABCi's focus in the last 12 months has been on establishing and leveraging its existing improvement capability to support high quality, safe and reliable healthcare across the Health Board. In the coming 12-18 months we aim to build on this to deliver a broader and more diverse range of improvement and innovation activities intended to better and more directly support the Health Board in its delivery of specific strategic priorities – in particular, the Welsh Government's Delivery Priorities cited in the

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[1] Includes: leadership; identification of key needs; culture; ideation routes/methods; space; dedicated time; communications; internal/external linkages and partners; networks; projects; innovation platform.

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NHS Wales Planning Framework for 2019-22, as well as the Health Board's own Clinical Futures Strategy.

Building Capability for Improvement and Innovation
Our most reliable route to achieving improvements in patient experience and optimising clinical outcomes and efficient use of resources lies in application of a rigorous methodology deeply rooted in the Science of Improvement. ABCi's proprietary Coaching for Improvement and Measurement for Improvement packages are now established as the mainstays of embedding frontline methodology and capability to test, measure, implement and sustain improvement, as well as reinforcing a culture of innovative thinking.

ABCi's unique mathematical modelling capability is also now being consistently used to build capability, with Cohort 2 of our Silver Mathematical Modelling fellowship graduating in December 2018 and applications being sought for Cohort 3. The modelling team is also lending close support to Clinical Futures. The core bed modelling in support of The Grange University Hospital (GUH) has been completed but further modelling work is expected to be required in support of the wider Clinical Futures agenda, e.g. in Primary Care. More widely, the team will continue to input to the broader QI priorities of the Health Board and nationally, e.g. in the coming 12 months through planned support to the Health Board's involvement in the National Emergency Laparotomy Collaborative.

Finally, we continue, to both deliver and evolve the Enhanced Leadership and Management (ELMP) and Leading People Programmes. Work is ongoing with the Clinical Futures team to ensure that training delivery is aligned with and supportive of their aims.

All of these lines of activity sit within our evolving dosing strategy, intended to engender a network of QI expertise, capability and capacity across the Health Board.[2]

Table 5.2.1 - Summary Priorities for Building Capability

Building Capability In	Through	Aligned to e.g. Clinical Futures, Welsh Government Delivery Priorities (WGDP)
Improvement & Innovation	Coaching for Improvement and Measurement for Improvement: ▪ >100 trained Improvement Coaches and Measurement Leads now across ABUHB; ▪ 5yr plan for: 500 Improvement Coaches (>5 cohorts pa); 375 Measurement Leads (3 cohorts pa).	▪ Clinical Futures. ▪ WGDP: Mental Health (through building skilled network in support of Mental Health Collaborative – see 5.14.3). ▪ WGDP: Timely Access to Care (through continuing to support skilled networks in Unscheduled Care and Outpatient Collaboratives – again, see 5.14.3).
Modelling	Modelling Fellowship Cohort 3	Clinical Futures.
	Clinical Futures modelling	▪ Clinical Futures. ▪ WGDP: The Primary Care Model for Wales.
	National Emergency Laparotomy Collaborative	WGDP: Reducing Health Inequalities.
ELMP	Development of leadership	Clinical Futures.

Creating the Conditions for Innovative Thinking
ABCi's focus is to continue to develop an infrastructure that sustains innovation within the department itself as well as across the Health Board. Led by our new Innovation Lead, we are further refining the collection and cataloguing of ideas, problems and possible solutions that may feed innovation or seem to have potential. These ideas will form the basis for the evolution of our existing 90-day innovation cycles within ABCi and/or the Health Board – supported with an evaluation procedure, potential applications for funding, and relationship building with industry partners. Sketching the team's observations in a centralised system will inform joint decision making for selecting potential innovation projects. The team's recently developed internal Sync-Matrix serves as a further supporting tool to ensure we protect time to support one 90-day project at a time.

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[2] More detail can be found at appendix X.

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An exciting new development is the prestigious Health Foundation Advancing Applied Analytics award we have secured to formally evaluate our modelling and analytics training. The evaluation will take place over the next 12 months in partnership with the University of Swansea. Additionally, we are seeking opportunities to pursue an innovative improvement programme in psychology with the Health Foundation and/or other external organisations.

We will continue to pursue commercialisation of innovations. This may be in the form of training courses bespoke for healthcare staff utilising innovative teaching methods (such as the modelling and psychology for improvement examples above), or targeted at tools like scheduling assistance devices (in Excel or Java which may or may not include machine learning features), via, for example, the AgorIP or Accelerate routes. Our intention in pursuing the commercialisation of at least some innovations is not, primarily, to generate income (though this may be a welcome by-product), but, rather, because we perceive that this route encourages in at least some cases a certain rigour, and provides opportunities to achieve spread and scale, which will ultimately result in greater patient benefit and greater impact in support of the strategic priorities of the Health Board, NHS Wales and Welsh Government.

Supporting Delivery of Strategic Objectives through Collaborative Methodologies
All three key ABCi improvement collaboratives cited in the last iteration of the IMTP (Unscheduled Care, Outpatient, Pressure Ulcer), are now well-established and – bolstered and given impetus by the influx of trained Improvement Coaches and Measurement Leads – are delivering very positive improvement for their respective areas.[3]

In recent months, ABCi has undertaken an internal restructure, creating a number of additional posts. A dedicated Collaborative Lead has been appointed and tasked with strategic oversight of all collaboratives with the resources allocated to them – resources which now also include two new Continuous Improvement Support Manager roles. In the coming year we will focus resources on maintaining impetus in the existing collaboratives, as well as on seeking to spread and scale their success to other wards, departments and sites. We will also seek to use our enhanced oversight to recognise and optimise where collaboratives are complementary or interdependent, for instance where, in the interests of timely and safe care, Unscheduled Care and Pressure Ulcer Collaboratives are both simultaneously pursuing goals e.g. MAU at RGH. The additional capacity will allow ABCi to focus on new areas of opportunity aligned with Welsh Government Delivery Priorities, in particular in Mental Health and Learning Disability. Planning and training is in the early stages to enable a new collaborative in this area to commence in earnest early in 2019. Our intention, underpinned by an early influx of Improvement Coaches and Measurement Leads (training already begun), is to trial a new, more arms-length approach. If successful this will prove an important test of our Dosing Strategy and our aspirations to deploy the resources of our small team to optimal effect in support of QI across the Health Board.

Innovation and Research
Research should be a distinguishing character of University Health Boards, and a key enabler for NHS Wales to delivery '*A Healthier Wales'* and '*The Well-being of Future Generations (Wales) Act'*. In Aneurin Bevan over the period 2017/18 the number of research studies we have been able to offer our patients has grown to 120, but more importantly the number of staff and the number of Specialities, Directorates and Divisions taking part in clinical trials has expanded. This is testament to the commitment across the organisation to embed University status and to ensure that we are actively progressing towards research becoming a core activity in all areas.

The increase in activity has been steady across commercial and non-commercial research, working with our university partners and industry across both areas. Working with Industry not only brings with it an increase in commercial research but also brings capacity building funding into the department to ensure sustainability of research in line with the current R&D Strategy.

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[3] An insight into recent results from these Improvement Collaboratives can be found at appendix X.

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Research Activity

Non Cancer Studies

The biggest growth in trial activity has been seen in non-cancer studies and this is a real achievement for patients. It is a mandatory requirement through the Cancer Standard to offer all patients with cancer the opportunity to take part in a

Accident and Emergency	Dietetics	ITU	Ophthalmology	Public Health
Anaesthetics	ENT	Mental Health	Orthopaedics	Rheumatology
Cardiology	Gastroenterology	Neurology	Paediatrics	Stroke
Care of the Elderly	Gynaecology	Obstetrics & Neonatology	Physiotherapy	Vascular Surgery
Dermatology	Infection	Occupational Therapy	Primary Care	Wound Healing

clinical trial. However, there is no such drive for non-cancer. Over this period, the Health Board have opened and recruited to 83 (of 120) non-cancer studies across the following areas above.

Cancer Studies

General Surgery (dermatology, breast, colorectal, upper GI	
Palliative medicine	Urology (prostate)
Maxillofacial	Haematology
ENT	Adult respiratory

Cancer studies offer patients the opportunity to benefit from new and novel treatments and support the collection of evidence for the benefit of future generations. 24 (of 120) cancer trials are being carried out across many Directorates and Specialties in the Health Board, including the specialities to the left.

Support Services

Facilitating the Directorates and Divisions to deliver these clinical trials our pharmacy colleagues are currently supporting around 20 (of 120) Clinical Trial of an Investigational Medicinal Product (CTIMPs). Our Pathology Department not only supports patients going into trials in the Health Board but also enables our cancer patients the opportunity to take part in studies running in Velindre NHS Trust. There are currently 113 active trials supported by the Histology Department, 32 of which are commercial, of these histology are supporting six trials within the Health Board and 107 for Velindre NHS Trust.

Radiology also have an important role to play in ensuring IRMER compliance and that study protocols can be adhered to when radiology is required over and above standard of care. Their role cannot be under estimated, especially in cancer studies where Specialist Response Evaluation Criteria in Solid Tumours (RECIST) reporting is key to informing the primary and secondary outcomes of studies.

There is a growing body of evidence demonstrating that research active NHS organisations have better patient outcomes than non-research active NHS organisations. This is a key driver for the Health Board to be participating in as much research as possible. In the Health Board we are particularly proud to have been the host of the KERALINK study for Wales, for children suffering from Keratoconus (a progressive thinning of the cornea). Whilst adult patients are able to access cross linking therapy, there has to date been little evidence that this surgery is suitable for the paediatric population. In 2017 NICE stated that more long-term studies were needed to ascertain the effectiveness of this treatment in children. Taking part in this study meant that children from across Wales with the condition had the opportunity to be referred to the Health Board for randomisation to surgical treatment (cross linking therapy) or standard care.

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5.3   Digital Health

The Health Board has made significant progress over the last few years across the broad spectrum of the digital agenda and is committed to its role in contributing to the National Informatics Programme and priorities in the context of "Informed Health Care - Digital Health and Social Care Strategy for Wales" (2015). However the digital agenda continues to offer extensive opportunities for the delivery of health and social care services to our populations in the future and there is a need for significant escalation in relation to this agenda as set out in "A Healthier Wales".

5.3.1   Strategic Context

'A Healthier Wales (2018)' places a strong emphasis on technology assisting with:

Figure 5.3.1

- Making better choices about treatment.
- Artificial intelligence and machine learning assisting clinicians with decisions with better connected data about the individual, available to multiple disciplines across organisations to provide seamless care.
- Using technology to predict poor health and deterioration.
- To monitor conditions to alert staff to reduce harm.
- Use assistive technologies to keep people safe in their own homes for longer.
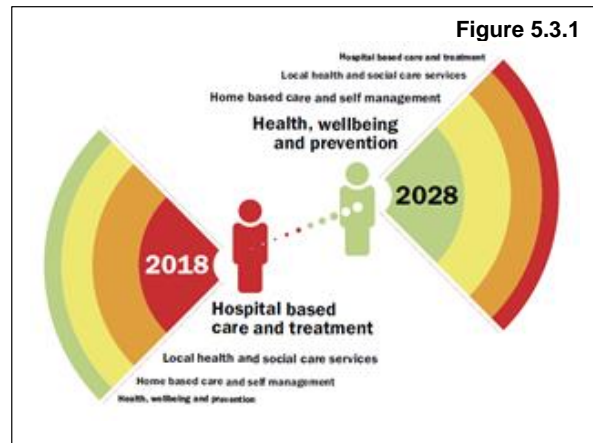
'A Healthier Wales' outlines the need to provide an online digital platform for citizens to give people greater control; become more active participants in their own health and wellbeing; make informed choices about treatment and care; contribute to and share information about their healthcare; manage appointments and coordinate their care and treatment around them for seamless delivery.

The population is becoming more digitally aware with more being done on-line, even among the elderly. The Health Board need to 'bring our offer in line with increasing expectations of technology in people's day to day lives' *(A Healthier Wales 2018)*. In the Health Board region, the National Survey for Wales (2012 – 2018) reports that overall internet usage has risen from 75% to 86%:

- 16-44 age range usage is nearly 100%.
- 45-64 age range usage has risen from 76% to 90%.
- 65-74 age range usage has risen from 47% to 74%.
- 75+ age range usage has risen from 18% to 39%.

Digital is becoming the go to place for communication and routine transactions such as shopping, banking and applying for things online. However for those who do not have access to digital, this could result in digital exclusion from services, especially if health aims to use portals and websites as the main mechanisms for engaging with the public. Digital exclusion is based on a number of social and digital factors for an area such as access to broadband, mobile coverage and level of digital skills. Age, education, income and health for social factors. The challenge for the Health Board is that there is a high level of exclusion in most of its regions. Digital exclusion is considered to be high in Newport, Blaenau Gwent, Caerphilly and Torfaen with only Monmouthshire rating medium exclusion. (http://heatmap.thetechpartnership.com).

To achieve the digital vision of 'A Healthier Wales' we will need to invest in future skills, accelerate digital change, develop an 'open platform' to digital innovation, increase investment in digital infrastructure and technologies and contribute to the national data resource to benefit from the understanding of big data.

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Digital technology is recognised by the Health Board as a critical enabler to realise its Clinical Futures strategic aims and new models of care that will sustain and improve the experience and outcomes for citizens, patients, staff and the organisation. A newly established Strategic Board for Informatics has been established as the "Transformation to Digital Delivery Board" as part of the Clinical Futures Programme structure to ensure a clear focus and prioritisation of this complex agenda. Strategically, the Health Board is focusing on developing a fully integrated electronic health record. Delivering the right information, at the right time, at the point of care, whether that is on the ward, in the community or in the patient's home. Complimenting that, the Health Board is prioritising how digital can make the end to end care pathway more efficient with the introduction of patient flow, improvements in diagnostics and pharmacy and in collaboration with national initiatives, doing things 'Once for Wales'. Smart mobile working will enable our staff to work in a more efficient way, reducing unproductive travel and the impact on the environment, whilst increasing the hours to care. Pilots to use telehealth are expected to provide evidence of reduced and avoidable admission to ED, helping to keep the person at home. The Health Board is also working with national initiatives to provide a patient portal. Underpinning this technology is the ongoing commitment to 'keeping the lights on' and keeping our information safe, secure and appropriately accessible. Finally, the Health Board has made great advancements in business intelligence to enable greater insight from our information to improve our health and care services.

The strategic objectives for the Health Board and corresponding informatics enablers can be summarised as follows:

- **Information about me - The Electronic Health Record**
  Removing paper health records and moving towards electronic health records more accessible to the person and the professional
- **Home to home - Patient flow**
  Digitally enabled seamless and efficient care centred around the person from home, care facilities and back to the home.
- **Digitally enabled health care - Telehealth and Mobile workforce**
  Exploiting the advances in technology to find new ways of delivering care closer to home whilst empowering our workforce to work more flexibly with the ability to access the information and colleagues they need to deliver care.
- **Keeping the Lights on - Sustainability, Cyber security, Information Governance**
  Ensuring the availability, performance and security of our information and IT systems are always there for our staff to deliver care.

Figure 5.3.2
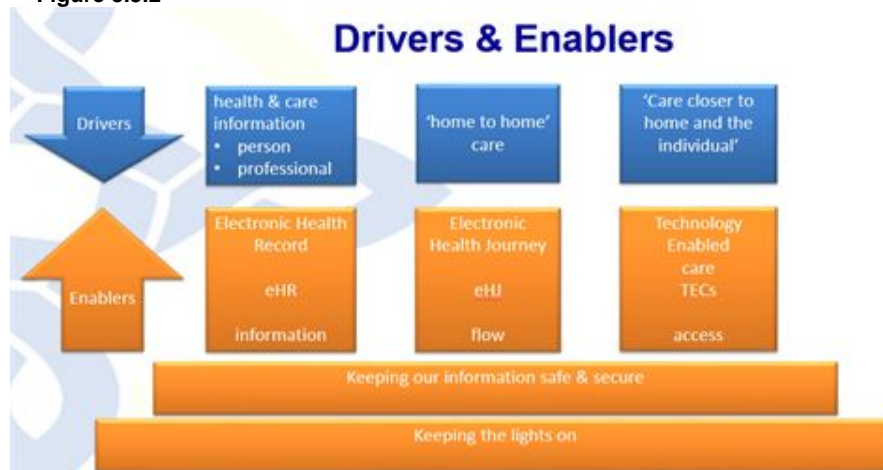
The Grange University Hospital ICT infrastructure
Important for this IMTP is the delivery of the ICT infrastructure and user devices to bring the new Specialist Critical Care Centre on line.

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5.3.2 Health Board Priorities

From the strategic objectives, 10 priorities have been identified and agreed by the Transformation to Digital Delivery Board as follows:

- Electronic health record (Acute);
- Electronic health record (Primary Care and Community);
- Citizen portal;
- Electronic Patient flow;
- Diagnostics modernisation;
- Pharmacy Systems;
- Mobile workforce;
- Telehealth – digitally enabled care;
- Sustainability, cyber security and information governance;
- The Grange ICT infrastructure.

The plans for Informatics for the next 3 years are described in terms of the 10 priorities. In order to strengthen the ambition and pace of delivery across each priority, a formal programme structure is being developed with Executive Leadership and supporting structures with clear milestones where possible and resource implications, which are at varying stages of maturity. Detailed plans are available on request.

Priority 1 - Electronic Health Record (acute)
Development of the electronic health record in the acute setting is well developed in the Health Board with three steams of work: digitisation of paper records; development of e-forms to capture data digitally from creation; and the implementation of interim paper-lite mechanisms as part of the journey to go paperless.

The **digitisation of acute health records** aims to have 95% of elective and emergency admission records digitised by March 2019 in YYF. A programme of digitisation of acute records at the other hospitals will be rolled out over the 3 years. The main driver being the need to be paperless as possible for The Grange opening as there will be no space for paper medical records. The records are scanned in advance and made available via the portal, negating the need to send paper whilst reducing the risk of paper records going missing.

The use of **e-forms** will capture information digitally from the outset leading to less paper being created and ultimately a reduced need for scanning records. The e-forms programme has identified many paper forms that could potentially be digitised. Over the next 3 years these forms will be digitised either locally or nationally again with The Grange University Hospital acting as the driver.

In the interim the '**orange wallet'** system provides a paper-lite mechanism for capturing on ward patient care which is subsequently scanned into the electronic health record. By the end of Dec 2019 it will be fully implemented in YYF, YAB and NHH and St Woolos and RGH by the end of Dec 2020. Exploration into how this information can further be digitally captured is underway.

Paper being generated between primary and secondary care in the format of **Clinical Letters & Correspondence** are now being transmitted to GP systems electronically enabling GPs to see outcomes sooner whilst ensuring the information goes straight into the patient's record. This is saving time, postage costs and removing yet more paper. Current transactions are in the region of:

- e-referrals from GPs circa 13,000 per month;
- e-Discharges sent to GPs circa 11,00 per month;
- e-clinical letters sent to GPS circa 51,000 per month;

Implementation is in progress and due to complete by September 2019. At present 87% of practices

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are live. This project directly benefits the Clinical Futures 'home to home' goal by making the referral, discharge and decision support process much more efficient.

The **Welsh Care Record Service (WCRS)** is a national repository that is populated by all Health Boards with documents relating to a person's medical record. It is an important step to an integrated electronic health record especially for those individuals who may receive care from a number of different NHS organisations. Population of the WCRS with Health Board information will be ongoing for the duration of the 3 years and beyond as more document types are able to be consumed. This will contribute to the 'Healthier Wales' objective of developing a national data resource as will the WRRS to follow.

The **Welsh Results, Requesting & Reporting Service (WRRS)** is a national repository which like WCRS provides a joined up view of a patient's results regardless of where the request was reported. Currently the focus is on pathology results which aims to be fully implemented by March 2019. The next phase will focus on including cardiology diagnostic results.

Access to the electronic health record is to be extended to provide **EHR Paramedic access** via Clinical Work Station (CWS). Initially access will be enabled to the control centre whilst work on providing a mobile version is developed. The mobile version will be accessible to paramedics via tablets on ambulances, enabling them to have access to medical history and important information such as allergies at the point of care, wherever that may be.

Aneurin Bevan University Health Board Informatics will continue to work with NWIS to implement national products supporting the 'Once for Wales' premise. The Health Board already contribute to WCRS and WRRS. The roadmap for **WCP convergence** continues to be developed in collaboration and a senior project manager has now been appointed by the Health Board to drive it forward.

In addition to providing e-forms, integration of data about the individual in specialist systems will contribute to the joined up electronic health record.

Ophthalmology require a system that will enable them to move away from paper to electronic health records, enable referral from optometrists to secondary care and provide management information. Ophthalmology will be moving to The Grange University Hospital so there is an urgency to implement a digital system prior to the hospital opening. The Health Board hope to make use of Welsh Government funding to assist with eye care initiatives, especially in relation to glaucoma in year 1.

Neurology are gathering requirements to inform a business case which will be developed during the first half of 2019. If funding is approved then procurement could commence September 2019 with implementation potentially starting July 2020 assuming restricted procurement timescales. Neurology will be moving to The Grange University Hospital, so there is the need to remove the reliance on paper records.

Critical Care generates intense amounts of paperwork which will not be housed when they move to The Grange University Hospital. An all Wales initiative to procure a **Critical Care Clinical Information System** which will automate the routine capture of observations from devices is at the business case stage and expected to move to procurement in January 2019. The Health Board are scheduled to go live first in December 2019. This will ensure that the system is bedded down within the department prior to the move to The Grange in 2020/2021. The benefit to the department will be the automatic capture of patient observations and alerts, liberating nurses to focus more on care whilst contributing information for benchmarking at an all Wales level.

The rollout of the **Infection control (ICNET)** system will continue with phase 3 – surgical site infections going live by September 2019.

Implementation of the national **Diabetic** system (Welsh Information System for Diabetes management - WISDM) is planned to commence Sept 2019 for a duration of a year. The system

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will integrate with Diabetic screening, WCCIS, WEDS, WCP, and GP systems, all contributing to the electronic health record. Diabetology will also be moving to The Grange University Hospital so implementation of this system will complete in advance of that move.

Key to providing a holistic electronic health record for an individual is that information held about a person in different systems are joined up. This requires **integration**. The Informatics team have invested in information and technical architecture resource to deliver integration. Work will start in January 2019 on defining the integration engine strategy followed by design and procurement till the end of the year. From January 2020 and for the rest of the year, local data flows will be migrated over to the new integration engine including hospital to community flows with dental referrals scheduled to be in place by March 2021. The benefit of an integration engine is that it will ensure as updates to a person's details are captured in one system, they are kept consistent with other systems that hold information on that individual.

Priority 2 - Electronic Health Record (primary care & community)
In primary care and the community, the main benefit of an electronic health record will be for many different agencies to have visibility of the individual's history and care requirements. It will facilitate efficient working between agencies with, for example alerting community services to cancel services when an individual has been admitted to hospital.

The **Welsh Community Care Information System** will support a joined up approach to care. It aims to go live with mental health and frailty in year 1, community nursing and children's services in year 2 with families and therapies to follow in year 3. Integration with GP systems will take place. A business case will be developed to determine what happens to legacy paperwork and access to data in legacy systems.

Deployment of the **national e-referral** system for **dentists** and **optometrists** will enable referrals to secondary care to be more expedient reducing the waiting time for patients and providing speedier responses and dialogue between primary and secondary care on whether a referral is required.

Priority 3 – Patient/Citizen Portal
The patient portal is a key deliverable of 'A Healthier Wales'. It will be the gateway for the individual to search for information on wellbeing, provide a directory of services, access to their health record, manage appointments, receive alerts, and complete PROMS & PREMS questions and surveys. This work directly relates to the 'Information for You' national work stream of the digital strategy. Early pilots in the Health Board have demonstrated that text reminders and appointment management using Dr Doctor has reduced the number of DNAs. Delivery of PROMS & PREMS via Dr Doctor is demonstrating that the number of follow-up appointments can be reduced. For The Grange University Hospital, a patient portal will be important in sign-posting individuals to the right hospital, as turning up at The Grange University Hospital in most cases won't be appropriate. A key dependency for the patient portal is the delivery of the **national patient identification and authentication** solution which allows the individual to securely logon which the Health Board are keen to see delivered so they can make use of it. Work will also commence on developing a strategy for patient information and empowerment.

Priority 4 – Electronic Patient Flow
The national electronic patient flow programme is based at the Health Board and has been piloting patient flow software that has resulted in a wealth of business change knowledge in addition to technical understanding. This pilot will continue within its existing scope (currently 19 wards across YYF and NHH) whilst a national procurement takes place with the aim of it being implemented before The Grange University Hospital goes live.

Priority 5 – Diagnostics Modernisation
Electronic test requesting will need to be pervasive for the Health Board prior to moving into The Grange University Hospital. Space for pathology staff in The Grange University Hospital is limited and designed on electronic requesting replacing manual booking of tests. The continued rollout of

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GPTR automating requests from primary care should complete in year 1, well in advance of The Grange University Hospital opening. By automating the requesting and reporting of tests, the process of providing appropriate care becomes more efficient. Gaining visibility of what tests have recently been taken is reducing the requesting of duplicate tests and the results go straight into the individual's electronic health record in the GP system.

WCP test requesting is being rolled out to facilitate the seamless requesting and reporting within secondary care. This will remove the paper that is generated within the hospital.

Point of care testing devices that will reduce the need for blood to go to the lab will be further implemented in secondary care. The **WPOCT** software will ensure integration between the analysers and WLIMS system to ensure efficient capture of results.

Rollout of **INR point of care devices** in surgeries has reduced the need to send blood to the labs. The next stage is to develop integration between the analysers and the LIMS system. This is scheduled to commence May 2019.

The LINC business case and pathology system replacement also sits under this workstream and will be a key priority area for the next three years.

Priority 6 – Pharmacy
Pharmacy are operating on a 30 year old green screen system. A national business case for an **e-Pharmacy** system has been developed and is expected to go into procurement in year 1. If it is a restricted procurement, then it is anticipated that the new system can be implemented in advance of moving into The Grange University Hospital. A national business case being developed for **e-prescribing**, but is unlikely to be complete in time for the move to The Grange University Hospital.

At a primary care level, rollout of the national **Choose Pharmacy** – discharge medicines review module will be rolled out during 2019 and a pilot of **medicines management** software within residential homes will also take place as part of the national TECS programme of work.

Priority 7 - Mobile Workforce
With an electronic health record comes the freedom to access it from wherever care is being provided, be that at the bedside or in a patient's home.   Within the Health Board a task and finish group are working on ensuring the IT service wrap for mobile working is in place. The Health Board is also host to the **national mobilisation programme** and is developing policy and readiness on an all Wales basis. One of the initial pieces of work has identified the need to invest in improving the capacity of the WiFi for all health and care organisations.

Priority 8 – Telehealth
The **national technology enabled care programme** is based at the Health Board and funded by Efficiency through Technology Funding (ETTF).   The national programme team has been established with a local technical team to support Skype / video technology to enable care closer to home. A number of pilots are being established to trial the use of skype between OOH and residential homes, prisons and the speech and language services. Evidence from other studies have shown significant decreases in the number of people who present at ED as a result of using telehealth to triage. The aim is to learn from these pilots and Clinical Futures redesign scenarios to build up our skills in house to rollout in the Health Board further.

Priority 9 - Sustainability, Cyber Security and Information Governance
During the period of the IMTP, a number of systems will go end of life. These include the **emergency department**, **theatres**, **endoscopy**, **digital dictation** and **MedSecs**. In addition to these systems **CWS** will need to be re-architected for improved resilience and performance, especially given the increased dependency with it being the main access point to the electronic health record.

At an ICT infrastructure level, refresh of end of life equipment is an ongoing necessity to keep our

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systems supported and secure. During the life of this IMTP it will be necessary to migrate systems from **SQL 2008 & 2012**, upgrade the server **operating systems** from 2008 & 2012 and **physically** refresh **servers** and **storage** that are going end of life**. Computer rooms** will require refresh of equipment such as uninterruptable power supplies – key to keeping the ICT going during a power cut. At a desktop level we will complete the rollout of Windows 10. There is a schedule of replacing **core network** at all the sites, but importantly the **WiFi** will be upgraded in the hospitals and community sites to support the Clinical Futures hub and spoke, mobile working and working in the community.

Information Governance

The Health Board continues to recognise that good governance around information provides patients, families, partners, service users and staff with the confidence that the Health Board is creating, collecting, storing and using information correctly and within the law. The Health Board has developed the Divisions Information Governance Delivery Groups (IGDGs) during 2018-19. This approach is important to ensure that the new GDPR, Data Protection Act, NIS Directive and other security and confidentiality legislation and regulations are communicated and acted upon throughout the organisation.

The Health Board has appointed its Data Protection Officer and has increased its IG staffing resource to seven (from four) to accommodate the increased workload that these new rules and approach generate. Working with the Divisions through their IGDG's to implement IG requirements and increase ownership and accountability at Divisional level will be the main focus of the IG Unit work over the next 3 years.

The IG Unit will continue working closely with our partners to produce pragmatic policies procedures and guidance that are consistent across NHS Wales and will seek to integrate the new **National Integrated Intelligent Auditing Solution** (NIIAS) to monitor access to CWS.

Information

The Health Board is collaborating with the Farr Institute and Swansea University to improve data linkage and adopt **Natural Language processing** of information in patient records in order to gain more value from the data and improved **clinical coding**.

Investment in new **Business Intelligence** (BI) tools and hardware has been implemented including new data warehouse, BI enterprise servers and dedicated ETL platform to handle high volumes of data extraction and transformation. Qlik Sense BI solution was procured with advanced geoanalytics functionality and implementation of functionality will continue across the 3 years.

The national group of Assistant Directors of Informatics have recognised the benefit of having **national data repositories** with standardised data in to facilitate business intelligence across Wales. The Health Board will work with NWIS using the ADI group to ensure contribution from all parties, pace and delivery. These repositories are fundamental to providing the joined up electronic health record at the individual basis, but also in enabling better care planning for tomorrow at the macro level.

Priority 10 - The Grange University Hospital

2019 will be a busy year for implementing the ICT backbone for The Grange University Hospital building. Cabling starts in January 2019 with the first computer room coming available as early as October 2019. The wide area network will need to be delivered for this timescale and the internal core network will be commissioned as the computer rooms become available enabling other systems such as building management to be commissioned. In addition to this, the team continue to work with the services going into The Grange University Hospital to establish their IT kit and systems requirements. Mobile telephony will be commissioned once the building has been handed over and before it opens.

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5.3.3   Summary

With the 10 digital priorities targeted in the 3 year plan, the Health Board will support the aims of 'A Healthier Wales' whilst also taking the opportunity of introducing or expanding the use of digital as part of the Clinical Futures service redesign work.

Detailed work is underway to ensure the resource implications are adequately captured across the ten areas so they can be considered in the context of local priorities and the National Informatics Plan priorities of which there is good alignment and will enable consideration of the pace and scale of delivery that is achievable over the next three years.

The informatics workforce availability continues to be a key issue and work is ongoing at a national level and with other public sector organisations to consider how we can attract informatics specialists into the NHS and the broader public sector in the context of the growing private sector market which continues to a key challenge.

The Health Board is well placed and keen to play a pivotal role in NHS Wales in driving forward the digital agenda to support the ambition of its clinical futures strategy and plans and the commitments set out within "A Healthier Wales".

5.4   Finance

5.4.1   Financial improvement and sustainability

The Health Board's IMTP for 2019/20 to 2021/22 not only assumes that it will continue to meet its statutory financial duties, but that it will strengthen its underlying financial position, as the organisation moves through a period of significant service change. Improved financial flexibility will be important as the Health Board continues to deliver its key priorities, along with the opening of the new Grange University Hospital in spring 2021, implementing other components of the Clinical Futures Programme and managing the transitional arrangements.

As part of developing its service, workforce and financial plans the Health Board has tested its overall cost growth and savings assumptions by taking account of the following:

- **Efficiency Framework** – along with the all-Wales Framework, the Health Board has used its own efficiency compendium to identify the opportunities available to deliver cash releasing savings and productivity improvements.

- The **Health Foundation** report "The Path to Sustainability", where annually:

  1. Spending rises by an average of 3.2% in real terms to meet demographic demand and other costs.
  2. Funding is assumed to increase, in line with GDP growth, by 2.2% (real terms).
  3. Minimum cash releasing efficiency savings are delivered, of 1%.

- **Value based approach** – improvements in productivity have been built into plans to deliver elective and outpatient services and investment in out-of-hospital services based on improving outcomes for patients.

5.4.2   Resource Allocation

The Health Board's Finance & Performance Committee, endorsed the following resource allocation principles, to prioritise resources and delegate budgets:

1.   Plans should demonstrate:

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i. How service and workforce plans will be delivered within agreed resources.
ii. How care will be provided which optimises outcomes for patients and makes best use of available resources aligned to the principles of 'A Healthier Wales'.
iii. Efficiency and productivity improvements which achieve (or aim to achieve) excellence.

2. Addressing the underlying financial position – service and workforce plans which demonstrate 1 (above) should be funded appropriately before considering new investments.

3. Savings plans should demonstrate delivery before approving new funding or re-investment.

4. The Board may choose to establish reserves which support key priorities and where plans require further development. This may include non-recurrent, tapered or recurrent funding.

5. Pay awards to be funded in line with Welsh Government allocations.

6. The Board should consider and establish an appropriate contingency reserve, taking into account the level of financial risk within the IMTP.

Discretionary new funding 2019-20
The Health Board welcomes the new, additional discretionary funding which has been allocated using the population needs based funding formula and factored into the Health Board's revenue funding allocation for 2019-20:

Table 5.4.1

	£m	%
Core uplift allocation	17.602	2
Less top-sliced allocation	(3.583)	(0.4)
	14.019	**1.6**
A Healthier Wales allocation	8.609	1
GMS A Healthier Wales funding	0.957	0.1
	23.58	**2.7**

Top-sliced allocations 2019-20
In addition to the £6.1m allocation top-sliced in 2018/19 (£32.5m national), a further £2.9m funding allocations have been top-sliced for the following:

Table 5.4.2

£'000	ABUHB	NHS Wales
Primary care – wet AMD	161	409
Paramedic banding	301	1,573
Non-medical education	1,396	7,294
Postgraduate medical education	163	855
111 programme	369	1,930
Genomics Strategy	538	2,812
TOTAL	**2,928**	**14,873**

Note: *In addition – further top-slices (net reduction of £655k) relate to reductions/transfers of funding that have matching reductions/transfers in spend.*

Underlying financial position
The Health Board reported a net underlying financial deficit of £19.8m within its financial plan for 2018/19 financial year, with an expectation that a combination of further recurrent savings and non-recurrent spend would reduce the underlying deficit to £11.4m by the end of the 2018/19 financial year.

The residual underlying deficit for the short term is driven by investment in new specialised services and local acute hospital based services which are expected to improve through efficiency improvement and shifting delivery of services outside of the hospital setting. Whilst recurrent savings are improving there remains an element of non-recurrent annual savings which contribute to the underlying position.

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Over the 3-year period of this Plan, the intention is to significantly improve and aim to achieve recurrent financial balance.

Savings

The Health Board's approach to improving its medium term financial sustainability includes:

- Addressing the underlying financial position as a priority.
- Moving towards a position of recurrent financial balance or better, to provide financial flexibility as it moves through a period of significant service change.

Cash releasing savings have been assessed as £14m at this point, cost avoidance opportunities have been used to mitigate expenditure estimates. Based on the opportunities identified within the Efficiency Frameworks, both national and local, there are further opportunities to increase cash releasing savings and productivity improvements to deliver improved value. As part of the ongoing delivery of plans, the achievement of greater efficiency will be a key priority.

Based on its assessment of potential savings, the Health Board will be developing further saving and efficiency plans to mitigate potential risks which may emerge during the 2019/20 financial year, these opportunities will also support future underlying improvement.

2018/19 commitments

The Health Board committed to making a number of service investments during the 2018-/9 financial year, in order to accelerate some of the service priorities required to deliver key priorities and service improvements aligned to A Healthier Wales and Wellbeing strategies. The full year impact of these in 2019/20 will be c£10.8m. These include investment in:

1. The urgent care system – including improved access, flow and discharge from hospital. Subject to evaluation (after March 2019) some of the services implemented during 2018/19 may be continued, to provide a more sustainable and effective urgent care system.
2. Preventative services – including early years/children services and infection prevention.
3. Re-provision of funding for Community and Neighbourhood Care Network service developments.
4. Community Glaucoma service expansion for care closer to home.
5. Clinical/diagnostic services – including pharmacy, pathology and radiology services.
6. Critical care outreach services – preventing escalation to ICU.
7. Digital – including cyber security and updating existing ICT.
8. Infrastructure – e.g. car parking.
9. Repayment of I2S loans.

2019/20 provisions/assumptions

Provision has been made for investments (c£22.5m) in the following areas:

- An assessment of cost growth has been made regarding continuing health care (CHC) for adult complex care and mental health and learning disability patients (c£6m). This will support the out of hospital sector sustainability working in partnership with social services colleagues.
- Prescribing and hospital drugs – based on an assessment of NICE guidance and likely growth (volume and price changes) (c£3m).
- Further development of Homecare medication provision, shifting delivery into the community.
- GMS – ring-fenced allocations will be used to support the Health Board's priorities to invest in out-of-hospital care utilising A Healthier Wales GMS funding.
- Externally Commissioned Services – this represents the most significant investment of new funding available to the Health Board in 2019/20 (c£12.5m).
- Healthcare agreements with other NHS service providers – funding has been allocated to meet the cost of pay, non-pay cost increases and growth consistent with that allocated by Welsh Government. This includes a 2% core uplift and a further 1% funding linked to service growth or improvements.

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- Specialist services (WHSSC) and Emergency ambulance services (EASC) funding has been allocated based on the minimum requirements and some further agreed investments (e.g. top-sliced allocations). See **Appendix 7** for the Health Board's funding position in line with national guidance, this identifies investment in excess of 7% to external services.
- Urgent, Planned and Cancer Care - the Health Board has invested significantly in these services and therefore the demand/capacity and other related delivery plans will need to incorporate improved productivity assumptions prior to considering any further investment. It is recognised that further work is required on the detailed delivery plans and no further financial provision has been made.
- Given the significant investment made in the urgent care system, no further financial provision has been made with regard to plans for the 2019/20 winter period.

Where appropriate, financial provisions will be held corporately, subject to:

- Robust delivery plans being developed which are affordable.
- Delivery of further savings identified, to allow re-investment and support financial balance.

2019/20 Partnership Funding
The Health Board has multiple partnership agreements in place in the forms of SLA's, section 28's and section 33 pooled fund agreements. The Health Board has 5 local authority partners within its geographic partnership, the dynamic of a 6 partner region means that effective partnership governance arrangements need to be in place. From a pooled budget (section 33) perspective the Health Board has established 5 major schemes, described below, with a combined pooled budget value of £97m, with the Health board contributing £48m for 2019/20. A Healthier Wales funding, ICF and Transformation funding will form a key part of developing future services in partnership:

- **Monnow Vale Health & Social Care Unit (hosted by ABUHB)**
  - Forecast Pool spend £3.443m, ABUHB contribution £2.288m

- **Gwent Wide Integrated Community Equipment Service (hosted by Torfaen CBC)**
  - Forecast Pool spend £3.3m, ABUHB contribution £0.91m

- **Mardy Park Rehabilitation Centre (hosted by Monmouthshire CBC)**
  - Forecast Pool spend £0.550m, ABUHB contribution £0.237m

- **Gwent Frailty Virtual Ward Programme (hosted by Caerphilly CBC)**
  - Forecast Pool spend £16.5m, ABUHB contribution £9.6m

- **Care Homes Section 33 (hosted by Torfaen CBC)**
  - Forecast Pool spend £73m, ABUHB contribution £35m

Integrated Care Fund – building out of hospital capacity
The Gwent Region received £9.1m for 2018/19. The schemes focus on prevention initiatives and support out of hospital care services, including building community services, admission avoidance and early discharge schemes. Plans for the optimum use of the additional £5.2m ICF ring-fenced allocations will be developed through partnership with the Gwent Regional Partnership Board to support the Health Board's and regional priorities to invest in out-of-hospital care and prevention.

Transformation Fund Plan
The Gwent area has been successful in securing funding of up to £13.5m relating to the period October 2018 to March 2020. The funding is to support the continued development of a 'seamless system' of care, support and wellbeing in Gwent, in response to the Welsh Government's new long term plan for health and social care 'A Healthier Wales'. The joint Gwent proposal, developed through the regional partnerhsip arrangements, is aimed at delivering an early intervention, prevention and improved population Wellbeing system, and creating integrated models of health and social care across the 5 Local authority areas of Gwent.

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Risks and opportunities
- Delivery of identified savings plans and improvement in the underlying financial position of the organisation.
- Delivery of further cash releasing savings and productivity improvements.
- Implementation of the Grange University Hospital business case and wider Clinical Futures programme within available resources.
- Managing cost growth in line with or below assumed levels, whilst ensuring delivery of key priorities.
- IFRS16 - it is understood that the implementation of IFRS16 (lease accounting) in NHS Wales will be deferred until April 2020. However, it will be important that the accounting treatment and impact on NHS bodies' revenue and capital resource limits is fully considered prior to implementation. This includes decisions which may commit future resources (capital and revenue) regarding lease arrangements.
- NHS Pension Scheme Regulations - the current consultation assumes that employers pension contributions could increase from 14.3% to 20.68% from 1st April 2019. It is assumed that any increase in employers' pension contributions will be met from additional government funding (nb. estimates excluding GP and GDS staff for the Health Board is circa £26m).
- Holiday pay (voluntary overtime) - this challenge is currently going through a legal process. The potential costs of meeting this liability, should it arise, have not been assumed within the Health Board's financial plans (nb. initial estimates for the Health Board employees is circa £0.6m for 2 years).

Access to further funding allocations
The Health Board is aware of further revenue funding being held by Welsh Government in 2019/20 for the following areas:

- Digital investment.
- Prevention and early years.
- Mental Health and Learning Disabilities.
- Clinical plans, quality and value based healthcare.
- Transformation.
- Support for social services.
- Integrated Care Fund (ICF) – WCCIS implementation and Dementia care.

The Health Board has plans to develop service priorities, along with partners, in these areas. However, none of this funding has been assumed in the 3-year financial plans, at this stage.

3–year plan (2019/20 to 2021/22)
The financial plan takes account of the investment and disinvestment assumptions contained within the Full Business Case (FBC) which was previously approved by the Board and the basis for obtaining Welsh Government capital funding to build the new hospital. With the exception of additional funding for the acute medical model (£758k) and radiographers (£429k) which was approved by the Board, **no further provision, for subsequent changes in service and workforce models, has been made within the financial plans.**

Given the profile of some of the emerging transitional arrangements and more detailed delivery plans, there may be increased costs which are yet to be identified and reflected in the financial plans. Discussions may be required with Welsh Government regarding financial support during the transitional period.

Cost growth, efficiency and funding assumptions have been made which are in line with the assumptions made within the Health Foundation report (referenced earlier in this section). It also assumes that any changes in costs linked to pay awards, employers' pension or NI contributions, would be appropriately funded.

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Table 5.4.3 - 3-year financial plan table

DRAFT IMTP 2019/20 to 2021/22	2019/20 £m	2020/21 £m	2021/22 £m
Incremental additional allocation expected	41.52	27.3	27.9
Underlying Deficit	7.9	4.5	3.2
Service Demand, Inflation, Priorities and Pressures	47.5	36.1	38.3
GUH FBC	0	1.5	1.6
Investment Plan	55.4	42.1	43.1
Savings, Cost avoidance & Accountancy gains	-13.9	-14.8	-15.2
ABUHB Closing Planned Position	0	0	0

Estimates for years 2 and 3 of the plan are reflective of the Health Foundation report i.e. 2.2% funding on total allocation, delivering 3.2% investment supported by 1% savings. Financial estimates are lower due to the opportunity for investment offered by the 'A Healthier Wales' additional allocation in 2019/20.

The GUH FBC investment is reflected for the transition year 2020/21 and recurrent service investment for 2021/22. Additional investment funding for future years has not been assumed.

Relative funding position

The Health Board welcomes the additional funding allocated to Health Boards as part of their baseline allocations and recognising Health Board's responsibilities to prioritise and allocate resources based on its population's relative needs. Based on the current needs based formula, the Health Board would receive c£4m additional revenue funding.

Graph 5.4.1
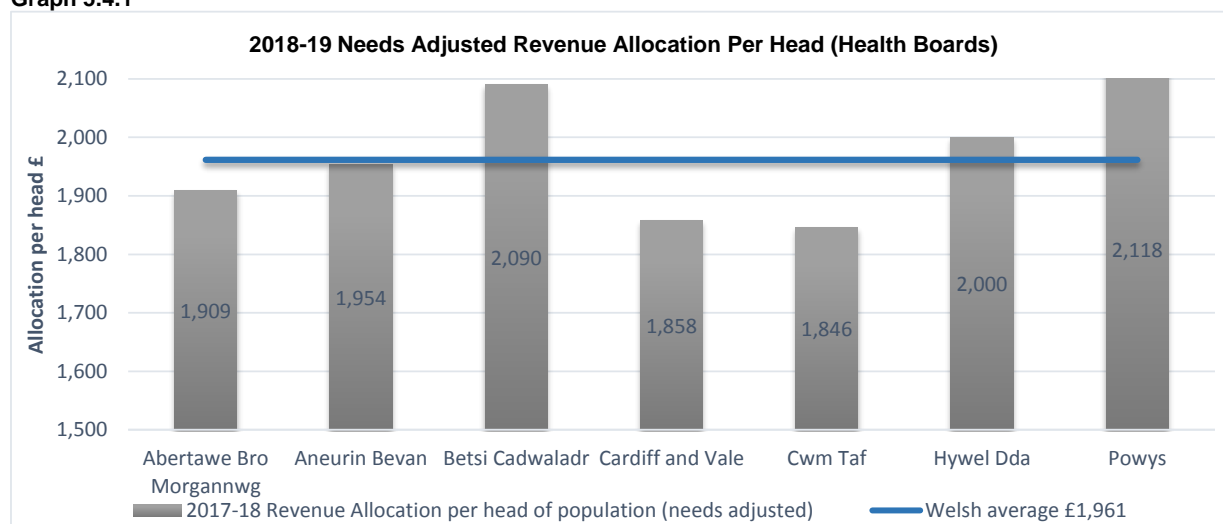
The graph above demonstrates that the Health Board are getting closer to our 'fair' shares funding overall.

Summary and conclusion

The Health Board will continue to look at opportunities for further efficiencies, cash releasing and productivity improvements linked to service and workforce delivery. The extent to which this is achieved will determine the pace and scale of implementation of some of these plans.

The Health Board's financial plan is a financial assessment of the service and workforce plans developed for the 3-year period, 2019/20 to 2021/22, and assumes the allocation of new resources

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and the re-allocation of some existing resources to help deliver the Health Board's priorities and achieve greater financial sustainability.

Appendix of WHSSC & EASC provisions:

WHSSC

Reconciliation of WHSSC IMTP to AB WHSSC Provision	WHSSC IMTP	AB Provision
	£m	£m
Opening Plan	**106.849**	**106.849**
2% Provider Inflation	1.525	1.525
1% Healthy Wales	0.757	0.757
Growth / Rollover	3.967	3.967
Offset by 1% Healthy Wales		-0.757
English Provider Inflation	0.507	0.507
A4C Pay Award	1.461	1.461
Genomics Top Slice	0.722	0.722
Sub Total - Growth/Rollover + Inflation	**115.788**	**115.031**
Developments		
New Mandated Specialised Services (ATMPs)	0.950	
CIAG Schemes	0.942	
Strategic Specialist Priorities	0.225	
New Commissioned Services	0.455	
WHSSC IMTP 2019-20	**118.360**	**115.031**
WHSSC 2019-20 Recognised Pressure		**8.182**
WHSSC 2019-20 Risks - Developments not currently funded		2.572

EASC

Reconciliation to EASC IMTP	EASC IMTP	AB Provision
	£m	£m
Opening Plan	**24.937**	**24.951**
Non recurrent adj ESMCP (19-20 impact)	0.006	0.006
2% Provider Inflation	0.499	0.499
1% Healthy Wales	0.249	0.249
A4C Pay Award	0.561	0.565
A4C Pay Issues	0.417	
Developments		
Paramedic Band 6 (19/20 uplift)	0.266	0.266
Clinical Desk Enhancements (FYE 18/19 development)	0.139	0.139
APP (FYE 18/19 development)	0.197	0.197
Offset by 1% Healthy Wales Allocation		-0.249
19-20 ARRP Adjustment	-0.017	-0.017
WHSSC IMTP 2019-20	**27.254**	**26.606**

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5.5	Capital and Estates

Introduction

This section sets out the Capital Funding outlook for the Health Board over the next 3 years leading up to the opening of the Grange University Hospital and sets out the emerging issues and risks. It also describes the work of the Strategic Capital and Estates Work stream and the management of the Health Board's Capital Programme.

