Bundle Health Board - public 5 September 2019

AGENDA

10:00am Conference Hall, Conwy Business Centre, Llandudno Junction LL31 9XX

1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE

1.1 10:00 - 19.128 Chair's Introductory Remarks - Mr Mark Polin

1.2 10:02 - 19.129 Special Measures Task & Finish Group Chair's Assurance Report 9.8.19 - Mr M Polin

19.129 SMIF Chair's Assurance Report 9.8.19 v1.0.docx

1.3 10:07 - 19.130 Apologies for Absence

1.4 10:08 - 19.131 Declarations of Interest

1.5 10:09 - 19.132 Draft Minutes of the Health Board Meeting held in public on 25th July 2019 for accuracy and review of Summary Action Log

19.132a Minutes Health Board 25.7.19 Public v0.04.docx

19.132b Summary Action Log Public v180 29.8.19.doc

2 ITEMS FOR CONSENT

2.1 10:24 - 19.133 Committee and Advisory Group Chair's Assurance Reports

19.133.1 Quality, Safety & Experience Committee 16.7.19 (Mrs L Reid)
19.133.2 Finance & Performance Committee 22.8.19, 29.7.19 and 25.6.19 (Mr M Polin)
19.133.3 Local Partnership Forum 9.7.19 (Mr G Doherty)

19.133.1 Committee Chair's Assurance Report QSE 16.7.19 V1.0.docx

19.133.2 Chair Assurance report FPC June July August 2019 v1.0.docx

19.133.3 Chair's Report LPF 7.9.19 v1.0.doc

2.2 10:34 - 19.134 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Mr Gary Doherty

Recommendation:
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

19.134 Approved clinicians & s12 Report.docx

2.3 10:36 - 19.135 Annual Report 2018/19 Infection Prevention - Mrs Gill Harris

Recommendations:
The Board is asked to:

1. Note the continued progress with the Safe Clean Care programme, and the positive impact seen to date across the Health Board.
2. Note the annual position relating to key infections in 2018/19.
3. Endorse and Support the continued actions required to successfully implement the quarterly programmes as part of the Infection Prevention Strategy and Safe Clean Care.

19.135a IP Annual Report 2018-19 v0.06.docx

19.135b IP Apx 1.pdf

19.135c IP Apx 2.pdf

3 FOR DISCUSSION

3.1 10:56 - 19.136 Finance Report M3 - Mrs Sue Hill

Recommendation:
It is asked that the report is noted, including the forecast position of £35.0m deficit.

19.136 Finance Report Month 3.docx

3.2 11:01 - 19.137 Finance Report M4 - Mrs Sue Hill

Recommendation:
It is asked that the report is noted, including the forecast position of £35.0m deficit.

19.137 Finance Report M4.docx

3.3 11:16 - 19.138 Financial Recovery presentation - Mr Gary Doherty and Mr Phil Burns

3.4 11:31 - 19.139 Planned Care presentation - Mr Gary Doherty

3.5 11:51 - 19.140 Unscheduled Care presentation - Mrs Gill Harris

3.6 12:11 - 19.141 Annual Plan Monitoring Report - Mr Mark Wilkinson

Recommendation:
The Health Board is asked to note the progress in implementing the operational plan

19.141a Annual Plan Progress Monitoring Report coversheet.docx

19.141b Annual Plan Progress Monitoring Report - July2019 FINAL.pdf

3.7 12:26 - 19.142 Clinical Services Strategy presentation - Mrs Gill Harris and Mr David Fearnley

3.8 12:36 - 19.143 Integrated Quality & Performance Report - Mr Mark Wilkinson

Recommendation:
The Board are asked to note the current performance and consider the actions being taken to deliver improved performance.

19.143a IQPR coversheet.docx

19.143b IQPR July 2019 Final.pdf

3.9 12:51 - 19.144 HASCAS and Ockenden Recommendations Progress Report - Mrs Gill Harris

Recommendation:
To note the progress against the recommendations to date

19.144a HASCAS and Ockenden Review.docx

19.144b HASCAS and Ockenden Review_progress report FINAL.docx

3.10 13:06 - Lunch break

4 FOR DECISION

4.1 13:36 - 19.145 Reprovision of Services from The Clinic, Mount Street, Ruthin and the Redevelopment of Ruthin Community Hospital - Dr Chris Stockport

Recommendation:
The Board is asked to approve the Business Case to enable progress to the Welsh Government.