It should be read in conjunction with the attached Health Board Estate Strategy which looks forward over the next 5 to 10 years *(add link)*.

4.1

All Wales Capital programme – Approved Schemes

In terms of AWCP approved schemes progress is set out below:

- **The Grange University Hospital -** Excellent progress continues to be made in 2018/19 following its approval in October 2016 (the project is slightly ahead of programme and scheduled to spend the current allocation of £123 million this financial year in accordance with Welsh Government expectations).
- **"111" Programme** (IP Telephony) **-** The procurement for a new 111 Technical Solution is progressing well. Shortlisting is complete with two suppliers remaining in the Competitive Dialogue process. The plan is on track for Dialogue and all evaluation activities to be complete by May 2019 with the submission of the Full Business Case to Welsh Government for June 2019. The 111 Team has funded the development of a DEWIS app to support winter pressures, which has been invoiced and paid by 111.
- **CT scanner** (RGH) – Funding has approved to the sum of £2.185m to replace the CT scanner located in the Royal Gwent Hospital. This funding also includes all necessary enabling works in connection (the funding is over a 2 year period with £1.44m funded in year 2018-19 to acquire the CT Unit specifically, and the balance to be expended within the financial year 2019-20.

All-Wales Capital Programme – Schemes in development / not fully approved

Progress on these schemes is set out below:

- **Tredegar Health and Well Being Centre. -** An external team has been selected to progress the OBC with a view to its submission to Welsh Government by the end of July 2019. A cash flow and programme for the OBC period has been agreed with Welsh Government and funding released to progress it.
- **Newport East Health and Well Being Centre** - An external team has been selected to progress the OBC with a view to its submission to Welsh Government by the end of September 2019. A cash flow and programme for the OBC period has been agreed with Welsh Government and funding is about to be released to progress it.
- **Ysbyty Ystrad Fawr Breast Unit -** Welsh Government comments on the SOC are currently being reviewed particularly the concerns regarding the location of the preferred option.
- **The Grange Hospital HSDU -** Welsh Government comments on the OBC have been addressed and it is anticipated that approval will be received early in 2019. If and when the OBC is approved it is planned to submit the FBC by July 2019.
- **St Cadoc's Hospital Low Secure Unit** -Welsh Government comments on the SOC have been addressed and it is anticipated that approval will be received in early 2019. This will allow a full external team to be selected to progress the OBC by end of March 2019.
- **Nevill Hall Hospital Cancer Centre / Satellite Radiotherapy Unit -** Discussions are continuing with Velindre NHS Trust and Welsh Government regarding the Case for Change for the Satellite Unit. Until these discussions are concluded the planned OBC cannot progress.

Table 5.5.2 sets out the capital costs and profiled capital expenditure for the above schemes.

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Discretionary Capital Programme

Discretionary Capital is allocated directly from Welsh Government generally for the following priority areas:

- Meeting statutory obligations, such as health and safety and firecode.
- Maintaining the fabric of the estate.
- The timely replacement of equipment.

The Health Boards Discretionary Capital will always fall short to deliver all requirements under the headings above. This Capital is prioritises and allocated through the process of Risk Assessment across the respective Divisions of Care, with the intention of ensuring Health Boards key areas of risk are identified and managed accordingly. The high level timeframe for completion of this year's annual Capital Programme is identified in the table below.

Table 5.5.1

2019/20 Capital Programme Timeline			
Develop Draft Capital Programme	Submit to Capital Group	Submit to Executive Team	Submit to Health Board
1st February 2019	21st February 2019	4th March 2019	20th March 2019

At this time the programme is an assumption on what is known from current divisional risk registers commitments, emerging estate strategies, and ongoing discussions. Based on this information the high level assumption has been identified in table 5.5.2 for the proposed Capital Programme over the next 3 years, including anticipated apportionment. It is likely that changes will occur due to risk, time and through the development process.

Table 5.5.2

	2019/20 £000	2020/21 £000	2021/22 £000
Discretionary Capital Funding	**10,814**	**10,814**	**10,814**
Expenditure			
Statutory Allocations	625	625	625
Commitments b/f from 2018/19	250	250	250
Informatics National Priority & Sustainability	1,000	1,000	1,000
Imaging Requirements including National Priorities	1,000	1,000	1,000
Service Developments - Potential AWCP	1,000	1,000	1,000
Sustainability Schemes - Works (incl. Ward Upgrade)	2,939	2,939	2,939
- Equipment Replacements	3,000	3,000	3,000
Total Capital Approvals / Requirements	**9,814**	**9,814**	**9,814**
Balance of Discretionary Funding Available (incl. Contingency)	**1,000**	**1,000**	**1,000**

5.5.5 Estate Strategy

An Estate Strategy has been submitted with the IMTP as requested by Welsh Government covering the period 2019/20 to 2027/28. It has been developed to reflect the changing demands on the estate as a consequence of changing demands of the clinical and non-clinical services. It sets out, at a relatively high level, how the estate will be developed to meet those challenges to provide the best buildings at the right time and to the right standard taking account of the recently completed Six Facet Survey. The attached draft Strategy seeks to provide an assessment of the current estate "where we are now", where the Health Board wants to be and the accompanying high level delivery plan sets out how we intend to get there.

Where we are now?

This initial section provides a comprehensive analysis of the current position and performance of

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the estate in relation to the service it provides and the facilities it uses. This section establishes a baseline against which the development of the strategy can be measured. Much of this data is based on the recently completed Six Facet Survey together with other data relating to the costs of the existing estate. Due to the complexity and size of the Health Board, estate information has been categorised under the following service headings:

- The Acute Hospital Estate.
- The Community Hospital Estate.
- The Primary Care / Community Care Estate.
- The Mental Health Estate.

Where do we want to be?

In this section the service aims and objectives of the Health Board are summarised along with agreed key principles which will underpin the development and configuration of the future estate. It takes account of the key conclusions from "Where we are now" and identifies measurable objectives for improvement in the context of relevant benchmark information from within the Welsh and English NHS. Eighteen Strategic Objectives have been identified.

How do we get there?

The final section of the document uses the information and objectives of the preceding sections to identify the practical steps that will need to be taken to achieve the desired way forward. A very high-level Programme has also been included which is set out in the table below. This includes the more advanced projects described above in section 5.5.2.

Table 5.5.2 - AWCP Capital Programme

Proposed AWCP Schemes currently unfunded:	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s	2024/25 £000s	Total £000s
Primary Care Pipeline - Tredegar	350	850	3,500	5,050				**9,750**
Primary Care Pipeline - Newport East	250	950	5,500	8,300				**15,000**
Primary Care Pipeline – Ebbw Vale HWBC		30	500	2,500	1,000			**4,030**
GUH HSDU	323	7,117	7,322	-184				**14,578**
Breast Centralisation		400	1,600	3,000				5,000
Low Secure Unit		500	1,500	5,000	26,000	7,000		**40,000**
NHH Satellite Radiotherapy Centre	29	1,000	3,500	15,500	27,971			48,000
RGH Rationalisation	20	200	2,000	3,500	5,500	10,000	10,000	**31,220**
NHH Rationalisation	45	200	500	5,500	5,500	5,000		16,745
SWH Rationalisation		50	250	1,000	500			1,800
Maindiff Court Rationalisation		50	500					**550**
St Cadoc's (old hospital) Rationalisation			50	500	2,000			**2,550**
LGH (old site) Rationalisation			50	500	1,000			**1,550**
High Risk Infrastructure		2,000	2,000	2,000	2,000	2,000		**10,000**
County Hospital Redevelopment			50	1,000	5,000	8,000	5,590	**20,000**
Total AWCP Requirements	**1,017**	**13,347**	**21,622**	**53,166**	**76,471**	**32,000**	**15,590**	**213,573**

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5.6   Governance

The Health Board has a clear organisational commitment to good governance, which includes having a strong vision and focus on public service values in everything we do as an organisation and in our partnerships.   The Health Board is committed to continuing to be a learning and developing organisation to ensure that the health services we provide and commission are of the highest standard for our population. A key focus for the Health Board is the health and wellbeing of the population we serve and how this can be optimised and that we also actively respond to any health inequities, especially access to services across the Gwent area.

The Health Board is seeking to maximise the opportunities provided to continue to work in new and innovative ways through our partnership approaches, particularly those offered by the Social Services and Well Being Act and the Well Being of Future Generations Act. These approaches foster the integration of health, social and community based services and ensure that these are appropriate now and sustainable for future generations as the Health Board continues to deliver its Clinical Futures Strategy and transforms health and health care services in our area.

The Health Board is focused on ensuring that our organisation is structured, has decision making arrangements and assurance processes in place that ensure that all that we do is aligned to citizen and patient centred goals and objectives and those of our IMTP and Clinical Futures Strategy. This enables the organisation to deliver services of the highest standard and quality and seeks to ensure that the Health Board responds promptly to any circumstances where our services do not meet our expected standards and expectations. This requires the organisation to have at its centre the needs and interests our patients and the public and requires the Health Board to ensure that the public interest is at the centre of all that we do.

These values and approaches are already well embedded in the organisation and have been borne out in our own and independent assessments over recent years. However, the Health Board as an organisation is not complacent and is aware that there is continuing work that has to be undertaken to further develop, especially to continue to realise the opportunities and requirements of our status as a University Health Board and as we deliver our Clinical Futures Strategy. These are key features of the Health Board's current governance and assurance arrangements, but further work has been undertaken to ensure all our arrangements are fit for purpose and a new NHS Wales Board Assurance Framework aligned to the IMTP has been developed, to guide the organisation's approach and support our taking and giving of assurance and our public reporting.

We have to ensure our governance and assurance arrangements are clear and our Board Assurance Framework clearly maps our current profile of risks and our required sources of assurance both inside and outside the organisation. Also, we have to be clear about the threats to the delivery of our stated objectives as outlined in the IMTP and that we have mechanisms to assess and track risks to the achievement of those objectives and also assurance that these are being managed in accordance with our legal and other statutory requirements. We also have to know whether or not we are on track to achieve our objectives and if not we need to have early warning systems to ensure that effective remedial action is taken. The Health Board's approach to risk management is under review through a comprehensive programme of activity within the organisation and independent expertise has been secured to advise this process. A new system is being designed and will be introduced in line with this IMTP.

Our Board is clear that it is accountable for these governance requirements and internal control within the organisation, with the Chief Executive (as Accountable Officer) responsible for maintaining appropriate governance structures and procedures and assurance arrangements. This responsibility includes a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and the organisation's assets (in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales).

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The Health Board has continued to develop its framework and systems of governance and assurance. The Board sits at the top of the organisation's governance and assurance framework and systems and sets strategic objectives via the IMTP, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and are working properly throughout the organisation. To do this the Board also takes assurance from its Committees and also its assessments against the Health and Care Standards in Wales and other professional standards and regulatory frameworks. The Health Board and its committees also use the key themes of the IMTP and progress against key actions to inform the development of Board and committee agenda and also through this actively track progress against actions and outcomes to ensure that the intended benefits and improvements have been realised. Any ongoing risks to non-delivery of the IMTP will clearly feature on the Health Board's business and reporting.

The Health Board's governance and assurance arrangements have been established in accordance with our Standing Orders and Standing Financial Instructions. The Health Board's agreed objectives also seek to ensure we meet national and locally determined priorities and professional standards throughout the conduct of our business. As outlined reporting and monitoring against these objectives, and the risks associated with their delivery and achievement, are received by the Health Board and its Committees.

Further information on the Governance framework and arrangements is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available via the Health Board's web pages. The Health Board's current governance and assurance arrangements are outlined in the following figure.

Figure 5.6.1
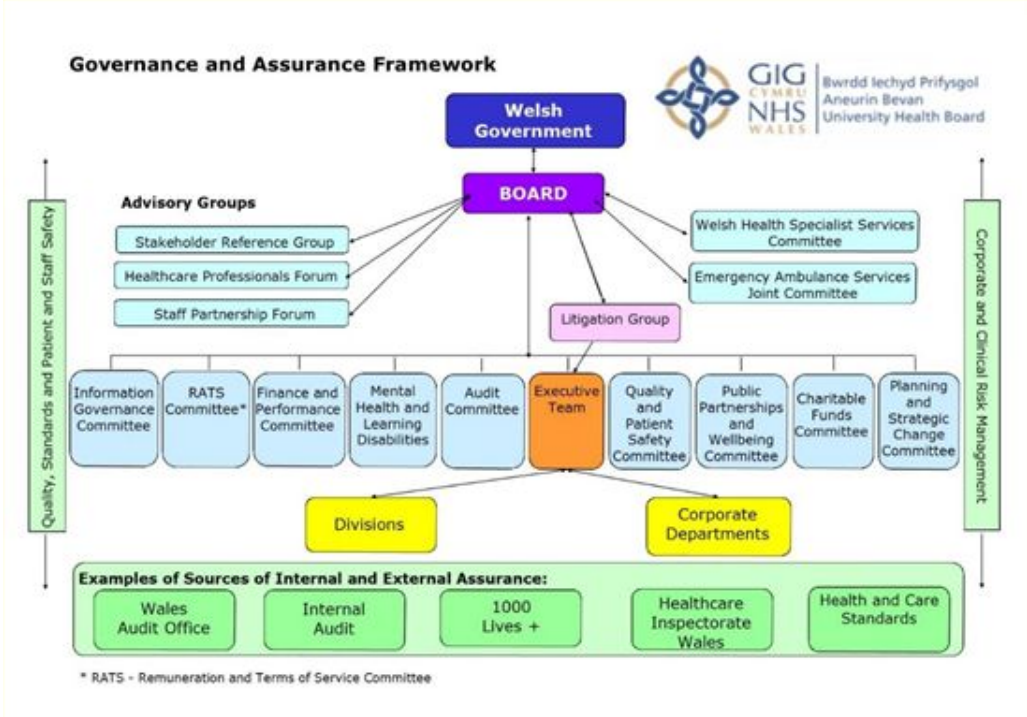
The Health Board also uses the Welsh Government's Citizen Centred Governance principles to guide our work of obtaining assurance from within the organisation and also giving assurance externally to others in order to demonstrate that the Health Board is achieving its objectives and meeting our responsibilities. The extent to which the Health Board with our partners are able to demonstrate its alignment with these principles and also how we plan for and deliver our responsibilities for citizens are important aspects of the ways in which we are organised, manage our business and perform.

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The Wales Audit Office Structured Assessment Report for 2018 highlighted that the organisation's governance arrangements have continued to progress to meet our stated goals. Through this external assessment the Health Board recognises that there is further improvement work required to respond to our stated ambitions as an organisation to provide the best services for local people.

The Health Board has committed to a range of actions in response to the Structured Assessment to be delivered during 2019/2020 and these include: (This section will need to be updated and clarified following agreement of the Structured Assessment prior to submission to Welsh Government.

Progress against these key actions is being taken forward via the Executive Team and is being monitored by the Audit Committee through tracking reports with a focus on assessing outcomes and realising intended benefits.

The Health Board is actively developing and delivering a programme to support our Board and to ensure that the organisation is best placed to ensure that the governance and assurance arrangements of the Board and the wider organisation harness and build on our arrangements and the expertise that exists in the Health Board by building on the Health Board's positive reputation for good governance and our values based approach.

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Appendix 1
Quality Assurance and Improvement

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SECTION 1 - OUR APPROACH TO QUALITY

1.1 Our Aim

The Health Board always aims to put the patient first, so that every person that uses our services, whether at home, in their local community, or in a hospital, has a good experience and our approach to care and decision making is person-centred. To do this, the quality and safety of our care and services is a core focus throughout all our plans, from small changes in one service to the driving force for Clinical Futures.

4.1

Quality and Patient Safety is at the centre of our work in seeking to achieve excellence, with the patient at the heart of everything we do as we strive to improve the patient's experience and quality of service with every action that we take in primary care, in community services and in our hospitals.

Our purpose therefore is to transform patient experience and nurture a consistently person-centred approach in every member of staff, every day and a strong safety culture. Evidence suggests that patients who are more actively involved in their health care experience better health outcomes and incurs lower costs, with person-centered care leading to better patient experience. In line with "A Healthier Wales", our approach is about supporting people to manage their own health and wellbeing. Throughout the Health Board our thinking about quality is guided by the Institute of Medicines dimensions of quality (figure 1) which dovetail with the principles of Prudent Healthcare which emphasise value and co-production and the themes of the Health and Care Standards.

Figure 1.1 - Dimensions of quality in healthcare

This is also reflected in our values, which define what is important to us and how we behave when delivering care. They support a shared understanding about how staff relate to patients, the public and each other. Living our values (figure 1.2) requires every member of staff to consider five simple questions, which align behaviour and culture, providing an environment in which quality flourishes, with the patient at the centre and an equal partner in their healthcare.

1.2 Our Approach to Quality Improvement

To provide high quality care, we seek to improve all the time through addressing gaps and/or risks, and in striving for excellence. Our approach to improvement is that all staff have two roles: to do their job and to improve their job, seeing patients as equal partners in their care, and the services we provide through their eyes. We believe that this will ensure that we have the highest quality services for the people we serve.

Figure 1.2 - Living Our Values

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The Health Board supports a systematic approach to innovation, service improvement and leadership. Actively fostering a culture that enables our staff to be curious, courageous and creative providing opportunity to seek different ways to provide health care and to improve and innovate services. Achieving improvements in the patient experience, outcome and financial efficiency requires rigorous methodology that is rooted in the Science of Improvement. To support this, the Health Board has a Corporate Division that focuses its efforts on supporting the quality improvement agenda in the Health Board – the Aneurin Bevan Continuous Improvement Team (ABCi). The team has four key objectives:

- Building the necessary capability for improvement within the Health Board.
- Creating conditions that supports innovative thinking and system re-design.
- Supporting the delivery of strategic objectives through the use of the Institute for Improvement's Breakthrough Series collaborative methodology
- Building networks both within the organisation, and outside of our Health Board.

More detail on ABCi can be found in section 3.14 – Innovation, Development and Research. This includes our approach to building capacity for improvement, which is based on the **National Programme of Training in Quality Improvement**, "Improving Quality Together".

Whilst taking the approach that no "one" methodology is right for every improvement, our core improvement method is the Institute for Healthcare Improvement's (IHI) Model for Improvement, which is well tested and embedded within NHS Wales as the core tool used in the 1000 Lives Plus and the Improving Quality Together programmes (Figure 3).

Using the Plan, Do, Study, Act cycle, it requires clinical teams to be clear about:

Figure 1.3 - IHI Model for Improvement

- the problem they are addressing;
- the aim of the improvement they want to make;
- the measures they will use;
- the change that will result in an improvement.

Embedding this methodology at the frontline means the capability to test, measure, implement and sustain improvement increases drastically. To date, over 4,000 staff, at all levels of the organisation, have been trained in improvement techniques.

Corporate Departments within the Medical, Nursing and Therapies and Health Sciences Directorates work on quality issues that impact across the Health Board, but do not relate to any one clinical specialty – such as sepsis, pressure damage and health care associated infections. This work is often supported by ABCi, such as the collaborative on pressure damage.

1.3 Whole System Approach for Quality Improvement

Recognising that the main focus for quality and safety in the health service has been on our hospital services, the Health Board is developing its approach to ensure that its surveillance and review relating to quality covers services from the patient's home, through community services to hospital care. Where we recognise that improvements are needed, the Health Board looks right across the healthcare system to make sure that changes are made that work together to ensure the best possible outcomes and experience for the greatest number of people. Table 1.2 illustrates the whole system approach we are progressing. We also increasingly work closely with partners in social care and the third sector to deliver improvements in quality. For example, the Dementia Board, which sets our strategy for ensuring that people and their carers can live well with dementia, is the Board for Health, Social Care and the Third Sector. Therefore its working groups cover issues such as increasing the numbers of dementia friendly communities, improving peer group support for people with dementia through to ensuring acute hospital wards have the skills and resources to provide effective and compassionate care for people with dementia, based on the outcomes from the National Audit of Dementia.

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Table 1.1 - Quality Improvements across the whole healthcare system

	Home	Primary Care/NCN Team	Hospital
Acute Det/Sepsis	District Nurses record baseline physiological Observations Nursing Homes trained on recognising sepsis	GPs report patient observations when contacting hospital for admission OOHs service using NEWS	NEWS used across all acute and community wards Sepsis Screening Tool used at the front door and on wards to support recognition and response to sepsis
Reducing C diff	Infection control training for Nursing Homes Infection control Nurse for Community	*Antibiotic prescribing practice informed by appointment of antibiotic pharmacist for primary care* Significant Event Review of each case of C diff	Antibiotic Consultant Pharmacist post to support good antimicrobial practice Deep cleaning prioritised Handwashing and bare below the elbow. Scrutiny Panels for cases related to C.difficile, Staph aureus, EColi
Preventing Pressure Damage	Pressure damage prevention by district nursing utilising community pressure relieving equipment. Support for Nursing Homes to prevent and manage damage through TVN education and visits.	Pressure Ulcer reporting for district nursing and Nursing Homes. Pressure ulcer scrutiny panels for significant damage – DNs & Nursing Homes TVN service to Primary Care and Nursing Homes WG Improvement Initiative to targeted Nursing Homes	Pressure Damage Collaborative to test and spread good practice. Robust process for reporting of pressure damage Pressure Ulcer Scrutiny panels with associated learning. Access to fit for purpose pressure relieving equipment
Preventing Falls	WAST framework for responding to calls for a fall in a patients home developed with ABUHB I-STUMBLE tool in Nursing Homes to reduce calls and unnecessary conveyance to A&E	Community Falls Service	Training across all acute and community hospitals on preventing falls and using the MFRA and care plan Review of every fall with a fracture to ensure learning about prevention of falls

1.4 Some Key Achievements in 2018/19

- Achieving the 10% reduction in in-patient falls on the 2016-7 baseline.
- Reducing the number of C diff cases in 2018-19, after the increase in 2017-18.
- Continuing the work of ABC Sepsis at the front door, with good recognition of sepsis and compliance with the sepsis 6 bundle in 3 hours.
- Roll out of vital pac to NHH, and use of the electronic recording of observations to improve patient care.
- Roll out of the I-Stumble tool, which evaluated positively, to more Care Homes in the ABUHB area.
- Successful pilot of the bereavement service at YYF.
- Continued roll out of the Value and Outcomes work in both Scheduled and chronic conditions.
- Aneurin Bevan University Health Board (ABUHB), in partnership with WAST and St John Cymru Wales, are operating two Falls Assistants who provide an initial response to safely lift patients from the floor when they have fallen at home, where there are no injuries or a minor injuries as a result of a fall.
- Caesarean section rate has continued to remain under WG target of 25% of births.

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SECTION TWO – QUALITY ASSURANCE

2.1   Quality Assurance

The quality of the care we provide is assured primarily by the Board's Quality and Patient Safety Committee (QPSC), which meets 5 times per year and receives reports on issues that fall within its terms of reference. An overview of the framework is shown below (Figure 2.1), demonstrating how the Health Board aligns quality assurance and improvement efforts around the themes from the Health and Care Standards for Wales of safe care, effective care, dignified care and individual care. Reporting lines on the work of the various groups and committees feed up to the Quality and Patient Safety Committee through the Operational Group which escalates issues to the Board as appropriate.

The QPSC receives a Quality and Patient Safety Report at every meeting, monitoring high level outcome measures and key process measures for the main areas of improvement described in the section, as well as an overview of themes from Mortality Reviews, Complaints and Incidents. Some of the themes in the Health and Care Standards for Wales are led by other Board Committees – such as Staying Healthy by the Public Health and Partnerships Committee, and aspects of Clinically Effective Care through the Information Governance Committee.

Figure 2.1

Overview of Aneurin Bevan University Health Board's
Quality and Patient Safety Assurance Framework (Corporate)
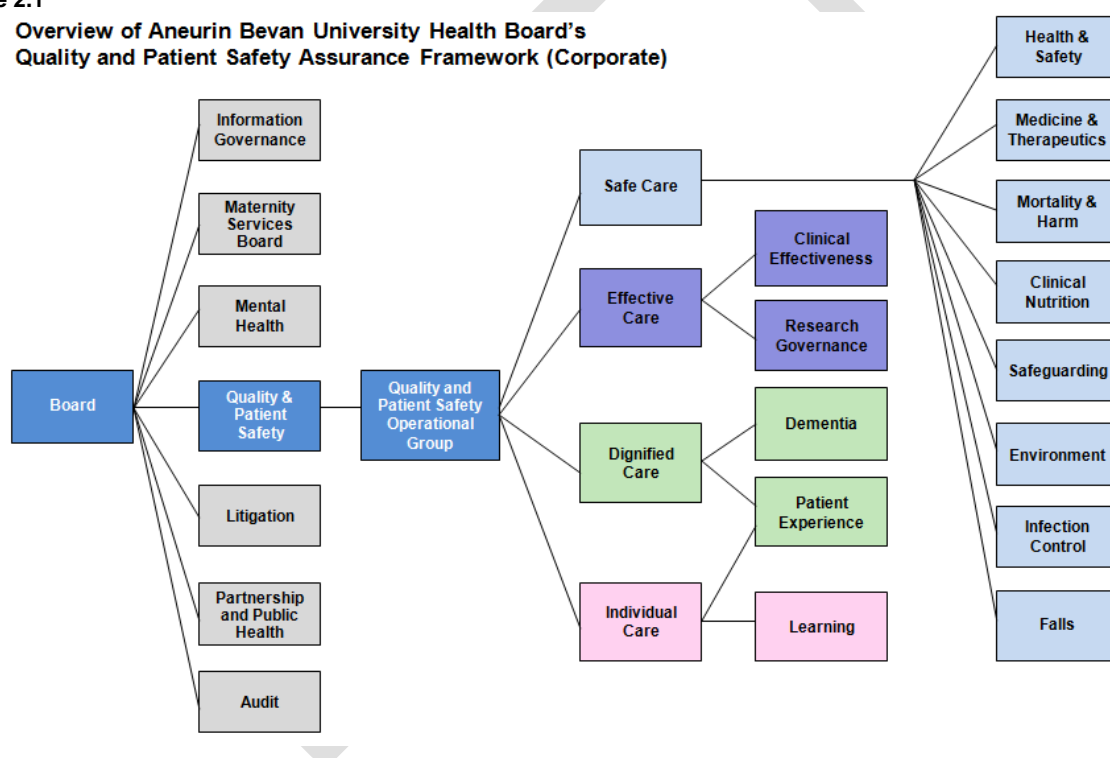
The 22 Health and Care Standards are grouped in to 7 themes and provide the framework against which we assess all our services, to identify gaps, risks and areas for improvement. The same 7 quality themes are used in the NHS Outcomes and Delivery Framework and we continue to prioritise areas that reduce avoidable harm to patients, specifically:

- Avoidance, early identification and management of sepsis, healthcare associated infections, hospital acquired thrombosis, falls and pressure damage.
- Compliance with essential care, including nutrition, hydration, skin care, medicines management and continence care.
- Adopting prudent healthcare principles, ensuring that patients are equal partners and fully engaged in our improvement events.
- Embed identification of people living with dementia across all areas and appropriate management of their care and support for their carers.

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- Learning form surveillance mechanisms like mortality reviews, scrutiny panels and National Clinical Audit about variance and system and process issues that impact on mortality and harm across our hospitals
- Improving the quality improvement skills of our staff.

The Health and Care Standards for Wales are embedded at Divisional and Directorate level, with any gaps identified taken forward through improvement plans and risk registers. For each standard, a Corporate Standard Holders is identified who has expertise in that standard and provides a more localised overview of what should be in place to meet the standard. The overview lays out both the corporate systems and processes for the standard and what the Divisions need to have in place to meet the standard. Risks that cannot be managed within the Division are escalated to the Quality and Patient Safety Operational Group, and, where necessary, on to the Quality and Patient Safety Committee.

Independent Members are involved directly through championing specific issues and areas of service, providing challenge and support. They also consider a quality and patient safety report at every Quality and Patient Safety Committee, which monitors quality outcome measures, many of which are reflected in the quality improvements in this plan. Increasingly the measures reflect quality across the whole patient pathway. The reporting arrangements enable them to monitor against milestones that have been set, to ensure we are moving towards each outcome.

Our assurance processes are supported by many sources of data that we use to learn about how we can do better. This starts with the patient voice by triangulating concerns and patient experience information (for example real time electronic patient surveys or special interest groups) with mortality reviews, national clinical audits, incident reporting (including serious incidents), complaints, Ombudsmen reports, from listening to our staff, stakeholder, partners, patient stories, patient shadowing and patient surveys.

Key safety data is pulled together each week and discussed in an Executive Safety Huddle as an early warning system, in order to identify and address any emerging operational issues. In order to identify gaps and monitor improvement over time on the wards, an electronic dashboard is in the final stages of development. This is, initially, covering pressure damage, in-patient falls, healthcare associated infections and medication incidents, with the data taken from Datix. The dashboard will provide data at ward level, but this will also be aggregated to provide Divisional and Health Board overviews.

In response to the Palmer Report (2014) the Health Board is continuing to conduct mortality reviews undertaken by senior, independent clinicians, whilst preparing for the introduction of the Medical Examiner role. The Health Board regularly monitors specific mortality data for Stroke, Myocardial Infarction and Fractured Neck of Femur. Stroke mortality data is monitored alongside National Audit data, and the UHB is looking to develop this approach, and see whether this can also be combined with condition specific mortality reviews. We also have developed processes to ensure that the Health Board can fully participate in all National Clinical Audits (NCA). To support this, we are embedding new processes for the dissemination of the results of NCA reports within the organisation, to ensure areas for improvement are quickly identified and changes agreed and implemented. Our aim is to see year on year improvement in our results in National Clinical Audits.

2.2   Essential Care

We have continually monitored our performance and considered our position in relation to the elements of essential care, supported by partnership dignity visits and systematic reviews of care.

The following key indicators of quality care are monitored through the quality and patient safety assurance framework and reported to the Quality and Patient Safety Committee:

- Health Care Acquired Pressure Ulcers (National indicator).
- Health Care Acquired Infections (National indicator).
- Incidence of falls and falls associated with harm.

The following are underdevelopment and will be reported once the data is robust:

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- *Medication errors.*
- *Timely nutritional assessment (National indicator).*

Fundamental to this work is the promotion of an improvement culture and safe and effective care in practice in order to reduce harm. This has included the establishment of Pressure Damage Scrutiny Panels to review all instances of significant pressure damage acquired in hospital. This ensures a refocus on understanding the risk factors for pressure damage and the actions that ward staff, the division and the health board needs to take to reduce risk. This is now being taken forward through the Pressure Ulcer Collaborative, in partnership with ABCi. Reporting of pressure damage is now in place for community acquired pressure damage and is being rolled out across care homes. Similarly the establishment of the Falls Scrutiny Panel to review the investigation of every in-patient fall resulting in a fracture ensures a ward to board focus on risk reduction.

The process for capturing real time data on all of these areas in a dashboard is being progressed to ensure a swift response to enable learning and demonstrate improvement against targets. The dashboard will be accessible to everyone in the Health Board through the intranet, and provide data at the ward level, through to the whole health board level.

We are committed to enhancing our engagement with patients and their families to seek their views on the care we provide so that we can listen and learn with the aim of improving patient and family experience. This year we have continued to build on the outcomes of the Evans Report, "Using the Gift of Complaints" on complaints handling in NHS Wales. This concluded that "Putting things right" is the right approach for managing complaints and concerns. The Health Board will continue this work, closely aligned to the patient experience and citizen engagement programme.

We welcome and encourage patients, relatives, carers and the public to communicate their views and experiences with us. In particular, we are encouraging people to raise their concern with us directly at an early stage so that we can work with them to resolve their issues before they escalate into a formal complaint. We have consulted on the Ombudsman Wales Bill in terms of future proofing our work in relation to complaints management and are working in collaboration with the Ombudsman's office and Welsh Risk Pool as part of the National Ombudsman's Network Group.

We are further developing the way we manage concerns (Incidents and complaints) to ensure both the timeliness of the response and the quality of contact, openness and communication with those raising a concern.

The Health Board Executive Director of Nursing is the Executive lead for concerns. We have a Corporate Concerns Team who provide specialist advice and also support the Operational Divisions to manage Incidents and complaints. We have put in place the standards of the putting things right guidance and the standards that are articulated in the Welsh Government White Paper, "Services fit for the future", including an approach whereby we are open with those who complain and we aim to respond with information which is straightforward and easy to understand. We work with other organisations where concerns cross two or more NHS organisations.

We remain fully committed to using the learning from concerns to improve our service standards and user experience.

2.2.3   External Inspection Process

Throughout the year different health settings across the health board have been subject to external inspection from Health Care Inspectorate Wales and also from the Community Health Council. This provides opportunity to identify good practice and also to progress areas of improvement where this may be necessary in specific wards or areas; directorates and divisions. It is equally important to share findings across the divisions of the health board for the purpose of wider learning. Quarterly briefings of common findings are disseminated to support divisions in this wider organisational learning; to determine any necessary overarching health board actions and to identify any recurrent themes over time.

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SECTION THREE – PROFESSIONAL REGULATION

4.1

Nursing

3.1   Professional Regulation for Nurses

ABUHB has a clear governance framework relating to the Director of Nursing and wider organisational responsibilities for ensuring all registrants maintain their 'fitness to practice' through robust procedures for the monitoring of registration, appropriate professional, educational standards and in terms of conduct and performance with clear and transparent processes in place to investigate those who fall short of the required standards.

Revalidation is the professional responsibility of the individual registrant; however ABUHB plays a key facilitative role through individualised direct targeted timely information giving and support/ dedicated intranet page / ESR utilisation / provision of folder, templates, forms and other resources /direct pilot partner quarterly update links with the NMC, in supporting registrants to successfully revalidate and renew their registration. The Health Board has over 3,500 Registered Nurses and Midwives, all of whom are required to meet the new NMC revalidation requirements, demonstrating safe and effective practice in line with their Professional Code. In line with the NMC and All Wales Registration and Revalidation Policy individuals who do not meet the requirements will be unable to practice as a registered nurse or midwife.

3.2   PDR compliance

The requirement for registrants to undergo PDR on an annual basis is valued, promoted, discussed and recorded within ABUHB.

3.3   Education and development

The Health Board has a robust preceptorship programme in place known as the **Journey of Excellence** (JoE), supported by practice educators and clinical skills trainers, providing formal support and guidance to registrants. JoE enables successful transition from student to registered nurse or midwife, those returning to practice, overseas staff and those new into post or a new speciality area and those developing through their professional career pathway. This dedicated support provides a structured objectively assessed pathway enabling registrants to confidently and competently deliver safe and effective care to patients, develop professionally and to build expertise working towards advanced practice. It provides a novice to expert approach across clinical practice, education and training, leadership, strategic development, research and audit. The programme also aims to help with recruitment and retention for the organisation and it is supplemented by a structured approach to ongoing mandatory and professional development days for all registered nurses and midwives across the organisation.

3.4   Nursing and midwifery strategy

Our nursing and midwifery strategy '**Living the Code – Delivering the Care'** identifies within the context of national and local imperatives and new legislative changes, the direction and objectives that nursing will need to achieve in the next few years. It outlines the fundamental requirement to working in partnership across all sectors and professionals to deliver workforce, training and education across acute, community and primary care settings.

3.5   Nurse Staffing Levels (Wales) Act 2016

As of 6th April 2017 all Health Boards and Trusts in Wales have a duty to comply with sections 25A of the act. There is no statutory guidance relating to Section 25A. In order to comply with this section of the Act the Health Board has reviewed and strengthened a number of systems and processes that can

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demonstrate that the Board has regard to ensuring that the services it both provides and commissions result in the supply of sufficient numbers of nurses to care for patients sensitively. These include:

- The adoption of approved systems/tools to undertake workforce planning
- Programmes of recruitment of registered nurses on a planned basis throughout the year based on workforce data that identifies vacancy and turnover;
- A programme to review and encourage the retention of registered nurses,
- Working in partnership with a variety of educational institutes to provide adequate education and training of nurses through agreed commissioning of student nurse numbers.
- The development of ward key performance and quality metrics that can be triangulated with staffing levels to demonstrate and evidence the sensitivity of care provided through the workforce numbers.

An action plan, monitored by the executive team, has been developed to support the implementation of the Staffing Act. In March 2018 a paper was prepared for Executives and Board to approve the staffing levels in readiness for April. Additional funding was requested for D4West and an uplift for maternity leave and ward managers equating to £0,260M was granted to support rosters.

Governance and management arrangements have been made to strengthen the evidencing of decision making and reporting of decisions relating to nurse staffing. Alongside the Capacity Escalation Policy a Staffing Escalation Policy has been developed. Furthermore the following actions have been taken in support of the implementation of the Act:

Actions taken
- Acuity masterclasses
- Reporting mechanism to escalate deviations from the planned rosters from ward to board – reported on a weekly basis and forms part of the executive huddle (rag rating)
- Datix reporting to incorporate and highlight incidents relating to falls, medication errors and pressure ulcers as a consequence of unacceptable staffing levels.
- Strategic nurse education committee has been reviewed and a nursing resource/workforce committee established.
- Active representation at all Wales work streams.

From April 2018 sections 25B and 25C of the Act commenced with supporting statutory guidance pertaining to acute adult medical and surgical wards. In line with the statutory guidance and the operational guidance issued, establishment reviews including finance, nursing and workforce took place in September 2108. Wards from all 3 acute sites (RGH, NHH and YYF) as defined in the Staffing Act were reviewed. This review included the requirement of sign off by the Executive Director of Nursing as the designated person and reporting to the Board.

A bi-annual review took place in September 2018 as required by the Act, this review exercised the triangulated approach which involved:

- An acuity review of all medical and surgical wards (utilising Welsh Levels of Care).
- Review and analysis of quality indicators; hospital acquired pressure ulcers, falls, medication errors and complaints. The Staffing Act does not stipulate the need to report complaints however as a Health Board it was considered a useful indicator with regards patients/relative/carer experience and was included.
- Professional judgement – roster reviews were undertaken in conjunction with the Divisional Nursing Team, Senior Nurse, Ward Sister, Workforce Business Partner, Finance and the erostering team. The purpose of the review was to ensure professional judgement was applied all rosters to ensure they met the requirements of the Act and was deemed 'fit for purpose'. Examples of professional judgement considered included skill mix, competencies, experience, RN:HCSW ratios, complexities of patients' needs in addition to their medical/surgical needs and the effect of temporary staff.

This review identified the need to further enhance two wards within the scheduled care division, D7E and ward 3/1 resulting in a material financial increase in planned spend, £107K. Ward D7E in RGH and ward 3/1 in NHH are both Trauma and Orthopaedics wards having to cope with increased seven day theatre

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activity as result of the drive to improve RTT. It is proposed this additional funding request will be presented to Executives and Board January 2019 for approval.

The biggest risk to the implementation of the Act relates to RN vacancies, currently Staffing Act wards within acute medical and surgical wards stand at, 94.39WTE unscheduled care and 74.10WTE scheduled care.

Actions take to address high vacancy factor include:

- Attendance at local and national recruitment events.
- Streamlining students.
- Monthly recruitment wheels.
- Flexi route for registered nurse training.
- Overseas nurse programme.
- Return to Practise Programme.
- Developing Health Board branding to support recruitment.

3.5   Medical Revalidation and appraisal

Revalidation formally came into force for all doctors practising in the UK in December 2012. In Wales, Responsible Officers were the first to revalidate, going through the process in March 2012. April 2018 saw the completion of the first five-year revalidation cycle and during this time, ABUHB has achieved a great deal and the outcomes and benefits of medical appraisal have become apparent.

Aneurin Bevan University Health Board is the Designated Body for some 1,166 doctors, 475 in primary care and 691 in secondary care. Appraisal and Revalidation are directly linked but are two distinct areas. Each doctor must engage in annual appraisal in order to be revalidated. Revalidation occurs on a five-year rolling basis and offers a defined point at which appraisal and clinical governance can be triangulated to ensure an absence of concerns. The decision to revalidate or defer is made by the RO which, in Wales, is our Medical Director. A decision must be made for each doctor prior to a pre-defined revalidate date which is issued by the GMC.

Over the past 5 years, ABUHB has been particularly active in developing local processes and working to enhance the benefits of appraisal within the Health Board. Primary Care doctors have been required to undertake formal annual appraisal in order to retain inclusion on the Medical Performers' List for many years and this is firmly embedded. We have been focussing on secondary care where initially there was a reluctance to engage in the appraisal process. We adopted the philosophy to make the process of undertaking an appraisal as easy as possible with the anticipated outcome that we could work with secondary care doctors to realise the benefit of appraisal over time. We are delighted to be able to report that 90% of our doctors have undertaken an appraisal in the last 12 months.

The following table shows the breakdown of appraisals across the various grades. It also takes into account reported extenuating circumstances which prevent an appraisal taking place.   Such circumstances could include maternity leave, long term sick leave etc. but is also particularly relevant with our Clinical Fellow doctors. These doctors are transient and many are only with us for one year. The figures in the table below have also been adjusted to take into account when an individual's appraisal may be due.

	Number of Prescribed connections	No of doctors exempt due to extenuating circumstances	No of completed appraisals	% of completed appraisals
General practitioners	475	6	403	86%
Consultants (including honorary contract holders)	459	41	392	94%
Staff Grade, Associate Specialist, Specialty Doctor	119	15	100	96%
Temporary or short-term contract holders	113	78	28	80%
TOTAL	**1166**	**140**	**923**	**90%**

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3.2.1. ABUHB Highlights

Appraisal & Revalidation Highlights:	Appraisal & Revalidation Challenges:
 ▪ 90% of our doctors have had an appraisal in the last 12 months. ▪ Appointment of an Appraisal Lead. ▪ SAS doctor engagement particularly encouraging. ▪ Improvements to Appraisal Summary & the development of ongoing QA. ▪ Development of the Appraisers' Network. ▪ Developments in relation to the new MARS system. ▪ Embedded Revalidation Process. ▪ Introduction of formal processes to ensure annual appraisal. ▪ Enhanced Governance Triangulation and use of learning logs ▪ Introduction of the Effective Quality Improvement Activity Form to appraisal	. ▪ Managing appraisal for Clinical Fellows. ▪ Appraiser Support.. ▪ Clinical Fellow/short term locum revalidation. ▪ Increasing the Appraiser Lead role in order to further support appraisers ▪ Improve our ability to report on constraints raised at appraisal

Within secondary care, the five year cycle has also been one of learning and training for our Appraisers. We have worked hard to professionalise our Appraisers and have adopted an appropriate SPA tariff to recognise and protect time for this important work. We have a formal job description for our Appraisers which has been ratified by the Medical Director. As part of this, we have highlighted our expectations in relation to quality assurance and training which will go some way to improve the quality and benefit of each appraisal.

The development of an Appraisers' Network has proved to be extremely successful in supporting and professionalising our Appraisers which in turn is resulting in a higher quality of appraisal. Feedback suggests that these sessions are seen as extremely useful, particularly in identifying and resolving issues. We are now running these twice per year but running each session in RGH and NHH to allow all our Appraisers to attend.

Initial investigations are showing that the quality of the appraisal and appraisal summary has improved considerably over the five year cycle as both Appraisers and Appraisees gain more understanding of the appraisal process. We continue to receive regular feedback from clinicians advocating the benefits of appraisal, particularly now that it is being carried out in a more structured manner. Although there is still a certain amount of reticence in relation to the MARS system, it is generally agreed that it does support a structured appraisal which is proving to be of benefit to many.

Our local processes in relation to managing the appraisal process continue to work well. Each doctor is allocated an appraisal quarter during which time they should undertake their annual appraisal. We remind doctors prior to this to arrange their appraisal. If no extenuating circumstances are reported and the appraisal is not arranged during the quarter, we remind them again in order for it to take place in the following quarter. If the appraisal is still outstanding, a letter is sent from the Medical Director giving 4 weeks' notice prior to a rev6 notification being issued. This engages the GMC directly with the doctor with whom we have concerns and can result in an individual's revalidation date being bought forward. If the doctor continues to fail to engage, a recommendation for non-engagement is made to the GMC. We are particularly pleased to report that we have had no instances of non-engagement to date. It is our belief that this is due to the positive approach that ABUHB has taken towards revalidation and appraisal.

Benefits and Outcomes of Appraisal

We believe our processes in place to support appraisal and revalidation are working well and we are now focussing on the Outcomes of Appraisal. One of the most important benefits of appraisal within the medical profession has to be the positive effect on patient care. This is extremely difficult to measure although we have received a considerable amount of anecdotal evidence that suggests that clinicians find the focus on improving patient care to be at the heart of their appraisals. It is generally agreed amongst clinicians that this focus and formal reflection has resulted in improved patient care.

In addition, appraisal has been used as a forum to raise constraints and issues and to get advice and direction on taking these forward or escalating in an appropriate way. We are keen to improve our ability to report on constraints raised at appraisal. Currently, MARS is unable to give us meaningful data on this and we are working to develop a process whereby we can record and address many of the

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constraints raised at appraisal. We continue to work with the RSU to develop functionality of the new MARS system so that we can obtain this information easily.

EQIA

We very strongly believe that appraisal and revalidation should be a positive learning experience for the individual doctor. We have been strong advocates of retaining this function within medical education to ensure it continues to allow our doctors to develop and our Health Board and patients to benefit from the outcomes coming from appraisal itself. To this end, we have introduced a process whereby appraisers can complete an Effective Quality Improvement Activity Form (EQIA) at appraisal which then highlights the excellent quality improvement work which is being carried out by many of our doctors but which is not currently being reported back to the Board. These forms are collated centrally and sent to the Medical Director.

Whilst this is a new initiative, we have already seen some excellent and exciting work emerge and have organised an event which can share good practice in Quality Improvements across the Board. The event, which is taking place on 21st September 2018, has been aimed at Director and Divisional Managers in addition to other clinicians to ensure that these important outcomes of appraisal can be identified and used to influence future job planning and service development.

Learning Logs

As part of the revalidation process, it is vital that appraisal information is triangulated with governance information. Doctors have to reflect on Significant Events at each appraisal and we have introduced an initiative whereby a learning log is completed, including full reflection, for SUIs within the Health Board. Working with the Putting Things Right Team, we are notified when an SUI is being investigated. We issue a learning log to the doctor for completion which is then returned to us. The learning log includes reflection on the event and identifies a way forward in terms of learning for the doctor. We expect this to be fully discussed at the next appraisal and appropriate actions identified within the PDP. We can therefore make sure that appropriate reflection and learning takes place prior to revalidation.

This process also gives us assurance at a HB level that appropriate reflection and learning occurs following a Significant Event and has been made possible as part of the appraisal process.

Evaluation Visits

The CMO has tasked the RSU to undertake a series of evaluation visits to Health Boards to look at processes around revalidation to ensure consistency across Wales. We want to make sure that the processes and procedures in place here in ABUHB are considered as an example of good practice across Wales and our Visit was scheduled for 11th July 2018. The meeting was extremely positive and gave us an opportunity to talk through the myriad of processes we adopt in order to manage and support appraisal. It also gave us the opportunity to share the initiatives we have introduced over the course of the first cycle.

One of the recommendations from the visit has been to increase resources for supporting appraisal, particularly through an increase in Appraiser Lead-type roles. Such roles are particularly important for supporting appraisees and appraisers and will be key to improving our quality assurance programme and addressing the ongoing challenges in relation to locums and short term contract holders. We currently have one Clinical Appraisal Lead who has 0.5 sessions in which to undertake the role for the whole organisation.

Although we are still waiting for the final report to be issued, we have seen a draft report and are already working on an action plan to address the recommendations that have been suggested.

3.6   Next Steps

As we enter the second cycle, we look to continue on this upward trajectory, focusing on some key areas for development and improvement. Our key challenges reflect those faced by the GMC and it is our priority to work to address these:

- Quality assurance – we are the only Health Board in Wales undertaking local quality assurance on

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our appraisal summaries. We have learnt a lot from the two Quality Assurance Days that we have run and will continue to develop this process at our next day in January 2019.
- Locum and Clinical Fellows have been recognised by the GMC as an area of focus as they move from post to post and are therefore more difficult to appraise, although they can be the most vulnerable group and in most need of regular appraisal. In ABUHB we want to establish a way of offering more support to this group of doctors to ensure they can access appraisal in a timely manner.
- Resources are always an issue and the Appraisal and Revalidation Team has remained extremely lean. We are now in a position where further investment in Lead Appraiser roles would enable us to take forward our improvements and support appraisers.

4.1

3.10   Professional Regulation for Therapists and Health Scientists

Therapies and Health Science has 1,200 registered staff working in ABUHB, across 16 staff groups (18 distinct professions) constituting a diverse workforce:

Though operationally managed in different Divisions within the UHB, these are the staff that are ultimately professionally accountable to, and represented on the Board by, the Executive Director for Therapies and Health Science.

Most qualified Therapies and Health Science staff working in ABUHB are registered with the Health & Care Professions Council (HCPC) with the exception of Audiologists, Cardiac physiologists, Neurophysiologists and Nuclear Medicine Technologists who may have a voluntary registration with the Registration Council for Clinical Physiologists (RCCP).   Clinical Scientists and Hearing Aid Technicians who work within Audiology are registered with the HCPC.

These bodies provide the necessary governance to ensure protection of patients by requiring that registered professionals meet the following three requirements:

The current framework of professional regulation is underpinned by codes of conduct and profession specific standards.

The Therapies and Health Science professionals are supported by HCSWs across bands 2, 3 and 4, with skill sets specifically developed to enhance the specialist area that they work within. The UHB has sound governance arrangements for HCSWs by using tools such as the All-Wales Healthcare Support Worker Framework published in 2016; this provides a framework for quality assurance and competence based education. In addition there is the Code of Conduct for Healthcare Support Workers in Wales (2011) and clear systems of delegation and supervision.

Unlike the NMC, the HCPC does not require an annual revalidation to maintain registration although there is a requirement to re-register every 2 years. HCPC registered professionals are required to maintain a portfolio of continued professional development and a random sample is selected at re-registration for audit by the HCPC. All Therapies and Health Science staff within the UHB are required to have an annual PADR which includes a requirement to demonstrate that the individual is meeting the HCPC registration requirements.   Within ABUHB, the Executive Director for Therapies and Health Science is responsible for monitoring HCPC registration. To this end, Professional Heads of Service are required to provide evidence to the Assistant Director of Therapies and Health Science every 6 months that all relevant staff are registered. Therapies and Health staff who are not able to meet the requirements that allow them to remain registered with the HCPC, will be unable to practice in ABUHB as a registered therapist or health scientist.

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SECTION FOUR – PATIENT EXPERIENCE

4.1   Overview

Understanding the experience of what it feels like to use the services of the Health Board is fundamental to being a learning organisation that is person centred in the design and delivery of services. A good patient experience is at the heart of the quality in healthcare as it encompasses all the dimensions of quality as illustrated in the figure 4.1 below. In order to achieve this, we need to be able to see the experience through the patient's eyes, recognising that every patient is an individual. This means that the patient voice needs to be present and listened to at all levels of the organisation, and that the patient is welcomed as an equal partner in their own care and in the processes of designing and delivering care.

Figure 4.1

The organisation is driven with a person centred focus and this is fundamental to the values and culture. There is a need to continuously improve and embed this approach to care and the delivery and development of services. Working with communities to assess and design services improves those services, whilst seeing individuals as equal partners in treatment decisions and self-care management improves outcomes. The challenge is to develop a new relationship with the public as co-producers in their own care, empowering the public to make informed decisions about the appropriate use of healthcare.

Figure 4.2

Listening and learning to improve the experience of care is fundamental and the framework for Patient, Family and Carer experience "What Matters to Me" is implemented within a context of integration with the Organisational Development strategy, the Citizen Engagement strategy and the improvement ABCi and value based health care work. This framework and our plan is underpinned by the Health Boards' aims and mission statement of the communities we serve which is working with you for a healthier community; caring for you when you need us, and, aiming for excellence in what we do.

The fundamental expectation is that care for every patient should be given in the same way as we would want our family, friends and loved ones to be cared for. The overarching ambition is to demonstrably improve the experience of care for patients and their families and carers. To work collaboratively with patients, families and carers to bring about real change in their experience and in how we learn and improve the delivery of care and services we provide as a Health Board, understanding what matters to the population we serve.

The key aims of the framework are to:

- Provide accessible ways to actively engage with patients their families and carers encouraging all feedback.
- To act on feedback, demonstrating genuine learning and improvement from listening.
- Identify our key ambitions and an annual programme of work that will be overseen by the Patient Experience Committee to improve patient, family and carer experience throughout the Health Board.
- To better understand from people who use our services "what matters to them" and ensure patients, families and carers are provided with the best possible experience of care whilst using our services.

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- Develop the approach to and understanding of person centred care in the planning and delivery of services and care.
- Develop co-production within all service development and improvement work.

The key priorities include:

- First impressions and enhancing first contact with the Health Board.
- Further development of patient feedback mechanisms and learning from feedback.
- Develop the PREMs Approach to International Consortium for Health Outcomes Measures (ICHOM) Values Based Health Care.
- Focus on the essentials of care and care of older people in hospital.
- Implementation of the Dementia strategy.
- Continue to develop the implementation of All Wales Standards for Accessible Communication and Information for People with Sensory Loss.
- Refresh the Volunteering strategy and further enhance the contribution of volunteers.
- Continue the implementation of the Carers Strategy.

Good progress has been made in 2018-19, which includes:

- Developing a tool kit to support person centred care in ABCi's improvement work
- Piloting of extended visiting hours at RGH and NHH
- Working with ABCi to review and improve the "patient Information Unit", and implementing an improvement plan so that up to date patient information is available and accessible to patients
- A workshop held to develop the vision for the Bereavement Service, and a successful bid for All Wales End of Life funding to expand the service
- A successful pilot of the bereavement service at YYF

In 2019, we will:

- Develop the bereavement service with the Medical Examiner Service, to provide a better, integrated service for bereaved relatives
- Agree a Health Board approach to extending visiting hours on our wards
- Further roll out of PREMs using Dr Dr.

4.2   Listening and learning from patient feedback

Obtaining direct feedback from patients/service users and acting on it is essential. Currently the Health Board has a range of methods for gaining feedback to learn and improve the care for patients and their families. These approaches align to the 4 quadrant framework in the Framework for Assuring Service User Experience.

These include:

- Patient Surveys: such as PREMs, the All Wales core questions, the Health and Care Standards Compliance Tool Patient Experience Survey and bespoke surveys.
- Graffiti Boards and Feedback Boards such as "Top and Pants" ;
- Patient Stories;
- Patient panels;
- Patient groups such as for diabetes or primary care
- Learning from Patient Safety Incidents ;
- Complaints and Claims learning; analysis of themes and sharing stories of cases.
- Compliments, understanding what we are doing well to spread good practice.
- 15 Step Challenge approach, this has been piloted in children's services

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- Observations of Care.

Patient/service User participation (via service improvement approaches):

- Kings Fund and Health Foundation Patient and Family Centred Care Programme. Currently The Stroke Team are participating in a national programme for patients are End of Life. The team are using surveys, shadowing and listening events to understand both staff and patient and family experience.

A "Tool Kit" has been developed to bring the framework to life and ensure that the methods of seeking feedback, listening and learning are more accessible. The tool kit sets out an approach to person centred care and tools to gain feedback, involve and listen to the people who use our services to improve what we do. The use of the tool kit will be aligned to improvement work with ABCi.

In addition to this process patient feedback is also obtained from:

Social media: The Communications Team have set up processes for monitoring, capturing and sharing patient feedback via Facebook and twitter. This provides an opportunity of alerting Wards/departments to all real time feedback enabling 'on the spot' resolutions to issues identified. It also assists in capturing compliments, sharing them with teams and individuals in a timely manner.

Monitoring Reviews: Executive walk rounds are well established and link in with the Community Health Council reviews and Dignity Inspections.

Health Boards across Wales are required to support patients/carers to provide feedback in a simple, timely and proactive manner. Within ABUHB in addition to the mechanisms above which are in place in every division we are developing systematic feedback collection on a larger scale using the all wales core questions. .The Health Board is now taking this forward as part of an integrated approach with the PROMs and PREMS ICHOM programme and using Dr Doctor as the platform for collection of feedback. This feedback from patients and their families is collected and used in a number of ways with a focus on listening, learning and most importantly using the feedback to take actions to improve the service. Clinical and Service areas are developing their "You said, we did "Boards.

It is recognised that patient stories are very powerful and can directly influence behaviour and care delivery. Each Formal Board meeting is opened with a patient story. This helps to focus the meeting on the patient who is at the centre of all we do.

Timely analysis of feedback from concerns, complaints, compliments and clinical incidents, is undertaken as recommended by Welsh Government within the Putting Things Right Regulations. Through thorough analysis, assurance can be given on the standard and quality of care as well as alerting Ward to Board about any concerns in a timely way enabling prompt and responsive action to be taken. The analysis, audit and monitoring of the information are essential steps in the good governance. The analysis of the findings is also used to support improvement projects across the Board linking with ABCi and shared via the Learning Committee.

The Quality and Patient safety committee receive bi monthly reports which provides details about complaint performance against the 30 day target, themes and trends and remedial actions taken to prevent further complaints and to improve the patient experience.

The Health Board has been developing datix as a reporting and assurance tool through the development of a dashboard, using Qlick Sense. This is covering the key areas of in-patient falls, C diff, medication safety incidents and pressure damage. The dashboard is currently in shadow form and will go live in spring 2019.

Local engagement events to discuss isolation and loneliness has driven forward a social movement aimed at supporting people to reconnect with their communities.

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Ffrind i mi (or Friend of mine) is an initiative that Aneurin Bevan University Health Board and its partners are developing to try and make sure that anyone who feels lonely or isolated are supported to reconnect with their communities. This is overseen by a Ffrind I Mi Partnership Board. Working with Community Connectors and existing volunteer befriending services, we aim to both signpost people to existing services and recruit as many volunteers as possible to support those who are lonely and/or isolated. We hope to match the interests of people to volunteers with the same interests e.g. gardening, watching sport, dog walking.

This initiative supports the Well Being of Future Generations Act and has helped inform the Health Boards well-being goals. Ffrind i mi Partnership have developed a draft Intergenerational Strategy, which to date, 50 partners have signed up to.. More information on this initiative can be found at www.ffrindimi.co.uk.

A range of external bodies, including the Community Health Council and Health Inspectorate Wales, also undertake formal, independent reviews of our systems, processes and practice, which also underpin our quality assurance processes and enable a triangulation of data.

4.3   Clear Aims and Measures for Patient Experience

The Patient Experience Steering Group have updated the aims and continue to measure and lead the patient experience agenda in collaboration with other departments, staff and service users/carers. An action plan embracing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss is in place and monitored to deliver change and embed the All Wales Standards for Accessible Communication and Information for People with Sensory loss.

4.3.1   Executive and Independent Members Walk About

Executive and Independent Members of the Health Board place great emphasis on engagement with patients and staff as a mechanism to improve quality and patient safety. A four pronged approach has been adopted and embedded in the organisation, namely:

- Patient safety Walk About is a fortnightly programme of an Executive and an Independent Member visiting a service area.
- Executive Directors have a programme of shadowing staff, from porters to surgeons and across all care settings.
- Executive Directors have a programme of visiting service areas that are innovating new models of care.
- Chief Executive has an annual programme of drop-in sessions, covering every hospital site, sessions are open to staff and the public.

4.3.2   Value Based Health Care and Co-production

Our current model of health care is based on clinicians deciding what treatment will work best for patients and requiring (sometimes supporting) their compliance with the treatment programme. Whilst this approach has served us well in the past, in the face of the rising tide of long term conditions, it has faltered and stalled. Something else is required to complement clinical expertise and health services. The answer lies in recognising what people and communities want and could do for themselves and reorienting and reshaping health and other services to support them. This new co-productive approach requires major culture change with patient's 'lived experience' being given equal weight alongside the expertise of clinicians. The new approaches will also require a redesign of pathways around people, rather than diseases, and a reshaping of budgets and incentives.

Ensuring the quality and safety of services is enhanced; and preventing poor health and reducing inequalities. Currently the outcome indicators being relied upon to measure progress are limited to specific mortality rates and activity volumes (i.e. emergency hospital and mental health admissions). Value-Based health care and specifically patient reported outcomes have been identified as a means of reflecting the interests of the patient and the challenge to NHS Wales is to establish a consistent evidence

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based approach to give every patient the opportunity to co-produce and evaluate their own care, both individually and at a service level.

Understanding the quality of life of our population and the effectiveness of the care we provide is essential to make high quality informed internal commissioning decisions. Judgements on equity of service and how to best meet both the needs and demands of the population require a robust evidence based and analysis that will stand up to both clinical and legal challenge in terms of whether or not the care we provide and commission has led to real improvements in outcomes, and that we are allocating resource for maximum impact.

The Health Board is committed to driving Value-Based healthcare as the key vehicle to deliver prudent healthcare, our approach:

- Positions citizens in an equitable relationship with professionals and practitioners in co-producing health care through equal access to shared information.
- Aims to provide a safe, secure, rich digital resource and tool for citizens to access care and be cared for when they need it.
- Enables the professionals and citizens to have the right information at the right time and presented in the right way, to do only what is needed, nor more, no less; and do no harm. It enables the rapid evaluation of new models of care by the clinical teams implementing them according to Value-Based healthcare principles, allowing for prudent investment and disinvestment through the IMTP. This will be essential to the delivery of the clinical futures model and the Specialist Critical Care Centre.
- Provides the opportunity to deploy and support an 'All for 'Wales' solution for the provision of a cohesive consistent and transparent approach to capturing and sharing information between citizens and health and social care organisations in Wales.
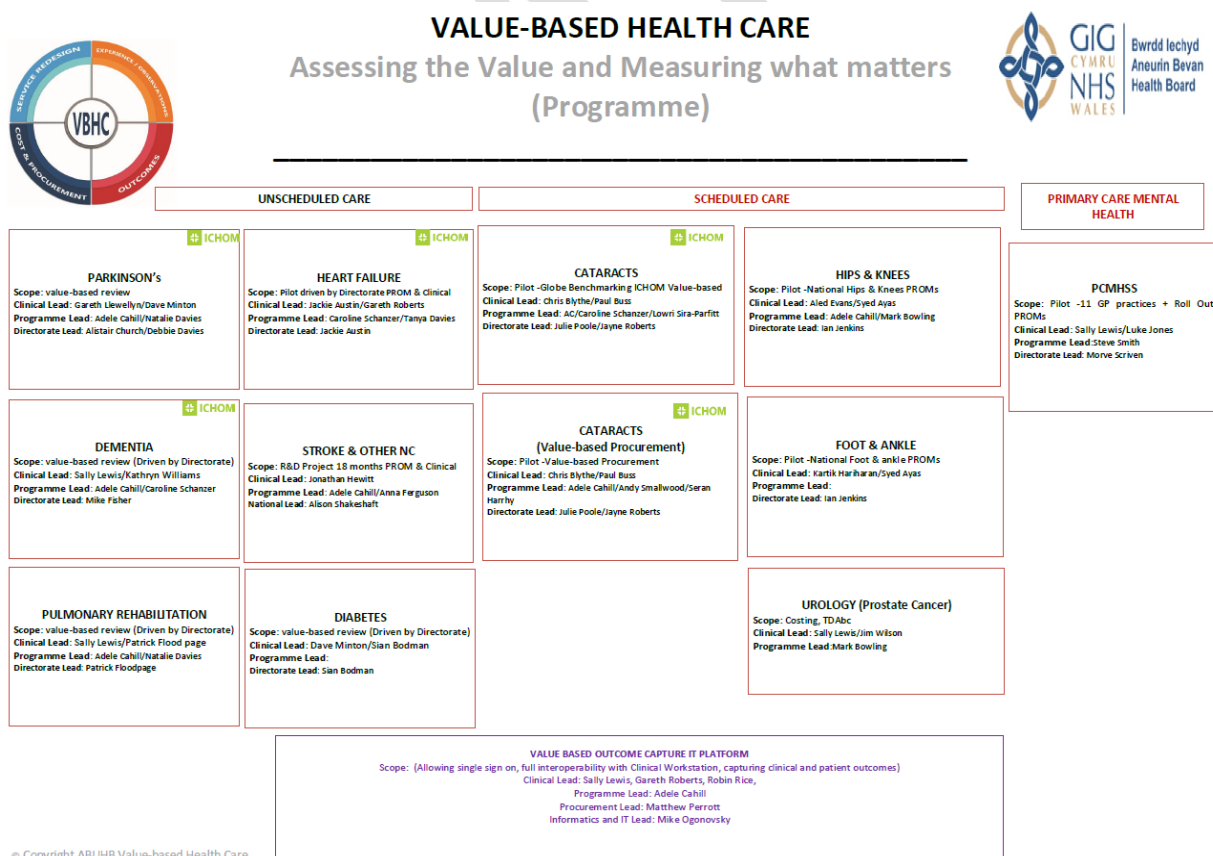
4.3.3 Volunteering
The 1st ABUHB Volunteering Strategy 2014-2017 has been refreshed and will be re-launched in 2019.

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Key developments in the last three years include:

- The introduction of a streamlined recruitment process whereby volunteers can have their informal interview and checks initiated (included DBS) at a local convenient appointment.
- Raising the profile of volunteering through the publication of dedicated web and intranet pages and annual volunteer recognition events funded by the Charitable Funds committee.
- Innovative full mealtime support, including feeding low risk patients, provided by Age Cymru Gwent Robins at St Woolos and the Royal Gwent Hospitals. This has full governance with specific training and documented, delegated responsibility of the registered nurse.   It remains a significant development within the whole of Wales.
- The number of volunteers, including bespoke individual opportunities and larger schemes increases year on year.

The **refreshed strategy will focus on**:

- Volunteering as Core Business, integral to service development with divisional plans reflecting opportunities to enhance service provision with volunteers.
- Further alignment with the people strategy and maximising the contribution of volunteering across the Health Board.

The 2018 Work Plan, aligned with the Patient Experience Work Plan included:

- Growing Volunteering in every division across the Health Board
- Ensuring first impressions for people using services of the Health Board are welcoming, accessible and informative, developing a plan for meet and greet services and identifying resources required.
- Expanding Ffrind i Mi (Friend of Mine), building the potential and reach.
- Promoting and recruiting therapy dog volunteering across the Health Board, in partnership with Pets as Therapy and Therapy Dogs Nationwide.
- Holding an annual volunteering recognition event, inviting representatives from volunteer schemes across the Health Board.

Good progress has been made with the Workplan in 2018-19, including:

- Growing volunteering in the primary care and community Division to 71 volunteers, on community wards and in people's own homes.
- Developing innovative schemes and bespoke volunteering roles in the mental health Division, for example, recovery through activity volunteers in the adult service and art therapy volunteers in the Older Adult service.
- As from January 2018, all community hospital volunteering services have been brought under the umbrella of Ffrind I mi/Friend of Mine. To date, 50 partners have signed up to the Ffrind I mi strategy and collaborative approach
- 15 new therapy dog teams have been recruited
- The annual volunteering recognition event was held in July, celebrating their valuable contribution to the experience of patients, families, carers and staff.
- A new 5 day welcoming service, managed by Age Cymru Gwent Robins was implemented at St Woolos in July 20198, and the service at NHH has been expanded and refreshed.

The 2019 Work Plan, aligned with the Patient Experience Workplan, includes:

- Relaunching the Volunteering Strategy
- Review of the options for improving the volunteer run welcoming service at the RGH

4.3.4   Safeguarding and Public Protection
Safeguarding is central to all aspects of Health Board activity and the safety of service users and their families is a continuing priority for us. The safeguarding agenda has broadened in recent years and is concerned with children and young people; vulnerable adults, particularly the frail elderly; domestic

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abuse; sexual exploitation, human trafficking and slavery; female genital mutilation and counter terrorism. We recognise the role that the Health Board plays in all of these circumstances whether concerns arise in services that we provide or commission or in our local communities. Close partnership working is through the regional Children's Safeguarding Board; Adult Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence Regional Board (VAWDASV) and Multi- Agency Public Protection Strategic Management Board. This supports service development and through the scrutiny of inter-agency practice, provides assurance and identifies where improvements can be made. Over the coming year we will continue to work with partner agencies to further strengthen safeguarding processes and practice in meeting the requirements for implementation of the Social Services and Well-being (Wales) Act 2014 and the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) 2015. This is reflected in the Aneurin Bevan University Health Board safeguarding strategy Keeping People Safe 2016-2019. This will be refreshed in the summer of 2019 and the priorities for the next 3 years aligned to the priorities of the safeguarding boards. This will include:

- Prevention of child abuse and neglect through working with families.
- Raising awareness of the practice of female genital mutilation (FGM) to ensure appropriate care and support
- Training with a particular focus on 'Ask and Act' supporting staff to recognise and respond to domestic abuse;
- Full implementation of revisions to practice resulting from the Law Commissions review of Deprivation of Liberty Safeguards
- Development of a Children's Charter in line with UNCRC

4.3.6 Caring for people with Dementia

We know that one in 14 people over 65 years will develop dementia and this figure rises with age to 1 in 5 people aged over 85. Dementia is rising steadily and the next 12 years will bring a predicted 40% increase in people diagnosed with dementia. This is because more people are living longer and longevity gives rise to greater numbers of older people living with complex health conditions, including dementia. In our region there are approximately 8,000 people living with dementia. We want to create the opportunity for those people to 'stay as well as possible, for as long as possible' and to access early support and suitable care. It is essential that people with dementia remain in familiar surroundings, in their own homes and communities, thereby maximising opportunity for independence, and to go about their everyday lives freely and confidently. Therefore we want to build dementia supportive and dementia knowledgeable communities able to respond to the needs of people with dementia. The Regional Dementia Strategy was launched in the summer of 2018. The priority actions identified in this regional action plan are informed by the views of local people.   Together we aim to ensure that the voices and personal experience of people living with dementia help shape the regional plan as a reflection of the themes of Together for a Dementia Friendly Wales 2017-2022 (Welsh Government Consultation January 2017). These are.

- Risk reduction and health promotion;
- Recognition and identification;
- Assessment and diagnosis;
- Living as well as possible for as long as possible with dementia.
- The need for increased support in the community.
- More specialist care and support
- Supporting the plan: Research; Education and Training

The Health Board continues to be engaged with a number of researchers in taking different aspects of dementia research forward. We are learning from an ethnography study conducted by Cardiff University in 2 wards within each of 5 UK hospital sites including the Royal Gwent Hospital. The study examined everyday care, medication and feeding practices within acute hospital wards and this has supported us in highlighting the importance of and need to develop further person centred care for patients with dementia in our hospitals.

The Royal Gwent, Nevill Hall and Ysbyty Ystrad Fawr hospitals participated in the National Audit of Dementia again this year and this has supported the Health Board in identifying the key priorities for the coming year which includes:

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- Improving dementia diagnosis rates
- Developing a dementia skilled work force
- Establishing a clear protocol for the clinical assessment of delirium in general hospitals.
- Establishing a clear Dementia Care Pathway.

SECTION FIVE – QUALITY IMPROVEMENT

4.1

Quality Improvement Baseline and Priorities

Everything we do as an organisation impacts on the quality of care, safety and the patient experience of that care. Through our assurance processes and learning, we have identified the following priorities as these are the areas which impact across the whole organisation and that we can have maximum impact in reducing harm to our patients. Many of these require integrated working across the whole patient pathway in primary, community and secondary care. Through doing this we will also reduce length of stay and readmissions, and therefore also improve patient flow. In addition, areas are prioritised on a National basis through the Delivery Framework, and the National Outcomes Framework.

5.1 Health Care Acquired Infections (HCAI) - *Clostridium difficile (C difficile)* and *Staphylococcus aureus (S aureus)*

Aim for C. Difficile, the Health Board is to ensure a rate of no more than 25/100 000 population is delivered in by 31 March 2019. Welsh Government has agreed an individual rate for the Health Board for S. Aureus bacteraemias (MRSA and MSSA) which is to ensure a rate of no more than 19/100 000 is delivered and for E Coli bacteraemia is no more than a rate of 61/100 000 population.

The Welsh Government target for C. difficile was not met in March 2018. We achieved a rate of 36.81 per 100,000 population and equates to a 36% increase compared to the previous year. This, in all probability, was due to the inability to deliver a comprehensive deep clean programme in the previous year. Since then the Health Board has seen a decrease in cases – but the rate is just above the expected target at 26.58/100,000 population.

Graph 5.1
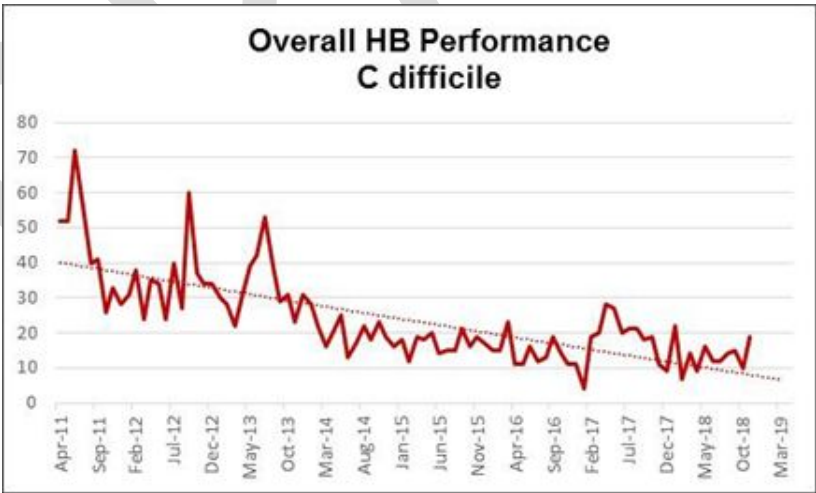
Graph 5.1 shows the number of cases of C difficile reducing since April 17 but with a disappointing spike in January 18.

The Health Board has profiled the improvement required to meet the March 19 target (see Graph 5.2) and this has been built up from Division specific profiles which identifies target numbers of cases weekly, monthly and cumulatively. There is weekly monitoring of performance and feedback to Divisions with the current performance below the profile. This demonstrates that, due to the increase in cases that has been experienced, we will not be able to meet the 2017-18 WG target.

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The Executive Team is updated daily with the numbers of C.difficile cases and all pathogens associated with the Tier 1 target.

Graph 5.2

AB UHB cumulative weekly number of *C. difficile* cases for 2018/19 in comparison to 2017/18 and the WG reduction expectation

4.1
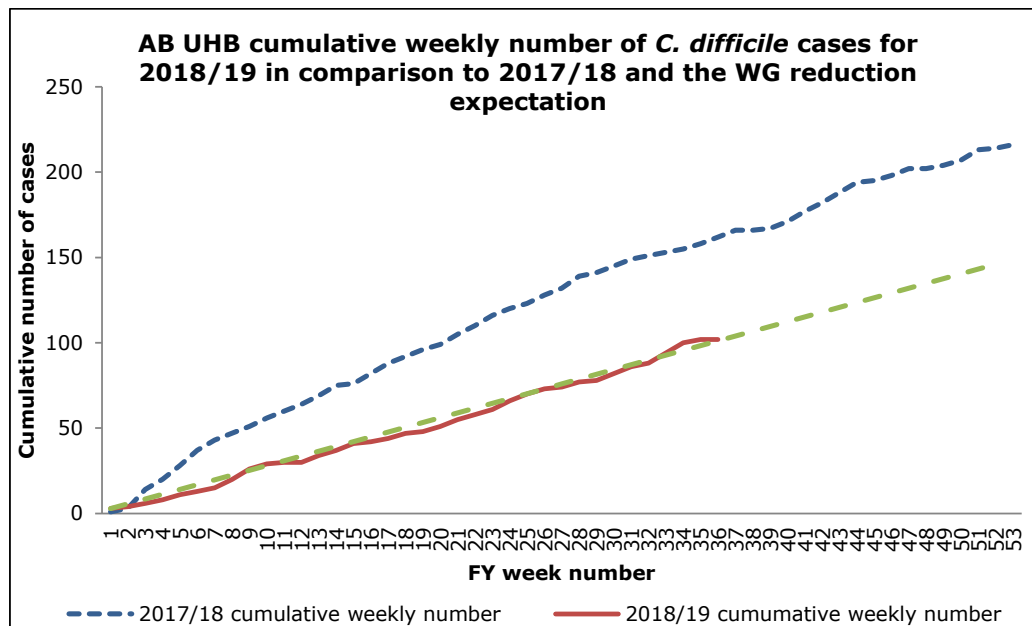
The Health Board has a strong Infection Prevention Performance plan which was reviewed and strengthened following the March 17 increase. As it was identified from surveillance data that more work needed to be undertaken in Primary Care to establish which infections can be considered avoidable and take appropriate action, **a specific Healthcare Associated Infection Primary Care Action Plan has been developed and is in the process of implementation.** This covers C. difficile, Staph aureus (including MRSA) bacteraemia and EColi bacteraemia. In light of the identified issues in Primary Care – a business case to appoint a band 7 Infection Prevention and Control Nurse has been successful.

The Health Board Infection Prevention Plan ensures that a number of key actions have continued and been strengthened in hospitals. The most important of these going forward are:

In 2018-19, we will:	*When*
Full participation in the 1000Lives National Collaborative for HCAI and Antibiotic Resistance (ongoing)	
Appoint an Infection Prevention and Control Nurse to provide a service to Primary Care	2018-2021
Appoint to the increased hours for the Antibiotic Pharmacist for Hospital and Community	Qu1 2018-19
The development of a prudent antibiotic prescribing model to ensure antibiotics are prescribed to policy.	2018-2021
Carry out full programme of HPV cleans across NHH and RGH	Qu1 & 2 2018/19
Build on the improved Medical Engagement in HCAI reviews	Qu1 – 4 2018/19
Procure Ultra Violet Light technology to rapidly decontaminate clinical areas,	2018/19
Review and revise the current strategy for the management of intravenous devices including an education strategy.	2018/19
Ongoing actions that are maintained continuously include:	
• The dissemination of key messages around hand hygiene, cleanliness and prudent antibiotic prescribing from the Executive Nurse Director, Director of Therapies and Health Sciences and Medical Director.	

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4.1

• An inspection of mattresses, with appropriate replacement if found to be contaminated. • Close communication with Patient Flow Teams to ensure patient movement is appropriate & restricted and symptomatic patients are rapidly isolated. • Trend analysis of RCA findings	

The new **Healthcare Associated Infection Primary Care Action Plan** is now being implemented. Key actions within this plan include:

In 2018-19, we will*:*	*When*
Establishing current GP antibiotic prescribing audits and cross referencing with C. difficile and antibiotic maps	Qu1 & 2 2018/19
Continue Root Cause Analysis group to analyse GP completed surveillance forms and identify learning. Individual learning fed back and Dissemination of wider learning	2018-2021
Include in the reviews both the source of the infection and whether it was avoidable or unavoidable. Summary report to be presented to the Infection Prevention and Control Committee and Quality and Patient Safety Committee	Qu1 & 2 2018-19
Roll out of ANTT to Primary Care and District Nursing to ensure optimal asepsis when managing wounds/ulcers, monitoring against monthly targets for training in community and primary care	Qu1 2018/19
Establish Care Pathways for urinary catheters, ulcers, including diabetic ulcers	Qu1 2018/19
Ongoing actions that are maintained continuously include:	
• C. diff acquisitions in the community are treated as a significant event, and reported on datix. An analysis of antibiotic prescribing for each case is undertaken by the GP. • The Community Pharmacist is undertaking education on management of Urinary Tract Infections (UTIs) in Care Homes, as they have a key population that are at risk of C. diff and often have multiple courses of antibiotics. • Highlighting the guidance that has been issued around the requirement for retesting of patients with C. diff if not symptomatic.	

Welsh Government issued a 2018/19 HB reduction target for Staphylococcus aureus 19 per 100,000 population. **Graph 5.3**

Aneurin Bevan University Health Board
Total Staph aureus Bacteraemia Rate
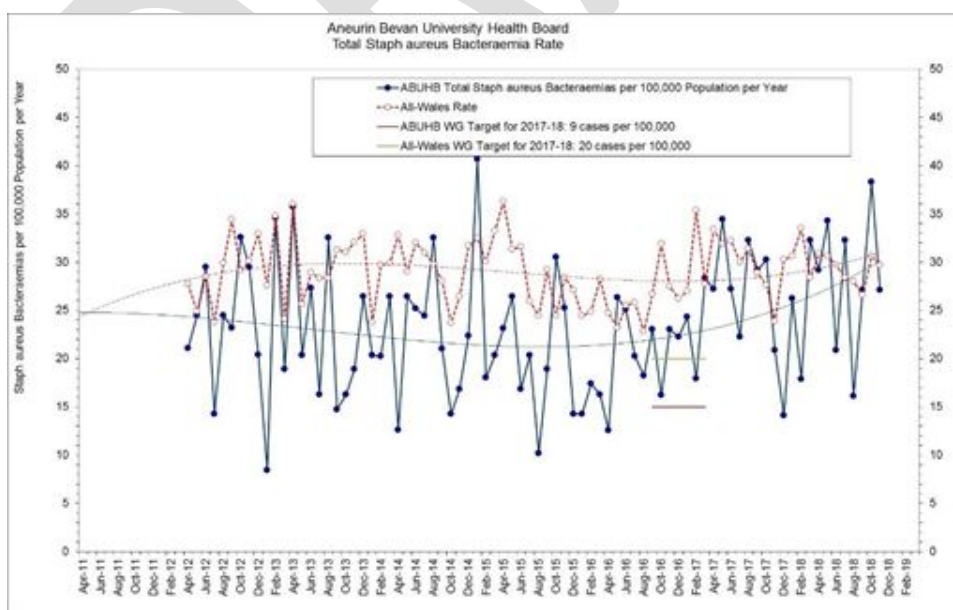
The Health Board is currently running above the trajectory due to a rise in Methicillin sensitive S. aureus as opposed to MRSA. Our staff continue to work hard to reach the target set by Welsh Government. The key strategy is a sustained campaign of pre-emptive testing and treating patients to reduce risk,

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embedding the PVC and Central Line bundle and detailed root cause analysis to establish learning when cases arise. Whilst it is assuring that the patient is not in fact septic – the positive result nonetheless is recorded against the Tier 1 target. As a result – urgent education will be instigated to address this education shortfall.

E-coli bacteraemia is a relatively new reduction expectation for the HB. Welsh Government issued a 2018/19 HB reduction target E Coli – 61 cases per 100,000 population.
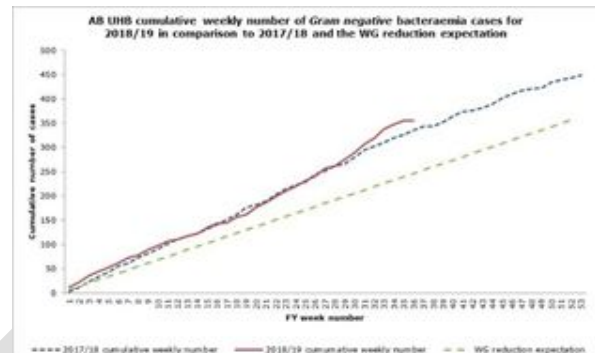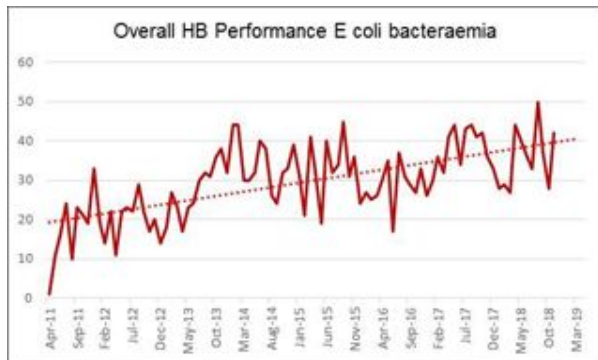
E-coli bacteraemia is predominently a community acquired infection. Infection Prevention are working in collaboration with the Continence Team to examine E-coli infection linked to catheter care. In addition, the new **Healthcare Associated Infection Primary Care Action Plan** includes a section that specifically addresses the prevention, treatment and management of Urinary Tract Infection. EColi bloodstream infections will continue to be reviewed. All reviews will conclude the source of the infection and whether it was avoidable or unavoidable. The themes identified in relation to avoidable infections will be captured and fed back to the Infection Prevention and Control Committee so that action can be taken to address them. Plans are also being developed for a campaign to promote hydration across primary care. In addition, urinary catheter incident reviews will be held across primary and secondary care, and themes will be fed back to the Infection Prevention and Control Committee so that action can be taken to address them

Continuing **actions in primary/community care** include:
- The GP's appropriate choice of antibiotics is a key component of any C. difficile strategy and Root Cause Analysis is undertaken routinely to determine risk factors and potential interventions. A Primary Care Clinical Director is a member of the ABUHB C. difficile Champions Group and drives improvement in the C. difficile rates for both hospital and community acquired infections. Antibiotic maps are discussed and reviewed within NCNs
- C. diff acquisitions in the community are treated as a significant event, and reported on datix. An analysis of antibiotic prescribing for each case is undertaken by the GP.
- The Community Pharmacist is undertaking education on management of Urinary Tract Infections (UTIs) in Care Homes, as they have a key population that are at risk of C. diff and often have multiple courses of antibiotics.
- Guidance has been produced for GPs about other risk factors for C. diff. PPIs can increase the risk of CD associated diarrhoea by approximately 65% and H2antagonists by approximately 40%.
- Guidance has been issued around the requirement for retesting of patients with C. diff if not symptomatic.

Medium term actions in hospital and primary care include:
- A refreshed hand hygiene campaign in conjunction with the Communications Team, with support from charitable funds requested
- A review of medical engagement in relation to antibiotic compliance.
- The development of a prudent antibiotic prescribing model to ensure antibiotics are prescribed to policy.
- A review of the number of cleaning hours across all hospital sites to provide an equitable service.
- Dissemination of further guidance to GPs

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5.2   Sepsis/Deteriorating Patient

Aim Sepsis/Deteriorating Patient: to eliminate avoidable deaths and harm from sepsis

The Aneurin Bevan Collaborative on Sepsis (ABC Sepsis) was launched on 7th January 2015. The Collaborative is working in defined clinical areas, to improve the recognition and response to sepsis and therefore eliminate avoidable deaths and harm from sepsis. Key to this is the understanding that sepsis is a time sensitive condition – every extra hour of delay in treating sepsis means a 7.6% risk of mortality – and therefore it has to be treated as a medical emergency, like a stroke or MI.

The Collaborative outcome measures are:
▪ Percentage of patients triggering with sepsis that die within 30 days of recognition;
▪ Number of patients triggering with sepsis that die within 30 days of recognition.

The process measure for the collaborative is:
▪ Sepsis 6 compliance, which means that all 6 elements of the sepsis bundle are completed within 1 hour of recognition.

The successes in 2018/19 include:
• Engagement in ABC Sepsis from the Emergency Assessment Unit at NHH and the Surgical Assessment Unit at RGH
• Liaison with the IT Team and the Divisions to learn lessons from the roll out of Vitalpac at YYF, leading to a successful roll out of Vitalpac at NHH.
• Regular meetings for acute wards at RGH and NHH to discuss completed trigger tools for sepsis and identify areas for improvement
• Regular cross-checking with wards at NHH and YYF of patients that trigger on vitalpac against the trigger tools for sepsis
• Learning at YYF on how to use the system data from Vitalpac to improve patient care eg the monitoring of the frequency of patient vital signs
• Preparation and hosting of the Peer Review of Acute Deterioration visits at RGH, NHH and YYF. The feedback has indicated that ABUHB is a trailblazer for Wales in its Sepsis work.

Nevill Hall Hospital: NHH Accident and Emergency has maintained the number of forms completed through the summer period, after a dip at the end of the busy and extended winter pressures. Compliance with the bundle has sometimes dropped below 50%, but it is usually missing information on the form that means the form is counted as non-compliant. For those patients not given the sepsis 6 within 1 hour, the bundle is usually completed within 1-2 hrs, which is still good care. The EAU is now engaged with ABC Sepsis and the number of forms each week has increased. The percentage compliance within 1 hour is variable, and regular input to the weekly meetings would help to address this as it is usually prescription of antibiotics that is delayed, waiting for results.

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4.1
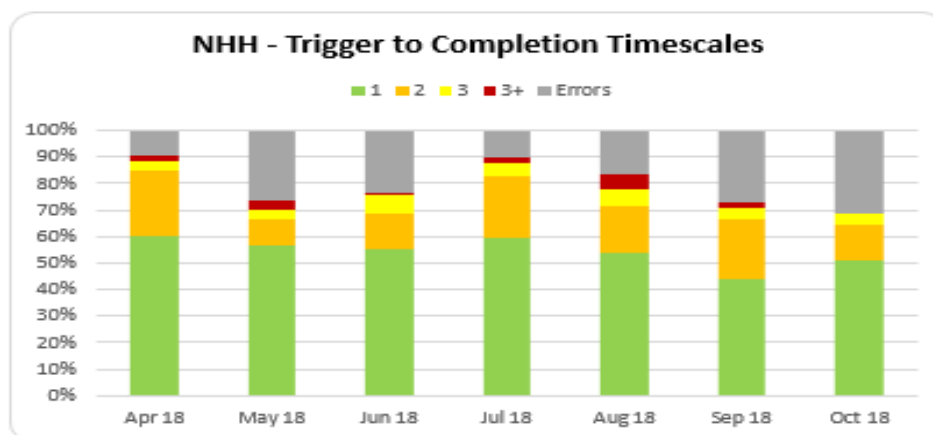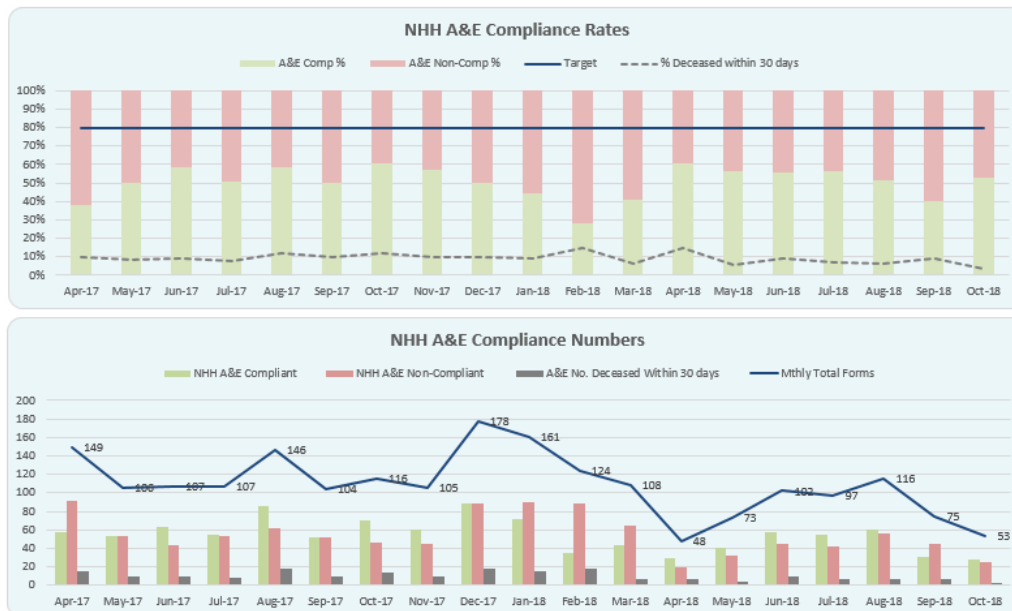
Royal Gwent Hospital: RGH A and E has increased the number of forms completed over the summer, after a dip at the end of the busy winter period. The compliance with the bundle has dipped below 50% on some weeks. Many of the non-compliant cases are non-compliant because information is missing. The new database makes this very clear to staff, which will motivate staff to complete the form in full.

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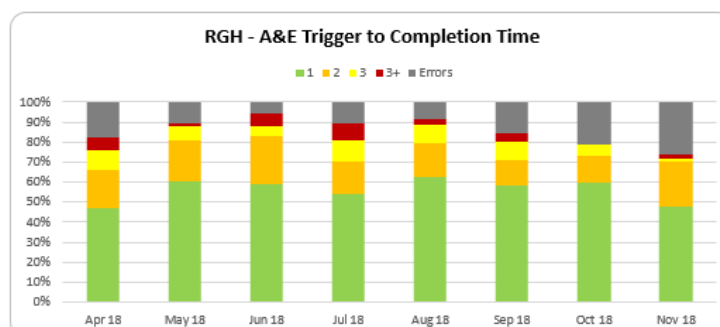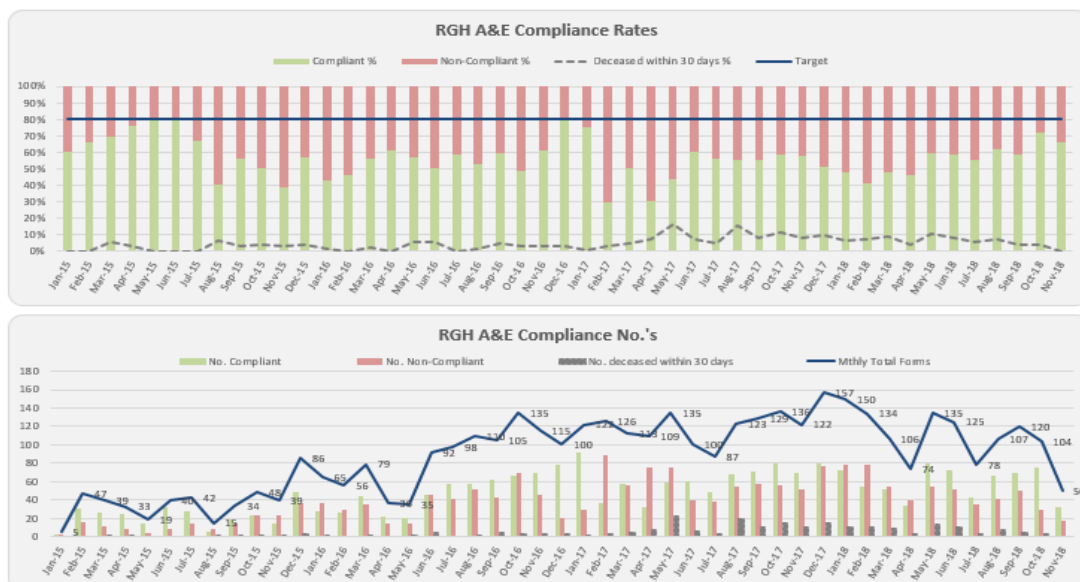
Ysbyty Ystrad Fawr: ABC Sepsis covers the whole of YYF, wards and Emergency Department. There is good engagement with the meetings. The System C Pilot started at YYF in September 2017, and took some months to embed as there were issues related to the robustness of the IT and the ongoing training on the use of Vitalpac. The number of forms and the compliance dropped off in April 18 and because of the focus on YYF, this was escalated to the Division. A Senior Nurse has been working at YYF to focus on Vital Pac and the acutely deteriorating patient since August 2018 and the number of forms and compliance have improved. The Lead Nurse for Sepsis also organised a half day seminar on the acutely deteriorating patient, with people with personal experience of sepsis telling their story, which brings home the impact of sepsis on individuals and their families.
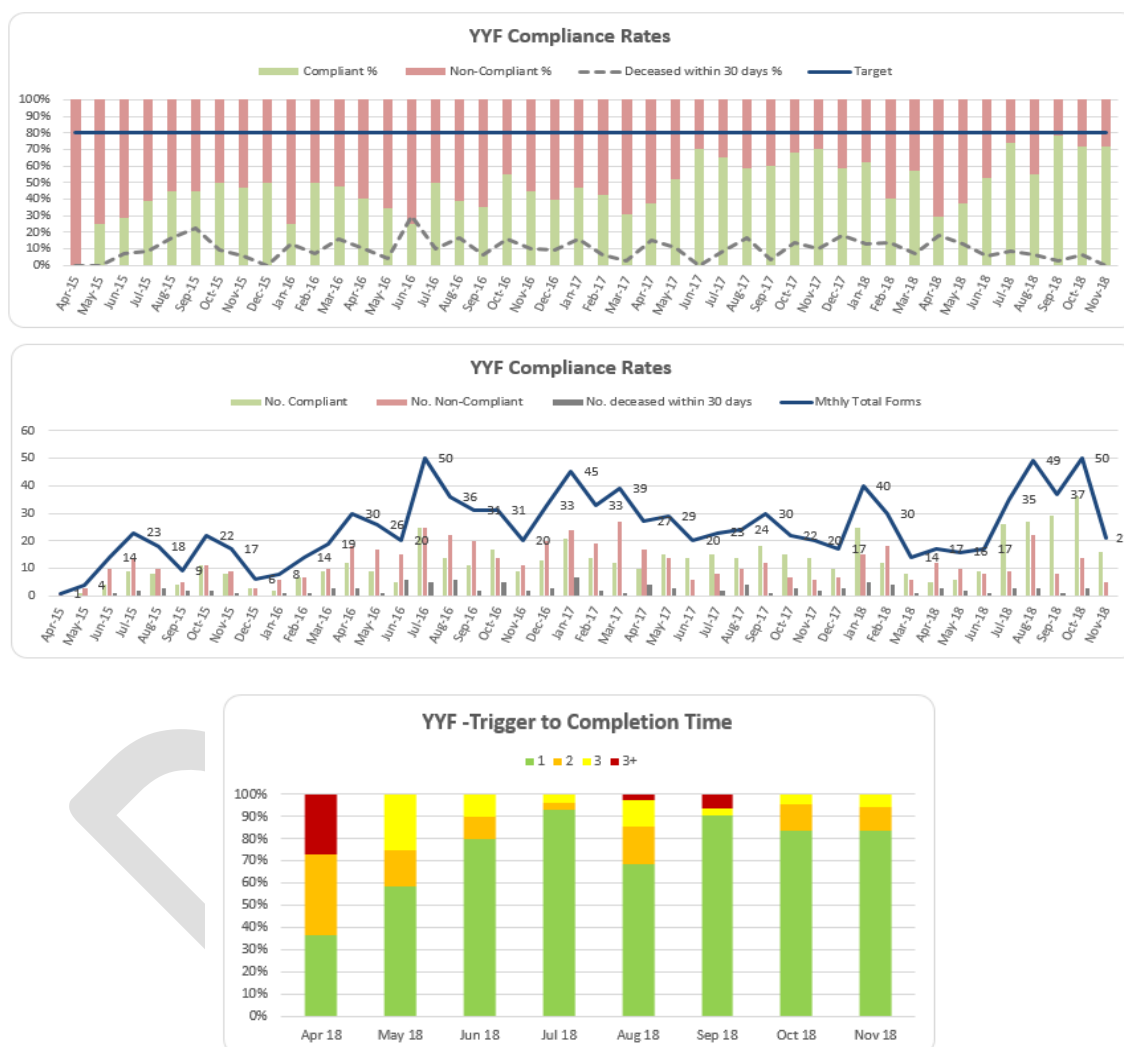
Sepsis Steering group: The Sepsis Steering Group has prepared for and hosted the Peer Review visits on the Acutely Deteriorating Patient. It has continued to support the embedding of the sepsis screening tool on the acute wards. However, closer working with the Divisions will be needed to sustain this. To promote thi, the results from the wards and departments are being circulated more widely within the Division, to ensure they reach the Senior Team.