19.145a Ruthin BJC coversheet.docx

19.145b Ruthin BJC Final for Board.docx

19.145c Ruthin BJC_Appendix 1 EQIA.doc

19.145d Ruthin BJC_Appendix 2 HIA Evaluation Results.pdf

19.145e Ruthin BJC_Appendix 3 Questionnaire.pdf

19.145f Ruthin BJC_Appendix 4 Third Sector Feedback from 17 04 19.pdf

19.145g Ruthin BJC_Appendix 5 Benefits & Investment Objectives V.0.10.docx

4.2 13:51 - 19.146 Wrexham Maelor Hospital Continuity Programme Business Case - Mr Mark Wilkinson

Recommendation:
The Board is asked to approve the Programme Business Case for submission to Welsh Government.

19.146a Wrexham Continuity PBC_coversheet.docx

19.146b Wrexham Continuity PBC V1.8 Final.docx

19.146c Wrexham Continuity PBC Appendix E Survey Work.pdf

19.146d Wrexham Continuity PBC Appendix F Risk Workbook.pdf

19.146e Wrexham Continuity PBC Appendix G Pipeline Projects.pdf

4.3 14:06 - 19.147 Development of New isolation Facilities – Critical Care Unit Wrexham Maelor Hospital - Mr Mark Wilkinson

Recommendation:
To approve the preferred option which is the provision of 2 isolation suites which meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who can be cared for within that environment.

19.147a Critical care coversheet.docx

19.147b Critical care integrated business case 9.8.19.docx

19.147c Critical care Appendix 1.pdf

19.147d Critical care Appendix 2.pdf

5 14:21 - FOR INFORMATION

5.1 19.148 Summary of In Committee Board business to be reported in public - Ms Dawn Sharp

Recommendation:
The Board is asked to note this paper.

19.148 In Committee Items to be reported in public.docx

5.2 19.149 All Wales and Other Forums

5.2.1 19.149.1 Emergency Ambulance Services Committee Minutes 26.3.19

19.149.1 All Wales Forums_EASC minutes 26 March 2019.docx

5.2.2 19.149.2 Emergency Ambulance Services Committee Minutes 14.5.19

19.149.2 All Wales Forums_EASC minutes 14 May 2019.doc

5.2.3 19.149.3 Shared Services Partnership Committee Assurance Report 18.7.19

19.149.3 All Wales Forums_SSPC Assurance Report 18.7.19.doc

5.3 19.150 Annual Summary of Consultations - Ms Dawn Sharp

Recommendation:
The Board is asked to note the external consultations responded to by the Health Board and the associated monitoring arrangements.

19.150 Annual Summary of Consultations.doc

6 14:26 - CLOSING BUSINESS

6.1 19.151 Date of Next Meeting

7th November 2019 @ 10.00am in Porth Eirias, Colwyn Bay

6.2 19.152 Committee Meetings to be held in public before the next Board Meeting

Audit Committee 12.9.19; Quality, Safety & Experience Committee 24.9.19; Mental Health Act Committee 27.9.19; Finance & Performance Committee 30.9.19 and 24.10.19; Strategy, Partnerships & Population Health Committee 1.10.19; Remuneration & Terms of Service Committee 4.11.19; Joint Audit and QSE Committee 5.11.19.

Health Board	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	Special Measures Improvement Framework Task & Finish Group (SMIF T&F)
Meeting date:	9.8.19
Name of Chair:	Mark Polin, Chair
Responsible Director:	Grace Lewis-Parry, Board Secretary
Summary of business discussed:	• The latest iteration of the interim special measures improvement framework progress monitoring log was received and deferred pending the issue of a revised reporting template and the addition of further detail. • A letter from Vaughan Gething to Mark Polin, the Minister's oral statement of 4.6.19 and a letter from Andrew Goodall to Gary Doherty dated 14.6.19 were received, following the Board's submission of its latest progress update to Welsh Government. The Minister had noted progress on governance, quality, Board leadership, mental health services, concerns management, engagement, partnership working and GP out of hours services. He noted outstanding concerns relating to finance, planning and waiting time performance. • Copies of letters from Gary Doherty to Andrew Goodall dated 19.7.19, on the subject of special measures progress, were also received.
Key assurances provided at this meeting:	• It was agreed to provide additional focused detail on progress against each of the expectations to the T&F Group, to ensure sufficient assurance.
Key risks including mitigating actions and milestones	• The risk that the Health Board is not deemed to be in a position that merits the lifting of special measures is mitigated by the strengthened governance arrangements and additional rigour introduced by the Chair.
Special Measures Improvement Framework Theme/Expectation addressed	All.

Issues to be referred to another Committee	-
Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	Achieving the special measures expectations is approached from the perspective of sustaining service improvements in the longer term, for the well-being of patients and the wider population in the future. Much of the work underway is being carried out in partnership with colleagues from other organisations, with service users and members of the public.
Planned business for the next meeting:	Review of updated progress monitoring reports for each expectation.
Date of next meeting:	5.9.19

Betsi Cadwaladr University Health Board (BCUHB)
Draft Minutes of the Health Board Meeting Held in Public on 25.7.19
in Neuadd Reichel, Bangor

Present:

Mr M Polin	Chair
Mr G Doherty	Chief Executive
Cllr C Carlisle	Independent Member
Mrs D Carter	Acting Executive Director of Nursing & Midwifery
Mr J Cunliffe	Independent Member
Mrs M Edwards	Associate Member ~ Director of Social Services
Mrs S Green	Executive Director of Workforce & Organisational Development (OD)
Mrs S Hill	Acting Executive Director of Finance
Mrs J Hughes	Independent Member
Mrs M W Jones	Vice Chair
Mrs G Lewis-Parry	Board Secretary
Mrs L Meadows	Independent Member
Dr E Moore	Executive Medical Director
Miss T Owen	Executive Director of Public Health
Prof M Rees	Vice Chair of Healthcare Professionals Forum
Mrs L Reid	Independent Member
Mr C Stockport	Executive Director of Primary Care & Community Services
Mr A Thomas	Executive Director of Therapies & Health Sciences
Mrs H Wilkinson	Independent Member
Mr M Wilkinson	Executive Director of Planning & Performance

In Attendance:

Mrs K Dunn	Head of Corporate Affairs
Mrs L Singleton	Director of Partnerships, Mental Health & Learning Disabilities *(Deputy for Mr A Roach*)

Translator, members of public and observers

Agenda Item	Action By
19.102 Chair's Introductory Remarks The Chair welcomed everyone to the meeting. He reported that Chair's Action had been taken following the May Finance and Performance (F&P) Committee meeting to provide Health Board approval to proceed to OJEU tenders for contracts relating to Glycated Haemoglobin and Electrophoresis – both having a contract value of over £1m. He also confirmed that the Board had submitted its self-assessment to Healthcare Inspectorate Wales (HIW) against the recommendations of the Royal College of Obstetricians and Gynaecologists (RCOG) Review of Maternity Services at Cwm Taf Health Board. The matter was being monitored by the Quality, Safety & Experience (QSE) Committee. Finally the Chair reported that a new Independent Member had been appointed, but Ministerial confirmation was awaited.	
19.103 Special Measures Update	

The Chief Executive provided a short update in that the Board continued to work to the existing special measures framework to drive improvements. There was an imminent tripartite meeting between Welsh Government (WG), HIW and Wales Audit Office (WAO), and the revised framework was awaited.	
19.104 Apologies for Absence and Declarations of Interest Apologies were received from Mr G Evans, Prof N Callow, Mr Ff Williams and Mr A Roach. No declarations of interest were raised.	
19.105 Draft Minutes of the Health Board Meeting held in public on 2.5.19 for accuracy and review of Summary Action Log **19.105.1** The minutes were accepted as an accurate record and updates were provided to the summary action log. **19.105.2** The following matters arising were raised: • Minute 19.68.2.2 – HASCAS and Ockenden update - the Acting Executive Director of Nursing and Midwifery confirmed that the point of accuracy raised regarding the attendance of psychology staff at the Stakeholder Group meeting had been accepted. • Minute 19.76 - Primary Care Expenditure Review - the Chair enquired whether the underspends were of concern and the Executive Director of Primary and Community Services indicated this was not an unusual situation and there were clear plans in place. In terms of the slippage relating to a pacesetter scheme he added that this was being considered on an all Wales basis. The Chair of the QSE Committee was keen to ensure that opportunities to utilise ring-fenced funding were not missed and that local enhanced schemes could be developed within primary care to help reduce pressures in secondary care. The Chair asked that the Executive Director of Primary and Community Services consider when would be timely for the Board to have a discussion around the development of primary care. • For future agendas it would be made clearer as to the context and source of the various briefing notes that had been circulated.	CS KD
19.106 Financial Baseline Review **19.106.1** The Acting Executive Director of Finance presented the paper which set out the findings and recommendations of the work commissioned by the Health Board from Price Waterhouse Coopers (PWC) to provide an independent view of the Board's financial position to support the development of the financial plan for 2019/20. She indicated that further progress had been made since the report had been produced and wished to record her thanks to colleagues for their support and commitment. Members' attention was drawn to paragraph 9 of the Executive Summary which detailed the next key steps for the Board, namely: 1. Agree key updates required to the 2019/20 financial plan; 2. Establish the level of savings required to meet an agreed control total; 3. Decide on a challenging but deliverable savings target for 2019/20; 4. Develop a multi year recovery plan with reference to the recommendations made in the report. **19.106.2** Members were reminded that the control total set by WG left the organisation with a further gap of £10m and the report tried to identify plans to address this gap. There were 17 recommendations within the report relating to financial control,	