The ABC Sepsis Steering Group will review the progress in the last year and set priorities for 2019-20 in the near future. These will focus on the recommendations arising from the Peer Review of the Acutely Deteriorating Patient.

▪ Roll out of vital pac to NHH, building on the learning from the implementation in YYF
▪ To work with primary care and community services to establish NEWS as the common language for deterioration

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- To continue to embed the sepsis trigger tool on the wards, as part of the focus on the recognition and response to the deteriorating patient

4.1

In 2018-19, we will*:*	When	Progress at December 2018
To continue to embed roll out of vital pac at YYF • Review care flow • launch vital flow	Qu1 2018/19	Care Flow and Vital Flow have not been implemented, as the focus has been on embedding electronic observations and maximising the learning from this system
Roll out of vital pac to NHH, building on the learning from the implementation in YYF • Electronic observations • Care flow • Vital flow	Qu1 2018/19 Qu2 2018/19 Qu3 2018/19	Vital Pac electronic observations was successfully rolled out to NHH in June 2018, building on learning from the roll out in YYF. Care Flow and Vital Flow will not be rolled out.
Prepare for Peer review of Sepsis Recognition and Response in ABUHB Host visits to ABUHB acute hospitals	Qu1 2018-19 Qu 2 & 3	The Peer Review of Acute Deterioration took place at the end of September/ beginning of October 2018. We are meeting to discuss the finding and develop an action plan before Christmas.
To work with primary care and community services to establish NEWS as the common language for deterioration and dovetail this with the National work on Out of hospital sepsis: • ABUHB meeting on out of hospital sepsis with community nursing teams, out of hours GP service, NCNs and Nursing Homes • develop action plan for ABUHB • Implement Action plan for out of hospital sepsis	Qu1 2018/19 Qu3 2018/19 2019 - 2021	An ABUHB meeting was held with primary and community care services. There are projects in place in many services (District Nurses, Nursing Homes, Learning Disabilities, Continuing Health Care, OOHs GP) to develop NEWS as a common language for deterioration.
To continue to embed the sepsis trigger tool on the wards, as part of the focus on the recognition and response to the deteriorating patient and ensure this works alongside the vital pac roll out at YYF and to NHH, in line with timescales above for NHH and YYF. RGH – develop plan for wards once timescale for implementation of electronic system known	Qu4 2018-19	Patients with a NEWS greater than 3 are identified through vital pac at YYF and NHH and checked with the wards to see whether they triggered for sepsis, and whether this was recognised and responded to.
Work with Deteriorating Patient Group sub group on training to agree standardised training for reliable recognition and response to deteriorating patient Roll out and embed training	Qu1 2018/19 Qu3 2018/19	The Deteriorating Patient Group and its sub-groups are being reviewed. Training will be taken forward as part of the actions in response to the Peer Review
In 2019-20 we will:		
Plan for recognition and response to sepsis systems and processes in Grange Hospital and LGHs	2019 -21	
Agree a PGD for Neutropoenic sepsis	2019 -21	
Implement the actions agreed in response to the Peer Review of Acute Deterioration	2019 -21	

5.3   Falls

Aim Falls: a target reduction in inpatient falls of 10% by March 2019, with a further reduction of 10% over the next 2 years

Falls, whether they take place in the community or in the hospital, have both human and financial costs. For the individual patient, their relatives and carers, the consequences range from distress and loss of confidence, to injuries that cause pain and suffering, loss of independence and, occasionally, death (NPSA 2007).

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Prevention of falls, and effective management of patients following a fall, is recognised as an important patient safety challenge for the UHB.   The Executive Team and Board have recognised and responded to this issue, making falls prevention a high priority for the organisation.

Falls Prevention has been included in Integrated Medium Term Plan; it has been identified as a corporate priority and along with other corporate priorities that support delivery of key objectives. Falls Prevention has been included within the Older People's Service Change Plan (SCP); these SCPs primarily relate to cross cutting work-streams, and corporate priorities.

Falls prevention is a key component of the Health and Care Standard 2.3. The standard is about minimising the risk of people falling and promotes the assessment of a range of factors which are known to increase the risk of falling, as well as the importance of developing individual care plans which aim to prevent individuals from falling in order to reduce harm and disability. ABUHB has committed to comply with this Health and Care Standard and it underpins the work undertaken within our hospital sites to avoid preventable inpatient falls.

In April 2016, the Welsh Government issued the Principles, Framework and National Indicators: Adult In-Patient Falls, WHC (2016) 022. This Welsh Health Circular provided clear recommendations to Health Boards in Wales about the actions required to prevent inpatient falls with a framework for delivery. ABUHB has adopted this framework to structure its Falls Action Plan, which is overseen by the Falls Steering Group.

The Falls Steering Group is multidisciplinary and covers both acute and community services. The steering group is chaired by the Executive Director of Therapies and Health Science (who is the corporate lead for falls prevention and management). The steering group meets bimonthly. The steering group involves the Community Health Council as a core member. The steering group reviews and monitors falls data across the Health Board and monitors and reports progress against the Falls Action Plan.

The Falls Steering group has prioritised 3 areas of work to specifically reduce inpatient falls:

1.   Inpatient Falls Policy

The Falls Steering Group has overseen an update and revision of the existing Health Board Policy for the Prevention and Management of Adult In-patient Falls. The policy has been updated to:

- Reflect and incorporate NICE Clinical Guidelines 161: Falls in older people: assessing risk and prevention (2013) and NICE Quality Standard 86 "Falls in Older People" (2015).
- Reflect and incorporate the recent Welsh Government requirements on Health Boards set out in WHC(2016)022: Principles, Framework and National Indicators: Adult In-Patient Falls.
- Provide a revised Falls Multi Factorial Risk Assessment (MFA) Tool.
- Provide a tool to support assessment and care of a patient by medical and nursing staff immediately post fall
- Provide a revised falls flow diagram for patients who are prescribed anticoagulants.
- Update links to other, current ABUHB policies and guidelines.

As part of the process of revising the Falls MFA Tool, it has been piloted on a number of inpatient wards within the Health Board to gain feedback directly from ward based staff on its ease of use and effectiveness.

2.   Supporting Implementation of the Policy through Audit and Training

The Health Board understands the importance of good compliance in adopting the revised policy, especially with regard to using the falls multi-factorial risk assessment tool when patients are first admitted to the ward; this is considered a critical step in preventing an inpatient fall. To achieve the required reduction in avoidable inpatient falls it is considered that the policy itself, with the new MFA tool and guidance will not be enough to achieve any significant difference. In response, the Falls Steering

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Group is working to implement a systematic approach to audit, training, monitoring, advice and support to cover all 103 inpatient wards, including training at ward level for Nurses, Healthcare Support Workers and AHPs.

A falls prevention training has been used, consistent with the policy and based on best practice from existing initiatives within the UHB and across the UK. Clinical experts from the existing Community Falls Team have been leading and delivering training sessions for ward based staff, targeting those wards that have the highest incidence and risk of falls. This approach has enabled an immediate response to the highest risk areas and provided an opportunity for wards to identify areas of improvement and address changes to practice that will avoid preventable falls. In 2018-19, a training power point on falls prevention, based on the MFRA tool has been developed and delivered to all acute hospitals and community hospitals by staff with an expertise in falls prevention from all disciplines, in hospital and outside hospital. This was welcomed by staff and demonstrated the need for regular training in falls prevention. However, the training was delivered as a one-off exercise, as those involved all have jobs that do not include falls prevention training. They therefore cannot commit to the time to provide fall prevention training regularly.

3. Falls Scrutiny Panel

The Falls Scrutiny Panel was established in 2016; it reviews the investigation of all in-patient falls that result in a fracture, and has 3 main aims:

- To review the investigation of each fall to understand whether there was a falls risks assessment and appropriate interventions were identified in a care plan and put in place to reduce the risk of falls for that individual.
- To provide an overview of in-patient falls with fractures – numbers and locations, as well as systemic issues and learning – and highlight and spread good practice.
- To decide whether the fall was unavoidable or potentially preventable and should be considered for referral to redress.

Falls are a complex phenomenon and present a significant safety challenge for the UHB. The UHB's Falls Steering Group has worked to measure accurately the number of falls incidents reported for patients in our community and acute hospitals. Falls metrics have been developed by the All Wales Steering Group for in-patient falls and that align with the care metric in the Trusted to Care Audit tool. The UHB has established routine reporting of these metrics through a dashboard format.
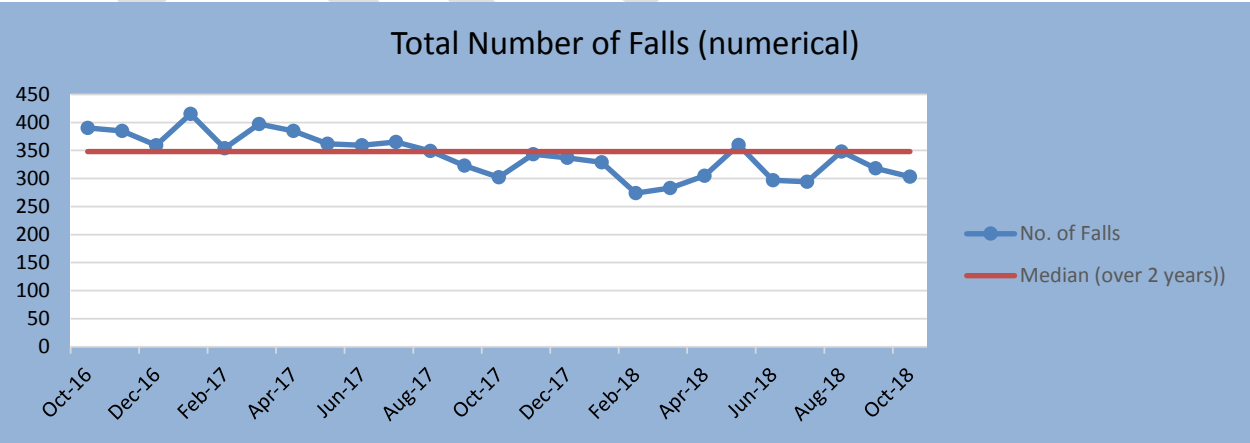
A lot of work has been done by the community services to develop falls pathways, for people who have had a fall in their home, starting with a risk assessment to prevent and minimise the risks of a further fall.

Falls in the Community - The Falls Team in each Borough vary in their staffing and process, although they are all following the same Falls Pathway. The Falls Steering Group has reviewed the current datasets related to referrals to the five locality community based Falls Services (part of the CRTs) to ensure consistency and to remove unnecessary data collection. The standardised data sets were

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reported by each of the 5 Falls Services for 6 months. However, when they were collated and compared, it became apparent that the data definitions being used by the 5 Falls Services in their routine data collection were not standardised. The data reporting was therefore suspended until the Corporate review of the CRTs has been completed.

In-hospital Falls - The Falls Scrutiny Panel has been established to ensure there is a root cause analysis on all inpatient falls that result in fractured neck of femur. This established baseline data on inpatient falls that result in fractures. The learning has informed changes to practice where appropriate after every individual fall, but also the identification of hot spots and good practice. Changes that are effective in reducing falls and falls with harm are being spread across wards and departments. The data is being monitored to understand the impact of the changes made to ensure that they are effective in reducing falls and harm from falls.

The number of fractures resulting from in-patient falls and long bone fractures by the main acute hospitals is shown below:

Graph 5.18 and 5.19

Number of Inpatient Falls Resulting in Fracture

Number of Long Bone Fractures - by Hospital
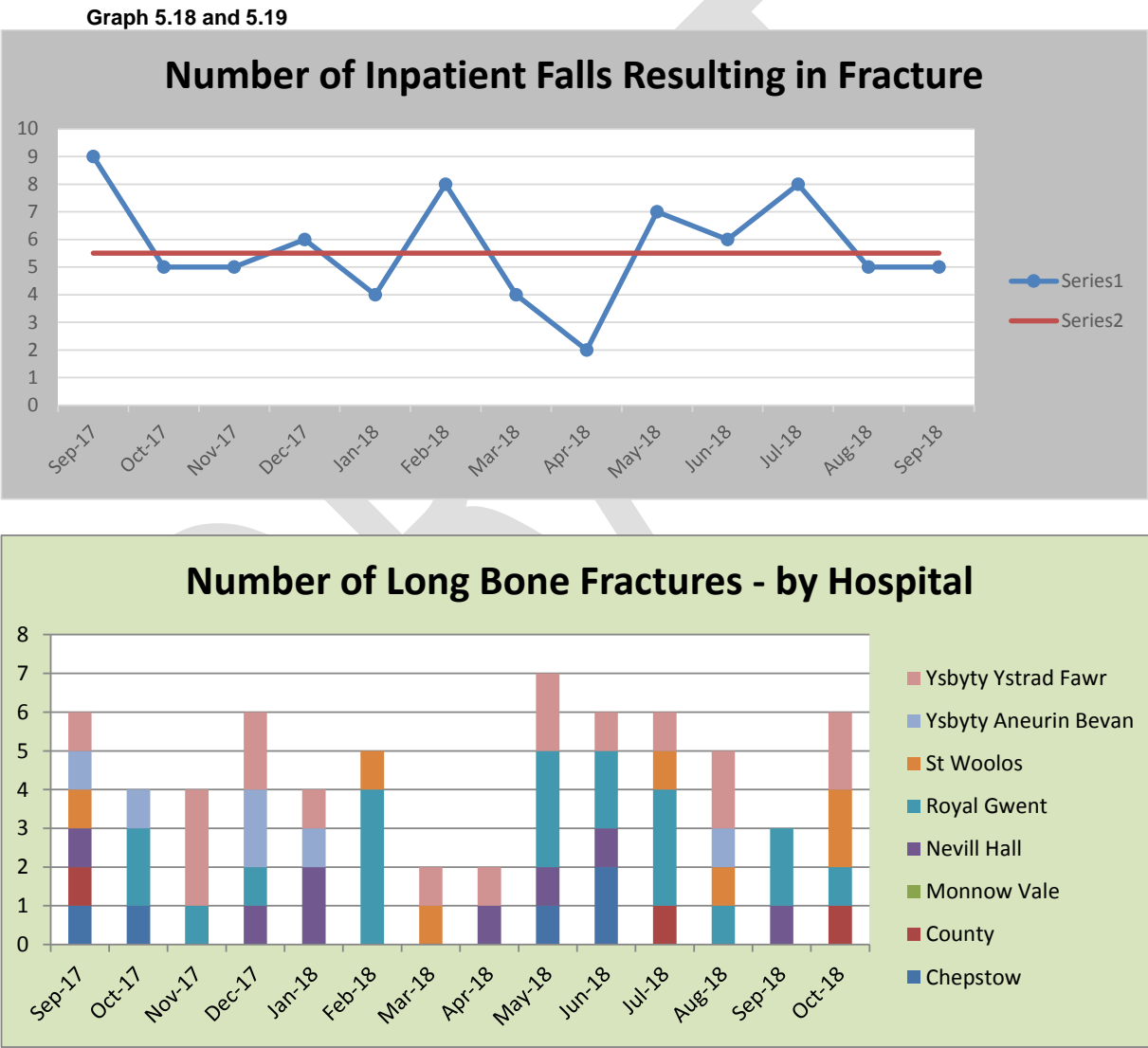
The main learning from the Falls Scrutiny Panel to date has been the need to ensure compliance with the inpatient falls policy, specifically the correct use of the multifactorial falls risk assessment and the falls care plan.

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Key actions that have been taken in 2018-19 include:

- Implementation of a standardised training on falls prevention based on the MRFRA tool, with training held at every acute and community hospital in ABUHB.
- Embedding of the revised MFRA tool and care plan on the wards
- Development of "Prevention of In-patient falls" pages on the intranet, with information, data and easy access to all forms
- Roll out of the "Medical Assessment following a fall" form to all wards
- Improvement in the recording of lying and standing blood pressure on some wards, although it is still not routine practice in all areas
- Work to set up a Qlik sense dashboard for Falls so that there is one dataset, that can be broken down board to ward, and is accessible to all staff.
- Evaluation of the I-stumble pilot work in nursing homes has been completed and is now spreading to many more nursing homes

Target Reduction in Inpatient Falls

A target reduction in inpatient falls of 10% by March 2019, with a further reduction of 10% over the next 2 years

		2016-17 baseline	End of 2017-18	End of 2018-19	End of 2019-20	End of 2010-21
Target	10% reduction in falls in 2 years	380/month	361/month	342/month	325/month	308/month
Actual	Median for year		340	305 April to Oct 18		

There has been a reduction in the number of falls reported on Datix per month, but not a matching reduction in the number of fractures from in-patient falls.

4.1

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In 2018-19, we will:	When	Progress at December 2018
Put in place a training in preventing in patient falls, using a standard presentation, to support compliance with the Policy for the Prevention and Management of Inpatient Falls	Qu2 2018	Training power point developed and programme implemented across all acute and community hospitals
Take forward actions following a review of the sourcing and use of standard equipment in relation to falls prevention, such as profiling beds and chairs, in order to reduce in patient falls	Qu2 2018	Review of equipment and its use continues. Information sheets on how to use standard equipment to reduce falls have been produced and further actions to help prevent falls to be determined.
Develop and implement a Community Falls Service Action Plan	Qu4 2018-19	Assistant Director for Therapies and Health Sciences is undertaking work with the Community Services in preparation for the development of the action plan
Implement the form supporting the full medical review of patients immediately after a fall	Qu4 2017-18	Form has been rolled out across all wards but audit is needed to understand how consistently it is used.
Evaluate the pilot of the Care Homes Falls Protocol (I-Stumble) and spread to other Care Homes	Qu 1 and 2 2018-19	Pilot of Care Homes Protocol evaluation has been completed and showed the protocol was successful in reducing calls to WAST and attendances at A and E. It is now being spread to other care homes in the ABUHB area.
Identify key prevention measures to take forward from the National Audit of In-patient Falls (e.g. delirium assessment and lying and standing blood pressure) and develop a plan to pilot and spread their implementation	Qu2 18-19	Delirium Assessment development and implementation has been delayed by a change in the leadership of this piece of work. Lying and standing BP is improving, but is still not routine practice in all wards. Actions to be reviewed.
Develop a plan to improve bone health for older patients at high risk of falls in order to reduce the number of fractures	2019-20	Presentation to the Falls Steering Group on improving bone health undertaken, and a team at YYF have applied to participate in a collaborative to improve bone health services.
In 2019-20 we will		
Develop a plan to improve bone health for older patients at high risk of falls in order to reduce the number of fractures. Take forward actions on improving bone health in older people	2019-20	
Take action to ensure full participation in revised National Clinical Audit of in-patient falls, which is moving to real time, continuous data entry.	Qu1 2019-20	
Consider how to address need for ongoing training in falls prevention in hospitals	Qu1 2019-20	
Implement Qlik Sense dashboard on inpatient falls	Qu1 2019-20	
Develop Qlik sense dashboard for falls in the community	Qu3 2019-20	
Continue implementation of Community Falls Service Action Plan	2019-20	

5.4   Pressure Damage

Aim: Zero Tolerance, with interim targets set by the Health Board to achieve 50% reduction in hospital acquired pressure damage on wards participating in the Improvement Collaborative and 30% reduction in community settings between April 2019 and September 2020

Pressure ulcers are costly to the NHS and debilitating and painful for patients. With an aging population, and those with co-morbidities, the risk of developing pressure ulcers increases, presenting a key

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

challenge for health professionals. The occurrence of pressure ulcers is often used as a key indicator as to the quality of care. Pressure Ulcers have a huge negative impact on a person's quality of life and more severe categories can be life-threatening. Prevention strategies are multifaceted and include risk assessment, skin care, continence care, nutrition and hydration, mobility and repositioning and the use of pressure relieving/redistributing equipment.

Although recognised as a key patient safety issue, benchmarking pressure ulcer acquisition with other organizations across the UK is problematic with a majority of Health Boards/Trusts utilising **prevalence** rather than **incidence** data. This is despite the fact that **incidence** data is considered best practice by Tissue Viability experts. The Health Board collects incidence data and is committed to this method of pressure ulcer surveillance.

The Health Board has implemented the following:

- Initiated a quality improvement project to reduce the numbers of pressure ulcers to six wards at the Royal Gwent. The project is now 16 months old and the 50% reduction has been achieved (see graph 5.19 below). In light of this the project is now encompassing 12 wards across the Royal Gwent and Nevill Hall sites.
- A Hospital Acquired and Community Acquired Scrutiny Panel for all Grade 3 & 4 Pressure Ulcers, enabling targeted intervention by the Tissue Viability Team and rapid learning to be returned to the ward/service.
- A similar review process scrutinizes significant pressure damage acquired in Nursing Homes – a key initiative in light of the Flynn Report A review of the neglect of older people living in care homes.
- A full review of the operational management of pressure relieving mattress. The savings identified following the review has resulted in the purchase of 200 "hybrid" mattresses.
- Re-design of DATIX, streamlining reporting & categorization
- Health Board wide study days on management & prevention of pressure ulcers
- Improved data on pressure damage in people's own homes through the District Nurses' caseloads.

The data collection for pressure damage has been reviewed and streamlined and is now based on Datix collection alone. Following the introduction of this new reporting mechanism, there is confidence that the data is more robust and comprehensive. Whilst the rise in significant pressure damage is of concern, it is most likely to be due to better reporting. The data is now being cleansed, as some pressure ulcers are reported on each ward, when a patient is transferred between wards.

Graph 5.19

Total number of HAPU incidences on MAU, ED, ITU, C4W, C5W and C7E (C chart)
Demonstrating a 50% reduction in the average number of pressure ulcers on ABCi collaborative wards

Graph 5.20

Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

4.1
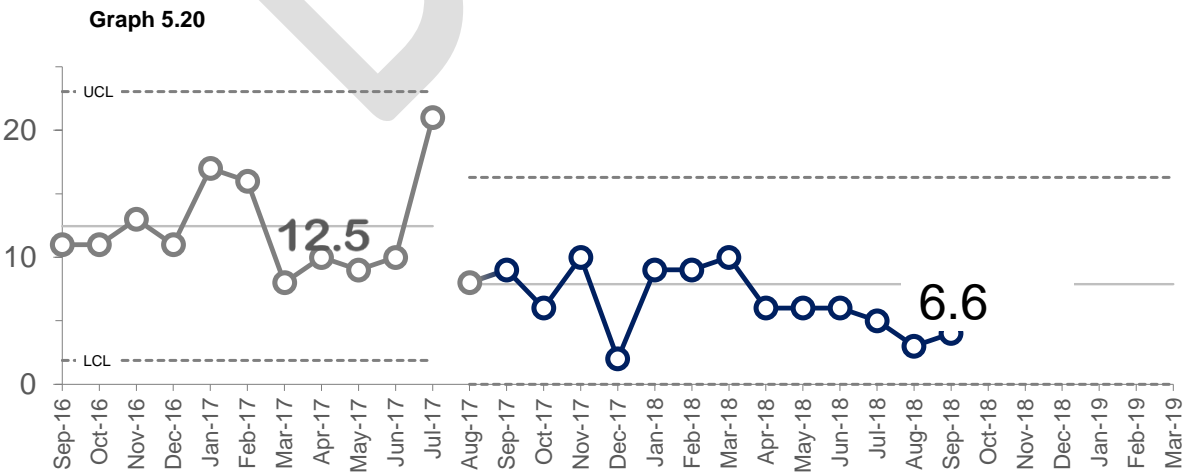
The 50% hospital acquired reduction target has been set by the Executive Director of Nursing. This will be met through the following actions:

▪ Data cleansing to ensure all reported pressure ulcers are accurate and have not been misclassified.
▪ In conjunction with ABCi - extension of the pressure ulcer reduction collaborative to a further six wards – including wards from Nevill Hall Hospital. The six original wards have achieved the 50% reduction.
▪ Continuation of the current review processes for all grade 3 &4 pressure damage in all settings, with learning from the review taken back to the wards.
▪ Review of Tissue Viability Education across the Care Home sector
▪ In order to support the pressure ulcer agenda further, the Health Board has made a significant investment in pressure relieving mattresses the use of which are being closely monitored to ensure at risk patients receive the most appropriate mattress at the right time.
▪ The use of technology using hand held scanners to assess a patients risk from pressure damage.

5.5   Hospital Acquired Thrombosis (HAT)

> **Our aim for HAT:** *to* reduce HAT by ensuring that all patients have appropriate mechanical and chemical prophylaxis, so that there are no cases of potentially preventable HAT in the UHB. The outcome should be that all cases of HAT have had a full risk assessment and appropriate prophylaxis i.e. they were not preventable, rather than a specific numerical target.

A Hospital Acquired Thrombosis (HAT) is defined as:

"Any venous thromboembolism arising during a hospital admission and up to 90 days post discharge".

There is no target HAT rate, as the rate in a hospital will vary according to the casemix of patients. Even if the patient is correctly risk assessed and given all the correct thromboprophylaxis, they can still develop a HAT. In these cases it is recognised that the HAT was unavoidable. The aim is that all cases of HAT will have been correctly risk assessed and given the correct thromboprophylaxis and therefore were unavoidable.

The data below shows the number of cases of HAT in ABUHB in 2017 and 2018 to date. The data is derived from combining RADIS data with discharge data.

Table 5.1

April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
13	11	14	16	12	9							
Quarter 1 Total		38	Quarter 2 Total		37	Quarter 3 Total			Quarter 4 Total			
April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
19	14	16	20	13	16	12	16	18	13	14	25	**196**
Quarter 1 Total		49	Quarter 2 Total		49	Quarter 3 Total		46	Quarter 4 Total		52	

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All cases of HAT identified are sent to the Consultant for review. Improvements have been made to the timeliness of the administration of this process and this is improving the number of reviews returned by Consultants. The data shows that most cases of HAT are in trauma and orthopaedics and Care of the Elderly. The number of potentially preventable HATs is very small, but have been in these specialties.

The Thrombosis Group has worked with Elective Orthopaedics to reduce the number of cases of HAT. It will therefore focus on Care of the Elderly in 2018-19.

The introduction of the new All Wales Prescription chart in September 2016 was a key element in ensuring that a thromboprophylaxis risk assessment is completed, and so the right thromboprophylaxis is prescribed. The pharmacists have worked with the ward nurses to ensure that all the wards had only the new prescription chart available from August 17, as the new doctors in training started in August. The Pharmacy audit of the completion of the prescription chart in relation to VTE has been restarted at RGH, and has been brought in at NHH and YYF in September 2017. Now we have a few months of data, the ward pharmacists target the wards with consistently low completion of the prescription chart in relation to VTE in order to ensure that patients are being prescribed the correct thromboprophylaxis.

% of documented risk assessment on ABUHB medication charts from September 2017 to August 2018
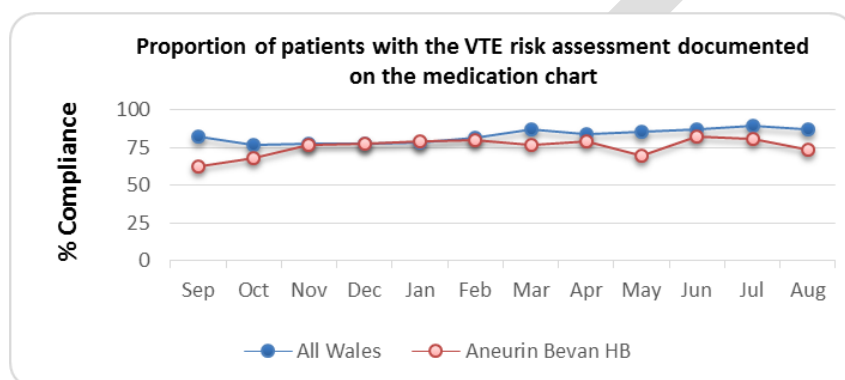
Proportion of patients with the VTE risk assessment documented on the medication chart

Our aim for HAT: to reduce HAT by ensuring that all patients have appropriate mechanical and chemical prophylaxis, so that there are no cases of potentially preventable HAT in the UHB. Our trajectory for improvement is shown below:

	2016-17 baseline	End of 2017-2018	End of 2018-19	End of 2019-20	End of 2010-21
Target percentage of patients with potentially preventable HAT	10% of completed RCA	8% of completed RCAs	5% of completed RCAs		
Actual percentage of patients with potentially preventable HAT		15 out of 128 completed RCAs			
Target % charts with risk assessment?	Data only for small number of wards	60% across all wards	80% across all wards	90% across all wards	90% across all wards
Actual % charts with risk assessment		75% (March 18)			

We will:	When	Progress at December 2018
The Pharmacy audit of the completion of the prescription chart in relation to VTE has been restarted at RGH and has been brought in at NHH and YYF in September 2017. Once we have a few months of data, we will target the wards with consistently low	Qu1 2018-19	% completion of prescription chart in relation to VTE risk assessment has improved to 70%. Pharmacists are continuing to engage with doctors if the audit of this issue shows a ward has a low compliance.

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completion of the prescription chart in relation to VTE in order to ensure that patients are being prescribed the correct thromboprophylaxis		
We will continue to work with Consultants to increase the percentage of the RCAs returned in a timely way (2018-19). This has improved in 2017-18 from 30% to 60-70% as we have improved the process to make it much more timely.	2018-2020	Percentage being returned being maintained (65% in 2017-18). Data on HATs by Consultant and return of RCAs is now being sent to Divisional Directors.
We will work with the Trauma and Orthopaedic Consultants and with Care of the Elderly, the two specialties with the highest number of HATs and potentially preventable HATs, to improve the thromboprophylaxis	2018-2020	Data shows that most potentially preventable HATs are in T and O. Profile of this data by Consultant and procedure completed. Data to be reviewed by lead Consultant for HAT and taken to the Thrombosis Group. Thromboprophylaxis for T and O procedures reviewed in light of new NICE guidance and revised ABUHB guidance agreed.
In 2019-20 we will:		
Work with T and O to agree a new Thromboprophylaxis protocol, taking into account the new NICE guidance and our HAT data		
Pilot sending HAT data to individual clinicians in T and O, showing their position relative to the other anonymised T and O Consultants		

5.6   Never Events

Never Events are incidents which are serious, but are considered to be unacceptable as we know that they can happen and yet are preventable. They include issues such as wrong site surgery (for example, operating on the right leg when it should have been the left), and objects like swabs that are not removed during an operation. If a Never event occurs, the Health Board must notify the Welsh Government who request that the Delivery Unit closely monitor the Health Board's investigation which is a RCA (root cause analysis) investigation to ensure that remedial actions are taken and lessons learnt. In 2017-18, the Health Board took forward work to reduce Never Events in invasive procedures through implementation of Safer Patient Notice 034. The Health Board declared compliance with PSN 034 in September 2018. The Health Board has a Policy for the implementation of NatSSIPs, all the main areas undertaking invasive procedures have undertaken a Gap Analysis against the NatSSIPs and identified any areas where they are not being met, and put in place mitigation. LocSSIPs for Local anaesthetic procedures, regional blocks and general anaesthetic procedures are in place in all the main theatres/areas undertaking invasive procedures. An ABUHB audit of compliance with the LocSSIPs will be undertaken in Qu4 2018-19.

Following concern relating to an increase in inpatient suicides over the past 18 months, the Mental Health Division is undertaking an in depth review of suicides across Aneurin Bevan in 2016-17 to look at risk factors /themes and trends and to develop an improvement plan to reduce the incidence of suicides. This will include a full review of the cases including work on the risk tools used, training for staff members, improvements in environmental risk, such as ligature risks and work within the community to better support patients. This thematic review has been completed and a plan to reduce the incidence of suicides based on the learning is being developed.

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Table 5.3

YEAR	TOTAL SI WITH CORPORATE LED INVESTIGATION (not including suicides plus *)	NEVER EVENTS	SUICIDES	TOTAL SIs REPORTED TO WELSH GOVERNMENT
2014-15	21	1	16	85
2015-16	44	3	27	139
2016-17	30	2	31	211
2017-18	37	2	**10*** *confirmed by Coroner (Final figure awaited)	313
2018-19 (to 20.12.18)	44 (3 de-escalated)	3	**8*** *confirmed by Coroner (Final figure awaited**)**	211

*Also not including inpatient falls that result in a long bone fracture, Pressure Ulcers, HCAI except where they are on part 1a of a death certificate or PRUDIC

The Never Events this year are being fully investigated. Any surgical Never events are linked back to the NatSSIPs in Theatres, and the learning is disseminated across all the theatres in ABUHB.

5.6.1 Closure of Serious Incidents (SIs)

In 2016-17, the Health Board put in place additional resource to assist meeting the targets for closure of serious incidents, improve the % closed within the timeframe and to start to address the backlog of closures (legacy closures). This additional resource has had a great impact on the legacy closures, reducing them form 132 in December 2016 to 1 in December 17, which is a HIW review and we cannot control the process.

Over the last 3 years there has been a big increase in the number of Sis reported to Welsh Government (see table 5.3). The more recent increase in reporting is due to improved reporting mechanisms for pressure damage in the community as well as secondary care. This means the Team have a significantly increased workload compared to 2016-17. It has therefore proved difficult in 2018-19 to maintain the closure of serious incidents within 60 working days. A new Band 6 Concerns Support Officer and a replacement Band 3 Complaints Administrator have been recruited and extra leadership capacity has been provided to the team with the interim appointment of an Assistant Director of Organisational Learning.

Compliance with WG 60 Day closure target as at 31st October 2018

Total open SIs	In date	Total overdue	Overdue >12 months	Overall compliance with 60 day target
121	51	70	10	50%

Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

4.1

5.7 National Clinical Audits (NCAs)

> **Aim:** To improve the outcomes from **National Clinical Audits** year on year and to have agreed the key issues for the Health Board from a NCA Report within 1 month of publication, and to have agreed actions to address these issues within 3 months of publication.

The Health Board has been developing its processes for full participation in National Clinical Audits on the National Clinical Audit and Outcome Review Programme, and additional investment in staff was agreed to support this process.

These staff are now in post and so the processes for working with the clinical services to achieve full case ascertainment, review of the results, development of actions to improve the outcomes relating the audits and the monitoring of the implementation of the changes are being implemented. This involves developing the relationships with the Clinical Leads for each NCA, and ensuring that the results of the NCAs are disseminated at all levels in the organisation to support the agreement and implementation of the changes required to bring about the improvement. This is a significant culture change in ABUHB and will take time to embed as NCAs have not been prioritised previously, as the Health Board took a decision to focus on improvement using the 1000 Lives Improvement methodology.

We have improved our compliance with the return of the Part A and B form to Welsh Government. However, the quality of the data on some of the returns needs to improve. There is an agreed reporting process for the summary of the results of each NCA to the Quality and Patient Operational Group. This Group routinely escalates issues of concern to the Quality and Patient Safety Committee, and so can escalate any concerns relating to the results of a NCA. However, it is not the ideal forum for a clinical discussion, and so consideration will be given to a more appropriate Group to oversee Clinical Audit.

In 2018-19, we will*:*	*When*	*Progress at December 2018*
Ensure participation in all the NCAs in the NCAOR plan. There will be a focus on the 3 audits that ABUHB does not participate in at all, but also continuing monitoring and support to all the NCAs to enable full case ascertainment, so that the results of the audits accurately reflect the service. TARN will be a particular focus as we move towards becoming part of the Trauma Network	Qu1 & 2 2018/19	Clinicians from A and E have been trained on TARN, but case ascertainment remains very low. AI alternative approach to data entry will be considered.
Address the backlog of reporting to Welsh Government and ensure that reporting of NCAs as they are published is compliant with the required timescale	Qu2 2018/19	Part As and Part Bs are being returned to WG, but some are still delayed beyond the target timescales. Also the quality of the information on the returns needs to be monitored/checked as some are incomplete
Review the reporting arrangements for NCA within ABUHB so there is a clear mechanism for overview of all the results of NCAs and escalation if the results highlight that a service performing poorly when benchmarked against other services in Wales or the UK	Qu1 2018-19	All NCAs are now reported to QPS Operational Group. However, further work is needed to standardise the format of the report to enable identification of services where NCA results should be escalated.
Ensure that the results of each NCA report are summarised and disseminated to the Directorate, Division and the Quality and Patient Safety Operational Group	Qu1 2018/19	Divisions receive results at QPS Operational Group. Directorates receive results through the Clinical Lead for the NCA. However, results also need to be sent directly to the Divisions and Directorates
Develop a NCA page on the intranet so that audit reports and summaries are easily accessible	Qu2 2018-19	Page drafted but needs more work
Make links with the Value and Outcomes work stream, so that there is no duplication and the work streams dovetail (ongoing).	2018 -21	Links between Values and Outcomes work and NCA need to be renewed, as they have diminished due to staff changes.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

4.1

In 2019-20 we will:		
Consider the most appropriate Group to oversee Clinical Audit, and change/develop Terms of Reference as necessary	Qu1 2019-20	
Take forward the actions arising from the Internal Audit of Clinical audit that relate to National Clinical Audit (currently in discussion)	2019-20	

In 2019-20, we will embed the new processes for NCA, and work to ensure that we are participating in all NCAs with high case ascertainment

5.8   Mortality Reviews

Aim: to complete mortality reviews on 90% of deaths in our hospitals within 1 month of the death

In 2018-19, we have had the 4 sessions for senior clinicians to undertake mortality reviews in place, but there has been a turn over of staff, which has meant that one session has been vacant for a few months while the recruitment process is completed. The 4 sessions are essential to our approach to the mortality review process. However, they are inflexible, and as the number of deaths in a month varies from 172 to 309 (see table below), this make it hard to review all deaths in the winter, when more deaths occur. This is also the time of year when clinicians are most needed at the front line, and therefore least available to perform tasks such as mortality reviews.

When, as a result of the Shipman review, the Medical Examiner role is introduced, starting from April 2019, the Medical Examiner will undertake the first level of the mortality review, as part of their role, as they review the notes in order to agree the cause of death and talk to the relatives of the deceased person. The Health Board will undertake a more in depth review into any deaths that the Medical Examiner highlights as there are some clinical governance concerns. We are working on both improving our bereavement processes and developing the processes to support the smooth implementation of the Medical Examiner role, as the 2 need to work hand in hand to ensure a seamless service which is supportive of bereaved relatives.

One Consultant reviewer has a lead for appraisal and learning, and is working to ensure that learning from appraisals is used within the consultant appraisal process. The Assistant Medical Directors on each site will continue to undertake their lead role, to promote continuity. Our target will be to complete the mortality review for more than 90% of deaths.

The number of reviews completed to date for November 2017-October 2018 (12 months) is shown below.

Table 5.4

	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Total
No. Reviewed	133	116	161	107	111	128	143	128	139	128	132	122	1548
2nd Stage Review	8	15	11	11	10	10	12	16	12	12	17	9	133
Total Deaths	193	273	309	254	264	247	212	200	221	182	172	218	2925
% Reviewed	69%	42%	52%	42%	42%	52%	67%	64%	63%	70%	77%	56%	53%

This demonstrates that the percentage of deaths reviewed has improved since all 4 mortality review sessions were filled in August 2018. However, as the number of deaths increases into the winter, this is likely to reduce again.

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Tab 4.1 Draft Integrated Medium Term Plan (IMTP) 2019/20 - 2021/22

Learning from Mortality Reviews – The Mortality Review Group has considered the care of the irreversibly deteriorating patient, and how to ensure that doctors de-escalate care and put in place the actions that will ensure the person has a good death. This advice is being sent out to all Consultants for dissemination to their Teams.

The Group has considered some data on the recording of the cause of death in the notes at RGH which had been produced by one of the mortality reviewers. The Group is working with the Task and finish Group on the Medical Examiner to introduce one of the forms that will be required as part of the introduction of the Medical Examiner Role – the Last Entry in the Medical Notes form, which includes the cause of death.

4.1

In 2018-19, we will*:	*When*	*Progress at December 2018:*
Continue to drive towards completing a mortality review for 90% of deaths in our hospitals	2018-19	Percentage completion of mortality reviews is increasing as the Clinical sessions for mortality reviews have all been filled and there is a little additional resource at RGH.
Work with the Task and finish Group on the Medical Examiner to introduce one of the forms that will be required as part of the introduction of the Medical Examiner Role – the Last Entry in the Medical Notes form, which includes the cause of death	Qu2 2018/19	Last Entry in the Medical Notes form is being piloted on 2 wards at NHH. The pilot is due to finish at the end of December and will then be evaluated
The Mortality Review Group will also liaise with the End of Life Care Board about the ideal form of an Advanced Care Plan and where these can be stored to ensure that they are accessible to all involved in the care of a patient.	Qu3 2018/19	This has been discussed and there are limitations on what can be achieved at the moment as the IT systems do not work across the hospitals and the community.
In 2019-20 we will:		
Start to implement the Medical Examiner role for acute hospitals, working with the bereavement service to put in place a model that achieves the aims of the Medical Examiner Service whilst providing a sensitive and supportive service for the relatives of people that have died in hospital.	2019-20	
Set up the systems and processes with the Medical Examiner, Putting Things Right and the Mortality Reviewers to ensure that when concerns are raised by the ME, there is an ABUHB review and where necessary, investigation.	2019-20	

Summary Plans for Quality Improvement - 2018-21

Table 5.5

Desired Outcome/ Impact	Measure	Plan	Time frame
Healthcare Acquired Infections To ensure that a rate of no more than 25/100,000 population (*C.diff*) and 19/100,000 for *S. aureus* bacteraemias and 61/100,000 for E Coli is delivered by 31 March 2019.	Rate of *C.difficile and S aureus*/100,000 population	Hospital site infections prevention plan Root cause analysis of community acquired HCAI in primary care Environment strategy plan	Ongoing

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Desired Outcome/ Impact	Measure	Plan	Time frame
Sepsis/Deteriorating Patient To eliminate avoidable deaths from sepsis in acute and community settings	Sepsis mortality numbers and rates Monitoring the number of sepsis tools and the appropriateness of response to the deteriorating patient across all wards.	Use Vital Pac to improve the care of the deteriorating patient on acute wards. Embed use of NEWS/patient parameters as a common language for recognising and responding the deteriorating patient across the whole health community.	ongoing
Falls a target reduction in inpatient falls of 10% by March 2019, with a further reduction of 10% over the next 2 years	Number of in-patient falls Number of in-patient falls resulting in a fractured neck of femur.	Systematic implementation of the Inpatient Multi-factorial Falls Assessment Tool. Develop falls prevention action plan for Community.	ongoing
Pressure Damage Zero tolerance to avoidable pressure damage	Compliance and accuracy of pressure damage screening and risk assessment Number of patients with pressure damage (capturing incidence of new pressure damage)	Embedding effective reporting system to monitor pressure damaged in Nursing Homes and Community settings Increase number of wards participating in the Pressure Damage Improvement Collaborative	ongoing
Hospital Acquired Thrombosis Potential cases of HAT are correctly risk assessed and given thromboprophylaxis to eliminate avoidable HATs	Numbers of HATs by specialty Number of potentially preventable HATs by specialty/Consultant Percentage of drugs charts confirming risk assessment for thromboprophylaxis completed	Pharmacists and doctors improving risk assessment and administration of appropriate thromboprophylaxis. Implementing new All Wales prescribing chart to document risk assessment undertaken	ongoing
Mortality Reviews To complete mortality reviews on 90% of deaths in hospital within 1 month	% mortality reviews undertaken	4 dedicated sessions for mortality review process Introduction of Medical Examiner	Ongoing Q1 19/20 Onwards

4.1

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Tab 4.2 Draft Estates Strategy

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.2

4.2

Aneurin Bevan University Health Board Health Board Estate Strategy

Executive Summary
Purpose of Report This report presents the Estate Strategy (which is provided as an Appendix) for consideration and approval by the Health Board. Following approval, it will be submitted to Welsh Government along with the IMTP. The Estate Strategy looks forward over the next five to ten years from 2018/19 to 2028/29 and has been developed to reflect the changing demands on the estate as a consequence of changes and developments with clinical and non-clinical services. It sets out at a high level, how the Health Board's estate will be developed to meet those challenges by providing the best buildings at the right time and to the right standard, taking account of the recently completed Six Facet Survey. **Recommendation** The Health Board is asked to consider and approve the Estate Strategy.

The Board is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	
Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital and IT	
Report Author: Andrew Walker**,** Programme Director	

Report Received consideration and supported by :			
Executive Team: 19th November 2018	√	**Committee of the Board [Committee Name]**	Planning and Strategic Change Committee 16th October 2018 Board Development Meeting 19th December 2018

Date of the Report: 10th January 2019
Supplementary Papers Attached: Draft Estates Strategy

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Tab 4.2 Draft Estates Strategy

Purpose of the Report

The attached draft Estates Strategy seeks to provide an assessment of the current and future plans for the estate aligned to our service strategy and the accompanying high level delivery plan sets out how we intend to get there.

Where we are now?

This initial section provides a comprehensive analysis of the current position and performance of the estate in relation to the service it provides and the facilities it uses. This section establishes a baseline against which the strategy can be measured. Much of this data is based on the recently completed Six Facet Survey together with other data relating to the costs of the existing estate.

Where do we want to be?

In this section the service aims and objectives of the Health Board are summarised along with agreed key principles which will underpin the development and configuration of the future estate.

It takes account of the key conclusions from "Where we are now" and identifies measurable objectives for improvement in the context of relevant benchmark information from within the Welsh and English NHS.

Eighteen Strategic Objectives have been identified, which align to the Clinical Futures Service Strategy.

How do we get there?

The final section of the document uses the information and objectives of the preceding sections to identify the practical steps that will need to be taken to achieve the desired way forward. It also identifies key enablers.

Following approval of the Strategic Objectives, the high level plans can be developed in greater detail.

A high-level Capital Programme has also been included.

Background and Context

Whilst Welsh Government has requested that an Estate Strategy be submitted alongside the IMTP, the Health Board had already commenced work on a Strategy via the Strategic Capital and Estates Work Stream, which is a key part of the overall Clinical Futures Programme.

This was considered to be necessary to recognise and scope the wider estate implications of the implementation of the Clinical Futures Strategy and the planned opening of the Grange University Hospital in March 2021. The opening of this facility will be a significant catalyst for service and infrastructure changes throughout the Health Board.

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Tab 4.2 Draft Estates Strategy

Assessment and Conclusion

The draft Strategy has identified key issues that need to be addressed in the context of the ongoing implementation of the Health Board's Clinical Futures Programme.

The draft Estates Strategy identifies 18 Strategic Objectives aligned to addressing the priorities of the Clinical Futures Programme. More detailed project plans for key elements of the Estates Strategy will need to be developed to support achievement of its objectives.

Governance and monitoring process have been included and will be a key feature of the governance framework for the Clinical Futures Programme with regular reporting to Health Board Committees and the Board itself.

4.2

Recommendation

The Health Board is asked to consider and approve the Estate Strategy.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The Strategy address areas of current risk in our organisational estate, in the context of the Six Facet Survey which was completed. This will be taken forward via the further development and monitoring of an Estates Risk Register.
Financial Assessment, including Value for Money	The Strategic Objectives will have financial implications, some will have capital and revenue implications and some will be targeted at revenue savings. Proposals will require detailed business cases.
Quality, Safety and Patient Experience Assessment	The Estate Strategy is targeted at improving quality and safety and improving the patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	As and when detailed project plans and proposals are developed, including the preparation of business cases, EDIAs will be completed to advise the development and provide further information to guide implementation.
Health and Care Standards	Any changes to the Estate will be undertaken in the context of the relevant Healthcare and associated environmental standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The Estate Strategy will be submitted along with the IMTP and links to the Three Year Plan and Corporate Objectives
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.
	Long Term – It has been developed in the context of the Clinical Futures Strategy
	Integration – There has been a level of discussion with external partners regarding the potential to utilise facilities in

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	a more integrated way, particularly locality based facilities. Much more involvement of external partners will be required as and when the Strategy is approved to allow more detailed plans to be developed.
	Involvement – It has been developed with internal stakeholders and, where relevant at this point in time, external partners. Much more involvement of internal stakeholders across a range of services will be required as and when the Strategy is approved to allow more detailed plans to be developed.
	Collaboration – It has been developed with internal stakeholders and, where relevant at this point in time, external partners. More involvement of external partners will be required as and when the Strategy is approved.
	Prevention – The key conclusions of the Strategy and the consequent Strategic Objectives address a range of issues and challenges including, for example, service delivery, finance, workforce and infrastructure. It proposes that a significant piece of work be undertaken to support better use and utilisation of our locality based infrastructure in collaboration with our public sector partners. This should facilitate better availability of local services thus supporting prevention, improved local care and the avoidance of acute hospital care.
Glossary of New Terms	N/A
Public Interest	This paper has been developed for the public domain.

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Draft Health Board Estates Strategy
2018 - 2028

4.2

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol Clinigol
Clinical Futures

Tab 4.2 Draft Estates Strategy

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Executive Summary

1.0 Introduction

1.1   The Health Board is committed to constantly reviewing the services that are needed to meet the needs of patients both now and in the future. This Estate Strategy sets out how the estate will be developed to meet these needs in the context of the Health Board's Clinical Futures Strategy and its vision for the estate which is:

"A sustainable future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

1.2   During 2018/19, the Health Board has continued to take forward the development of its clinical services strategy, **Clinical Futures.** This longstanding approved clinical service strategy will deliver a refreshed clinical model that will be based around delivering more care closer to home. The new model of service provision will require the development of '**hubs**', both physical and virtual, at key locations in each borough. The hospital network that will consist of Local General Hospitals and Community Hospitals along with the new Grange University Hospital. The opening of the Grange University Hospital in March 2021 will provide a catalyst for significant service change and estate rationalisation across the Health Board, particularly within the existing framework of hospitals.

1.3   To underpin the development of an Estate Strategy and to support the implementation of Clinical Futures the following Key Principles have been identified for the future Estate, which should be:

Supportive of service delivery - Ensure the built environment and equipment (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

Future focused - Fit for purpose and flexible enough to accommodate future changes.

Sustainable - Delivers the principles of the Well Being of Future Generations (WBFG) Act 2015 and makes effective use of all available resources.

Fit for purpose - Supports the objectives of the Health Board by providing a clear strategic direction to optimise the configuration and utilisation of the estate.

Motivating and Enabling - Staff are our most important asset, the estate should provide them with excellent facilities and environments, flexible arrangements and equipment to do their jobs effectively.

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Enabling of Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through co-location/design, where appropriate, with our key partners.

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

1.4   The Estate Strategy looks forward over the next five to ten years from 2018/19 to 2028/29 and has been developed to reflect the changing demands on the estate as a consequence of the changing demands for clinical and non-clinical services.

1.5 This Strategy provides an assessment of the current estate *"where are we now?"* where ABUHB wants to be and the accompanying Delivery Plan sets out how we intend to get there.

2.0   Where Are We Now?

Overview of ABUHB/Current Services

2.1 Aneurin Bevan University Health Board was established in 2009 as an integrated Local Health Board responsible for planning and delivering a wide range of primary, community and secondary health services to the populations of Caerphilly, Monmouthshire, Newport, Blaenau Gwent and Torfaen. Taken together with an estimate of the patients living in South Powys and other areas that are served by the Health Board, the patient population served is close to 600,000.

2.2 The Health Board provides a comprehensive range of Acute hospital based, Community based, Mental Health and Primary Care services via a large and complex estate consisting of the following:

- 3 Acute Hospitals - Royal Gwent, Nevill Hall, Ysbyty Ystrad Fawr
- 5 Community Hospitals/facilities - County, Ysbyty Aneurin Bevan, St Woolos (currently also an extension of the Royal Gwent Hospital), Chepstow Community Hospital and Monnow Vale Health and Social Care Centre.
- 4 Mental Health Hospitals - St Cadoc's, Llanfrechfa, Maindiff Court, Ysbyty'r Tri Chwm
- 8 Locality based Mental Health Units and 5 Residential Units (1 on Llanfrechfa Grange Hospital site)
- 26 Locality based Community clinics

There is currently a number of arrangements in place for the ownership and contractual agreement for these facilities:

- NHS premises that are Health Board directly owned

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- 2 are leased (Private Finance Initiative) Community Hospitals, Chepstow Community Hospital and Monnow Vale Health and Social Care Unit
- 14 other leased Community facilities
- 7 Leased Office properties
- 117 GP owned premises

There are also numerous facilities providing contractor led Optometrist, Dental and Pharmacy services.

Current Estate Profile

2.3 Based on the recently completed Six Facet Survey and 2017/18 financial information the following is an overview of the totality of the existing *directly owned* estate:

- **Property Asset Value** - **£427 million (Existing use Net Book Value NBV)**
- **Total land area of** - **133 Hectares**
- **Total floor area of** - **292,609 m2**
- **Total Operating cost** - **£56 million per annum**
- **Cost per metre** - **£192 (Carter Median £331)**
- **Total Backlog** - **£108 million**
- **High/Significant Backlog** - **£25.5 million**
- **Underused Estate** - **29,000 m2 (10%)**
- **Empty Estate** - **8,778 m2 (3%)**
- **Maintenance Costs** - **£4 million per annum (£14 per m2)**
- **Energy Consumption** - **106 million kWh (366 kWh per m2)**

Six Facet Assessment of the Estate

2.4   Six Facet surveys have been undertaken on all ABUHB owned properties. The Six Facet Surveys include:

- **Physical Condition -** Assesses internal and external building elements
- **Statutory Compliance -** Assesses compliance with statutory legislation
- **Space Utilisation -** Explores how well space is being used across locations and time
- **Functional Suitability -** Assesses internal space relationships and location
- **Quality -** Considers amenity, comfort engineering and design
- **Environmental Management -** Measures energy/environmental performance

2.5 A summary of the overall outcome across the above survey facets are summarised in the table below. This information is based on an assessment of what is adequate and reasonable, which have been rated A or B, the table that follows gives the percentage rated up to Category B:

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Physical Condition	Statutory/ Fire Safety	Quality	Functional Suitability	Space Utilisation	Environmental Management
87%	90%/98%	93%	97%	87%	55%

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2.6   This basically means that:

- **13% of the estate requires capital investment.**
- **10% of the estate does not fully comply with statutory requirements.**
- **7% of the estate is not of an adequate quality.**
- **3% of the estate is not functionally suitable.**
- **13% is underused or empty.**
- **45% of the estate consumes energy above the Welsh Government (WG) target of 410 kWh m2 or less.**
-

Current Performance of the Estate compared to National Key Performance Indicators

2.7 The national Key Performance Indicators (KPIs) set by Welsh Government are set out in the following table. Carbon footprint is the latest to be included, but a target has yet to be agreed:

National KPI	National Target	ABUHB Performance as per Six Facet Survey
Physical Condition	90% of the estate to be Condition B or above	87%
Statutory and Safety	90% of the estate to be Condition B or above	90%
Fire Safety Compliance	90% of the estate to be Condition B or above	98%
Functional Suitability	90% of the estate to be Condition B or above	97%
Space Utilisation	90% of the estate to be category F or above	87%
Energy Consumption	The estate to achieve energy B rating or above. Energy B applies to buildings with an energy consumption of 410 kWh/m2 or less	55% (45% of the estate currently consumes more than 410 kWh/m2)

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3.0   Where Do We Want To Be?

Health Board Vision and Strategic Direction

3.1 The Clinical Futures Strategy referred to in 1.2 above is entering a different phase for 2019/20 as its momentum and innovation focus is escalated, primarily to prepare for the opening of the Grange University Hospital in March 2021. At that time there will be a signficant and transformational change in the delivery and disposition of our general actue, specialist and clinical care services.

The Estate Required

3.2 Due to the large and complex nature of the Health Board estate, the Estate Strategy has been developed in the context of:

- Acute Hospital Services
- Community Hospital Services
- Mental Health Hospital based Services
- Primary and Community Care Services
- Leased/non-clinical Services

3.4 The section that follows brings together the service requirements, as described by Clinical Futures, with the estate infrastructure needs and identifies key *Strategic Objectives* to be delivered in the planning period.

Acute Services

3.5 Two of the three existing acute hospitals, i.e. ***Royal Gwent and Nevill Hall*** will need to be reconfigured by the planned opening of the Grange University Hospital in March 2021, at which time a number of services will be relocated from these hospitals to the Grange University Hospital.

3.6 In addition to the their primary functions as Local General Hospitals providing a range of general local services, the Royal Gwent and Nevill Hall Hospitals will also become centres of the delivery of specific services on behalf of the Health Board and these will include elective surgery and cancer services.

3.7 The effect on ***Ysbyty Ystrad Fawr*** will not be as significant and it is likely that services will remain largely as they are currently provided.

Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.

Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.

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> **Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised.**

Community Hospital Services

3.8 Community Hospitals currently include **St.Woolos, County Hospital, Ysbyty Aneurin Bevan, Chepstow and Monnow Vale**.

3.9 **St Woolos**, because of its location adjacent to Royal Gwent Hospital, will be primarily affected due to the planned transfer of inpatient services from there to Royal Gwent following the opening of the Grange University Hospital and the planned relocation of other services currently in the older estate to either the newer Casnewydd Unit on the St Woolos Hospital site or the Royal Gwent Hospital.

3.10 **County Hospital** some facilities on this site are in poor condition, is not of the standard we would expect for the delivery of certain clinical services and also accommodation has been underutilised or is empty. Whilst it is clear that something radical needs to be done to address the estate issues there is a need for greater clarity regarding the services that should be provided from this site in the future in the context of the Clinical Futures Strategy. This need to be addressed first before the estate issues can be properly resolved.

3.11 The effect on **Ysbyty Aneurin Bevan, Chepstow and Monnow Vale** will not be as significant and it is likely that services will remain largely as they are currently provided.

It will however be necessary to ensure that services there are appropriate in the context of the new clinical models and that the buildings are fully utilised. As **Chepstow and Monnow Vale** are leased facilities, with very high leasing costs, it will be necessary to review the lease arrangements going forward to ensure value for money is being obtained.

> **Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent Hospital.**

> **Strategic Objective 5 - Review service provision required on the County Hospital site in the context of primary care/community service models required in that area followed by consideration of redevelopment potential.**

> **Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models**.

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Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.

Mental Health Hospital Services

3.12 Hospital based services are currently provided from **St Cadoc's, Maindiff Court, Llanfrechfa Grange and Ysbyty'r Tri Chwm**. In addition to this inpatient beds are also provided at Ysbyty Ystrad Fawr, St Woolos, Ysbyty Aneurin Bevan and County Hospital.

3.13 *St Cadoc's* currently provides some specialist mental health services and there is a business case with Welsh Government for the construction of a Low Secure Unit on that site and other sites could be considered. From an estates perspective some of the older estate is not of the standard we would expect for service delivery and some areas are underutilised.

3.14 *Llanfrechfa Grange Hospital* currently houses some Learning Disability inpatient beds, the Health Board's Laundry and administrative accommodation. Many facilities on that site are not of the standard we would expect and are largely empty. In that context is has been intended, for several years, to dispose of the majority of the site that is not needed for the Grange University Hospital. This now needs to be re-assessed in the context of a planned Torfaen County Borough Council proposal for a Medi-Park adjacent to the Grange University Hospital.

3.15 *Maindiff Court*, near Abergavenny, accommodates 15 step down beds and Electro Convulsive Therapy (ECT) services. ECT services are planned to move to Nevill Hall following the opening of the Grange University Hospital. The remainder of the site, which is all in relatively poor condition, is either empty or underutilised, but accommodates a range of office based staff and some patient facing clinical services. The future utilisation of the range of facilities on this site need to be assessed.

3.16 *Ysbyty'r Tri Chwm*, near Ebbw Vale, is a relatively new unit that provides 15 beds for patients with dementia and other ambulatory clinical services. The inpatient services are planned to move to Nevill Hall Hospital in line with the Health Board's agreed strategy for older adult mental health service. This gives the opportunity for consideration of future uses of this facility to deliver clinical services including its potential to be used for wider primary care and community based services.

Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to Welsh Government approval of the Strategic Outline Case

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Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc's Hospital site, not required for patient facing services.

Strategic Objective 10 - Relocate in patient services from Ysbyty'r Tri Chwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other clinical services including Primary care and Community based services.

Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.

Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.

Locality based Primary, Community and Mental Health Services

3.17 The emphasis is on delivering more care closer to home, through integrated health and social care teams, built around Neighbourhood Care Networks (NCNs) and adopting the design principles agreed in the Gwent 'Care Closer to Home' strategy. The new model of service provision will require the development of '***hubs***', both physical and virtual, at key locations in each borough. This 'hub' approach will require that services, equipment and infrastructure are aligned to make the best use of resources available in each area.

3.18 In the context of the above clear service strategy, and the Six Facet Survey information, the existing Primary/Community and Community based Mental Health estate will need to be assessed as a whole to determine the size of the holding required and the suitability of the existing estate to deliver the agreed services.

Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community based Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.

Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible.

Accommodation in Leased properties/Admin services

3.19 The Health Board has several leases for office accommodation in place at an annual rental cost of £507,933. Previous attempts at trying to reduce

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leasing cost and reduce the amount of office accommodation on all Health Board sites have not been successful, for two reasons:

- Agile Working and new ways of working, which could potentially significantly reduce the amount of office space required, have not been adequately implemented.

- Related to point 1 above is the issue of cost, simply moving staff from "A to B" without adopting Agile Working will not be cost effective.

3.20 Several of the other strategic objectives identified above will potentially require non patient facing accommodation to be relocated therefore the same issues will arise unless the adoption of Agile Working principles underpin these objectives.

> **Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.**

Backlog Maintenance

3.21 The Health Board's level of Backlog Maintenance is unacceptable, as is the lower level of routine maintenance expenditure. Both issues need to be addressed with the assistance of relevant benchmark information.

> **Strategic Objective 16 (Immediate) - The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.**

> **Strategic Objective 17 - The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.**

Environmental Management

3.22 Although there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m2 or less.

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Strategic Objective 18 - The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.

4.2

4.0   How Do We Get There?

4.1 This section sets out, at a relatively high level, how it is proposed to develop and implement the eighteen Strategic Objectives outlined in section 3.0 above. The development and implementation of the Strategic Objectives will be need to be underpinned and supported by the following key enablers:

Enabler 1 Governance and Reporting - The Estate Strategy has been developed by the Clinical Futures Strategic Capital and Estates Workstream (SCEW) which reports to the Clinical Futures Delivery Board. This will continue to ensure that the Strategic Objectives are developed and implemented and will be supported by 3 project teams covering the Acute/Community hospital estate, the Mental Health estate and Primary/Community and Community based Mental Health accommodation.

Enabler 2 Clinical Capacity Plan -   Several of the above Strategic Objectives require clarity on the emerging clinical and service models and the consequential effect of these on the overall Clinical Capacity Plan, particularly bed and operating theatre capacity requirements by site.

Enabler 3 Capital Availability - It will need to be recognised by everyone involved in the process described above that it is very unlikely that there will be significant capital funding available in the short to medium term to support the development of the Estate Strategy. That being said it is inevitable that some capital will be required to:

- Support the development of feasibility studies, etc.
- Implement service development proposals.
- Support rationalisation and potential demolition of facilities.

In the potential absence of further significant Strategic Capital from Welsh Government the Health Board will need to ensure that it makes optimum use of its annual Discretionary Capital funding, currently £10.8 million, and is more innovative in sourcing alternative forms of capital, possibly linked to land disposal.

Enabler 4 Clarity on Estate Management – It will be important that the Health Board develops a consistent approach for the identification and prioritisation of Estate infrastructure issues within prioritised Divisional plans. This will co-ordinate the whole organisational approach and general estate management issue through one approach.

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Enabler 5 Resources/Time - The aspirations of the Estate Strategy as conveyed by the eighteen Strategic Objectives are relatively ambitious and in some cases will require additional resources to assist in their development and implementation.

Enabler 6 Consultation - Some of the potential changes that are envisaged in the Strategic Objectives will need consultation with staff and may need more formal consultation with external stakeholders.

Enabler 7 Adoption of Agile Working - This has already been identified as a Strategic Objective, but it is also a valuable and potentially significant enabler that will support the reduction in the non-clinical estate footprint.

Enabler 8 Space Management - If the Strategic Objectives are supported there will need to be a rigorous approach to the ongoing management and use of vacant space within affected buildings. Space must be de-commissioned as and when it is released. Existing vacant space must not be re-used.

Enabler 9 Partnership Working - The locality based estate will need to be considered in the context of the wider Public Sector estate and the opportunity that exists to share facilities and accommodation. Such an approach will be actively encouraged by the Partnership Boards.

Development and Implementation of the Strategic Objectives

4.2 A high level assessment has been included identifying the Key Tasks associated with the development and implementation of each Strategic Objective, pending preparation of much more detailed project plans.

4.3 The project plans will be developed upon approval of the Estates Strategy and progress will be monitored by the Clinical Futures governance arrangements and reported via the Clinical Futures Dashboard and highlight reporting process.

Capital Programme

4.4 A high-level capital programme has been prepared based on the assessed capital required to support delivery of the above Strategic Objectives pending the completion of much more detailed work.

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1.0   Introduction

1.1 The Health Board is committed to constantly reviewing the services that are needed to meet the needs of patients both now and in the future. This Estate Strategy sets out how the estate will be developed to meet these needs in the context of the Health Board's vision for the estate which is:

"A sustainable future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

1.2   In the context of this vision and in support of the Clinical Futures Strategy the following Key Principles have been developed to underpin the development of an Estate Strategy and the achievement of a *"Productive Estate":*

Support service delivery - Ensures the built environment and equipment (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

Future focused - Fit for purpose flexible enough to accommodate future changes.

Sustainable - Delivers the principles of the WBFG Act 2015, makes effective use of all available resources.

Fit for purpose - Supports the objectives of the Health Board by providing a clear strategic direction to optimise the configuration and utilisation of the estate.

Motivating and Enabling Staff - Staff are our most important asset, the estate should provide them with excellent facilities and environments, flexible arrangements and equipment to do their jobs effectively.

Facilitates Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through co-location/design, where appropriate, with our key partners.

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

1.3 The Estate Strategy looks forward over the next five to ten years from 2019/20 to 2028/29 and has been developed to reflect the changing demands on the estate as a consequence of the changing demands of clinical and non-clinical services. It sets out how the estate will be developed to meet those challenges, to provide the best buildings at the right time and to the right standard.

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1.4 It has been prepared in accordance with the guidance given in 'Developing an Estate Strategy' and 'Estate Code' published by NHS Estates. It is based on the existing estate performance, utilising the recently completed "Six Facet Review", and the objectives of ABUHB. It provides an over-arching plan to enable the estate to be developed, setting out how the management and investment in ABUHB facilities will be planned and prioritised.

1.5 This is a time of significant organisational change in the NHS and, particularly in ABUHB, in the context of the implementation of the Clinical Futures Strategy and the construction of the Grange University Hospital. As implementation of Clinical Futures continues, it will be important to understand both the condition and the capacity of our estate in being able to deliver new models of care

1.6   The benefit to the Health Board of having this Estate Strategy is an assurance that the quality of healthcare services will be supported by a safe, secure and an appropriate built environment. This Estate Strategy provides:

- A clear, positive statement to public and staff on our plans to maintain and improve services and facilities, in line with delivering national, regional and local strategies for healthcare.
- Alignment of the estate to support the Clinical Futures Strategy and other related service strategies.
- A strategic context for the forward investment of capital on the estate.
- A commitment to sustainable development, environmental targets and statutory requirements.
- An assurance that risks are controlled and investment targeted to manage and reduce risk.
- An assurance to staff that they will have an appropriate working environment.

1.7 This Strategy provides an assessment of the current estate "where we are now", where ABUHB wants to be and the accompanying delivery plan sets out how we intend to get there.

2.0   Where are we now?

2.1 This initial section provides a comprehensive analysis of the current position and performance of the estate in relation to the service it provides and the facilities it uses.   This section establishes a baseline against which the development of the strategy can be measured. Much of this data is based on the recently completed Six Facet Survey together with other data relating to the costs of the existing estate.

2.2 Because of the complexity and size of the Health Board, estate information has been categorised under the following service headings:

- The Acute Hospital Estate

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- The Community Hospital Estate
- The Mental Health Hospital Estate
- The Primary Care, Mental Health and Community based Services and Locality Based Estate

3.0   Where do we want to be?

3.1 In this section the service aims and objectives of the Health Board are summarised along with agreed key principles which will underpin the development and configuration of the future estate.

3.2 It will take account of the key conclusions from "Where we are now" and identify measurable objectives for improvement in the context of relevant benchmark information from within the NHS.

3.3 The long term demands on the built environment will be explored and quantified in order that cost effective and appropriate options for change can be assessed.

4.0   How do we get there?

4.1 The final section of the document will use the information and objectives of the preceding sections to develop realistic and feasible strategic objectives for the future estate.

4.2 It will describe, in a concise way, the practical steps that will need to be taken to achieve the desired way forward.

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2.0   Where Are We Now?

2.1   Overview of ABUHB/Current Services

2.1.1 Aneurin Bevan University Health Board was established in 2009 as an integrated Local Health Board responsible for planning and delivering a wide range of primary, community and secondary health services to the populations of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Taken together with an estimate of the patients living in South Powys and other areas that are served by the UHB for clinical services, the patient population served is close to 600,000.

2.1.2 The Health Board covers diverse geographical areas and had to take account of a mix of rural, urban and valley communities. The valleys experience high levels of social deprivation, including low incomes, poor housing stock and high unemployment.

2.1.3 The latest population projections indicate that if current trends continue, the number of persons aged 65 and over resident in the UHB area will increase by almost 60 % by 2033. The proportion aged 75 and over is projected to increase from around 7% to 10% at local authority level to around 11% to 19% over this period, the sharpest increases being in Monmouthshire and Torfaen. At local authority level, the percentage aged 85 and over is projected to double from between 2% and 3% to between 5% and 8% by 2033, with the exception of Monmouthshire where a sharper increase is projected with the proportion set to treble in size.

2.1.4 The increase in the number of older people is likely to be associated with a rise in long-term conditions whose prevalence is strongly age-related, such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the University Health Board. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities.

Hospital Services

2.1.5 There are currently three hospitals providing a full range of inpatient and outpatient services; these are the Royal Gwent Hospital, Newport; Ysbyty Ystrad Fawr, Ystrad Mynach; and Nevill Hall Hospital, Abergavenny. Between them they provide 1,193 beds.

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Mental Health Services

2.1.6 The Health Board provides comprehensive Mental Health and Learning Disabilities services in both hospital and community settings to the population of Gwent and South Powys as set out in table below:

Overview of Mental Health and Learning Disability Services

Community Services	Community Mental Health Team	Assertive Outreach	Crisis resolution	Liaison Services	Early intervention psychosis	PC Mental Health support	Beds
Adult	5 Gwent 1 Powys	4	3 Gwent 1 Powys	1 (covering NHH &RGH)	1	5 Gwent 1 Powys	95
Older Adult	5 Gwent 1 Powys		In reach	Rapid Assessment Intervention Discharge(R AID	Memory assessment clinics (all Boroughs)	Day Hospital (Monmouth-shire, Blaenau Gwent and Powys	92
	6		4	6	6	3	
Learning Disability	Community Learning Disabilities Team	Intensive Community Service	Support package team	Art Therapy			34 (including residential)
	5	1	1	1			

Primary Care and Community Services

2.1.7 Contracts exist with independent practitioners in respect of primary care services, which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 400 General Practitioners and Salaried GPs providing general medical services from 88 General Practices. Supporting these are 214 practice nurses, 145 health care support workers and a number of administrative staff, including practice managers, receptionists, secretaries and IT officers. Around 375 General Dental Practitioners provide general dental services from 79 practices. There are 129 Community Pharmacies and 69 Optometry premises across the University Health Board. The distribution of these services is set out below:

Distribution of Independent Contractor and Community Services by Locality

Locality	General Practice	Pharmacy	Dental	Optometry	CRTs	DNs	Specialist
Blaenau Gwent	14	16	10	11	1	Work across all areas	Complex Care Team, Palliative Care Team
Caerphilly	27	43	22	20	1		
Monmouthshire	14	18	15	14	1		
Newport	22	31	19	15	1		
Torfaen	13	21	13	9	1		
Total	88	128	79	69	5	29	

2.1.8 A wide and growing range of community based services are increasingly being delivered in patient's homes, through community hospitals, health centres and clinics. There are a number of smaller community hospitals, integrated health and social care centres, and health centres providing important clinical services to our residents closer to home.

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2.2   Health Board Strategic Direction

2.2.1 During 2017/18, the Health Board has continued to take forward its vision through delivering the next steps of its clinical services strategy, **_Clinical Futures,_** this will deliver a refreshed clinical model that:

- Will improve population health by focusing on well-being and prevention services.
- Will increase the range of services provided at home and in communities through primary, community, self-care and mental health services, enabled by technology as well as a highly skilled workforce.
- When people need routine hospital services they are delivered through a new network of Local General Hospitals (LGH) providing enhanced services including emergency care; day case and short stay surgery; outpatients; diagnostic and integrated care.
- When people need specialist and critical care services they are provided at a single Specialist and Critical Care Centre, known as The Grange University Hospital. This will provide care that cannot be provided on multiple sites based on sustainability, clinical effectiveness, patient safety and affordability.

2.2.2 Primary and community services are at the heart of the model and central to developing a new relationship with patients as partners/co-producers in preserving, maintaining and improving their own health and well-being. Investing in and strengthening primary, community and social care services to create the capacity to support and treat patients in their homes and communities is a core component of the strategy.

2.2.3 The Grange University Hospital will play a critical role in the strategy, improving the provision of services and clinical outcomes; sustaining fragile services through consolidation in a single site that is geographically accessible to the population served; addressing workforce recruitment/retention challenges and improving flow and system performance. It will improve patient experience and provide modern facilities for the delivery of care. By 2021, when The Grange University Hospital is commissioned we will:

- Care for the sickest people on one site.
- Concentrate Emergency Departments onto a one site, and have a single centre for cardiology, gastroenterology, trauma, emergency and high acuity surgery.
- Provide consistent services across seven days.
- Improve access to comprehensive diagnostics across seven days.
- Consolidate fragile specialties.
- Improve patient safety by providing consultant led service across seven days.
- Maximise ambulatory care models.
- Separate routine/planned care from emergency care.

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2.2.4 The overall network is planned to consist of framework of Local General Hospitals, Community based facilities and the Grange University Hospital. Following the opening of the Grange University Hospital in 2021 the Royal Gwent and Nevill Hall Hospitals, will change both in terms of service provision and functional content. The network is illustrated below:
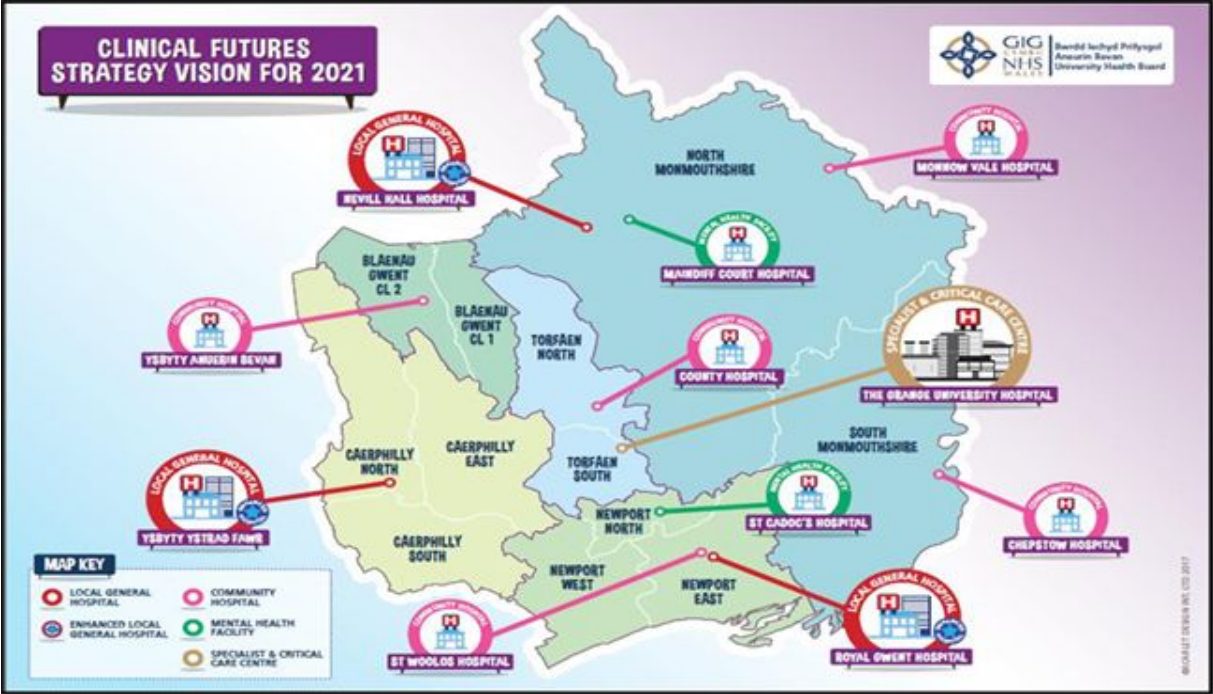
2.3   Current Estate Profile

Overview

2.3.1 Based on the recently completed Six Facet Survey and 2017/18 financial information the following is an overview of the totality of the existing directly owned estate:

- Property Asset Value   -   £427 million *(Existing use NBV)*
- Total land area of   -   133 Hectares (= circa 23 football pitches)
- Total floor area of   -   292,609 m2
- Total Operating cost   -   £56 million per annum
- Cost per metre   -   £192 (Carter Median £331)
- Total Backlog   -   £108 million
- High/Significant Backlog   -   £25.5 million
- Underused Estate   -   29,000 m2 (10%) of the Estate is underused
- Empty Estate   -   8,778 m2 (3%) is empty
- Maintenance Costs   -   £4 million per annum (£14 per m2, exc. staff costs)
- Energy Consumption   -   106 million kWh (366 kWh per m2)

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2.3.2 The above information relates to the following estate:

- 3 Acute Hospitals - Royal Gwent, Nevill Hall, Ysbyty Ystrad Fawr
- 5 Community Hospitals/facilities - County, Ysbyty Aneurin Bevan, St Woolos (currently also an extension of the Royal Gwent Hospital), Chepstow Community Hospital and Monnow Vale Health and Social Care Centre.
- 4 Mental Health Hospitals - St Cadoc's, Llanfrechfa, Maindiff Court, Ysbyty'r Tri Chwm
- 8 Locality based Mental Health Units and 5 Residential Units (1 on Llanfrechfa Grange Hospital site)
- 26 Locality based Community clinics

There is currently a number of arrangements in place for the ownership and contractual agreement for these facilities:

- Many are NHS premises are Health Board directly owned
- 2 are leased (Private Finance Initiative) Community Hospitals, Chepstow Community Hospital and Monnow Vale Health and Social Care Unit
- 14 other leased Community facilities
- 7 Leased Office properties
- 117 GP owned premises

There are also numerous facilities providing contractor led Optometrist, Dental and Pharmacy services.

2.4   Six Facet Assessment of the Estate

2.4.1 Six Facet surveys have been undertaken on all ABUHB owned properties through utilising a combination of specialist external surveying consultants and in house teams of facilities personnel. Results have been analysed in accordance with the current 'Estatecode 2' guidelines for each of the six facet surveys. The Six Facets include:

- **Physical Condition -** Assesses internal & external building elements, mechanical systems & electrical systems
- **Statutory Compliance -** Assesses compliance to statutory legislation in accordance with fire and health and safety law
- **Space Utilisation -** Explores how well space is being used across location and time
- **Functional Suitability -** Assesses internal space relationships, support facilities and location
- **Quality -** Considers amenity, comfort engineering and design
- **Environmental Management -** Measures how successful the organisation is at managing the environment

2.4.2   A summary of the overall outcome across the above facets is summarised in the table below. This is based on an assessment of what is

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adequate and reasonable, which have been rated A or B, the table that follows gives the percentage rated up to Category B:

Physical Condition	Statutory / Fire Safety	Quality	Functional Suitability	Space Utilisation	Environmental Management
87%	90% / 98%	93%	97%	87%	55%

2.4.3 This basically means that:

- 13% of the estate requires capital investment and a proportion of that requires replacement
- 10% of the estate does not fully comply with statutory requirements
- 7% of the estate is not of an adequate quality
- 3% of the estate is not functionally suitable
- 13% is underused or empty
- 45% of the estate consumes energy above the Welsh Government target of 410 kWh m2 or less

2.4.4 The information related to Physical Condition, Statutory Compliance, Fire Safety, Quality and Functional Suitability has been externally risk assessed and a cost applied to achieve an overall "B" rating. The following table presents a summary of this assessment:

	High	Significant	Moderate	Low	Total Cost to 'B'
Physical Condition	£54,678	£23,235,337	£37,570,289	£39,957,773	£ 100,818,077
Functional Suitability	£ 7,500	£ 10,000	£ 19,000	£ 159,750	£ 196,250
Quality	£ -	£ 1,500	£ 23,300	£ 481,250	£ 506,050
Statutory Compliance	£ 2,900	£ 616,400	£ 630,990	£ 504,604	£ 1,754,894
Environmental	£ -	£ 1,562,205	£ 2,326,173	£ 602,567	£ 4,490,945
Total	£ 65,078	£ 25,425,442	£40,569,752	£41,705,944	£ 107,766,216

2.4.5   More detailed and technical information for all areas of the Estate collated as part of the Six Facet Survey is attached in the Technical Annex to this Strategy along with other relevant information.

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2.5   Current Performance of the Estate compared to National Key Performance Indicators

2.5.1 The national Key Performance Indicators (KPIs) set by Welsh Government are set out below. Carbon footprint is the latest to be included but a target has yet to be agreed:

National KPI	National Target	ABUHB Performance as per Six Facet Survey
Physical Condition	90% of the estate to be Condition B or above	87%
Statutory and Safety Compliance (including Fire)	90% of the estate to be Condition B or above	90%
Fire Safety Compliance	90% of the estate to be Condition B or above	98%
Functional Suitability	90% of the estate to be Condition B or above	97%
Space Utilisation	90% of the estate to be category F or above	87%
Energy Consumption	The estate to achieve energy B rating or above. Energy B applies to buildings with an energy consumption of 410 kWh/m2 or less	55% (45% of the estate currently consumes more than 410 kWh/m2)
Carbon Footprint	Target to be agreed	N/A

2.5.2 In addition to the above reference can be made to certain English NHS KPIs which reflect the recommendations of the 2016 Carter Report on the "Operational Productivity and Performance in English NHS Acute Hospitals". Recommendation 6 *states "All trusts estates and facilities departments should operate at or above the benchmarks for the operational management of their estates and facilities functions by April 2017, with all trusts having a plan to operate with:*

- a maximum of 35% of non-clinical floor space
- a 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020.

2.5.3 The Six Facet Survey does not, unfortunately, calculate the amount of non-clinical floor space, but, as stated above in 2.4.2, underutilised/unoccupied floor space in ABUHB has been calculated at 13% of the total which equates to 38,000 m2.

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2.6   The Acute Estate

2.6.1 Overview:

- Property Asset Value   -   **£257 million** *(Existing use NBV)*
- Total floor area of   -   **153,882 m2**
- Total Operating cost   -   **£36 million per annum**
- Cost per metre   -   **£233 (Carter Median £331)**
- High / Significant Backlog   -   **£17.6 million**
- Underused Estate   -   **4.49% (m2)**
- Empty Estate   -   **0.41% (m2)**
- Maintenance costs   -   **£3.792 million (£25 per metre)**
- Energy Consumption   -   **71.9 million kWh (467 kWh per m2)**

2.6.2 The Acute estate currently includes:

Royal Gwent Hospital, Newport:
Overview

- 697 beds, 23 theatres, full range of other services.
- Gross internal area (GIA) 74,000 m2.
- £15m operating costs.
- £ 9m High and Significant backlog.

Current/Future Issues

- Significantly overcrowded.
- Insufficient car-parking.
- Relatively poor condition (hence the backlog cost).
- Significant re-planning required as a result of GUH opening in 2021.
- Intended to take in-patient services from SWH post GUH.

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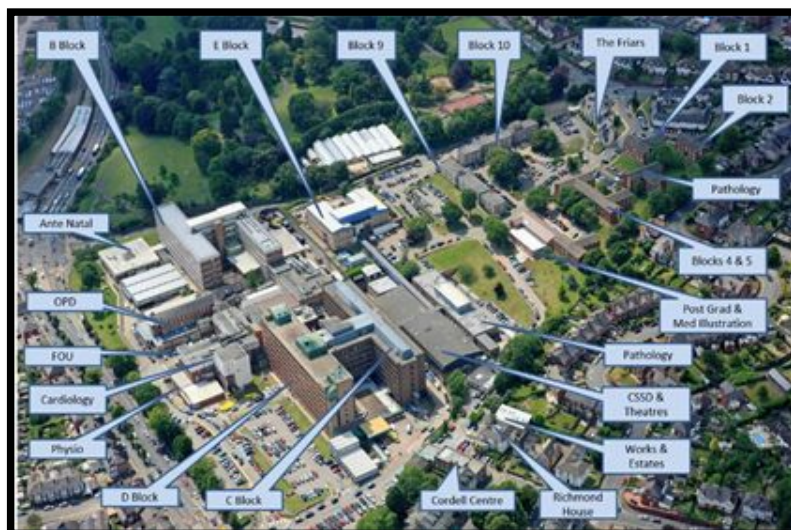
Nevill Hospital, Abergavenny:
Overview

- 372 beds, 8 theatres, full range of other services
- GIA 46,672 m2
- £9.2 million operating cost
- £8.5 million High and Significant backlog

Current/Future Issues

- Overcrowded
- Insufficient car-parking
- Relatively poor condition
- Significant re-planning required as a result of GUH opening in 2021
- Potential location for new Cancer Centre/Radiotherapy Unit
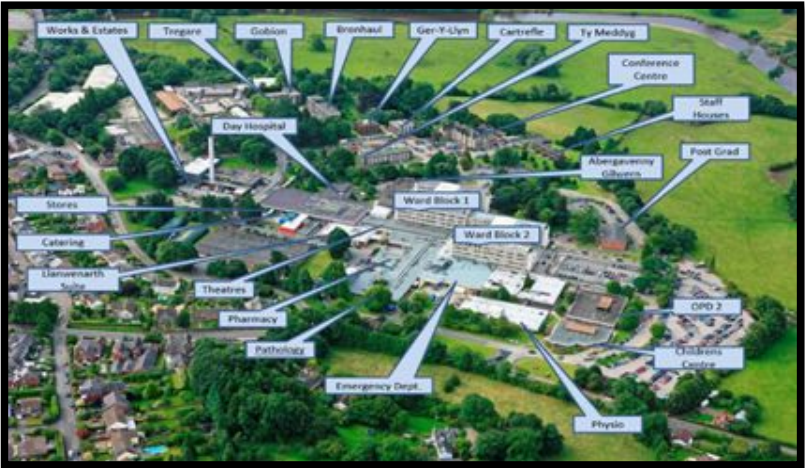
Ysbyty Ystrad Fawr, Ystrad Mynach:
Overview

- 163 beds, 3 theatres, OPD, Diagnostic and Therapy services
- Opened 2012
- £6.3 million operating costs

Current/Future Issues

- Potential location for Centralised Breast Unit
- Need to demonstrate appropriate and full utilisation in the context of new clinical models

2.7 The Community Estate (Hospitals)

2.7.1 Overview:

• **Property Asset Value**	-	**£92 million** *(Existing use NBV)*
• **Total floor area of**	-	**59,857 m2**
• **Total Operating cost**	-	**£ 14 million per annum**
• **Cost per metre**	-	**234 (Carter Median £331)**
• **High/Significant Backlog**	-	**£3.2 million**
• **Underused Estate**	-	**8.09% (m2)**
• **Empty Estate**	-	**4.96% (m2)**
• **Maintenance Costs**	-	**£238,000 (£4 per metre)**
• **Energy Consumption**	-	**17.2 million kWh (287 kWh per m2)**

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2.7.2 The Community Hospital estate currently includes the following "owned" facilities:

St Woolos Hospital Newport
Overview
- 97 beds, 2 theatres, OPD, Therapy services
- GIA 26,154 m2
- £5.3 million operating costs
- £2.4 million High and Significant backlog

Current/Future Issues
- Older estate underutilised, inappropriate and in poor condition
- Need to assess utilisation post GUH following movement of services to RGH
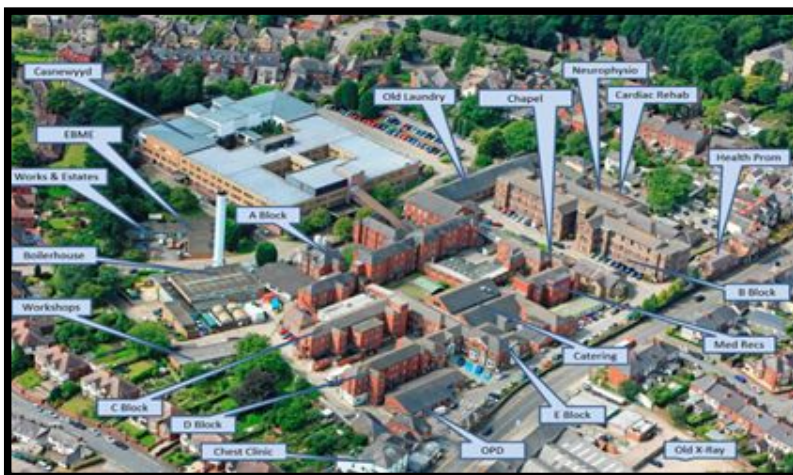
County Hospital:
Overview
- 68 beds Community/41 MH beds, OPD, Therapy services
- GIA 11,760 m2
- £1.95 operating costs
- £778k High and Significant risk

Current/Future Issues
- Most of the estate is inappropriate and in poor condition and some is underutilised/empty

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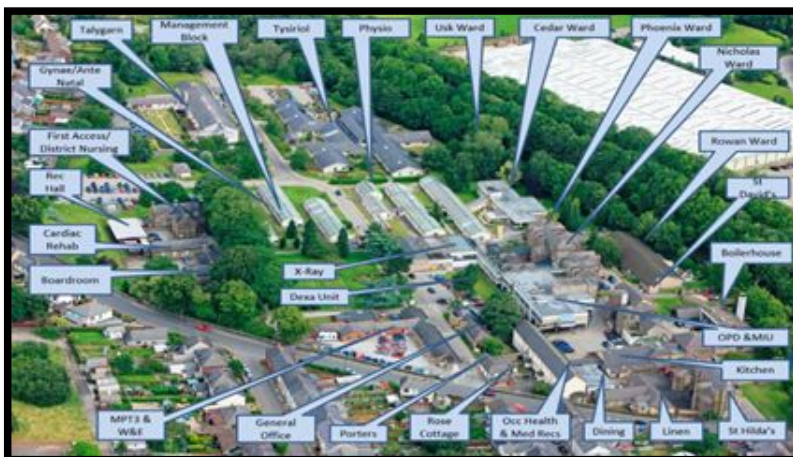
- Significant re-planning required pending clarity on future service provision

Ysbyty Aneurin Bevan, Ebbw Vale:
Overview
- Opened 2010
- 72 beds, Therapy and OPD services
- GIA 13,000 m2
- £2.4 million operating costs

Current/Future Issues
- No major changes anticipated from a service perspective
- Need to demonstrate appropriate and full utilisation

2.7.3 The Community Hospital Estate currently includes the following leased Hospitals:

Chepstow Hospital:
Overview
- 32 beds, OPD and Therapy services
- GIA 6,097 m2
- £2 million operating costs (service charge £1.9 million)

Current/Future Issues
- No major changes anticipated from an estate perspective but configuration of some services under review
- High operating costs
- Need to demonstrate appropriate and full utilisation in the context of new clinical models

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**Monnow Vale, Monmouth:
Overview**
- 19 beds, therapy services
- GIA 2,583 m2
- £2.0 million operating costs (service charge £1.9 million)

Current/Future Issues
- No major service or estate changes expected
- Very high operating costs
- Need to demonstrate appropriate and full utilisation in the context of new clinical models

2.8   The Mental Health Estate (Hospitals)

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

2.8.2 The Mental Health Hospital estate currently includes the following facilities, the service also has in-patient facilities at County Hospital, Ysbyty Ystrad Fawr, Ysbyty Aneurin Bevan and St Woolos (106 beds):

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St Cadoc's Hospital:
Overview
- 55 MH beds, OPD, Therapy services
- Management/admin base
- GIA 24,965 m2
- £1.5 million operating costs
- Circa 13,000 m2 empty space
- £1.0 million High and Significant backlog

Current/Future Issues
- Empty space
- Older estate is not the standard we would expect for clinical use
- Main site for specialist MH/LD services
- Significant re-planning required

4.2

2.8.3 Discussions have been held regarding planning issues and matters of traffic and air quality that will need to be considered in any enhanced use of the St Cadoc's site.