Programme Management Office (PMO) and governance, and the savings plan with all associated actions being under the leadership of an identified Executive Director. It was noted that best, likely and worst case scenarios were described for the financial year 2019-20, and that section 2 of the report went onto describe the underlying position as a consequence of the out turn in 2018-19 which was being worked through with the Financial Delivery Unit (FDU). Members' attention was drawn to the risks and sensitivities described within the report relating to the underlying position, Continuing Health Care growth, Referral to Treatment (RTT), prescribing growth, English tariff prices, reclaims and funding slippage and cash releasing savings. The report also set out the Board's cost savings plans and the assessment of these undertaken by PWC. The Acting Executive Director of Finance indicated there was a clear expectation for the organisation to drive savings to deliver the £25m control total however, some of the ability to do this hinged on the transformation of services. There was also a need to understand the pipeline plans much better and be able to translate them into real opportunities. **19.106.3** The Chair reminded members of the respective roles of the F&P Committee and the Savings Programme Group (SPG) around financial governance and scrutiny, and grip and control. He also referred to the offer from PWC to share a piece of work from another organisation concerned with understanding financial drivers, and the Acting Executive Director of Finance confirmed she had spoken with the organisation in question and would agree a timeline for sharing this work. **19.106.4 It was resolved** that the Board: 1. receive the report; 2. confirm that Finance and Performance Committee will track progress against the action plan.	SH
19.107 Committee and Advisory Group Chair's Assurance Reports **19.107.1 Audit Committee 30.5.19** The Committee Chair presented the report and highlighted the risk that had been noted in that Internal Audit had identified there was no specific delivery plan to underpin the Mental Health Strategy. The Director of Partnerships, Mental Health & Learning Disabilities (MHLDS) confirmed that this was to be presented to the F&P Committee on 29.7.19. Members welcomed the positive work through the 'TODAYICAN' campaign within mental health but would wish to see a more coherent tracking of delivery and progress against the Strategy. The Chair of the QSE Committee also referred to the Audit Committee concerns around clinical audit and hoped that members would see this being addressed with clear outcome measures in terms of evidencing progress. **It was resolved that** the Board note the report. **19.107.2 QSE Committee 21.5.19** The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. She noted that the quality of committee papers had again been raised as a concern and the Chair indicated this matter would be dealt with at the next Board Workshop**.** The Chair referred to the concerns around progress with reducing avoidable mortality and the Executive Medical Director indicated that more traction was required with the relaunched RAMI group. **It was resolved that** the Board note the report.	

19.107.3 F&P Committee 24.4.19 and 23.5.19

The Committee Chair presented the reports which set out key points and concerns. He thanked the Chief Executive for the helpful note which had recently been circulated to Independent Members around finance and performance. **It was resolved that** the Board note the report.

19.107.4 Charitable Funds Committee 20.6.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. **It was resolved that** the Board note the report.

19.107.5 Mental Health Act Committee 29.3.19 and 28.6.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report, including the recruitment of Section 12(2) doctors. **It was resolved that** the Board note the report.

19.107.6 Remuneration and Terms of Service Committee 13.5.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. **It was resolved that** the Board note the report.

19.107.7 Information Governance and Informatics Committee 9.5.19

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. He added that there had been a problematic telephony outage since the Committee had last met which would be reported to the next meeting. The Chair noted reference to delays with national projects and solutions. The Committee Chair agreed that clarity was needed in terms of the Board's interface with NHS Wales Informatics Service, but that it had been very useful to have the Director in attendance at the last meeting. **It was resolved that** the Board note the report.

19.107.8 Strategy, Partnership & Population Health (SPPH) Committee

The Committee Chair presented the report and drew members' attention to the key points and concerns as set out in the report. The Chair enquired as to the status of the Third Sector Strategy and the Executive Director of Planning & Performance confirmed that whilst the principles were incorporated into wider plans there was a need for further consideration, with a follow up meeting being arranged with the Committee Chair and the Third Sector Independent Member. **It was resolved that** the Board note the report.

19.107.9 Stakeholder Reference Group (SRG) 4.6.19

The Executive Director of Planning & Performance presented the report and highlighted that he would be working with the SRG Chair to prioritise agenda items to ensure they align with the Health Board's work programme. **It was resolved that** the Board note the report.