Ysbyty'r Tri Chwm:
Overview
- 15 beds Rehab/Step down beds
- GIA 3,897 m2
- £364k operating costs
- £320k High and Significant backlog

Current/Future Issues
- Beds are planned to move to NHH post GUH opening
- Future use of hospital to be reviewed in the context of emerging clinical models

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Maindiff Court:
Overview
- 15 Step down beds/ECT service/ Admin
- GIA 5,108m2
- £220k Operating costs
- £320k High and Significant risk backlog

Current/Future Issues
- Significant underused and empty space
- Largely not of the expected standard for clinical services
- ECT services planned to move to NHH post GUH
- Future of bed provision to be clarified
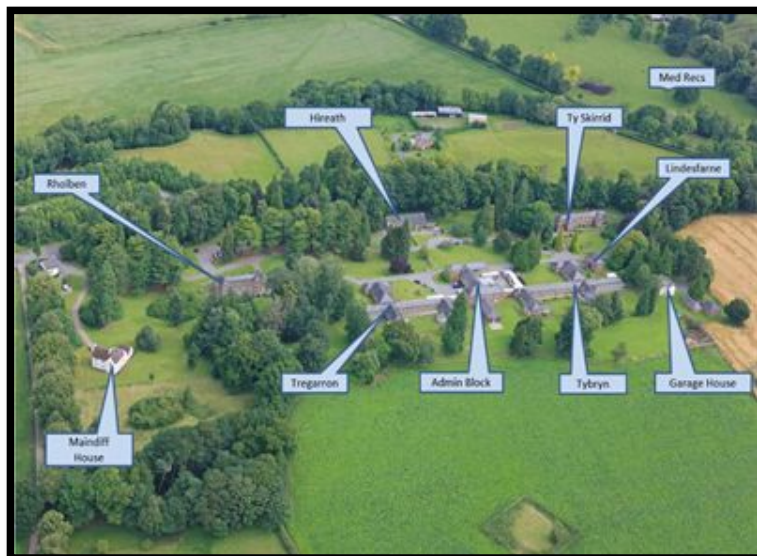
Llanfrechfa Grange:
Overview
- Grange University Hospital being built
- Houses the Health Board Laundry
- 7 LD beds/Admin/3 Residences
- GIA 8,837 m2
- £462k Operating costs (excluding Laundry)
- £686k High and Significant Backlog
- Circa 5,000 m2 empty space

Current/Future Issues
- New HSDU planned
- Site was designated for housing in LDP
- Adjacent to planned Medi-Park

2.8.4 The above makes reference to the designation of LGH land for housing, but a recently updated Torfaen County Borough Council Development Framework, illustrated below, identifies the land in question as potential Medi-Park (plots 2 and 3). Whatever its future use the Health Board does need to decide whether or not to retain land for future expansion of the Grange University Hospital and/or for the provision of other health services. If the plan below is adopted the Grange Hospital could become land-locked.

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4.2
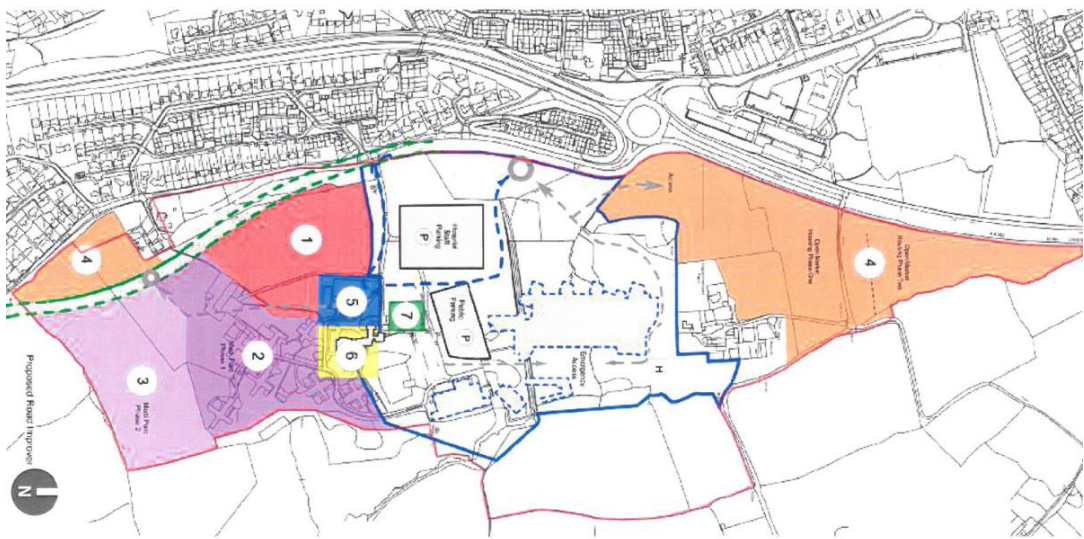
2.8.5 Other Locality based Mental Health accommodation, including residential accommodation, is identified in Appendix 1.

2.9 Primary, Community and Mental Health Locality Community Based units

2.9.1 Overview of the *owned* estate:

- **Property Asset Value** - **£26 million *(Existing use NBV)***
- **Total floor area of** - **20,275 m2**
- **Total Operating cost** - **£1.28 million per annum**
- **Cost per metre** - **£63 (Carter Median £331)**
- **High/Significant Backlog** - **£1.220 million**
- **Underused Estate** - **26.29% (m2)**
- **Empty Estate** - **6.19% (m2)**
- **Maintenance Costs** **£42,500 (£2.10 per m2)**
- **Energy Consumption** **6.8 million kWh**

2.9.2 The above data relating to the owned estate includes 26 Locality cased clinics, 8 Locality based Mental Health Units and 5 Residential Units. These are identified in *Appendix 1* to this document along with leased and GP owned accommodation. This premises are identified by Local Authority and the twelve Neighbourhood Care Network (NCN) areas. *Appendix 2* provides a high level map of the same premises.

2.9.3 Whilst the above data relates to the Health Board owned estate our understanding of the condition, utilisation, etc., of the GP owned estate will shortly be improved via the completion of a Six-Facet Estate review.

2.9.4 Leased accommodation includes recently completed Primary Care Resource Centres in Brynmawr, Blackwood and Rhymney. New Welsh

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Government funded capital developments are planned in Tredegar and Newport East.

2.10 Other Leased Non-Clinical Accommodation

2.10.1 The Health Board leases the following facilities for non-clinical/administrative accommodation, the total cost of these leases is £417,933 per annum (rent only):

Facility	Floor Area (m2)	Cost per annum
Llanarth House	950	£125,371
Victoria House	1003	£61,500
Mamhilad (Block A)	322	£25,121
Mamhilad (Block A)	322	£25,121
Mamhilad (Block B)	434	£33,893
Mamhilad (Block C)	824	£63,000
Mamhilad (Brecon House)	404	£32,633
Mamhilad (Cwmbran House)	657	£51,294
On Line House (Cleppa Park)	1855	£90,000
Total	**6,449 (m2)**	**£507,933**

2.10.2 Other than On Line House, which accommodates Medical Records storage, the other accommodation houses office based functions. Circa 500 staff are currently based in these premises.

2.11 Environmental Management

2.11.1 There are two performance measures/indicators relating to energy performance, energy per unit volume (GJ/100m^3) or energy by kWh per m2.

2.11.2 The Estatecode categories are:

A - 35-55 GJ/100m3
B - 55-65 GJ/100m3
C - 65-75 GJ/100m3
D - 75-100 GJ/100m3
E - Added to C or D indicates improvement to a B performance is either impossible or uneconomic.

2.11.3 The Six Facet analysis of the Health Board as a whole indicates that only 1% of the Health Board estate is in Category C or above, all of which is in the Primary Care/ Community estate, including:

- Beaumont Clinic
- Pontllanfraith Health Centre

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- Central Clinic
- Ringland Health Centre
- Croesyceiliog Health Centre
- Tredegar Health Centre

2.11.4 The Welsh Government target performance measure is however based on kWh per m2, which is why the summary data included in the sections above is based on this measure. Currently only 55% of the estate is at or below the Welsh Government target of 410 kWh per m2. The estate that is above this target includes those identified above plus:

- Royal Gwent Hospital
- Nevill Hall Hospital
- Denscombe Health Centre
- Risca Health Centre
- Ebbw Vale Clinic

2.11.5 Whilst there is no specific target for reductions in carbon emissions the Health Board has been committed to achieving a 3% year-on-year carbon emissions reduction and, as illustrated by the graph below, there has been a reduction of 11,235 tonnes of carbon, equating to a total reduction of 30%, up to and including 2017/18:
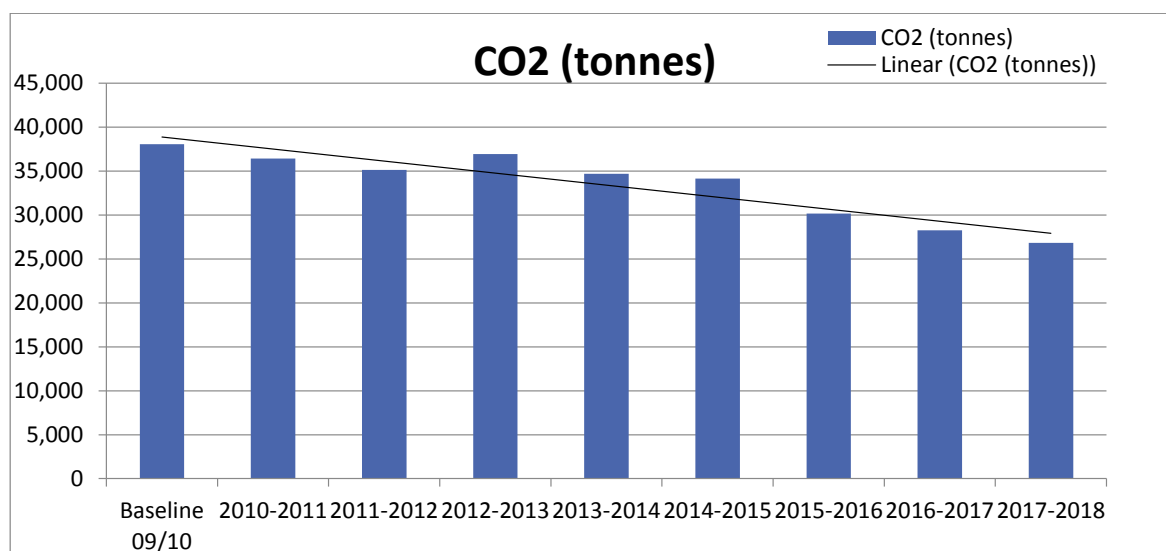
2.11.6 The Estates Department is currently finalising a new Energy Strategy for the period 2018 to 2023. This will advocate the continuance of the planned 3% year on year reduction in emissions.

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2.12 Summary and Key Conclusions of "Where are we now?"

2.12.1 The above high level analysis of the Health Board estate has been based on:

- The recently completed Six Facet Survey
- Other relevant financial and non-financial information
- Relevant performance indicators
- The impact of the implementation of the Clinical Futures Strategy and the opening of the Grange University Hospital in March 2021

2.12.2 Taking all of the above issues into account the following is a summary of the current position and key issues:

- Further work on the profile of acute services following the opening of the Grange Hospital and rationalisation of the existing estate at RGH and NHH will have to be a priority
- The overall level of backlog maintenance at £108 million is unacceptable as is the level of high and significant backlog at £25.5 million. This will have to be prioritised and addressed
- The fact that 10% of the estate (29,000 m2) is underutilised 3% (8,778 m2) is empty is unacceptable
- Much of the above under-utilisation is within the older Mental Health and Community Hospital estate large parts of which are in very poor condition.
- Estate operating costs appear to be very low, particularly within the non-acute estate.
- Maintenance costs are unacceptably low in the non-acute sector.
- Potentially too much space is used for non-clinical purposes.
- Use of the newer owned facilities and the leased Community Hospitals needs to be optimised in the context of the implementation of the Clinical Futures Strategy.
- Consideration needs to be given to the location, disposition and utilisation of the many Primary/Community/Mental Health owned and leased properties in the context of the GP owned premises in each NCN area.
- Whilst there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m2 or less.

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3.0 Where Do We Want To Be?

3.1   Health Board Vision and Strategic Direction

3.1.1 The Health Board is responsible for promoting wellness, preventing illness and disease and for planning, designing, development and securing the delivery of safe, high quality service to meet the needs of our population.

Our vision for Aneurin Bevan University Health Board is to:

Figure 1.1

Work with our communities for a healthier future

Care for patients when they need us

For our staff and services to aim for excellence in all that we do

3.2 The Health Board's longstanding, approved clinical service strategy is **Clinical Futures**, sets out our vision for modernising clinical services for the population of Gwent and South Powys. At its heart, the strategy seeks to rebalance the provision of healthcare, enabling citizens to play a more active role in their health and well-being, providing more services within the community using Neighbourhood Care Networks to drive and deliver change at local level. In keeping with the outcomes of the South Wales Programme, it reshapes our hospital services in order to centralise specialist and critical care services in a single purpose built hospital, whilst maintaining a network of local hospitals to meet routine care needs.

3.3 The Clinical Futures Strategy continues to form the platform for service planning from 2018–2022 and is consistent with the wider planning context for NHS Wales. The Health Board is wholly committed to working collaboratively and at pace with Health Boards and other key partners in the region to secure benefits for patients wherever this is appropriate. The Health Board continues to participate and lead work on behalf of the Region and Team Wales.

3.2   National Context

3.2.1 At a national level, 2017/18 has seen significant development in terms of National Strategy and legislation. A new programme for government that has led to the publication of a new National Strategy "Prosperity for All", the final

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report on the Parliamentary Review of Health and Social Care, the increasing profile of the Well Being Future Generations Act and the adoption of the Nurse Staffing Levels (Wales) Act 2016. The Health Board is proactively working with its partners and staff to ensure our future plans align with the requirements and expectations of the national agenda.

3.3   Regional Context

3.3.1 In response to the national context and local priorities at a regional level, there remains continued emphasis on delivering quality health and care services fit for the future and promoting good health and well-being for everyone. Driven by the ambitions in 'Prosperity for All' and the recent 'Parliamentary Review of Health and Social Care in Wales' considerable work is underway to translate national strategic ambitions into reality across the Health Board and with its partners.

3.3.2 Recognising the strong emphasis on integration of services at a locality level, through collaboration with partners, the Health Board has played a leading role in the development of the new statutory Wellbeing Plans, and Area Plan for Health and Social Care, required from April 2018. The plans set a clear vision for improving population health and wellbeing through the identification of wellbeing objectives. The Health Board has committed to the development of an 'integrated system for health, care and wellbeing' as a key element of our transformational Clinical Futures strategy which also is a key development in our IMTP this year.

3.4   An integrated system of Health, Care and Wellbeing

3.4.1 As part of our Clinical Futures Programme, the Health Board is developing its integrated system of health, care and wellbeing which encapsulates its commitment to the delivery of wellbeing objectives, as part of the Public Service Board agenda, and the delivery of new models of care, support and wellbeing as part of the work of the Regional Partnership Board. At the heart of integrated service delivery is the continued development of the Neighbourhood Care Networks (NCN) Model within Gwent. A consistent regional service model will be developed, which promotes equity of access, but maintains local flexibility to provide specific services defined by population need.

3.4.2 To do this will require radical transformation of services, and the development of new models of community based care. The Health Board's vision is to create a system of primary, community and wellbeing services, based around the NCN footprint, where there is a consistent regional service offer, and effective locality based multi-disciplinary teams. The Health Board's ambition is to create a new system of primary, community care and wellbeing across Gwent, in partnership with local government and the third sector. The Health Board wants people to be able to access the care they need in their own community and homes, where appropriate and avoid the need for unnecessary hospital admission.

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3.5 Local Context - Clinical Futures Strategy

3.5.1 The strategy, which has been outlined in section 2.2 above, has been in place for several years with very committed clinical involvement and direction. It is continually checked and adapted to ensure it remains relevant and ambitious in its aims and effective in its delivery. The strategy is entering a different phase for 2019/20, its momentum and innovation focus have both been escalated.

3.5.2 As we move into year two of our three year transition plan leading up to the opening of The Grange University Hospital, the level of testing, scrutiny and robustness of new service models is being heightened. We are optimising the improvement methodology capacity that has been developed within the Health Board over the past few years and are reviewing service models through the value driven healthcare lens, demography and technology. Through this we aim to ensure that our service models and resource are used to provide the greatest possible benefit to the population.

3.6 The Estate Required

Vision and Core Principles

3.6.1 The Health Board's vision for the Estate is:

"A sustainable future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable".

3.6.2 In the context of this vision and in support of the Clinical Futures Strategy the following Key Principles have been developed to underpin the development of an Estate Strategy:

Support service delivery - Ensures the built environment and equipment required (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

We must make best use of the capital resources available to us, and minimise the revenue consequences of such capital investments.

Future focused - Fit for purpose for the next 5 to 10 years and be flexible enough to accommodate future changes.

We must support the provision of a technology led and enabled environment to enhance productivity and utilization of resources, including space.

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Sustainable - Delivers on the principles of the WBFG Act 2015 and demonstrably makes the most effective use of all available resources.

> *We must adopt a set of metrics that show both the cost and performance of our built assets to support improved management and decision making, incentivise efficient use.*

Fit for purpose - Supports the major service objectives of the Health Board by providing a clear framework and strategic direction to optimise the configuration and utilisation of space and reducing backlog maintenance.

> *We must increase the utilisation of clinical space and reduce the amount of estate we use for non-clinical activities.*

Motivating and Enabling Staff - Staff are our most important asset, ABUHB should provide them with excellent facilities, positive environments, physical space, flexible arrangements and equipment to do their jobs and within this promote the wellbeing of all staff.

> *We must improve the condition and efficiency of our assets and address inappropriate and inefficient assets though disposal, demolition or refurbishment; We must actively encourage the adoption of "agile working", wherever possible.*

Partners - Facilitates an approach to enable the Health Board to manage demand, improve services and provide better outcomes for patients through co design and co-location where appropriate.

> *We must encourage our key partners to work with us to make the most efficient use of all of our assets.*

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

> *We must seek to reduce the operating costs of our estate through effective use of resources, good management and environmental performance improvements.*

Matching Form with Function

3.6.3 As stated in section 2.0 above the Estate Strategy is being developed in the context of:

- Acute Hospital Services
- Community Hospital Services
- Mental Health Services
- Primary and Community Care Services
- Leased/Non-clinical Services

3.6.3 Each of the above have clear service strategies linked to the over-arching Clinical Future Strategy and each will have very different estate infrastructure needs and issues as identified via the Six Facet Survey. The section that follows

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brings together the service requirements with the estate infrastructure needs and identifies key ***Strategic Objectives*** to be delivered in the planning period.

Acute Services

3.6.4 Two of the three existing acute Hospitals, i.e. ***Royal Gwent and Nevill Hall Hospitals*** will need to be significantly reconfigured following the planned opening of the Grange University Hospital in March 2021 at which time a number of services will be relocated from these Hospitals to the Grange Hospital, these include:

- Emergency surgery and trauma
- Complex elective surgery
- Emergency Medicine
- Critical Care services
- Obstetric services
- Paediatric and Neonatal services

3.6.5 At that this point in time certain key clinical models are still being finalised along with associated capacity plans therefore the precise impact on these sites is not fully understood. That being said it is expected that there will be significant vacated space in both hospitals and their function as Local General Hospitals will need to be reflected in the infrastructure that is retained.

3.6.6 In addition to the their primary functions as Local General Hospitals providing a range of general local services, the Royal Gwent and Nevill Hall Hospitals will also become centres of the delivery of specific services on behalf of the Health Board and these will include elective surgery and cancer services.

3.6.7 The effect on ***Ysbyty Ystrad Fawr*** will not be as significant and it is likely that services will remain largely as they are currently provided.

3.6.8 Taking the above into account with the information that is available from the six facet survey, particularly the high and significant backlog costs, and known current issues such as car-parking and overcrowding, three ***Strategic Objectives*** have been identified for the Acute Hospitals that will need to be delivered over the planning period, as follows:

Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.

Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.

Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised in the context of the new clinical models.

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Community Hospital Services

3.6.9 Community Hospitals currently include ***St.Woolos, County Hospital, Ysbyty Aneurin Bevan, Chepstow and Monnow Vale.*** From a service perspective only one of these facilities is directly affected by the opening of the Grange Hospital, i.e. St Woolos.

3.6.10 All will however be affected, in varying degrees, by the proposed model for Primary and Community services, described below, and the associated planned development of Health and Well Being Hubs.

3.6.11 ***St Woolos***, because of its location adjacent to Royal Gwent Hospital, will be primarily effected due to the planned transfer of inpatient services (Rehabilitation, Orthopaedic, Mental Health and Dermatology) from there to Royal Gwent following the opening of the Grange University Hospital and the planned relocation of other services currently in the older estate to either the newer Casnewydd Unit located on the St Woolos site or Royal Gwent Hospital.

3.6.12 ***County Hospital*** as noted in section 2 above is largely in poor condition, is not of the expected standard for the delivery of certain clinical services and has underutilised and empty accommodation. Whilst it is clear that something needs to be done to address the estate issues greater clarity is required regarding the services that should be provided from there in the future in the context of the Clinical Futures Strategy. This need to be addressed first before the estate issues can be properly resolved.

3.6.13 the effect on ***Ysbyty Aneurin Bevan, Chepstow and Monnow Vale*** will not be as significant and it is likely that services will remain largely as they are currently provided, and as they are all relatively new buildings there are no obvious estate issues. It will however be necessary to ensure that services there are appropriate in the context of the new clinical models and that the buildings are fully utilised. However as ***Chepstow and Monnow Vale*** are leased facilities, it will be necessary to review the lease arrangements going forward to ensure value for money is being obtained.

3.6.14 Taking the above into account with the information that is available from the six facet survey, particularly with regard to ***St Woolos*** and ***County*** the Community Hospital Services have four ***Strategic Objectives*** that need to be delivered over the planning period, as follows:

> **Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent.**

> **Strategic Objective 5 – Review service provision required on the County Hospital site in the context of primary care/community services required in that area followed by consideration of redevelopment.**

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4.2

Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models.

Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.

Mental Health Hospital Services

3.6.15 As stated in section 2.0 Hospital based services are currently provided from **St Cadoc's, Maindiff Court, Llanfrechfa Grange and Ysbyty'r Tri Cwm**. In addition to this inpatient beds are also provided at Ysbyty Ystrad Fawr, St Woolos, Ysbyty Aneurin Bevan and County.

3.6.16 Mental health and learning disability services in Gwent work in the context of an overall service model, spanning foundation level, primary, secondary and specialist tertiary services, as described in Figure 3.4.1.

3.6.17 Services for the target client groups are organised within a number of directorates and divisions:

- Primary Care mental health services (children, young people and adults with MH or LD).
- Adult mental health and specialist services (18 years to 65 years).
- Older adult mental health services (65 years and over).
- Learning disability residential, specialist and community services (18 years and over).
- S-CAMHS – (under 18 years) – Families and Therapies Division.
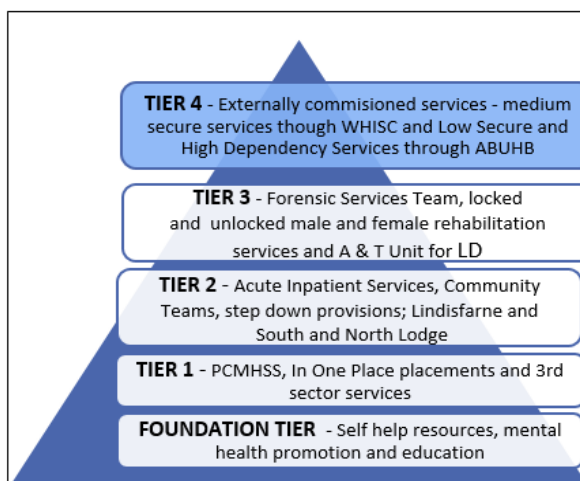
3.6.18 The majority of MH services are provided or commissioned at Foundation level, Tier 1 and Tier 2, with limited provision at Tier 3. Tier 4 providing low to medium secure services are currently commissioned from external providers (Figure 3.4.1).

3.6.19 Tier 1 and 2 services (excluding inpatient services) are largely provided from locality based units and these are considered in the Primary and Community Care services section later in this document.

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3.6.20 The current disposition of Tier 2 and Tier 3 inpatient services is summarised below:

	Adult	Older Adult	Tier 3	Rehab/ Step Down	Learning Disability
St Cadoc's	22		27	6	
Llanfrechfa Grange					7
Maindiff Court				15	
Ysbyty'r Tri Chwm		15			
County	21	20			
Ysbyty Aneurin Bevan	11				
Ysbyty Ystrad Fawr	22	18			
St Woolos		14			
Total	76	67	27	21	7

3.6.21 The potential disposition of the above beds post the Grange Hospital opening and other planned Tier 4 developments is:

	Adult	Older Adult	Tier 3	Rehab/ Step Down	Learning Disability	Tier 4
St Cadoc's	22		27	6	7	42
Maindiff Court				15		
County	21	20				
Ysbyty Aneurin Bevan	11					
Ysbyty Ystrad Fawr	22	18				
Nevill Hall from YTC		15				
Royal Gwent from SWH		14				
Total	76	67	27	21	7	42

3.6.22 **St Cadoc's** is regarded as the "specialist" centre for mental health services and there is a business case with Welsh Government for the construction of a Low Secure Unit. This will need to be thoroughly reviewed prior to approval for the case to move to the next stage. From an estates perspective section 2.0 identifies concerns regarding the inappropriate condition of the older estate and the fact that large sections are underutilised or indeed empty. This will need to be addressed as a key Strategic Objective.

3.6.23 **Llanfrechfa Grange Hospital** currently houses the Learning Disability inpatient beds, the Health Board's Laundry and Administrative accommodation. The facilities on that site, other than the Laundry are in poor condition and largely empty. In that context is has been intended, for several years, to dispose of the majority of the site that is not needed for the Grange Hospital. This intention needs to be urgently reassessed in the context of the Torfaen County Borough Council proposed Medi-Park. The Health Board needs to assess whether or not it is likely that other clinical or non-clinical services are likely to require space on the Llanfrechfa Grange site in the foreseeable future.

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3.6.24 **Maindiff Court,** near Abergavenny, accommodates 15 step down beds and ECT services. ECT services are planned to move to Nevill Hall following the opening of the Grange Hospital. The remainder of the site, which is in relatively poor condition, is either empty or underutilised, but accommodates a range of office based staff and some patient facing clinical services. Given the above issues the future retention of this site needs to be seriously considered.

3.6.25 **Ysbyty'r Tri Chwm,** near Ebbw Vale, is a relatively new unit that provides 15 beds for patients with Dementia and other ambulatory clinical services. The inpatient services are planned to move to Nevill Hall post the Grange Hospital opening. Therefore the future use of this facility for Mental Health services only and its potential to be used for other primary care/community services needs to be explored.

3.6.26 The remaining in-patient beds not referred to above at **Ysbyty Aneurin Bevan** and **Ystrad Fawr** are unlikely to be affected by changing clinical models in the immediate future and are in modern facilities. The services at **County Hospital** may however be effected by the review of County Hospital referred to in 3.6.12 above. The Mental Health facilities on the County site are relatively modern and are fully utilised.

3.6.27 Taking the above into account with the information that is available from the six facet survey, particularly with regard to **St Cadoc's, Llanfrechfa Grange and Maindiff Court** the Mental Health Hospital based services have five **Strategic Objectives** that need to be delivered over the planning period, as follows:

> **Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to Welsh Government approval of the Strategic Outline Case**

> **Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc's Hospital site, not required for patient facing services.**

> **Strategic Objective 10 - Relocate in patient services from Ysbyty'r Tri Chwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other Primary care and Community based services.**

> **Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.**

> **Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.**

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Locality based Primary, Community and Mental Health Services

3.6.28 The Clinical Futures framework for the delivery of an integrated, locality based system is structured into four tiers, with a programme of activity to be established for each as set out in the current IMTP:

1. People staying healthy and well;
2. Self-Care;
3. Primary Care and NCN Team;
4. NCN Hub with specialist and enhanced services.

3.6.29 The emphasis is on delivering more care closer to home, through integrated health and social care teams, built around NCNs and adopting the design principles agreed in the Gwent 'Care Closer to Home' strategy. The new model of service provision will require the development of '***hubs***', both physical and virtual, at key locations in each borough. This 'hub' approach will require a new estates strategy which will ensure that services, equipment and infrastructure are aligned to make the best use of resources available in each area. A locality map of planned hubs has been established detailing the location of urgent care hubs, alongside Health and Wellbeing Hubs:
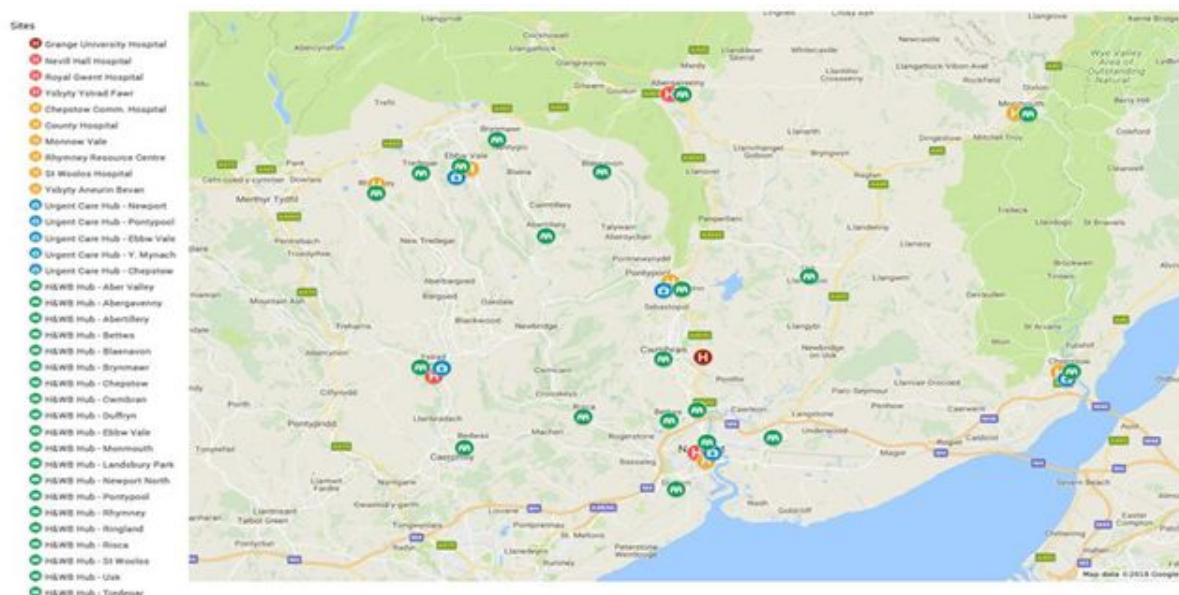
3.6.30 Through the new 'hub' model we will not only co-locate diverse services and support mechanisms but also offer a new model to 'screen' people to appropriate places and offer one front door. This adopts in practice the sustainable development principles of the wellbeing of future generations Act, and will support the achievement of our wellbeing goals, by providing community based, co-located and integrated services designed to specifically improve wellbeing.

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3.6.31 Each hub will contain an 'Integrated Services Team' made up of therapists, nurses, social workers and care support staff. Greater emphasis will be placed on integrated working as part of a unified team, rather than separate re-ablement, home care and community nursing, where handoffs between team members are minimised to ensure greater continuity of care. Well-being hubs will act as a front-door for patients and professionals, where contact can be made (either through a physical front door or via phone) and a member of the professional team will undertake triage. In doing so, they will assess a patient's needs and assess out with advice, signposting to more appropriate support or allocate a care co-ordinator to plan and oversee their individual care needs.

3.6.32 Each well-being hub will be different, but will consider incorporation of local services such as GP practices, dental practices, community pharmacies, mental health services, housing services, debt advice, among many others. Some hubs will also be developed with access to improved diagnostics and aligned to GP assessment beds, others with links across a network of service provision and community. We will also develop a model for enhanced specialist care within the community, and plans for a model of enhanced urgent care hubs, where in-hours GPs will provide assessment and treatment for urgent, walk-in cases. The sites will be more commonly equipped with, or closely aligned to, diagnostic services which allow rapid access, potentially eliminating the need for unnecessary conveyances to hospital.

3.6.33 In the context of the above clear service strategy, and the Six Facet Survey information, the existing Primary/Community and Community based Mental Health estate will need to be assessed as a whole to determine the size of holding required and the suitability of the existing estate to deliver the agreed services. This will need to be undertaken on an NCN basis and take account of accommodation that is provided by other public sector organisations.

3.6.34 From an estates perspective such an evaluation could present real opportunities to both rationalise and better utilise the estate. The assessment will need to consider alternative uses for some sites to ensure their future viability within the communities that they serve, and to explore the potential for some community hospital sites to provide "Hubs".

3.6.35 Two Health and Well Being Centres are currently being planned in Tredegar and Newport East (Ringland). Outline Business Cases are being prepared for each project with the aim of securing capital funding from Welsh Government.

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Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.

Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible.

4.2

Accommodation in Leased properties/Admin services

3.6.36 As stated above in 2.10 the Health Board has several leases for office accommodation in place at an annual rental cost of £507,933.

3.6.37 Previous attempts at trying to reduce leasing cost and reduce the amount of office accommodation on all Health Board sites have failed for two related reasons:

- The Health Board has not been radical enough with regard to Agile Working and new ways of working which could potentially significantly reduce the amount of office space required.
- Related to the point above is the issue of cost, simply moving staff from "A to B" without adopting Agile Working will not be cost effective.

3.6.38 Many of the other strategic objectives identified above will potentially require non patient facing accommodation to be relocated therefore the same issues will arise unless the adoption of Agile Working principles underpin these objectives. To reinforce this point the following table is an extract from the Strategic Outline Case that was completed in 2015, this identifies that at that time there were over 2,000 office based staff located at various clinical sites across the Health Board:

| Count of Last Name | Base | | | | | | | | | | | | | | |
Division	CCH	County	LGH	Maindiff	MVH	NHH	NRC	Other	RGH	St.Cadocs	SWH	YAB	YTC	YYF	Grand Total
040 BOARD SECRETARY										25					25
040 CHIEF EXECUTIVE/NON EXECUTIVE						1				28					29
040 CHIEF EXECUTIVE/NON EXECUTIVE - ABCi										10					10
040 CONTINUING HEALTH & FUNDED NURSING CARE								1							1
040 FACILITIES DIVISION	2	9	16			11			38	65	10	8	1	10	170
040 FAMILY & THERAPIES DIVISION	3	8	7			47		65	70	74	10	2		21	307
040 FINANCE DIRECTOR			9						13	18					40
040 LOCALITY COMMUNITY CARE	1	16	2		1	1		44	4		6	6		6	87
040 MEDICAL DIRECTOR			14			9		9	29	9	6			2	78
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	2	16	42	11				66		40	1	3	2	9	192
040 NURSE DIRECTOR			10			7			7		7			4	35
040 OPERATIONS MISCELLANEOUS			4			1				3					8
040 PERFORMANCE DIRECTOR			20			26			47	6	2			2	103
040 PLANNING DIRECTOR			5					3		9					17
040 PRIMARY CARE & NETWORKS							12	13							25
040 SCHEDULED CARE		11			1	201		11	326	5	82			31	668
040 THERAPIES & HEALTH SCIENCES DIRECTOR			8			6			5						19
040 UNSCHEDULED CARE						61		7	114	2	19	1		21	225
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT			97						1		9			1	108
Grand Total	**8**	**60**	**234**	**11**	**2**	**370**	**12**	**220**	**654**	**294**	**152**	**20**	**3**	**107**	**2147**

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> **Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.**

4.2

3.6.39 This objective needs to be taken forward in the context of the IM&T strategy and the technology that is available to support "Agile Working".

3.7   Backlog Maintenance

3.7.1 The Health Board's level of Backlog Maintenance is unacceptable with many areas of the Health Board needing investment to tackle issues with the maintenance of the physical building and major mechanical and electrical infrastructure.

3.7.2 It is widely recognised that failing to address on-going maintenance issues could impose significant unacceptable levels of risk to the continuity of clinical services and possible breaches of statutory requirements.

3.7.3 Whilst a number of objectives listed above will assist in reduction backlog maintenance, and this will be quantified in section 4, the Estates Department need to undertake a detailed review of the information provided to inform the capital programme going forward and align with the Strategic Objectives.

3.7.4 The review will build on existing practices, such as how backlog maintenance is currently prioritised, and ensure that systems are put in place for the future that truly gets to the heart of the investment required to address those risks that are critical and inform future maintenance needs.

3.7.5 Levels of maintenance on non-acute site are unacceptable and need to increase in line with what would be expected to adequately maintain the estate in these areas. This needs to be addressed with the assistance of relevant benchmark information.

3.7.6 Taking account of the above the following Strategic Objectives are proposed for the Estates Department:

> **Strategic Objective 16 (Immediate) - The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.**

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> **Strategic Objective 17 - The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.**

3.8   Environmental Management

3.8.1 Whilst several of the above Strategic Objectives will assist in the reduction in Carbon emissions it is likely that there will be further Government pressure to reduce emissions over the planning period at a time when the new 55,000 m2 Grange University Hospital will be opened, further increasing emissions.

3.8.2 Although there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m2 or less.

3.8.3 The issues of Carbon reduction and achievement of the key Welsh Government relating to energy will both need to be actively addressed as a key part of this Estate Strategy.

> **Strategic Objective 18 - The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.**

3.9   Summary and Conclusion

3.9.1 The development and identification of the above Eighteen Strategic Objectives has sought to align the key issues arising from "Where are We Now?" with the other key strategies and plans of the Health Board and its stakeholders, to ensure we support the delivery of over-arching service objectives to achieve the 'right-sized' estate that can meet the future needs of the Aneurin Bevan University Health Board.

3.9.2 At this stage, we have largely focused on achieving considerable estate changes within a five to ten year planning frame, in line with other strategies, but also recognising the considerable changes that need to be delivered as a matter of urgency to support the implementation of the Clinical Futures Strategy.

3.9.3 The above and the assessment of "Where We are Now" has allowed the Strategy to identify the key areas in which our future Estate must deliver significant improvement, to meet both financial and operational performance requirements. Using the KPIs discussed previously, interlinked with the changes identified in the Clinical Futures Strategy, a set of high level targets have been developed, to allow the Health Board to attain its vision for the Estate described in section 3.6.1.

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3.9.4 These targets are shown below, and form the basis of the proposals for "How Do We Get There?" in Section 4:

- To reduce the unoccupied/underutilised estate to at least 2.5%
- To ensure that the retained estate is fully utilised
- To scope and reduce the amount space occupied by non-clinical and administrative services
- To reduce high and significant backlog maintenance by at least 10% year on year
- To be fully compliant with statutory and fire standards
- To remove or dispose of redundant and poor quality buildings
- To continue to reduce carbon emissions by at least 3% year on year and meet key environmental targets as identified by Welsh Government
- To develop a benchmarked methodology for assessing the appropriate ongoing revenue investment in the maintenance of the Estate and to ensure that what is deemed to be "appropriate" is delivered.

4.0   How Do We Get There?

Introduction

4.1 This section sets out, at a relatively high level, how it is proposed to develop and implement the eighteen Strategic Objectives outlined in section 3.0 above. As and when this Strategy is approved more detailed plans will be developed with key stakeholders.

4.2 The development and implementation of the Strategic Objectives will be need to be underpinned and supported by key enablers, which are described in the following section.

Enablers

Enabler 1 - Governance and Reporting

4.3 The Estate Strategy has been developed by the Clinical Futures Strategic Capital and Estates Workstream (SCEW) which reports to the Clinical Futures Delivery Board. It is assumed that this structure will continue and that the SCEW will ensure that the Strategic Objectives are developed and implemented.

4.4 The Strategy has sought, due to the size and complexity of the Estate, to separate the Estate into 4 sectors, Acute Hospitals, Community Hospitals, Mental Health Hospitals and Primary/Community and Community based Mental Health accommodation. Whilst there is considerable overlap between these sectors each has been allocated a number of Strategic Objectives and it is proposed that each will have an identified Working Group or Project Team that will report to the SCE Workstream.

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Local General Hospital Project Team – this is already well established, primarily focussed on the reconfiguration of RGH, SWH, NHH and YYF post opening of the Grange Hospital. The Project Team will therefore cover the following Strategic Objectives:

> **Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.**

> **Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.**

> **Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised**

> **Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent.**

Primary Care and Community Based Estate Project Team – this will need to be established to cover the following Strategic Objectives:

> **Strategic Objective 5 - Review service provision required on the County Hospital site in the context of primary care/community services required in that area.**

> **Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models**.

> **Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.**

> **Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.**

> **Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible.**

Mental Health Hospital based services Project Team – This is already established, somewhat informally, in the context of the emerging Estate Strategy, and will now need to be formalised with Terms of Reference, etc. It will cover the following Strategic Objectives:

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Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to WG approval of the Strategic Outline Case

Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc's Hospital site, not required for patient facing services.

Strategic Objective 10 - Relocate in patient services from Ysbyty'r Tri Cwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other Primary care and Community based services.

Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.

Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.

4.5   Of the remaining four Strategic Objectives, it is considered that there are three that are the responsibility of the Estates Department and one that is within the remit of the Clinical Futures Supporting Infrastructure Workstream.

The Estates Department – Will be responsible for delivery of:

Strategic Objective 16 (Immediate) – The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.

Strategic Objective 17 – The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.

Strategic Objective 18 – The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.

The Clinical Futures Supporting Infrastructure Workstream – Will be responsible for delivery of:

Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as

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Tab 4.2 Draft Estates Strategy

a means to assist in the reduction of the significant amount of office accommodation within the organisation.

Enabler 2 – Clinical Capacity Plan

4.6   Several of the above Strategic Objectives require clarity on the emerging clinical and service models and the consequential effect of these on the overall Clinical Capacity Plan, particularly bed and operating theatre capacity requirements by site. Work done to date on some of the above is based on the capacity plan that underpinned the Grange University Hospital Full Business Case and the Clinical Futures Programme Business Case that were prepared in 2015. It is known that there will be changes to the assumptions made in 2015.

Enabler 3 – Capital Availability

4.7 It will need to be recognised by everyone involved in the process described above that it is very unlikely that there will be significant capital available in the short to medium term to support the development of the Estate Strategy. That being said it is inevitable that some capital will be required to:

- Support the development of feasibility studies, etc.
- Implement service development proposals
- Support rationalisation and potential demolition of facilities

4.8 The former will be relatively modest but will need to be factored into capital programme spend in the immediate future.

4.9 The latter two are difficult to calculate with any degree of accuracy at this point in time and it is assumed that more clarity on this will be obtained via the output from the working groups set out above. A very high level capital programme is however included in the final section of this document.

4.10 Due to the constraints on capital it will be necessary for any proposals to be based on a "Do Minimum" approach, utilising the existing estate as far as is possible, new build developments should be resisted.

4.11 It will also be necessary, in the potential absence of further significant Strategic Capital from Welsh Government, for the Health Board to make optimum use of its annual Discretionary Capital funding, currently £10.8 million. All proposals for the use of Discretionary Capital will need to be clearly aligned with the Strategic Objectives of this Estate Strategy and will need to be more closely scrutinised by a sub-group of the existing Capital Group.

4.12 Opportunities will need to be sought via Welsh Government to acquire different sources of capital as is the case with other Strategic capital projects within Wales.

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Tab 4.2 Draft Estates Strategy

4.13 Several Strategic Objectives propose reassessment of sites, i.e. Maindiff Court, St Woolos, St Cadoc's and Llanfrechfa Grange, any potential disposal values of any part of these sites are currently unknown, but one of the early tasks will be to assess their potential market value. Sale proceeds of any elements agreed could potentially be used to support further capital investment, subject to Welsh Government approval.

Enabler 4 – Clarity on Estate Management

4.14 In the context of point 4.11 above clarity is required on the responsibility for the management of the Estate and for the identification and prioritisation of Estate infrastructure issues within prioritised Divisional plans. Some Divisions identify such issues, others do not as they are seen as estate management issues. This skews the prioritisation process.

Enabler 5 – Resources / Time

4.15 The aspirations of the Estate Strategy as conveyed by the eighteen Strategic Objectives are relatively ambitious and in some cases will require additional resources to assist in their development and implementation. If this cannot be obtained, and in the context of the very significant organisational changes that will occur as a result of the opening of the Grange Hospital, it may be necessary to prioritise the Objectives.

Enabler 6 – Consultation

4.15 Some of the potential changes that are envisaged in the Strategic Objectives will need consultation with staff and may need more formal consultation with external stakeholders. This needs to be considered in more detail in the development of more detailed project plans.

Enabler 7 – Adoption of Agile Working

4.16 This has already been identified as a Strategic Objective but it is also a valuable and potentially significant enabler that will support the reduction in the non-clinical estate footprint and thus avoid potential relocation costs if staff are in accommodation that may be targeted for disposal, e.g. accommodation at St Woolos, St Cadoc's, Llanfrechfa Grange and Maindiff Court.

4.17 This is not an Estate driven enabler/objective, this needs to be addressed in the context of organisational change and organisational development.

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Enabler 8 Space Management

4.18 If the Strategic Objectives are supported there will need to be a much more rigorous approach to the ongoing management and use of vacant space within affected buildings. Space must be de-commissioned as and when it is released. Existing vacant space must not be re-used.

Enabler 9 Partnership Working

4.19 The locality based estate will need to be considered in the context of the wider Public Sector estate and the opportunity that exists to share facilities and accommodation. Such an approach will be actively encouraged by the Partnership Boards.

Development and Implementation of the Strategic Objectives
4.20 The following is a high level assessment of the Key Tasks associated with the development and implementation of the Strategic Objectives, pending preparation of more detailed project plans:

4.2

Tab 4.2 Draft Estates Strategy

Capital Programme

4.17 The following high-level capital programme has been prepared based on the assessed capital required to support delivery of the above Strategic Objectives, pending the completion of much more detailed work:

	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s	2026/27 £000s	Total £000s
Proposed AWCP Schemes currently unfunded:										
Primary Care Pipeline - Tredegar	350	850	3,500	5,050						**9,750**
Primary Care Pipeline - Newport East	250	950	5,500	8,300						**15,000**
Primary Care Pipeline – Ebbw Vale HWBC		30	500	2,500	1,000					**4,030**
GUH HSDU	323	7,117	7,322	(184)						**14,578**
Breast Centralisation		400	1,600	3,000						**5,000**
Low Secure Unit		500	1,500	5,000	26,000	7,000				**40,000**
NHH Satellite Radiotherapy Centre	29	1,000	3,500	15,500	27,971					**48,000**
RGH Rationalisation	20	200	2,000	3,500	5,500	10,000	10,000			**31,220**
NHH Rationalisation	45	200	500	5,500	5,500	5,000				**16,745**
SWH Rationalisation		50	250	1,000	500					**1,800**
Maindiff Court Rationalisation		50	500							**550**
St Cadocs (old hospital) Rationalisation			50	500	2,000					**2,550**
LGH (old site) Rationalisation			50	500	1,000					**1,550**
High Risk Infrastructure		2,000	2,000	2,000	2,000	2,000				**10,000**
County Hospital Redevelopment			50	1,000	5,000	8,000	5,950			**20,000**
Total AWCP Requirements	**1,017**	**13,347**	**21,622**	**53,166**	**76,471**	**32,000**	**15,950**			**213,573**

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4.2

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.3

4.3

Aneurin Bevan University Health Board

NURSE STAFFING LEVELS (Wales) Act 2016

Executive Summary

The purpose of this report is to provide an overview and position of the current status of medical and surgical ward staffing levels covered under the Nurse Staffing Levels (Wales) Act 2016.

The first of the statutory duties which the Act placed on Health Boards took effect from April 2017, with further duties 25B and 25C taking effect from April 2018. This paper sets out the wards under section 25E and the associated financial assessment following the second cycle of the bi-annual calculation. The Board received and approved the staffing levels in May 2018.

This report outlines the measures taken to assure the Board that it meeting the requirements of the Nurse Staffing Levels (Wales) Act.

Recommendation:

The Health Board has a duty to implement the statutory guidance and ensure compliance with the requirement of the Nurse Staffing Levels (Wales) Act.

The Board is asked to: -
  (i)   Approve the Nurse Staffing Levels for the identified wards following the bi-annual calculation undertaken in September 2018
  (ii)   Note the further assessment required for ward D7E and ward 3/1 with associated financial impact in line with the requirements of the Act
  (iii) To note the progress made with the implementation of the Act and further work underway

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Martine Price – Interim Executive Director of Nursing

Report Author: Linda Alexander – Interim Assistant Director of Nursing

Report Received consideration and supported by:

Executive Team	**Committee of the Board [Committee Name]**	

Date of the Report: 3 January 2019

Supplementary Papers Attached:
Appendix 1 - Example Triangulated Approach Template
Appendix 2 – All Wales Staffing Act Template Adult Acute Medical & Surgical Wards

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

1   Purpose of the Report

- To provide a formal presentation of the Nurse Staffing Levels (Wales) Act (NSA), for adult acute medical and surgical wards following the bi annual calculation.

- To consider the financial implications associated with the bi-annual review.

- To outline the work undertaken since May 2018 to comply with the Act and its requirements including an outline of the work plan for 2019/20.

2   Background and Context

2.1   All Wales Background

In September 2016 the Nurse Staffing Levels (Wales) Act became law, requiring organisations across NHS Wales to calculate and monitor the number of nurses required to care sensitively for patients. The Act was constructed to enable a phased implementation.

Since April 2017 Health Boards have had an overarching duty to make provision for an appropriate nurse staffing level and ensure that they are providing sufficient nurses to allow the nurse's time to care (Section 25A). This requirement extends to all care environments NHS Wales provides or commission's a third party to provide nurses. Further duties, Sections 25B and 25C, came into effect from April 2018. The responsibility for meeting the requirements of the Act applies to staff at all levels from the Ward to the Board with the Board and Chief Executive being ultimately responsible for ensuring compliance with the Act.

Specific members of the Board, Directors of Nursing, Workforce and Organisational Development, Finance and Chief Operating officers are required under sections 25B and 25C of the Act to provide evidence and professional opinion to the Board to assist with its decision making in relation to calculating and maintaining the nurse staffing level in acute medical and surgical in-patient wards.

Specifically the Board is required to:

- Designate a person to be responsible for calculating the nurse staffing level in settings where section 25B of the Act applies.
- Determine which areas meet the definitions of the adult acute medical and surgical wards.
- Receive and agree written reports from the designated person on the nurse staffing level for each adult acute surgical and medical ward at a public board on an annual basis and at any other time when the designated person deems this to be required.
- Ensure that systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster, and
- Agree the operational framework which will:

  o Ensure there are systems and processes in place and specify the decisions in relation to maintaining the nurse staffing level.
  o Specify the actions taken and by whom to ensure that all reasonable steps are taken to maintain the nurse staffing level on a long term and shift by shift basis.
  o Specify the arrangements for informing patients of the nurse staffing levels on each ward along with the date this was agreed by the Board.

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

A working group, consisting of representatives from each Health Board/NHS Trust, Public Health Wales and Welsh Government, have devised an operational handbook based on the statutory guidance to guide and assist operational staff in meeting the requirements of 25B and 25C of the Nurse Staffing Levels (Wales) Act.

In accordance with section 25B, the duty to calculate nurse staffing levels currently applies to adult acute medical and surgical inpatient wards. However, there are a number of All Wales work streams underway to enable the Nurse Staffing Level to be extended to other settings. The five areas to develop evidence-based tools are; District Nursing, Paediatrics, Health Visiting, Mental Health Inpatient and Care Homes. The Health Board is actively engaged in all areas.

Each Health Board has a duty to use the triangulated approach to calculate the nurse staffing level for each adult acute medical and surgical inpatient ward and to record the triangulated approach to the nurse staffing review to support and evidence the method of calculation and outcome.

In May 2018 a report was brought to Board which provided an overview and description of outstanding requirements in relation to medical and surgical ward staffing levels covered under the implementation of the Nurse Staffing Levels (Wales) Act.

The paper provided assurance that as a Health Board we were in a position to meet the following NSA requirements.

There are 5 sections to the Nurse Staffing (Wales) Act 2016.

- Section 25A – refers to the HB's/Trusts overarching responsibility to provide sufficient nurses in all settings (this requirement extends to all care environments NHS Wales provides or commission's a third party to provide nurses).

- Section 25B – requires Health Boards to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health Boards are also required inform patients of the nurse staffing levels.

- Section 25C – requires Health Boards to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards.

- Section wards 25D – relates to statutory guidance released by Welsh Government.

- Section 25E –requires Health Boards to report their compliance in maintaining the nurse staffing level for each adult acute surgical and medical ward.

2.2 Health Board Background

The statutory guidance sets out the definition of adult acute medical and surgical wards in which Section 25B applies. A detailed assessment has been undertaken to confirm the wards to which the guidance applies.

In ABUHB there are currently **12 wards in scheduled care, 15 wards in unscheduled care and 2 wards within family & therapies.** This includes Risca Ward at Ysbyty Ystrad Fawr and OSU, Orthopaedic Elective ward at St Woolos. Note further on in the report reference is made to the extra capacity for winter 2019/20.

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

In 2014/15 adult acute and surgical wards were funded with additional resource to meet the All Wales Nursing Principles, as set out below:

Division	All Wales Nursing Principles: Exec Decision
Scheduled Care	1,678
Unscheduled Care	2,165
Family & Therapies	297
Total 14/15 Budget	**4,140**

It should be noted that £1.9m was funded by WG, the remainder was funded from the ABUHB Strategic Reserve.

In preparation for April 2018, an establishment review and assessment was undertaken of each of the medical and surgical wards to ensure that the funded establishments were appropriate. This review identified that additional funding was required to meet the Nurse Staffing Wales Act. In May 2018 the Board approved the following staffing levels and the additional funding to meet the requirements of the Act.

Ward	RN	HCSW	Above Budget	Expenditure above that already being incurred
	WTE	WTE	£m	£m
C4W	2.85	(1.44)	0.080	0.080
D4W	2.85	4.79	0.200	0.040
Ward Manager uplift	8.00		0.300	0.150
Maternity Leave	4.76	3.98	0.285	
TOTAL	**17.46**	**7.33**	**0.865**	**0.270**

2.3 Health Board Progress with Implementation

The Health Board has established a Staffing Act Implementation Group with representation from finance, workforce and the divisions to progress implementation of the Act and is aligned to the ongoing All Wales work.

As a Health Board a work programme has been taken forward to ensure compliance and engagement with the Nurse Staffing Act (NSA) and its requirements:

Education and Raising Awareness of the Act
- Acuity masterclasses provided and education sessions.
- Nurse Staffing Act interactive presentation at Nursing Conference 2018.
- Individual and Group sessions on Staffing Act implementation and acuity training.
- Presentations at partnership forum and CHC meetings.

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

Nurse Staffing Levels
- Nurse Staffing Escalation Policy Developed and implemented – which is referenced in the Health Board's Escalation Policy.
- Reporting mechanism to escalate deviations from planned rosters from ward to board – reported weekly in a red, amber, green format. This forms part of the weekly executive safety huddle.
- Operational actions in place to ensure all reasonable steps are taken to respond to deviations from the planned roster.

Quality Metrics
- Further developed the triangulated approach to reviewing the ward staffing, with review of quality indicators that are particularly sensitive to care provided by a nurse. This includes patient falls, hospital acquired pressure ulcers and medication errors – this list is not exhaustive.
- DATIX reporting (incident reporting) relating to these quality metrics has been further developed within the HB to highlight any incidents associated with inadequate staffing levels. This work is being progressed on an All Wales basis.

Recalculation of Ward Staffing and Triangulation
- Further developed the ward staffing reviews with Executive panels held.
- Monthly Staffing Act meetings.
- Workforce meetings focusing on recruitment and retention.
- Patient acuity data capture, minimum requirement for data collection is January and June each year. As required ward are undertaking more regular data collection to allow more comprehensive understanding of patient needs and associated staffing requirements.

Means of informing patients
Section 25(B) of the NSA states that the Health Board must make arrangements to inform patients of the nurse staffing levels. All wards have the planned rosters clearly displayed at the entrance to wards. In addition each ward has a copy of 'frequently asked questions' on staffing levels which patients can access. This is provided in both English and Welsh and therefore complies with the relevant obligations under the Welsh Language Standards. The CHC have also been consulted with regards the frequently asked questions to inform the All Wales update.

3 Assessment and Conclusion

3.1 Summary Bi-annual Review Process

The routine bi-annual calculation of the nurse staffing levels should take place around May and September of each year. The timetable takes into account the All Wales bi-annual capture of acuity data across all acute medical and surgical in-patient wards which takes place January and June and the time it takes to process and publish the data.

Each Health Board must review the nurse staffing levels for each ward:

- Every 6 months

or

- If something alters on the ward for example, a change in case mix of patients or the number of beds

or

- If the nursing team consider that a review is required to take place for any reason

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

In line with the statutory guidance and the operational guidance issued, establishment reviews including finance, nursing and workforce took place in September 2018. Wards from all 3 acute sites (RGH, NHH and YYF) as defined in the Staffing Act were reviewed. This review included the requirement of sign off by the Executive Director of Nursing as the designated person and reporting to the Board.

The review exercised the triangulated approach, which involved:

- An acuity review of all medical and surgical wards (utilising Welsh Levels of Care).
- Review and analysis of quality indicators; hospital acquired pressure ulcers, falls, medication errors and complaints. The Staffing Act does not currently stipulate the need to report complaints, however as a Health Board it was considered a useful indicator with regards patients/relative/carer experience and was included.
- Professional judgement – roster reviews were undertaken in conjunction with the Divisional Nursing Team, Senior Nurse, Ward Sister, Workforce Business Partner, Finance and the E-Rostering Team. The purpose of the review was to ensure professional judgement was applied to all rosters to ensure they met the requirements of the Act and was deemed 'fit for purpose'. Examples of professional judgement considered included skill mix, competencies, experience, RN: HCSW ratios, complexities of patients' needs in addition to their medical/surgical needs and the effect of temporary staff.

3.2 Financial Implications Following Bi-annual Review

Scheduled Care
Following the 6 month review in September 2018, of the 12 Staffing Act wards in Scheduled Care, 2 required alterations to their rosters.

Ward D7E in RGH and ward 3/1 in NHH (both Elective Orthopaedics) have seen a significant increase in activity as a consequence of seven day theatre working. The staffing template has changed to reflect the change in activity which will be reviewed in 3 months to agree if this is to be recurrently funded on the basis of ongoing level of activity.

The difference in WTE and funding requirement should the activity continue is shown in the table below.

	Initial Roster		Proposed Roster		Cost Difference £'000		
	RN	HCSW	RN	HCSW	RN	HCSW	Total
D7E	14.10	5.80	14.72	8.39	23	67	90
3/1	17.90	14.38	18.22	14.38	12	0	12

For the first 6 months 2018/19, D7E has spent £102K on variable pay and 3/1 £57K.

The remaining 10 wards within the SC Division required minor amendments which do not require additional funding. Amendments to rosters is described below:

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

4.3

Scheduled Care					
March 2018	**RN**	**HCSW Band 2**	**Sept 2018**	**RN**	**HCSW**
	wte	**wte**		**wte**	**wte**
D5W	20.30	13.50	D5W	20.25	13.38
D5E	12.80	2.80	D5E	12.79	2.89
D2W	20.80	14.20	D2W	20.25	15.80
C7W	20.64	14.00	C7W	20.00	14.98
C5W	19.90	14.40	C5W	20.00	14.38
C7E	20.00	14.30	C7E	20.00	14.38
D7E	14.10	5.80	D7E	14.72	8.39
OSU	18.20	9.10	OSU	18.15	8.93
3/3	20.80	14.00	3/3	21.02	13.98
3/4	20.80	14.30	3/4	21.02	13.98
3/2	20.80	15.40	3/2	21.02	15.38
3/1	17.90	14.38	3/1	18.22	14.38
	227.04	**146.18**		**227.44**	**150.85**

Family and Therapies

Currently Family and Therapies consider their rosters to fit within the financial envelope allocated to them and the staffing has not changed since reported to Board in May 2018. Staffing as per template in appendix 2. However, due to recent changes and the development of an ambulatory care area they are currently undertaking a further review and re-calculation to ensure rosters are fit for purpose.

Unscheduled Care

As a consequence of additional funding being applied to rosters within the unscheduled care division in March 2018 minimal changes have been made following the biannual review. A minimal increase of funding is required which will be absorbed by the division following budget re-alignment. Minor amendments were made to the rosters as described in the below table:

Unscheduled Care					
March 2018	**RN**	**HCSW Band 2**	**Sept 2018**	**RN**	**HCSW**
	wte	**wte**		**wte**	**wte**
Ward 1/2	18.33	15.38	Ward 1/2	18.33	15.38
Ward 4/1	22.18	13.98	Ward 4/1	22.18	13.98
Ward 4/2	22.18	13.98	Ward 4/2	22.18	13.98
Ward 4/3	22.18	13.98	Ward 4/3	18.32	20.57
Ward 4/4	22.18	13.98	Ward 4/4	22.18	13.98
D2E	17.51	13.98	D2E	17.51	13.98
D3E	20.76	12.98	D3E	20.76	12.98
D4E	20.76	12.98	D4E	20.76	12.98
D4W	18.33	18.78	D4W	18.33	19.57
C4E	18.32	19.58	C4E	18.33	19.58
C4W	18.32	12.58	C4W	18.32	12.58
C5E	22.44	13.98	C5E	22.44	13.98
C6E	20.76	13.58	C6E	20.76	13.58
C6W	21.17	15.38	C6W	21.17	15.38
Risca	18.32	16.78	Risca	18.32	16.78
	303.74	**221.90**		**299.89**	**229.28**

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

Winter Pressure Wards

As of December 2018, there has been a staggered approach to opening winter pressure capacity. This has resulted in alterations to rosters on both D5E (winter pressures ward) and B3 (previously D5E). This will be a temporary measure however ward rosters have been developed and altered in-line with the Staffing Act using the triangulated approach.

B3 (formally D5E) – Increase in beds from 16-24

Band	Current WTE	Proposed WTE	Difference WTE
7	1	1	0
6	1	1	0
5	10.89	14.14	3.25
3	0	0	0
2	2.8	11.19	8.39

D5East (Winter Pressures Ward) 16beds

Band	Current WTE	Proposed WTE
7	0	1
6	0	2
5	0	12.89
3	0	0
2	0	8.2

The financial implications associated with the opening of additional capacity will be met through winter pressures funding.

3.3 Vacancies

The biggest risk to the implementation of the Act relates to RN vacancies. Against the backdrop of an overall vacancy position for the HB of 269.52 (WTE) RN vacancies, the Staffing Act ward vacancies as of 1 January 2019 are:

Vacancy Area	WTE
Unscheduled Care	90.78WTE
Scheduled Care	82.06WTE
Family & Therapies	1.6WTE

The vacancy position is formally monitored by Workforce via centrally collated data and triangulated against Divisional data and reported to the Strategic Nurse Workforce Group. The group will also monitor vacancies enabling identification of trends and areas of high concern, including review of risk assessments for each of the areas identified.

Health Boards should ensure all reasonable steps are taken to maintain the nurse staffing levels for each adult acute ward identified under the NSA on both a shift by shift and on a long term basis. At an operational level reasonable steps include adjusting the nurse staffing levels to match patient need or changing the workload to match the nurse staffing levels on a daily shift by shift basis led by the senior nurses. Wards should be staffed with permanently employed staff, however temporary staff are utilised to cover vacancies,

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

sickness etc. to maintain the nurse staffing levels. When undertaking these steps the Health Board needs to consider and have regard to the duty placed upon them in Section 25A to provide sufficient nurses to allow them time to care for patients sensitively wherever nursing services are provided.

Actions taken to address the high vacancy factor include:

a)   Attendance at local and national recruitment events

Specifically targeting our English border areas with further recruitment events planned for first three months of 2019 including Herefordshire, Gloucestershire and in particular Bristol.

b)   Streamlining students

This is an All Wales initiative whereby all student nurses who undertake their training in Wales make one application selecting 4 posts from all of the vacancies uploaded by all HBs across Wales. HBs review the application choices by students and a matching process is undertaken centrally by Shared Services. It is important to note that following the first cohort of students undertaking this new process ABUHB have recruited fewer student nurses (n=31) than from previous cohorts (n=40). The HB are working with the streamlining team and locally within the HB to address this.

c)   Monthly recruitment wheels

On a monthly basis the HB advertise RN vacancies via the TRAC system, we continue to successfully recruit registered nurses through this monthly recruitment wheel process (except newly qualified from Welsh universities as above), recruiting 11 registered nurses for substantive posts and 31 registered nurses for the resource bank this financial year.

d)   Flexi route for HCSW's

There are 22 HCSW with substantive posts within the HB who are currently undertaking the flexible route to Registration (training 23 hours per week and working as a HCSW for the remainder of the contract up to 37.5 hours). Three will complete in 2020, 10 in 2021 and 9 in 2122. HEIW determine the number of places allocated to the HB each academic year, it is likely that there will be 20 places for September 2019 intake.

e)   Overseas Nurse Programme

ABUHB have put together a comprehensive training package for nurses who trained in another country but who are already in the UK with rights to remain. The training includes English language tuition and exam, a computer based test multi choice nursing exam and a clinical examination at an NMC test centre. The HB have received £30K of funding from HEIW to work with Cardiff University to support this training pathway. There are currently 4 nurses completed the training and on the register, 4 expected to complete in February, 10 in April and 2 in June. With a further 14 still receiving English language tuition, 28 who are undertaking assessments to be eligible for the programme and a further 4 nurses who are currently overseas who the HB have agreed to sponsor to come to the UK needing on the final clinical assessment component of the programme.

4.3

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

f)   Return to Practice Programme

RNs registered with the NMC who have not practiced for more than 750 hours within the five years are required to undertake a 6 month return to practice course in order to be re-admitted to the register. This is a joint University and clinical practice requirement although the NMC are currently reviewing course requirements. Historically the number of nurse's undertaken return to practice courses is low, ABUHB have recruited 6 RNs via this route in the last 12 months.

Developing Health Board branding to support recruitment.

An RN Recruitment Group is in place to review all activities, with formal monitoring of the vacancy position.

3.4 Summary

In summary, in response to the NSA requirements a nursing, workforce and financial assessment of the staffing act wards has been undertaken. The review has concluded that the current funded establishments are appropriate and sit within the financial; envelope with the exception of D7E and ward 3/1.

The NSA states – *"the maintenance of the nurse staffing level should be funded from the LHB's revenue allocation ..."*

Cost Difference			
Ward	**RN**	**HCSW**	**Total**
	£'000	**£'000**	**£'000**
D7E	23	67	90
3/1	12	0	12
TOTAL	**35**	**67**	**102**

3.5 Actions going forward

The Staffing Act implementation group will continue to oversee implementation of the Staffing Act, with this work being informed by the All Wales programme.
Two key areas of work relate to;
- The introduction of the clinical dashboard using "Qlik Sense". Although currently there is a process in place whereby divisions are capturing and analysing the clinical outcomes data it is envisaged a more robust process in the form of 'Qlik Sense' will be in place by March 2019 supporting ward to board reporting and more robust review of ward clinical outcomes.
- The recruitment and retention of registered nurses.

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

4	Recommendation

The Health Board has a duty to implement the statutory guidance and ensure compliance with the requirement of the Nurse Staffing Levels (Wales) Act.

The Board is asked to: -
- Approve the Nurse Staffing Levels for the identified wards following the bi-annual calculation undertaken in September 2018
- Note the further assessment required for ward D7E and ward 3/1 with associated financial impact in line with the requirements of the Act
- To note the progress made with the implementation of the Act and further work underway

4.3

5	Supporting Assessment and Additional Information

| **Risk Assessment (including links to Risk Register)** | The biggest risk to the implementation of the Act relates to RN vacancies Staffing Act wards are currently, 90.78WTE Unscheduled Care and 82.06WTE Scheduled Care, Family and Therapies. The HB has a robust recruitment and retention working group which ensuring all avenues are covered with regards recruiting nursing into areas of most concern.

All Divisions have completed SBAR's and risk assessments for areas of greatest risk and concern.

A means of escalating concerns to ward to Board has also been implemented with further progress on this expected within the next 3 months. |
| ***Financial Assessment, including Value for Money*** | |

	Initial Roster		Proposed Roster		Difference			Cost Difference		
	RN	HCSW	RN	HCSW	RN	HCSW		RN	HCSW	Total
WARD	wte	wte	wte	wte	wte	wte		£'000	£'000	£'000
D7E	14.10	5.80	14.72	8.39	0.62	2.59		23	67	90
3/1	17.90	14.38	18.22	14.38	0.32	0.00		12	0	12
					0.94Wte	2.59Wte		£35	£67	£102

For the first 6 months 2018/19, D7E has spent £102K on variable pay and 3/1 £57K.

Quality, Safety and Patient Experience Assessment	Nurse Staffing Act sets into law an obligation for Health Boards in Wales to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care. The evidence unequivocally identifies that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes.
Equality and Diversity Impact Assessment (including child impact assessment)	All Wales statutory guidance for implementation. Aligns to relevant staff polices for recruitment and retention of staff.
Health and Care Standards	Contributes to compliance with the Health and Care Standards: safe care, effective care, dignified care, timely care and staff and resources.

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

Link to Integrated Medium Term Plan/Corporate Objectives	This paper links with the IMTP in terms of the implementation of the Nurse Staffing Act (Wales) Act 2016.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.
	Long Term – Workforce planning to meet population need.
	Integration – All Wales approach to implementation.
	Involvement – All Wales approach and consultation
	Collaboration – All Wales approach and implementation.
	Prevention – The evidence unequivocally identifies that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes
Glossary of New Terms	
Public Interest	*No reason not to be available to the Public*

4.3

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

Appendix 1 - Triangulated Approach Template

Health board/trust	ABUHB	Ward Name		Site		

Period Reviewed	from		to		

GIG CYMRU NHS WALES | Staff Nyrsio Nurse Staffing

Planned Roster (Current)

Headcount per shift

		SUN	MON	TUE	WED	THU	FRI	SAT
	Number of beds							
Morning (LD)	RN							
	HCSW							
Afternoon	RN							
	HCSW							
Night (LN)	RN							
	HCSW							

Planned Roster (proposed after review)

Headcount per shift

		SUN	MON	TUE	WED	THU	FRI	SAT
	Number of beds							
Morning (LD)	RN							
	HCSW							
Afternoon	RN							
	HCSW							
Night (LN)	RN							
	HCSW							

workforce planning tool

Required Establishment

	A	+	Uplift	+	Sister / Charge Nurse Supervisory		Total No. Staff WTE
Current		+	26.9%	+	1WTE	=	WTE

Quality Indicators

Outcome Summary

professional judgement

Authorisation

	Ward / Service	Sister / Charge nurse	Senior nurse			Date	
	Divisional/Dir.	Nurse	Operational Manager	Finance Representative	Workforce Representative	Date	
	Board/Ex	Designated person	Director of Operations	Director of Finance	Director of Workforce	Date	

4.3

Tab 4.3 Nurse Staffing Levels Wales Act - Update Position

Update on the Nurse Staffing Levels (Wales) Act & Statutory Guidance – December 2018
Summary of Nurse Staffing Levels

Health Board/Trust:	Aneurin Bevan University Health Board									

Period reviewed:	April 2018 – September 2018									

Number of adult acute medical and surgical inpatient wards where section 25B applies:	Site: RGH			Site: NHH			Site: YYF		Site: St Woolos	
	Medical	Surgical	Gynae	Medical	Surgical	Gynae	Medical	Surgical	Medical	Surgical
	9	7	1	5	4	1	1	0	0	1

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)	Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
D2E	17.51	13.98	**31.49**	4/4	22.18	13.98	**36.16**
D3E	20.76	12.98	**33.74**	3/1	18.22	14.38	**32.60**
D4E	20.76	12.98	**33.74**	3/2	21.02	15.38	**36.40**
D4W	18.33	19.57	**37.90**	3/3	21.02	13.98	**35.00**
Risca	18.33	19.58	**37.91**	3/4	21.02	13.98	**35.00**
C4E	18.33	12.58	**30.91**	OSU	18.15	8.93	**27.08**
C4W	18.32	12.58	**30.90**	D7E	14.72	8.39	**23.11**
C5E	22.44	13.98	**36.42**	C7E	20.00	14.38	**34.38**
C6E	20.76	13.58	**34.34**	C7W	20.00	14.98	**34.98**
C6W	18.32	16.78	**35.10**	C5W	20.00	14.38	**34.38**
1/2	18.33	15.38	**33.71**	D5E	12.79	2.89	**15.68**
4/1	22.18	13.98	**36.16**	D5W	20.25	13.38	**33.63**
4/2	22.18	13.98	**36.16**	D2W	20.25	15.80	**36.05**
4/3	18.32	20.57	**38.89**	B7	23.67	12.98	**36.65**
B3 (temporary additional capacity)	16.14	11.19	**27.33**	2/4	15.43	13.18	**28.61**
				D5E (winter ward)	15.89	8.20	**24.09**

Board/ Executive level Authorisation	Designated person		Director of Operations		Director of Finance	

Date presented to the Board by designated person	Date, name, title and signature of designated person	(*) Points to consider: Uplift of 26% has be included applied to RN and HCSW wte, to cover staff absences 1wte ward sisters/charge nurse and managers are supernumerary and has been added

4.3

	Aneurin Bevan University Health Board
GIG CYMRU NHS WALES Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative	23rd January 2019 Agenda Item: 4.4

4.4

Laboratory Information Network Cymru (LINC) Programme
LINC Outline Business Case (OBC)

Executive Summary

This Outline Business Case (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.

Recommendations

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.

1

The Board is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	
Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital and IT	
Report Author: Judith Bates, Programme Director, LINC Programme, NHS Wales Collaborative	

Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 8 January 2019			
Supplementary Papers Attached: **Outline Business Case**			

4.4

Purpose of the Report

This Outline Business Case (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.

Background and Context

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

2   Background

The current TrakCare Lab (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;

3

- *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;
  - 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.

4

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.

5

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   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.

Assessment and Conclusion
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.

Recommendation
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.

6

Table 1: Whole life and per annum costs of the Pathology solution and LINC Programme

	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
Health Board / Trust	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**

	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
Health Board / Trust	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**				

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4.4

Laboratory Information Network Cymru (LINC) Programme

**Outline Business Case
Version 0.17**

NHS Wales Health Collaborative   LINC Programme

Document Control

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LINC Programme Board

Circulation of Previous OBC Versions

Version	Circulation List	Date Issued
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)	

NHS Wales Health Collaborative   LINC Programme

	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

NHS Wales Health Collaborative   LINC Programme

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

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NHS Wales Health Collaborative   LINC Programme

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

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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

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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.

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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.

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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

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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.

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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.

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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.

Tab 4.4 Laboratory Information Network Cymru (LINC) - Programme Outline Business Case

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Table 3: LINC OBC whole life costs plus per annum costs per organisation

	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
Health Board / Trust	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**

	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
Health Board / Trust	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**				

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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**

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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**

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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.

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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

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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:

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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

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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

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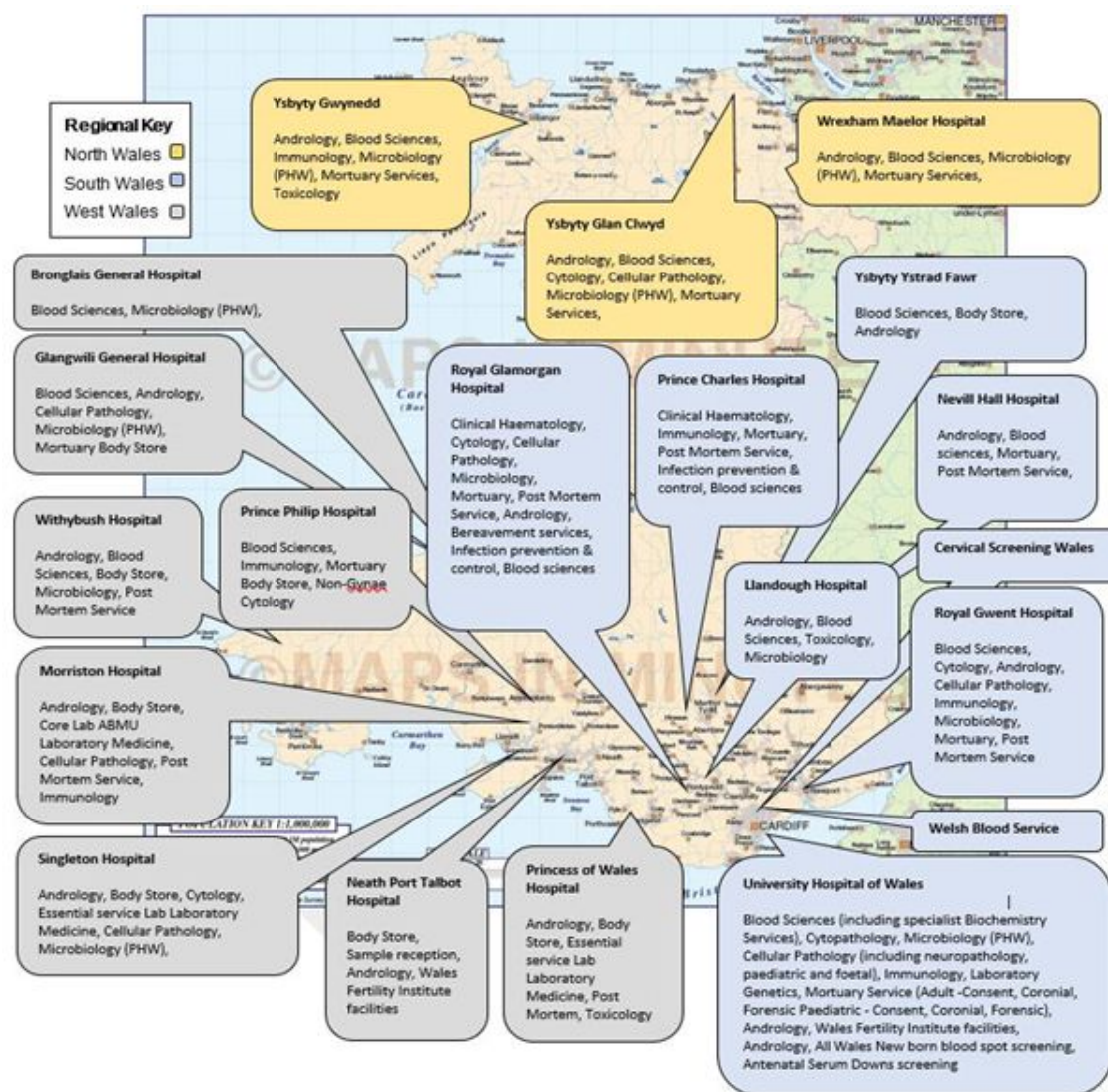
Figure 1: Map of Pathology Services across Wales

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.

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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

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- 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

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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

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4.4

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)

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TCL is processing millions of tests every year

InterSystems said modules were in development during procurement but they weren't completed in time

There isn't a perfect LIMS out there that does everything we need

Changes in one discipline impact another discipline causing operational issues

WLIMS1 was under pressure to go live before the system was ready

We don't have accurate data at a national level about the Pathology service being provided

We raise a call on ServicePoint and it is closed with no feedback even if the issue is not resolved

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

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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.

Relative standardisation
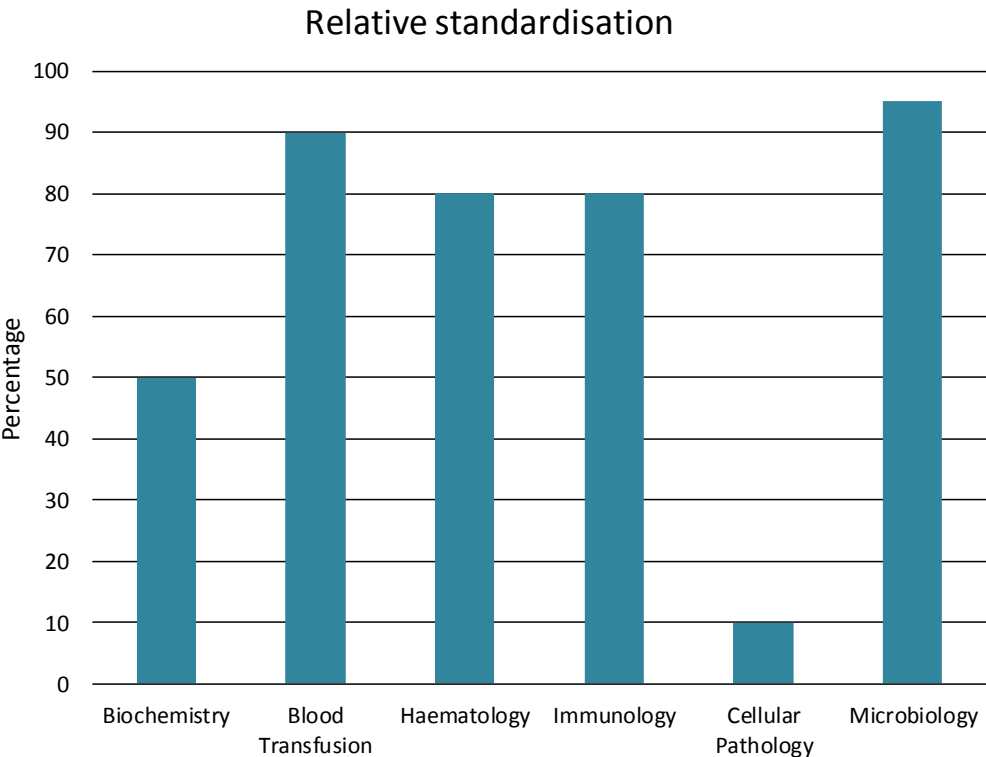
Figure 2: Relative standardisation achieved per discipline

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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;

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- 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.

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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.
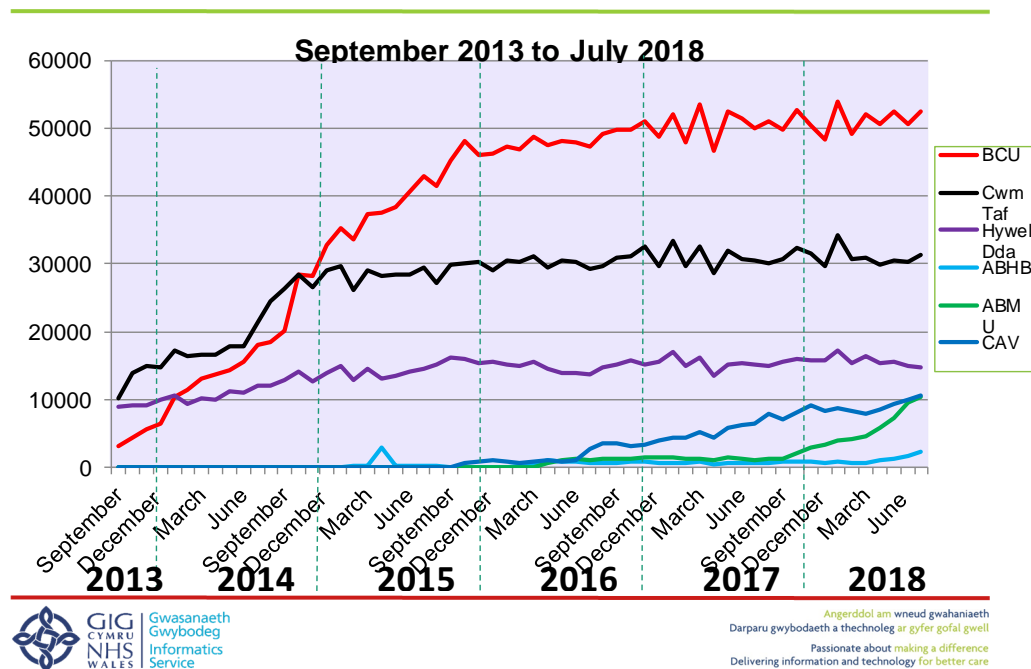
Figure 3: Take up of Pathology electronic test requesting via the WCP

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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.

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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.
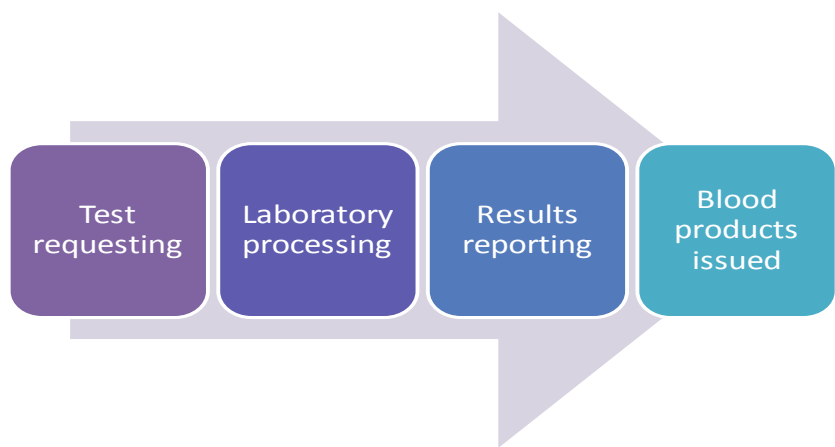
Figure 5: End-to-end Pathology process

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.

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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.
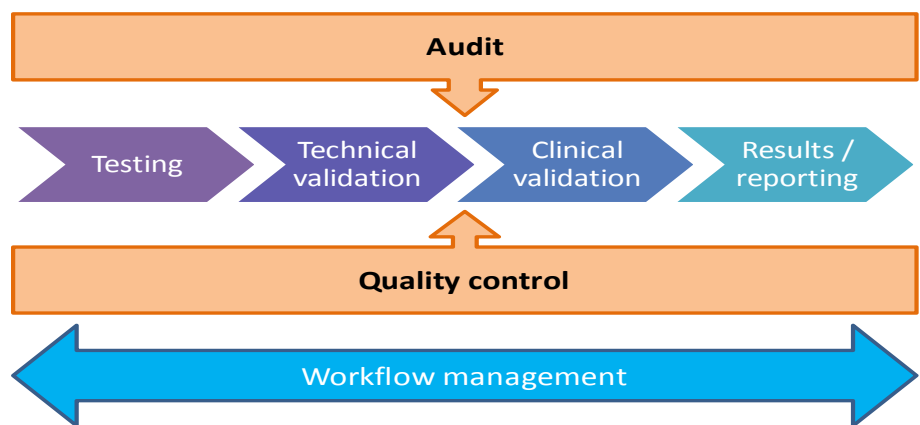
Figure 6: Pathology laboratory processes

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

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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

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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.

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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.
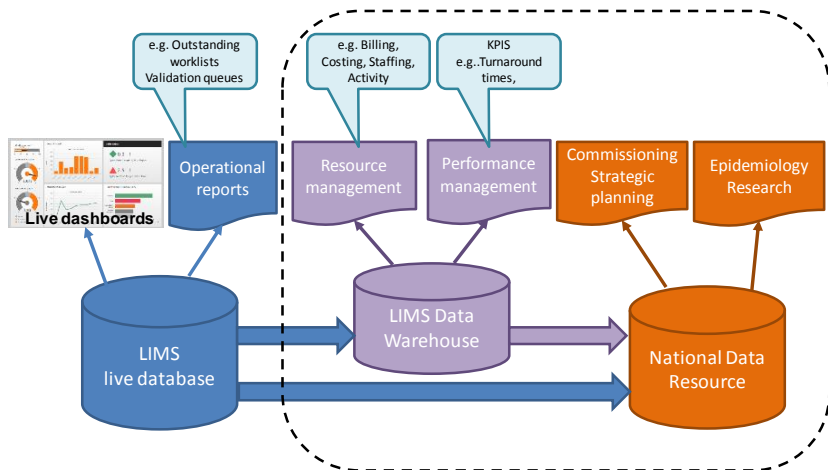
Figure 7: New LIMS business intelligence model

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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.

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> 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.

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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:

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- 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.

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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,

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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.

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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;

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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**

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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

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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.

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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

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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**

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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.

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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.

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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**

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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.

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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**

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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.
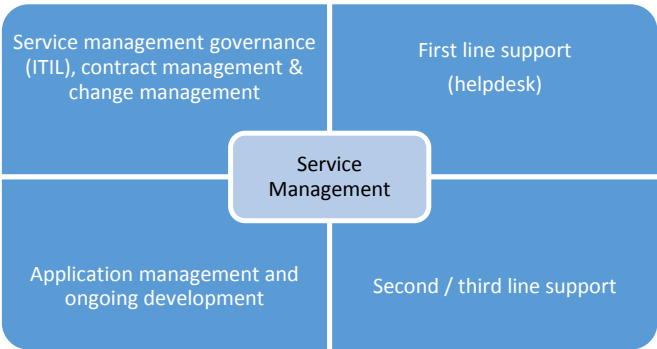
Figure 11: Service Management Components

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.

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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.

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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**

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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.

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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

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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**

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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.

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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:

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- ***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;

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- 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;

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- ***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:

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- 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.

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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

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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%

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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.

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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.

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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**

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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**
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 (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**

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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
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**

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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.

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LINC Risk
Evaluation 3Dec2018

Table 21: LINC risk evaluation

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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	3rd	2nd	1st
(1st = lowest risk)			

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.

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5. The Commercial Case

The commercial case considers the commercial feasibility of the preferred option.

5.1. Procurement Scope

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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:
    - o In NHS data centres or accredited data centre;
    - o 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.

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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.

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- 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.

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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:

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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.

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> 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).

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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

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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.

4.4

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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.

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- 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).

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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**

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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.

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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**

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Tab 4.4 Laboratory Information Network Cymru (LINC) - Programme Outline Business Case

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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**

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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:
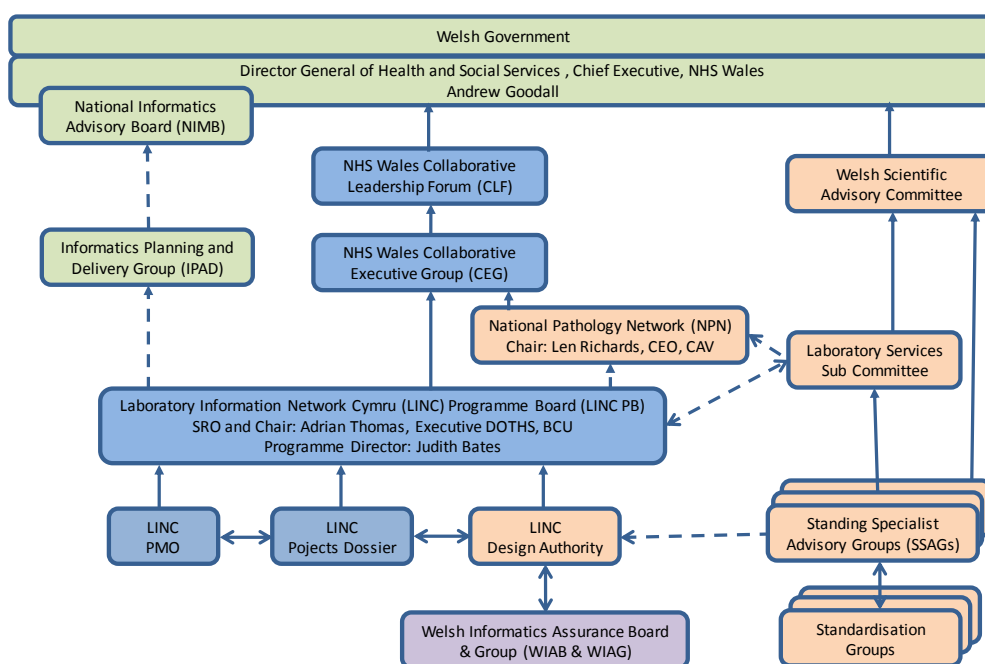
Figure 8: LINC programme governance

LINC programme governance comprises several strands:

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- 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;

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- 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

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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:
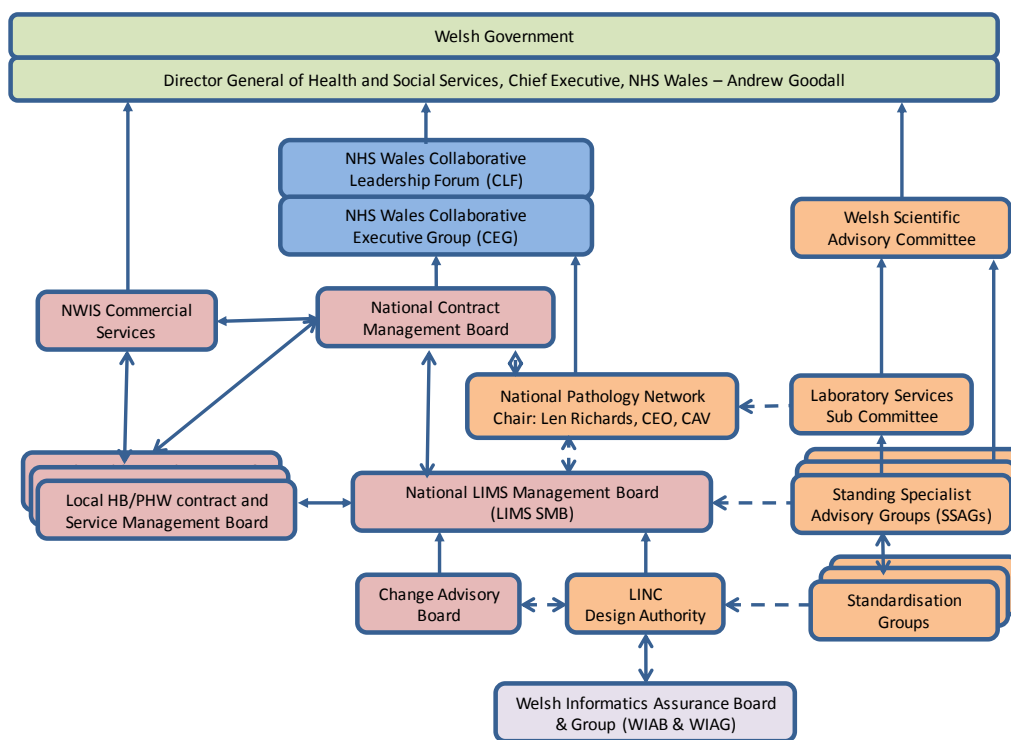
Figure 9: LINC operational governance

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.

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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.

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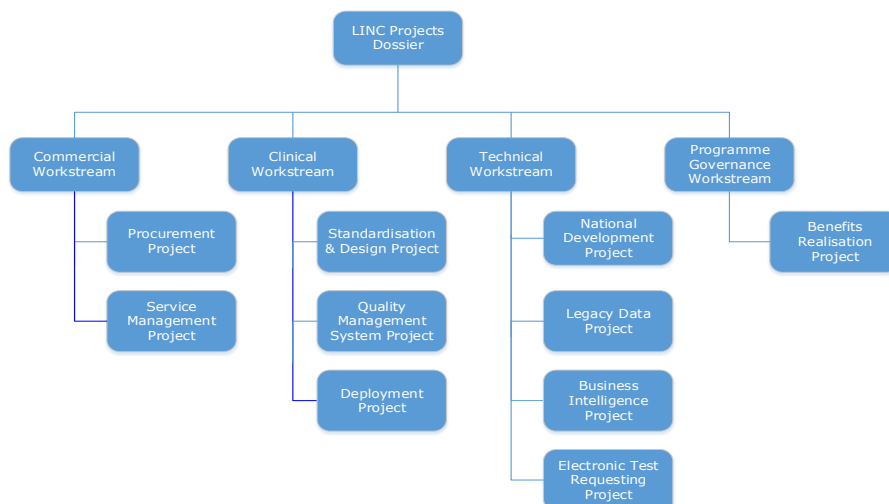
Figure 10: LINC Projects Dossier

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

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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.

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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.

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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**

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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.

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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.

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Laboratory Information Network Cymru (LINC) Programme

**Outline Business Case
Appendices
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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.