19.107.10 Healthcare Professionals Forum (HPF) 14.6.19 The Vice-Chair of the HPF presented the report and highlighted that there had been a similar discussion at HPF regarding fully utilising the agenda time to inform the Health Board meetings. He made reference to the concerns around Physicians Associates and the Chief Executive indicated that he had asked the Deputy Medical Director to lead on a more direct approach. The Chair enquired as to the current position with regards to the robotic surgery business case and it was confirmed this continued to be refined locally whilst national work led by Cardiff and Vale was ongoing. The Chair requested that a position statement be prepared in order to keep partners and stakeholders informed. **It was resolved that** the Board note the report. **19.107.11 Local Partnership Forum 25.4.19** The Chief Executive presented the report. The Executive Director of Workforce & OD added that judging for the staff awards was due to be completed within the next week. **It was resolved that** the Board note the report.	MW
19.108 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) **19.108.1 It was resolved that** the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.	
19.109 Documents Signed Under Seal : Update 19.12.18-22.5.19 **19.109.1 It was resolved that** the Board note the update presented.	
19.110 Update on North Wales Vascular Service **19.110.1** The Executive Medical Director presented the paper to the Board. The Chair enquired as to whether there were continuing pathway issues and the Executive Medical Director advised there were not. In response to a question regarding outcome data he indicated it was too soon to have meaningful data and suggested that a report be prepared for the Board around 12 months from implementation. **19.110.2** It was resolved that the Board note the update.	EM
19.111 Putting Things Right (PTR) Annual Report **19.111.1** The Acting Executive Director of Nursing presented the PTR annual report which had been discussed at the QSE Committee. She summarised that the organisation was not where it needed to be in terms of managing concerns, but that a good proportion of services were now achieving ”real time” complaint management and there had been a notable reduction in incidents. She noted that the report described the work around the development of the Patient Advice Liaison Service (PALS), and details of coroner cases and also attempted to provide evidence of learning.	

19.111.2 A discussion ensued. The QSE Committee Chair recognised that there was further work to do in terms of data analysis and benchmarking going forwards. There was a general sense that responses to complaints had improved. The Chair enquired whether officers were content with the escalation process in place for Never Events and Regulation 28s – this was confirmed. In terms of claims it was confirmed that they were all benchmarked, but as the heaviest user of Datix in Wales it was to be expected that BCUHB had more activity. **19.111.3 It was resolved that** the Board approve the annual report for submission to Welsh Government and publication to the Health Board's website.	DC
19.112 Health & Safety Annual Report and Improvement Plan **19.112.1** The Executive Director of Workforce & OD presented the report which had also been considered by the QSE Committee. She reminded members of the commitment made in November 2018 to revise and refresh the approach to Health and Safety, the annual reporting process and to develop a three year plan. The Strategic Occupational Health and Safety Group (SOHSG) was now meeting on a monthly basis and was very well attended. It was reported that the data within the report was not as robust or complete as would have been hoped and did not separate out patient and staff information. The report also currently incorporated a section on sustainability which in future would be separated out. In terms of key highlights from the report, these related to issues with the extraction of data; an unacceptable number of incidents; an ongoing assessment programme undertaken in over 50 premises to date; the development of a gap analysis; a planned internal audit review and the commissioning of a security review. The Executive Director of Workforce & OD flagged that the Board should anticipate that the gap analysis would be very challenging. **19.112.2** The QSE Committee Chair confirmed that there had been detailed discussion at QSE and that she personally was concerned at the gap in trajectories for training in each area, and that there must be fluidity within the three year plan. Other members welcomed the strengthened focus on Health and Safety and the comment was made that this needed to reflect on mental health and well-being as well as physical health. In response to a question regarding timeframes, the Executive Director of Workforce & OD indicated the initial gap analysis would be shared with the SOHSG in August, then work would be carried out with Trade Union partners to stratify risks and work through the financial implications, before further consideration at SOHSG in October and the QSE Committee in November. She also confirmed that the gap analysis incorporated operational matters as well as strategic. The Chair indicated it was not appropriate for the Board to consider the third recommendation regarding the training of senior leaders and competencies in the workforce. **19.112.3 It was resolved that** the Board: 1. Note the position outlined in the Annual Report. 2. Support the proposed improvement plan and full review of OHS systems through a gap analysis of legislative compliance and subsequent proposed 3 year strategy.	
19.113 Welsh Language Services Annual Monitoring Report 2018-19 **19.113.1** The Executive Director of Public Health presented the report which had been scrutinised at the SPPH Committee. She indicated that future reporting would be better aligned to the new Welsh Language Standards.	