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Appendix 2: The new LIMS as a component of the national technical platform

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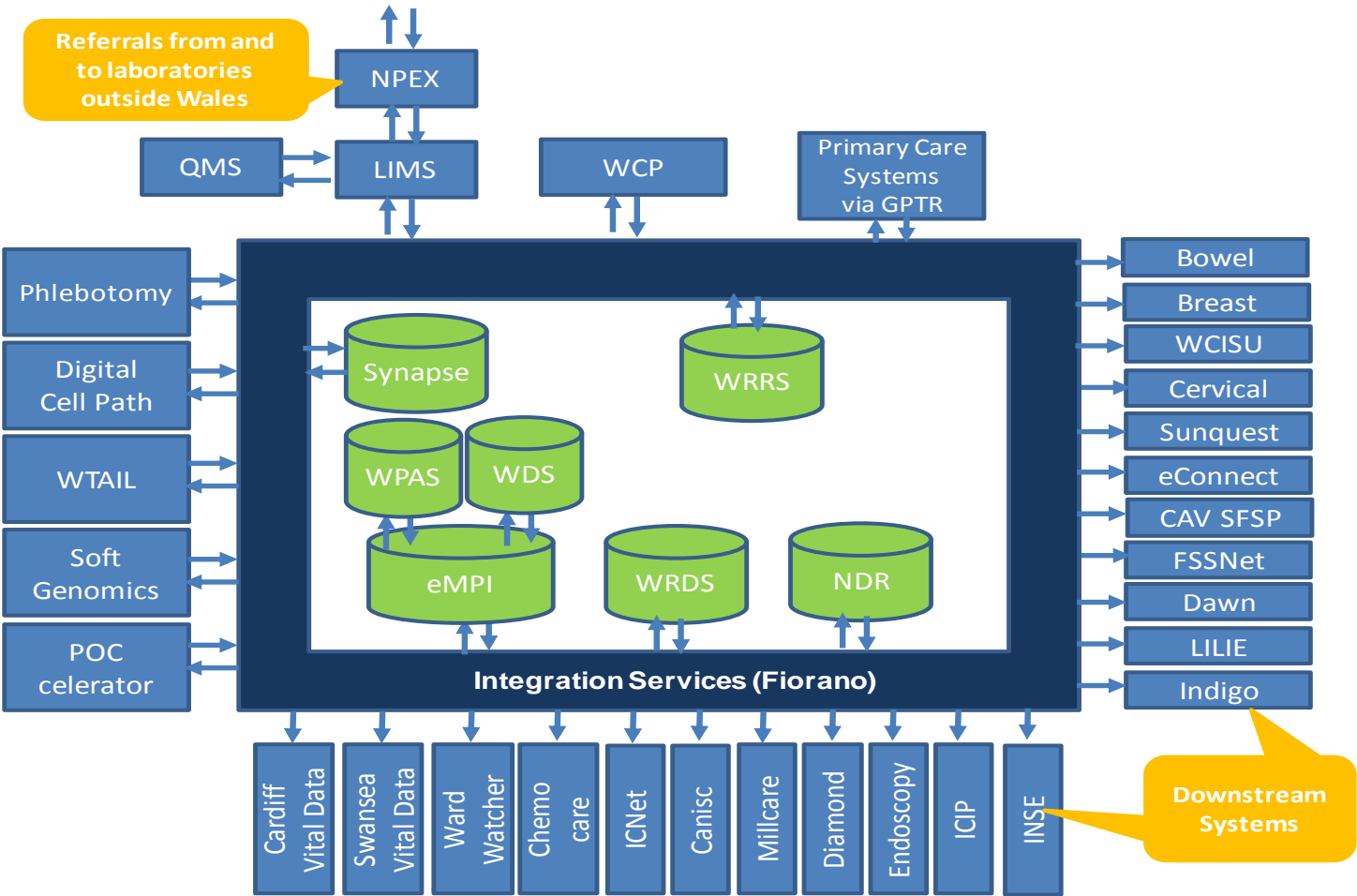
Appendix 3: Pathology Statement of Intent: Key areas and relationship to LINC

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

[8] Health Education and Improvement Wales

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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

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Appendix 4: WLIMS1 Governance Model

NHS Wales Chief Execs Chair Andrew Goodall

NHS Wales CEOs

National Informatics Management Board Chair Andrew Goodhall

National Pathology Strategic Programme Board (NEW BODY - TOR TBD) Chair: Fiona Jenkins

National Pathology ICT Programme Board Chair Simon Dean

Contract/Programme Management Meeting Chair Michelle Sell

Strategic Contract/ Programme Management Meeting Chair Andrew Griffiths

Escalation

Service Management Board (includes Delivery of remaining Histo & Mortuary) Chair: Karen Winder (TOR to include Management of Delivered National Products)

Blood Transfusion, Blood Tracking LIMS Implementation Board Chair: Cath O'Brien

WTAIL LIMS Implementation Board Chair: David Mason Hawes

WPOCT CAB Chair: Annette Thomas (TBC)

Microbiology WLIMS Management Group meeting

Pathology Info Strategic User Group Chair: David Fletcher

Change Advisory Board Chair: Karen Winder

Lab Services Standing Advisory Committee Chair Ian McDowell

WPOCT Implementation Board Chair: Craig Roberts

ABHB Clinical Portal & Diagnostics IT Programme Chair : Robin Rice

WTAI/LIMS Project Group Chair : Tracey Rees

Blood Transfusion Standardisation Group Chair Barbara Sullivan

WPOCT Co-ordinators IT Group Chair: Annette Thomas

Pathology Information Technical Group Chair: Phil Waters

Formal Change Process

Clinical Strategy Group (CSG) Chair Neil Maynard

SSAG Immunology/ Standardisation Chair: Tariq El Shanaway Standardisation lead John Lewis

Micro SSAG/ Standardisation Chair: Peter James Standardisation Lead: John Louch

SSAG Clinical Chem/ Standardisation Chair : John Geen Standardisation leads: Rachel Still & Catherine Bailey

SSAG Cellular pathology (Inc Histo)/ Steering Group Chair: Adam Christian Steering lead: Scott Gable

SSAG/ Standardisation Haematology Chair: Andy Goringe Standardisation lead: Alison Hunt

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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.

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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'.

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Re	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.

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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

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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 mininal 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 poteintially 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

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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

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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			

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Business as Usual	Minimum	Intermediate	Maximum
Core Functionality:	**Core Functionality:**	**Core Functionality:**	**Core Functionality:**
Limited electronic requesting Patient demographics Request registration Testing 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	Reagent module Enhanced specimen tracking Enhanced stock control Enhanced electronic requesting	Electronic requesting in full for all disciplines Image management Mobile working	Artificial intelligence Machine learning

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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:**

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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	

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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		

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Appendix 7: LINC Stakeholders

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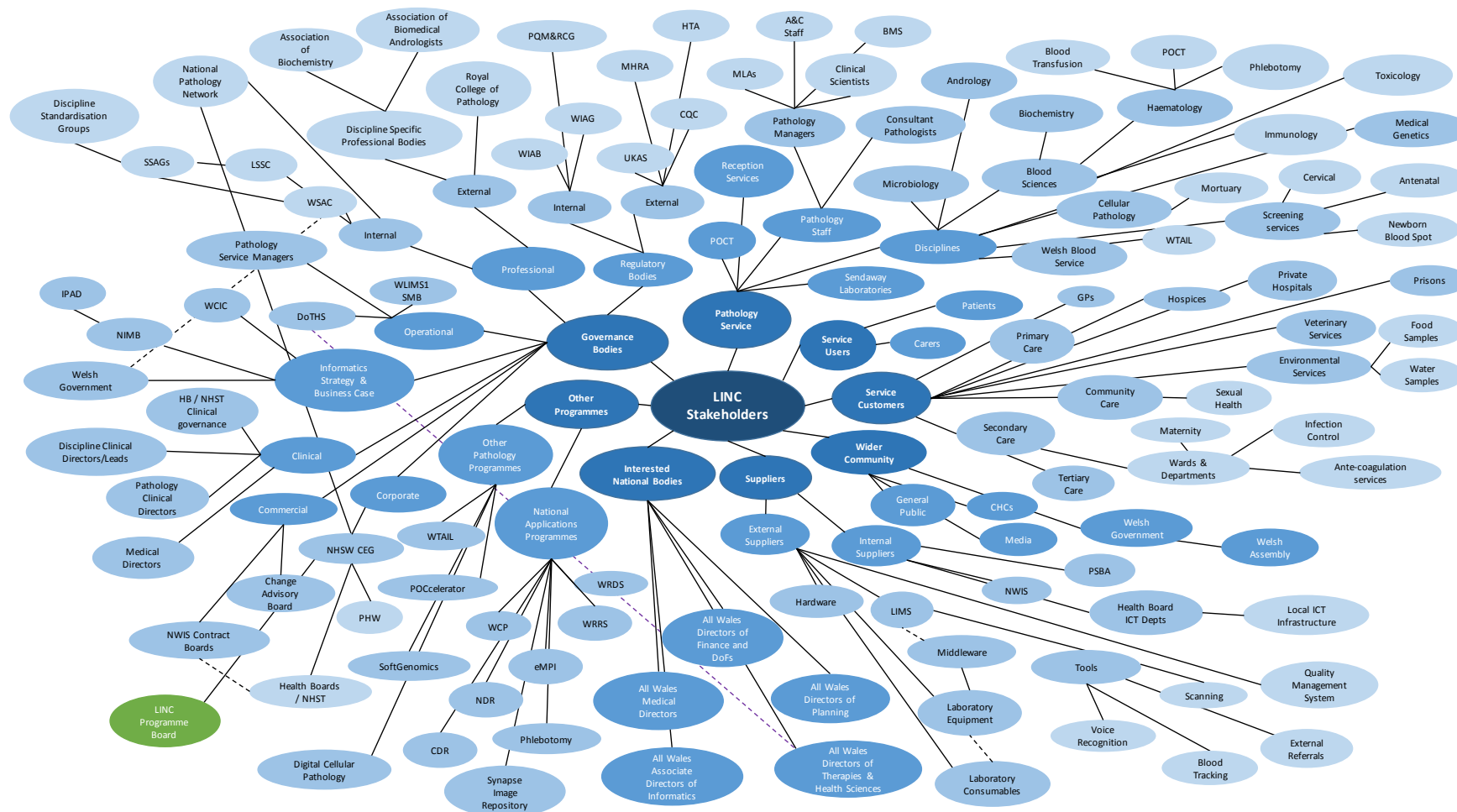
Appendix 8: LINC Workshops and Events 2018

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

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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

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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)

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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.

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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.

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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.

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Appendix 11: Notes of the Pathology Solution Costs

Notes Ref	Notes
	Pathology Solution
1	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
	Dual Running Costs:
2	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.
	New Pathology solution:
5	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.
	Proposed Additional LIMS Support Services Costs
16	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.

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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.

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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**

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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**

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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**

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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

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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)

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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)

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- 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

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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.

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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

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Appendix 16: Draft benefit profile template

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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	

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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

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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	⬇	$

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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

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NHS Wales Health Collaborative   LINC Programme

4.4

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

NHS Wales Health Collaborative   LINC Programme

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

NHS Wales Health Collaborative   LINC Programme

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

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NHS Wales Health Collaborative   LINC Programme

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

4.4

Tab 4.5 Clinical Futures Programme Update

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.5

4.5

Aneurin Bevan University Health Board
Clinical Futures Delivery Programme Update - January 2018

Executive Summary
This report informs the Board of the current progress and developments across the Clinical Futures Programme since the last update. Outlined below are key progress highlights across the programme in addition to the latest risks and issues facing delivery. Additionally outlined are the future key timelines and milestones over the coming months which will act as decision points for the programme leadership.

The Board is asked to:	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✔
Note the Report for Information Only	

Executive Sponsor: Nicola Prygodzicz, Director of Planning and Performance

Report Author: Corrina Casey, Programme Lead, Richard Morgan-Evans, Programme Manager

Report Received consideration and supported by :

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 3rd January 2018

Supplementary Papers Attached: None

Purpose of the Report
To provide an update on the Clinical Futures programme and provide assurance on its delivery progress.

Background and Context
The Clinical Futures update report in November 2018 outlined the programme's position and amber status. This report provides a further update to the status of the programme. The programme remains at an overall Amber status with progress made to varying degrees across the six workstreams.

Tab 4.5 Clinical Futures Programme Update

Assessment and Conclusion
Current Progress

The current overall assessment of the status of the programme is outlined below in the most recent assessment made in December 2018.

	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018
Service Re-Design	Amber	Amber	Amber	Red	Amber	Amber
Communication and Engagement	Amber	Green	Green	Green	Green	Green
Strategic Capital and Estates	Amber	Amber	Amber	Amber	Amber	Amber
Grange University Hospital Build	Green	Green	Green	Green	Green	Green
Workforce and OD	Amber	Amber	Amber	Amber	Amber	Amber
Supporting Infrastructure	Amber	Amber	Green	Green	Green	Amber
Information Technology	Amber	Amber	Amber	Green	Green	Green
Programme as a whole	Amber	Amber	Amber	Amber	Amber	Amber

Three workstreams including the sub-stream of the Grange University Hospital project are reporting a green status.

Since a report for the UHB Board was produced in October 2018, the Service Redesign workstream has improved to an Amber status from Red. The Supporting Infrastructure workstream has moved from a Green status back to Amber due to the more detailed work undertaken for patient transport arrangements of which the draft solutions will be finalised, analysed and presented to the Delivery Board in March 2019.

Key Highlights in the period include:-

Service Redesign - Challenge & Support Process

By the end of December 2018 all 54 service models had passed through the Challenge and Support process to receive an in depth assessment and feedback on proposed future clinical models. This represents a significant milestone in the Clinical Futures plan and now enables the Service Transformation team (previously known as the Service Re-design team) to provide the Delivery Board with a whole system picture including detail such as key dependencies, bed numbers and areas for the Delivery Board to make informed decisions on, including initiatives requesting investment. Staff from both the programme and divisions have worked hard to reach this goal. During January 2019 the team will conduct the final summary and collation of the models before moving into an implementation mode to begin to turn plans into reality for the benefit of patients. This will ensure services are well prepared for the opening of the Grange University Hospital.

Tab 4.5 Clinical Futures Programme Update

Emerging Transitional Plan for Paediatrics/Obstretrics/Neonatal

The continued workforce pressures primarily in relation to tier 2 medical staff at Nevill Hall Hospital for both Paediatrics and Obstetrics has required an enhanced level of planning of service model delivery for the interim period leading up to the centralisation of services at the Grange University Hospital in March 2021.

All clinical options previously identified are being reviewed and considered in the context of the current staffing outlook, alongside further support from the Faculty of Medical Leadership and Engagement to enable us to advise of the proposed transition plan for the next three years. It is anticipated this work will be complete by mid-February.

Grange University Hospital Build Progress

The build of the Grange University Hospital remains on time. Construction cranes have already started to be dismantled as the outer building superstructure work nears completion. Intensive work to procure a whole variety of equipment has already begun and this will continue throughout 2019 with a dedicated procurement team leading.

There have been a number of recent high profile visits to the Grange site including the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, as well as the Gwent Chief Constable, Julian Williams and Police and Crime Commissioner, Jeff Cuthbert. A high profile 'Topping Out' ceremony is planned for the spring 2019.

Grange University Hospital commissioning workshop

On 6th November a clinical operational session was held to develop further detail on the sequence of service moves and defined 'black out' times where a move would be unsafe for the opening of the Grange University Hospital. This was the first in what will be a series of meetings and workshops to ensure the Health Board's commissioning of the Grange University Hospital is well planned and executed. The workshop was extremely positive and around 50 clinical and operational staff attended. Valuable feedback and insight has been collected to feed into the Operational Commissioning Group that will begin in February 2019.

Patient Transport

There has been positive progress in the planning for the future system of patient transport for acutely unwell people between hospital sites. A great deal of work has gone into analysis of historical data to understand accurate numbers to provide estimates. Work with the Welsh Ambulance Service continues and the Delivery Board received a full update at December's meeting. Further planning will continue with a view to provide the board with a series of well-defined options to ensure the future transport system required is robust.

Clinical Futures Intermediate Medium Term Plan

The Clinical Futures Intermediate Medium Term Plan (IMTP) will be submitted as part of the whole organisation submission to Welsh Government. The plan gives a comprehensive update on the considerable progress throughout the last financial year. The transition plan submitted as part of the document outlines the approach taken by the programme. This aligns with the plan on a page attached at Appendix B. Specific milestones and deliverables are included within the IMTP to provide assurance and guide ongoing monitoring and control. The overall ambition of this IMTP is to make the most of the unique opportunities to become a test and rapid roll out hub for patient and citizen improvements that can be shared across NHS Wales, aligned strongly with Welsh Government policy and direction.

4.5

Tab 4.5 Clinical Futures Programme Update

Assessment

There has been positive progress in many areas of the programme as described above. The current status remains at amber due there being a requirement to gain visibility of how future service models fit together which will shape the requirements in terms of workforce, funding and space.

Risks

- **Bed Plan / Financial Business Case Achievement -** Risk of not delivering on the business case which would cause the financial/productivity benefits of bed reductions not being delivered. Operational teams now raising this as a key risk.

  Mitigation: Additional capacity has been identified to focus on bed modelling, building on the work conducted by the ABCi Team. Finance Business Partners now working closer with clinical teams and there is a financial analysis being conducted to provide the Delivery Board with a complete picture and where decisions are required

- **Service Model Completion Timelines -** Risk of delay to complete the refresh of the service model blueprint which has a knock on affect to financial and workforce planning.

  Mitigation: Challenge & Support session now completed with whole system mapping taking place to understand the completeness of this work and what additional work there is to do. This risk should be closed following the Delivery Board in January 2019 but it remains on the risk log until this work is formally completed.

Timeline and Key Decision Points

A revised 2019 programme plan on a page is shown at Appendix B.

2019 will see a shift away from the planning phase of the programme to a practical implementation phase which will prepare the organisation for the full transition to incorporating a new specialist hospital into the system. The attached plan in Appendix B was approved by the Delivery Board in November 2018 and gives a comprehensive insight into many of the key overall phases and milestones upcoming across all six workstreams. Some of these will be subject to change but this plan represents a robust baseline of keeping track of a great deal of work.

At this stage known decision points within the Programme for the Board to be aware of include:

- **January 2019 Delivery Board** - System-wide update on service models provided to the Delivery Board to be reviewed.

- **February 2019 Board Session** – Board consideration of transition plan for Paediatrics/Obstetrics and Neonatal Services in the context of service sustainability.

- **March 2019 Delivery Board** - Options for patient transport services presented to the Delivery Board for decision.

- **Bi-monthly** consideration of significant building or service changes outside of the Grange University Hospital full business case or consultation as and when they arise.

Tab 4.5 Clinical Futures Programme Update

- **Audit Schedule -** Ongoing involvement from Internal Audit as part of the organisational audit plan. In 2019 a further two programme audits are about to begin, reviewing progress against the July 2018 Gateway Review recommendations as well as the IT workstream. Additionally a capital audit over the build of the Grange University Hospital is also in progress. All feedback will be presented to the Delivery Board and the Audit Committee for management responses and further actions resulting from any recommendations.

- Any decision in line with the current scheme of delegation and any requests to adjust the scheme of delegation for programme efficiency purposes.

Conclusion

The programme enters 2019 having refreshed 54 clinical models to a state where whole system mapping and a presentation to the Delivery Board can now begin. This is as a result of significant effort by both programme and divisional staff and will enable to the Delivery Board to make informed decisions. The Grange University Hospital continues to move ahead on time and budget with firm controls in place to ensure the quality and effectiveness of the final hospital. There are still risks which face the programme including funding but the first quarter of 2019 will allow maximum visibility for the Delivery Board to make informed decisions.

<div style="text-align:right">**4.5**</div>

Recommendation
The Board is asked: • To **note** the progress made over the past two months and the amber status. • Advise if any further assurance or interventions are required at this stage. • Consider the decision making points outlined in section four and provide feedback.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	A Red, Amber, Green (RAG) status for each workstream is provided within the paper along with a key to what each colour means in the annex below.
Financial Assessment, including Value for Money	There are no financial implications within this update paper to draw the board's attention to.
Quality, Safety and Patient Experience Assessment	The programme's aim is to improve the quality of service and the patient experience. There are no elements of this to draw out for the board's attention within this update report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality and Diversity impacts within this update paper.
Health and Care Standards	The Clinical Futures Programme has at its core an aim to improve patient care by delivering care closer to the home. These align with the overarching Health and Care Standards:

Tab 4.5 Clinical Futures Programme Update

Theme	Standards
Staying Healthy	• Health Promotion, Protection and Improvement
Safe Care	• Managing Risk and Promoting Health and Safety • Preventing Pressure and Tissue Damage • Falls Prevention • Infection Prevention and Control and Decontamination • Nutrition and Hydration • Medicines Management • Safeguarding Children and Safeguarding Adults at Risk • Blood Management • Medical Devices, Equipment and Diagnostic Systems
Effective Care	• Safe and Clinically Effective Care • Communicating Effectively • Quality Improvement, Research and Innovation • Information Governance and Communications Technology • Record Keeping
Dignified Care	• Dignified Care • Patient Information
Timely Care	• Timely Access
Individual Care	• Planning Care to Promote Independence • Peoples Rights • Listening and Learning from Feedback

Link to Integrated Medium Term Plan/Corporate Objectives	The Clinical Futures Programme is aligned with the recently revised 2018 IMTP. The programme objectives were agreed at the Delivery Board in 2017 and align to the overall strategic goals of the Health Board.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The Clinical Futures Programme is the vehicle by which the Health Board will deliver its objectives into the future. The programme enables the Health Board to remain committed to the Well Being objectives in all aspects of patient care.
	The programme supports the ways of working in the Long Term by stating 'The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs'
Glossary of New Terms	All terms are explained within the update paper.
Public Interest	This paper can be distributed in the public forum

Tab 4.5 Clinical Futures Programme Update

Appendix A - Red, Amber Green Definition

	RAG Definition
Red	No or limited progress being made At high risk of delivery to time/cost May require board level escalation Take action
Amber	Some progress being made, delivery to date or to plan in most but not all areas Some risks with mitigation plans Monitor or take some action
Green	On time, on plan, Mitigations for risk No action required

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Tab 4.5 Clinical Futures Programme Update

Appendix B - *2019 Programme plan on a page* - *Please note - if printing please print on A3 sized paper for best results*

Clinical Futures 2019 Plan on a Page
A high level overview of activity and deliverables planned in 2019

Workstream	2019 — Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Programme
- 'Core' benefits list signed off
- Benefits baseline figures established
- Recast of FBC
- Benefit profiles constructed & ownership assigned
- Patient collaborative event
- Communicate benefits maps to stakeholders
- 1 year until Grange build completion
- Programme planning for 2020
- 1 year until contractual building handover
- 2020 programme plan finalised
- Completion of FY18/19 Internal Audit over the programme
- Refresh EQIA / WFGA
- Focus internal audit / external reviewer plans on commissioning / readiness for go live
- Develop / refine programme workforce plan for 20/21

Grange University Hospital / Strategic Capital & Estates
- Operational Policy revised template finalisation & completed
- BT/Openreach complete ducts into GUH site
- Contractor Building Test and Commissioning
- Commissioning plans finalised
- Utilities in place to the Grange
- GUH Watertight
- Core & Wifi equipment programmed & delivered to the Grange
- Commissioning plan in place
- Delivery Bard decision on signage
- Commissioning Gp established
- Welsh Gov Signage planning begins
- Grange superstructure complete
- Tredegar H&WBC OBC submission
- Energy centre complete
- Review opening date posn
- Newport East H&WBC OBC submission
- HSDU FBC Submission
- Group 2 equipment delivery
- Group 3 procurement underway - specifications, site visits etc.

Service Redesign / Service Transformation
- Pre-hospital streaming system testing
- Pre-hospital streaming - evaluation period
- Pre-hospital streaming - Business Case completed & approved
- Refinement/implementation of surgical and medical ambulatory care
- H&N BC approved
- Prioritisation of models for delivery and key transformation drivers
- Graduated care pathway for older people impl plan
- Medical staff job plans finalised
- Targeted plans for workforce readiness
- H@N Implemented
- Identification of further transformation reducing demand on urgent care
- Leadership support to the medi-park project to accelerate pace
- Implementation of two Urgent Care Hubs
- Reconciliation of service models – interdependencies & test
- Theatre plan finalised
- Reconciliation to IMTP / Financial plan for delivery
- Models with finance plans complete and whole system mapped
- Review of models to inform the IMTP
- 'Doc time' Technology planning
- Theatre collaborative begins
- Business Case development to support divisions for PIP process
- Detailed resource and commissioning plans for models in **Priority 1 and 2**
- Detailed resource and commissioning plans for **priority 3** models

Workforce & OD
- Development of comprehensive workforce plans clinical/non clinical - underpinning Service Models
- All workforce plans completed
- Assess requirements to consult/contracts/ appointment letters / pre-transitional rotations - Job evaluation of any new roles
- Pre-consultation commences
- Pre-consultation with staff and Trade Unions - incl. recruitment roadshows
- Pre-consultation complete
- Pre-enable works of ESR/e-rostering/job planning (templates)
- IMTP workforce plan refresh period
- Assess risks and gaps from roadshows against original plans
- OD / Coaching / Team building / Training to support managers on change management / Middle Manager Development Programme - Managers alignment with PADRs

Supporting Infrastructure
- Develop options appraisal for Intersite Transfers
- Begin commissioning services for intersite transfers
- Grange admin - Technical readiness
- Begin Roll out new ways of working
- Rollout period for new ways of working in ELGHs / implement hospital management strucutre
- Embedded new ways of working across services
- Confirmation of JDs & rotas for Soft facilities management to support GUH opening
- Develoment of Sustainable travel implementation plan
- Option appraisal period for Hospital Management Structure
- Redesign / commission services PTG / implement sustainable travel recommendations
- Deliver / implement plan for intersite transfers
- Sustainable travel plan report delivered
- Start Hospital Management Structure work & develop implementation plan for Grange admin
- Public Transport plan development and agreement
- Implement public transport

Informatics
- Paper-lite EHR: 100% orange wallet usage @ YYF
- GPTR rolled out to all GP surgeries
- WCCIS mental health go live, WCCIS community & RGH WiFi refresh
- WCCIS frailty go live, Telehealth pilots: carehome, prison & swallowing assessment
- CCCIS implementation period
- E-form development & patient flow pilot
- E-Form Development cont, Server resilience (SQL & O/S upgrade)
- E-Form Development cont, Telehealth pilots: carehome, prison & swallowing assessment

Comms & Engagement
- Preparation of key messages for 2021 system
- Quarterly Engagement Event
- Service Redesign - Where & how to access services in the futue Campaign
- Work with WF&OD on Pre-Consultation roadshows
- Quarterly Engagement Event
- Quarterly Engagement Event
- WAVE 2- COMMUNITY FLOODING - Transport & expectations
- Focus on external comms & engagement incl. potential for leaflet drops, poster campaigns
- Updated FAQs, Web content reviewed, Media training, All staff newsletter
- Begin to communicate future service models WAVE 1 - COMMUNITY FLOODING - System updates
- Constant drumbeat of Clinical Futures C&E through HB forums, external events, TU newsletters, media, working with champions

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Tab 4.6 111 Programme Implementation Progress Report

		Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.6

4.6

UPDATE ON PREPARATION FOR 111 IMPLEMENTATION IN ANEURIN BEVAN

Executive Summary

This paper is intended to provide an update to the Board on the current status of the 111 programme nationally and the progress being made towards implementing the service locally across Aneurin Bevan the LHB in April 2019.

Recommendation:

The Board members is requested to formally note the 111 progress within Aneurin Bevan LHB and subject to agreement of the operational readiness checklist in March, to endorse the launch of the 111 service for local residents in April 2019.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✔
Discuss and Provide Views	✔
Receive the Report for Assurance/Compliance	✔
Note the Report for Information Only	
Executive Sponsor: Judith Paget, Chief Executive	
Report Author: Richard Bowen, 111 Programme Director	
Report Received consideration and supported by :	

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 15th January 2019

Supplementary Papers Attached:

Background and Context
Introduction

The national 111 Wales Programme is fundamentally aimed at simplifying the multiple and often complex pathways that exist for patients, carers and professionals in navigating their way through our urgent and unscheduled care systems.

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Tab 4.6 111 Programme Implementation Progress Report

The Welsh 111 service aims to provide improved access and signposting to services, clinical advice and treatment 24 hours a day, 7 days a week. This will ensure patients get to the right service or professional in a timely and prudent manner. Ultimately, this will also help to stabilise, or where appropriate, reduce demand on parts of our pressurised urgent primary care (out-of-hours) and Emergency Department services.

Over time, the expectation should be for the Welsh 111 service, with a free to use number and supporting digital platform, to become an instantly recognised brand for healthcare and advice, providing patients with an easy and accessible route to the right healthcare.

Strategic Plan and Service Benefits

A Strategic Plan for the national development and roll-out of the 111 service across Wales was drafted and approved following the formal evaluation of the 111 pathfinder in ABMU and endorsed by NHS Wales and the Welsh Government in January 2018.

The plan clearly outlined the case for change and the benefits associated with the introduction of 111 both from a patient and service perspective, along with a timeline for full implementation across Wales. Some of the benefits noted in the Plan and which have been reinforced as part of the ABMU evaluation include;

- High levels of patient satisfaction
- A clinically focussed service with a higher ratio of clinical to non-clinical practitioners
- A clinically safe and effective service
- An increased percentage of calls being completed after either the call handling or clinical triage phase resulting in...
- A lower proportion of call demand being transferred across to GP out of hours
- No adverse impact on attendances within in-hours primary care services or local Emergency Departments (ED).
- A positive reduction in the volume of 'green' category ambulance calls that may otherwise could have been conveyed to ED
- A re-profiling of demand in urgent primary care (OOHs), including an increase in Dr advice, a reduction in overall base visits and a reduction in home visits.

National 111 Roll-Out Plan

The implementation of the new 111 service model is being phased across Wales on a Health Board by Health Board basis. As noted earlier, the first rollout took place in October 2016 in Abertawe Bro Morgannwg University Health Board. Following this successful implementation, the service model was extended to;

- Carmarthen area of Hywel Dda University Health Board from May 2017
- Powys Teaching Health Board from 3rd October 2018
- Pembrokeshire & Ceredigion (completing Hywel Dda University Health Board) from 30th October 2018.
- **Aneurin Bevan (planned April 2019)**
- Cwm Taf (planned for Sept 2019)
- Cardiff and Vale and Betsi to follow post procurement of a new IT system (2020 /21).

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Tab 4.6 111 Programme Implementation Progress Report

Lessons learnt from each roll-out have been utilised and feedback provided directly to the local implementation board within Aneurin Bevan. The ongoing review of data analysis would suggest that this organisation would benefit from the introduction of 111 locally.

Full implementation and the 'switch-on' of the free phone 111 number only takes place once the local organisation, the Welsh Ambulance Service and the 111 National Programme team are fully assured that all system and governance checks have been completed and that we have undertaken a trail piloting of the Clinical Support Hub (explained below) for at least 6 months.

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This is evidenced through the collective sign-off of the readiness assessment checklist which provides assurances that the local out-of-hours and WAST services and all technical infrastructures are sufficiently resilient for the launch. The operational checklist is then reviewed three times prior to sign off by the organisation's SROs - which is either the CEO or lead director for the project. The SRO for Aneurin Bevan will be Dr Paul Buss as Judith Paget is SRO for the National 111 Programme.

Service Model

The new 111 service model is illustrated in full within Appendix 1 and has been discussed and agreed locally with the AB 111 implementation board. The national model continues to be refined following each roll-out and from the feedback received from local clinicians however there is a national infrastructure and system in place to unify and standardise all. The service model comprises a front-end call handling and clinical (nurse) triage which is provided by an enhanced 111 /NHS Direct Wales team based within WAST.

1. Call handlers will answer each patient call and will navigate an agreed set of questions known as the Call Streaming & Prioritisation Tool (CSPT). Some outcomes from the CSPT will result in the patient's requirements being satisfactorily dealt with at this stage as they are contacting for information, signposting and advice.
2. However, other outcomes will need the patient to also speak with a nurse who will undertake a clinical triage.
3. If at any stage there are indicators that a patient requires 999, then the patient can be immediately transferred across to that service without delay
4. Only those patients who are unable to be dealt with at either call handler of clinical triage stages will be passed to the relevant OOH team. Details are passed to the relevant OOH Team IT system in a single undifferentiated queue.
5. Clinicians within the Clinical Support Hub (CSH) have the ability to pull patients off this list directly. GP, pharmacists and nurses with specialist interest operate within the clinical hub e.g. mental health. Over time there will be opportunities to expand this function and to provide greater resilience on a regional /national basis.
6. The remaining calls in the OOH queue are dealt with by the Health Board OOH clinical team in the normal way.

Local Progress in Aneurin Bevan

One of the key successes that is always "field tested "prior to launch is the Clinical Support Hub (CSH). The CSH operates during the evenings during the working week and for 12 hours a day at weekends and bank holidays to coincide with the peak periods of activity in out-of-hours. At its core it has GPs, Pharmacists and Nurses working together to support

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Tab 4.6 111 Programme Implementation Progress Report

the OOH workload across organisational boundaries and brings an enhanced multi-disciplinary approach to the service rather that the more traditional GP only model of care.

As part of Aneurin Bevan's progress for launch, a CSH was been in operation since September 2017, led by Dr Alice Groves the Clinical Director of the OOH service, supported by 111 pharmacists and since November 2018 some additional mental health practitioner support. In addition there are also plans to introduce and pilot specialist palliative care nurses to further expand the MDT approach. This approach would not be sustainable on an individual Health Board basis and it is planned to fully evaluate these pilots to inform future service model decisions.

The indicative date for roll out of 111 in ABUHB has been agreed for as the **early April 2019**. Although this was initially planned to take place during the 4th quarter of 2018/19, all parties agreed that a postponing launch by a few weeks /month to ensure we were beyond the winter pressure period was prudent and would allow us to co-ordinate services ahead of the busy Easter bank holiday, which is traditionally another period of peak demand. This postponement also ensured that we have the full complement of additional staff required for Aneurin Bevan workload.

Preparations for the roll in ABUHB are advanced and significant work has already been completed ahead of the implementation. The ABUHB 111 Implementation Board has been meeting on a monthly basis, chaired by the Medical Director/Deputy Medical Director, and has been overseeing progress against a detailed project plan and appropriately managing risks via an established risk log structure and governance processes.

A number of individual workstream have been established each of whom provide monthly progress updates against their task lists to the Implementation Board. These include;

- **Workforce -** workforce requirements have been driven by an appraisal of the anticipated demand volumes for ABUHB (excluding dental and professional calls).

  The call demand for ABUHB based on actual demand from 2016/17 was 115,000 calls per year. The Programme has applied an additional 10% uplift to this figure to take account of a potential increase in demand resulting from the go live communications, bringing the final figure to **126,500 calls per year**

  Workforce planning has taken place to ensure sufficient capacity within the 111 call handling/nurse triage "front end" to deliver this volume of demand. This can be seen in the below table:

Staff Group	ABUHB demand = 126,500 calls per year.
Call Takers	19.68 wet
Clinical Advisors (nurses)	11.07 wet

  There has been a successful recruitment campaign by WAST across all three of its sites to appoint additional staff in both areas and many have already now commenced their training ahead of planned launch in April. Due to the challenges particularly in nurse recruitment, this represented the highest risk area for delivery ahead of the 111 launch

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Tab 4.6 111 Programme Implementation Progress Report

in Aneurin Bevan however this milestone has been reached ahead of schedule which is encouraging.

Agreement has been reached with the Health Board regarding the possibility of some staff within the OOH service to TUPE across to 111 if they so wish. Group staff engagement sessions commenced before Christmas with further sessions planned during January. In addition 1:1 staff sessions have been planned throughout January and will be concluded in the coming weeks.

- **Technical workstream –** Significant work has been completed on the development of systems to manage the new service model. Work is on target to ensure the links between the existing NHS Direct/111 front end (CAS) and OOH (Adastra) systems are seamless and that patient details & disposition mapping are shared accurately, allowing OOH and Clinical Support Hub clinicians to work effectively. Plans are in place to test this functionality and the business continuity arrangements ahead of the roll out robustly.

  Work is ongoing to ensure the telephone dial plan has been built, tested and activated, ensuring that patients can access the 111 service from within the ABUHB region. This will also ensure appropriate arrangements for those ABUHB population who live, or are registered in a GP practice, near the borders of the Health Board.

- **Communication & Engagement –** A Communication & Engagement strategy has been drafted for the January ABUHB Implementation Board meeting. This builds on previous successful launches recently held in Powys and Pembrokeshire & Ceredigion, using standard national branded programme printed material, FAQs, social media etc. We have also invested in additional communication staff for a short period of time to assist the local teams and to help with the wider engagement with community groups.

  Partner engagement sessions including local authority, the third sector, and other organisations have been planned in the period from January to April 2019. The Aneurin Bevan Community Health Council have been kept regularly updated on progress since early 2018 and have a final session planned in February.

  Wider engagement has been linked back to local ABUHB mechanisms including various professional and clinical forums e.g. the LMC and Clinical Advisory Group (OOHs) and public forums.

  The 111 Programme has committed additional funding to ABUHB to support the delivery of the local Communication Strategy, including the collation of nationally branded content and the development of locally adapted material. All necessary publicity material has already been printed and ready for distribution ahead of launch and includes material in different languages.

Finance

The strategic plan outlined the arrangements for national top sliced funding contributions from each Health Board as part of the national roll-out. This has been enacted for the second financial year and each organisation is supporting this national programme. For AB there is marginal financial impact to roll-out depending on final TUPE arrangements for clinical advisors however the risk is low.

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Executive Support and Engagement

Executive support has been excellent throughout the planning and delivery phases, with direct leadership from the Medical Director /deputy as SROs, Director of Nursing and Director of Primary Care. A detailed paper outlining the new service model and potential impact of the roll out of 111 in ABUHB was presented to the Executive board on the 1st October 2018 and followed by a wider debate at the Board Development session on the 17th October 2018. Positive and productive feedback was received following both of these events and we have continued to refine the project based on feedback to date.

Risks Management

The most significant risks for the roll out of 111 in ABHB had been identified as;

Risk	Mitigated Position
Recruitment & retention of sufficient Clinical Advisors to satisfy anticipated demand.	Recent successful recruitment processes by WAST have ensured sufficient additional Clinical Advisors at bases in Bangor, Swansea and Cwmbran to meet the demand associated with ABUHB implementation. Training and education of new staff already commenced and will be concluded ahead of launch **Position – no risk to Implementation.**
Stability of GP OOH service to enable the new model to embed and work effectively.	Significant work has been undertaken by the ABUHB Clinical Director (OOH) to attract and retain GPs into the service. Additional posted have been appointed to support the clinical hub including pharmacy support and mental health practitioners. Opportunity to develop the urgent care practitioner role Clinical Hub times have been increased to cover week day evening. Regular updates to CAG and wider OOH clinicians **Position – no risk to Implementation.**

Although there are various lower level risks that are part of any project plan, there are no material /high risk issues identified at this time that present a threat to the implementation of 111 for Aneurin Bevan LHB.

Assessment and Conclusion

Next Steps

The ABLHB 111 Implementation Board, via the established workstream, will continue to progress the identified actions within the detailed project plan on an ongoing basis and will continue for a fixed period of time post launch in April 2019.

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Tab 4.6 111 Programme Implementation Progress Report

The agreed Readiness Checklist will be populated from January 2019 onwards to provide added assurance that all parties are delivering against all the key components that are required ahead of implementation. This includes service stability for both WAST NHSD and for the OOHs in Aneurin Bevan.
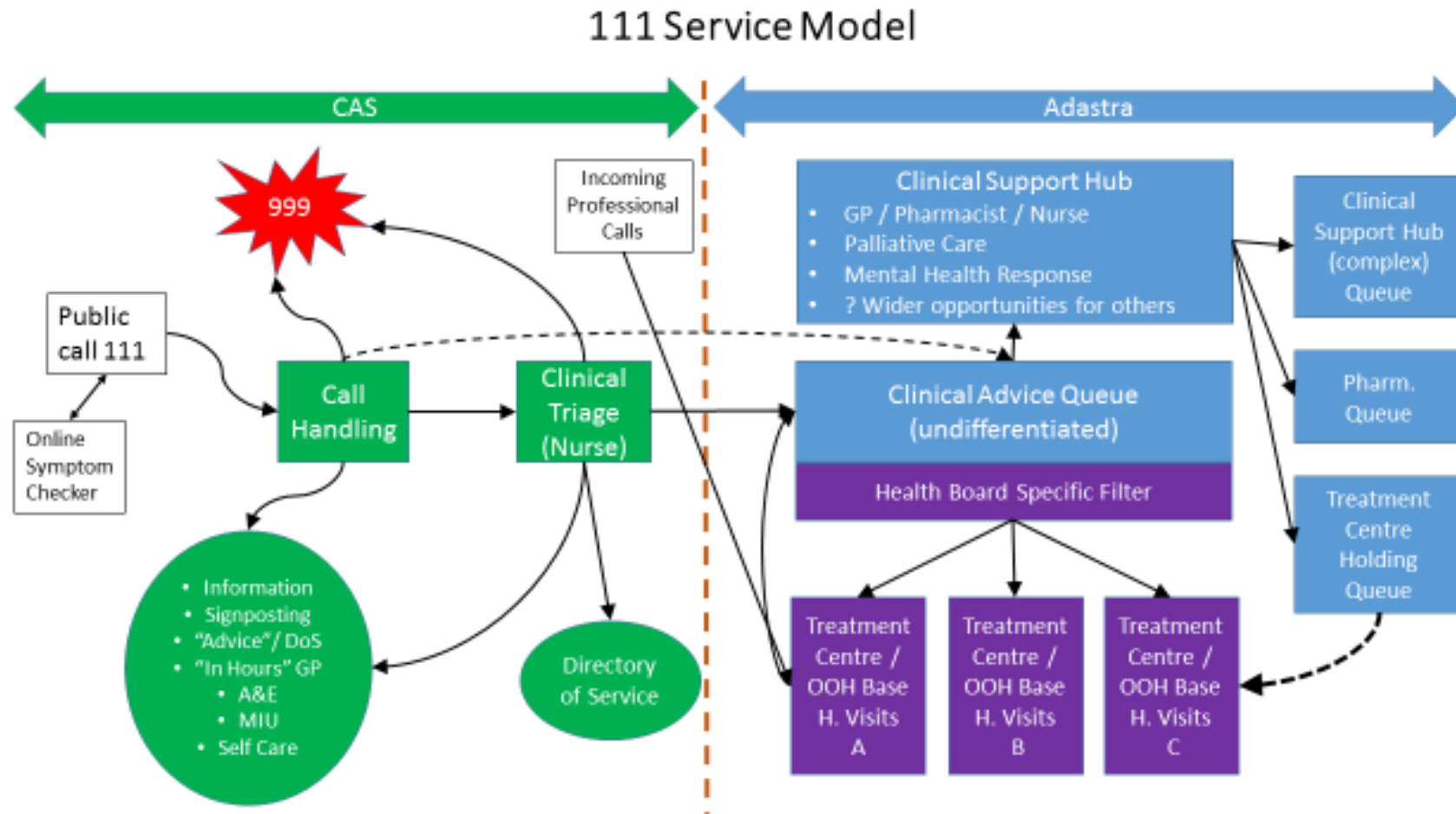
From a wider governance perspective, all parties will formally sign the SE Wales Collaborative Agreement which over time will be expanded to encompass both Cwm Taf and Cardiff and Vales LHB. This agreement is currently in draft form but is based on the established SW Wales agreement and has previously been received by All Wales Chief Executives and All Wales Medical Directors.

Assuming that the conditions of the readiness checklist are routinely being met, and that progress is being made against the project plan, a series of meetings will be held between the Senior Responsible Officers from ABUHB, 111 and WAST to confirm that implementation can proceed as planned in March 2019. These meeting will be scheduled to take place at weekly intervals in the lead up to go live.

Recommendation

Board members are requested to formally note the 111 progress within Aneurin Bevan LHB and subject to agreement of the operational readiness checklist in March, to endorse the launch of the 111 service for local residents in April 2019.

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Tab 4.6 111 Programme Implementation Progress Report

Appendix 1 – 111 Service Model

111 Service Model

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Tab 4.7 NHS Funded Nursing Care

	Aneurin Bevan University Health Board 23rd January 2019 Agenda Item: 4.7

4.7

Aneurin Bevan University Health Board
NHS Funded Nursing Care

Executive Summary
The purpose of this report is to: • Provide the Board with an update on NHS Funded Nursing Care (FNC) since the last update in March 2018; • Advise the Board of the ongoing work 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. **Recommendations** 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 and approve the NHS component of the 18/19 rate as £167.87, with a further additional component payable by Local Authorities; • Note the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift. Health Board teams will consider options for 2019/20 onwards; • Note the work undertaken with provider representatives to resolve the evidence of paid breaks matter 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.

The Board is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	
Executive Sponsor: Nick Wood, Director of Primary, Community and Mental Health	
Report Author: **Claire Aston, Head of Complex Care /Divisional Nurse** **Gaynor Williams, National Programme Lead** **Andrew Aston, Business Partner Accountant**	

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Tab 4.7 NHS Funded Nursing Care

Report Received consideration and supported by :		
Executive Team	**Committee of the Board [Committee Name]**	
Date of the Report: 9th January 2019		
Supplementary Papers Attached: None		

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Purpose of the Report

The purpose of this report is to:

- Provide the Board with an update on NHS Funded Nursing Care (FNC) since the last update in March 2018;
- Advise the Board of the ongoing work 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.

Background and Context

1. 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 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, Health Boards should fund additional services provided by the registered nurse (RN). These are:

- Time spent by the RN in receiving registrant supervision;
- Paid breaks;
- A proportion of the personal care delivered by the Registered Nurse 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 1 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 Health Board and Local Authority;
- set out the calculation of the 2017/18 FNC rate and sought approval for this to be issued;

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Tab 4.7 NHS Funded Nursing Care

- 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; 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.

2. Developments since previous Board Paper

Following on from the March Health Board 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 Health Boards 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.

3. 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 HBs were at, this will either be the agreed March 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 matter of evidence matter is resolved. It is anticipated that resolution will be shortly. In addition Health Boards need to reimburse those self-funded nursing residents who are currently in care homes and also put a process in place to address reimbursement relating to deceased self-funders. Funding for the reimbursement has been provided by Welsh Government, 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 providers for those individuals whose residential care was funded by Local Authorities in care homes;

    b) To self-funders 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 estate of deceased self-funders – as above these individuals will have paid for some services that the Court has decided the NHS should have funded.

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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 Health Board.

- Health Boards need to consider and agree an appropriate form of evidence in order to reimburse providers for paid breaks. 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 since this paper was drafted.

- The labour component of the FNC rate is uplifted based upon previously approved Inflationary Uplift Mechanism that 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 2018/19 NHS component of the FNC rate has been calculated by HB finance leads at **£167.87**. This excludes the Local Authority component which will be funded by the appropriate Local Authority.

- The Inflationary Uplift Mechanism was approved by Health Board Boards to operate for a period of five years, with 2018/19 being the final year. Health Boards 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 open dialogue on other matters including Continuing NHS Healthcare.

4.7

Assessment and Conclusion

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 Welsh Government support to accrue resources into early 2019/20 should that be necessary.

Recommendation

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 and approve the NHS component of the 18/19 rate as £167.87, with a further additional component payable by Local Authorities;
- Note the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift. Health Board teams will consider options for 2019/20 onwards;

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Tab 4.7 NHS Funded Nursing Care

- Note the work undertaken with provider representatives to resolve the evidence of paid breaks matter 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.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There would be a further legal challenge if the Health Board failed to implement the judgement of the Supreme Court.
Financial Assessment, including Value for Money	The retrospective costs have been calculated to be £2.625m for the Health Board. This is based on an All Wales approach, which is to be agreed by Wales Audit Office. This is an increase of £0.187m over the provision made in 2017/18. It is assumed that the total retrospective costs will be met by Welsh Government. For 2018/19 the potential increase in recurrent costs for the Health Board, as a result of the revised fee following the Supreme Court Judgement, are in the region of £0.684m per annum. In addition, the proposed inflationary uplift for 2018/19 is estimated to cost in the order of £0.113m. Welsh Government is unlikely to fund the £0.797m recurrent costs going forward and whilst the Complex Care Division is able to cover these costs for 2018/19 within the existing resource envelope, this will not be the position for 2019/2020 and beyond.
Quality, Safety and Patient Experience Assessment	All Care Homes have a duty to provide high quality care and continually improve the patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	Not required for the purposes of this report.
Health and Care Standards	All Care Homes are required to meet the Standards for Health Services Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	The impact of the Supreme Court Judgement for FNC is not included in the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Further assessment will be required with regard to the implications of the Act. This will be co-ordinated via the lead for NHS Wales.
Glossary of New Terms	No new terms have been identified.
Public Interest	This report is written for the public domain.

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Tab 5.1 Trauma Network Progress Report

Aneurin Bevan University Health Board
23rd January 2019
Agenda Item: 5.1

GIG CYMRU NHS WALES | **Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative**

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.

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Tab 5.1 Trauma Network Progress Report

Aneurin Bevan University Health Board
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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.

5.1

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:

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- 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 deliver 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

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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.

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Aneurin Bevan University Health Board
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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

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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

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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.

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