19.113.2 A discussion ensued. A concern was expressed at the apparent low percentage of Welsh speakers in certain services – for example Child Adolescent Mental Health Services (CAMHS). The Executive Director of Public Health accepted that there were areas within the organisation where the proportion of Welsh speakers needed to be increased in line with the Commissioner's priorities. Reference was also made to a recent patient story at the QSE Committee which highlighted a failure by the organisation to meet patient need in terms of their first language choice. The Chair shared his wish to ensure that every member of staff was able to demonstrate basic courtesy skills in the Welsh language and that the Board should be leading by example. The Executive Director of Public Health indicated that the corporate induction and orientation programme had been strengthened with regards to Welsh language, however, there was a need to win the hearts and minds of existing staff not just new appointments. The point was made that the individual proficiency levels for staff may be misleading as people who could offer basic greetings and courtesy in Welsh may be unwilling to place themselves at Level 1 "Entry". A member also highlighted that she had recently sat on a consultant appointment panel and an individual was undertaking a research project into first language Welsh and its impact on health care, which may be useful for the Welsh Language Team to pick up on. **19.113.3** The Executive Director of Public Health wished to record her thanks for the clear support to the Welsh Language from the Board. **19.113.4 It was resolved that** the Board approve the report.	TO
19.114 Three Year Outlook and 2019/20 Annual Plan, Incorporating Financial Plan **19.114.1** The Chair opened the discussion by indicating he did not feel that the Board would be in a position to approve the plans at the meeting, notwithstanding that there had been a marked improvement on the interim version submitted in March. He reminded members that there were known gaps in terms of RTT, unscheduled care and finance and he would expect the Board to be clear on what actions were planned to address these. **19.114.2** The Executive Director of Planning and Performance presented the Three Year Outlook and 2019-20 Annual Plan – confirming that it had been agreed by the Executive Team but recognising it did not address some key questions of the Board and it needed more detailed information on planning profiles and trajectories. He indicated that in terms of planned care there was an improved approach to capacity planning processes including waiting list initiatives, and WG had confirmed £14m support. This would allow the Board to make a commitment to deliver zero patients waiting over 52 weeks by the end of March 2020 and an improvement to the number of patients waiting over 36 weeks compared to March 2019. This would be achieved by commissioning additional in-house activity, outsourcing activity and changing booking processes. With regards to unscheduled care the Executive Director of Planning and Performance reported that reductions in Delayed Transfers of Care (DTOCs) and strong performance in ambulance handovers continued but this was variable across north Wales. **19.114.3** A discussion ensued. The Chief Executive clarified that the endoscopy plan was not yet fully costed, and that there may also be a need to revisit the RTT plan if some of that funding was utilised for endoscopy. The Executive Director of Therapies and Health Sciences reported that an endoscopy paper was scheduled for the F&P	

Committee on the 29th July 2019. The Chair of the Information Governance and Informatics Committee referred to section 7 of the Three Year Outlook and Annual Plan which related to risks and mitigation, and noted with concern that the wider informatics risks were not captured. This would be addressed. The Chair of QSE Committee felt that the document appeared to be task focused rather than outcome focused and the planned improvements were not quantified. She also queried why many elements were not costed. The Chief Executive suggested that members receive a briefing on planned care spend in quarter 1 and the anticipated spend going forward in relation to delivery of the RTT A member indicated she had previously requested a stronger focus on children with complex needs and a form of words around unpaid carers; she would resend the information to the Executive Director of Planning and Performance. The Vice-Chair of the F&P Committee suggested that by default the Board was already operating at risk, and the Chair confirmed that if the Executive Team had concerns around the ability to deliver the plan then it would need to revert back to the Health Board for discussion. The Chair requested that the F&P Committee consider trajectories for RTT and unscheduled care in August, together with proposals for diagnostics including endoscopy. It was agreed that a clear and comprehensive timetable for business cases be brought forward for consideration by the Board. **19.114.4** In terms of the associated Financial Plan (detailed within Appendix 1 to the paper), the Acting Executive Director of Finance reported that £24.3m of cash releasing savings had now been identified. The main risk facing the organisation was to identify the £10m savings gap whilst delivering those plans already in existence. The Financial Recovery Group (FRG) continued to meet on a fortnightly basis with a clear expectation that the Board would see an improvement in savings that would allow the forecast to be amended. **19.114.5** A discussion ensued. The Vice-Chair recounted that there had been a useful session with the Recovery Director and the Independent Members recently. She noted with concern that the Month 2 figures indicated an overspend twice the rate of the same period in 2018-19. The Acting Executive Director of Finance accepted there was real concern around the run rate with the majority of the over spend currently within secondary care. Members sought assurance that urgent actions were in place to recover this position. The Acting Executive Director of Finance confirmed there was full scrutiny and additional gateways around discretionary expenditure. The Chair responded that there would be a significant level of additional scrutiny at the F&P Committee and he was also aware that the Independent Financial Adviser had expressed concerns at the grading of savings schemes. **19.114.6** The Executive Director of Workforce & OD added that the organisation was aware it had outdated models of delivery that were expensive and not necessarily the best option in terms of patient care, and that the overall focus of the plan was the delivery of good care. The Executive Director of Planning and Performance indicated that whilst there were elements within the plan around new money, the majority was concerned with making improvements within the existing cost envelope. The Vice-Chair of the HPF referred to the role of Physician Associates and how they could help deliver different ways of working and service delivery. **19.114.7** In summing up, the Chair acknowledged the work that had been carried out to develop the Three Year Outlook and Annual Plan since March, and that he expected the remaining trajectories to be submitted to the F&P Committee in August. With regards to the Financial Plan he was clear that there needed to be a plan to close the financial gap by the end of September, with iterations going to F&P Committee on 22nd	MW MW CC MW

August and to the Health Board on 5th September. As currently presented the Board were not able to approve the financial plan as it did not meet the control total expectations.	
19.115 Integrated Quality & Performance Report (IQPR) **19.115.1** The Chair confirmed that Independent Members had received a briefing note prior to the meeting providing an update on the key performance areas specifically relating to: • The overall system of accountability reviews • RTT times including the additional actions being put into place from July 2019; • Unscheduled care performance in quarter 1 and the key actions to improve performance in quarter 2; • The financial position including information with regards to the Recovery Director and oversight by a Financial Recovery Group **19.115.2** A discussion ensued. It was noted that significant sections of the IQPR including RTT, diagnostics and cancer waits had already been subject to extensive discussion earlier in the meeting. The QSE Committee Chair raised a query with regards to the sequencing of data presented to QSE in July and the Executive Director of Planning and Performance confirmed that the report to the Board was performance to the end of June. Members noted the progress being made with regards to some infections and requested that where appropriate, information be disaggregated to site level so that the impact of the actions taken could be tracked and focussed activity put in place where necessary. Background information was provided by the Acting Executive Director of Nursing and Midwifery in relation to the improved sensitivity of testing and the increases in levels of understanding and reporting. It was agreed that she would work with the Performance Team to provide more granular reporting for infection prevention. **19.115.3** It was confirmed that the Falls and Pressure Ulcers collaboratives had started and were demonstrating a positive impact driving increases in a reporting culture. It was acknowledged that this may impact on the ability to benchmark appropriately. Explanation was provided on the mortality data and the Executive Director of Planning and Performance agreed to explore what opportunities there would be to provide additional narrative in this section of the report to contextualise the information. Members discussed the finances and resources section, drawing attention to grip and control, the impact of pensions, the targeted improvement plan for sickness absence which will be shared with the F&P Committee in August, recognising the value of the Performance Appraisal Development Review (PADR) process to drive improvement. **19.115.4** In relation to unscheduled care, the Acting Executive Director of Nursing and Midwifery drew the Board's attention to the specific, bespoke and focussed action underway in Wrexham Maelor Hospital including changes within the Senior Leadership Team. This included the programme to support "Super Stranded Patients" with Area and Local Authority Teams working together with Hospital staff. Members requested that in future, Delayed Transfers of Care (DToC) information be presented by Area and include narrative with regards to the work in hand to strengthen the arrangements and reduce DToC. It was further requested that the narrative on dentistry be included within the primary care indicators. Members were advised that work was ongoing locally and nationally to develop a broader range of primary care indicators. The Board also noted the improvement made with regards to CAMHS. **19.115.5** It was resolved that the Board note the report.	DC MW SG DC CS

19.116 Finance Report Month 1 **19.116.1 It was resolved that** the Month 1 report be noted including the forecast outturn of £35.0m and recognising the significant risks to the financial position.	
19.117 Finance Report Month 2 **19.117.1** The Acting Executive Director of Finance presented the report. Members noted that whilst there were significant improvements in identifying savings schemes, there remained too great a variance in the non-delivery of savings against these plans. It was felt that the work undertaken with PWC had focussed predominantly on savings opportunities in secondary care which now needed to be progressed at pace. Members confirmed the need to maintain a focus on care closer to home and the ambition set out within the overall strategy whilst at the same time driving financial recovery across health economies. **19.117.2 It was resolved that** the Board note the report including the forecast position of £35.0m deficit.	
19.118 Service Strategy Update **19.118.1** The Board received an update on the plans to produce a clinical services strategy which would be referred to as a services strategy. The report provided assurance that the development was on track with the timeline agreed by the Health Board and that progress had been scrutinised in detail by the SPPH Committee. Members acknowledged that arrangements for clinical engagement needed to mature and be strengthened further utilising all opportunities for engagement. **19.118.2 It was resolved that** the Board receive the update.	
19.119 Summary of In Committee Board business to be reported in public **19.119.1 It was resolved that** the Board note the paper	
19.120 All Wales and Other Forums **19.120.1 NHS Wales Collaborative Leadership Forum Minutes of Meeting held on 6.12.18** **19.120.2 Shared Service Partnership Committee Assurance Report 14.3.19** **19.120.3 Shared Service Partnership Committee Assurance Report 23.5.19** **19.120.4 Mid Wales Joint Committee Assurance Report July 2019** **19.120.5 It was resolved that** the Board note the information provided.	
19.121 Date of Next Meeting Thursday 5.9.19 10.00am in the Conwy Business Centre, Llandudno Junction	

19.122 Committee Meetings to be held in public before the next Board Meeting Finance & Performance Committee 29.7.19 and 22.8.19; Strategy, Partnerships & Population Health Committee 3.9.19; Information Governance & Informatics Committee 15.8.19; Remuneration & Terms of Service Committee 29.8.19	
19.123 Closing Remarks As the Executive Medical Director was stepping down from the Board, the Chair took the opportunity to thank Dr Evan Moore for the work he had undertaken as Executive Medical Director acknowledging the significant work progressed in relation to vascular surgery.	

HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
Actions from Health Board 1.11.18				
~~R Favager (S Baxter G Lang)~~ M Wilkinson S Green	18/234.2 Work with officers in Strategy & Planning and Turnaround to develop a paper for the January Board meeting on change capacity.	~~Jan 2019~~	12.12.18 Executive Team agreed that this will be covered as part of the Three Year Plan paper going to Board on 24.1.19 24.1.19 The Executive Director of Planning & Performance confirmed that a stocktake paper had been to Executive Team exploring capacity and capability to implement change. A further paper was scheduled for Executive Team within the next two to three weeks, therefore the Board requested the action be reopened. 13.2.19 Three Year Plan on Board agenda 28.2.19 28.3.19 The Chairman requested that this item be re-opened as the Board had not yet seen what change capacity will be used for in keeping with delivery of the work plan. 18.4.19 This work is underway but is not yet complete and will be progressed as part of the realigning of executive portfolios. 2.5.19 The Executive Director of Workforce & OD reported that a paper was being prepared on executive portfolios for the Remuneration & Terms of Service Committee on the 13th May. The Executive Director of Planning &	

S Green			Performance added that improvement capacity had been strengthened through the PMO. It was agreed to keep this action open until final assurances could be given that actions had been completed. 8.5.19 The Executive Director of Planning & Performance has indicated that a report will be submitted to the Savings Sub Group in May. 12.07.19 Service and Productivity Team and DMO now transferred to Executive Director of WOD. Structure in place; vacancies mapped and recruitment underway. Interim support identified and will be in place by 31st July. Interim Associate Director commenced 8th July. 25.07.19 The Chair asked that the Executive Director of Workforce & OD work with the Acting Executive Director of Finance and the Chief Executive to provide a further briefing. 29.8.19 Following the decision of the Financial Recovery Group in July, the Service Improvement Team and DMO development has been paused and the resource realigned under the Recovery Director for a temporary period. Recruitment already underway to the funded vacancies within the structure has continued as agreed in order to support transition from the additional capacity brought in from PWC to the internal team. Date for transfer back to Executive Director of WOD to be agreed.	~~Closed~~ Sept 2019 Nov 2019
Actions from Health Board 2.5.19				
D Carter	19/78.2 Raise again with the HASCAS Ockenden Stakeholder Group how they will provide their	June	A further e-mail has been sent to the Stakeholder Group asking for their feedback and will be shared accordingly. 25.7.19 Matter remains outstanding. 29.8.19 Chair attended Stakeholder Group meeting on 30th	

	evaluation and feedback formally to the Board.		July to seek Stakeholder views on progress to date and experience of engagement. Stakeholder evaluation and feedback to continue through the combined reports and escalate any issues of significance.	
T Owen	19/80.2 Ensure clarity for BCU staff on the personal implications of the Smoke Free legislation, and invite TU partners to participate in the Tobacco Control Group.	In advance of legislation September	11.7.19 The detailed guidance to support the smoke free site work is still awaited. Policies etc will be updated when received. Arrangements for the next Tobacco Control Group meeting will include an invite to TU partners. 25.7.19 Agreed to keep action open as discussions were still ongoing. 28.8.19 Welsh Government have now published the summary consultation document on the proposed Smoke Free Regulations. This can be found here The document highlights areas where further consideration by Government will be required. This includes the aspect of enforcement. (Page 24 and 25 provides the detail). A WG statement was issued during recess to provide an update. This includes the statement: "The consultation process highlighted some specific issues with the draft Regulations which are currently being addressed by Welsh Government officials. A final version of the draft Regulations will need to be notified to the EU and other Member States under the Technical Standards Directive 2015/1535/EU. Once notified there is a standstill period of three months during which no further action may be taken on the draft Regulations. It is our intention that the draft Regulations will come into force by early 2020" The BCUHB Task & Finish Group is being reconvened in light of this publication – with a monthly schedule of meetings planned.	~~Closed~~
T Owen	19/80.2 Explore opportunities to work	July	11.7.19 Public Health Team members (area based leads) will be raising this issue this through their local area	~~Closed~~

	with the third sector and the North Wales Police in promoting smoking cessation in communities.		community networks (including PSBs structures). In addition, this request will be discussed at the next smoking cessation services group. 25.7.19 Agreed to keep action open as discussions were still ongoing. 27.8.19 Briefing note circulated	Closed
D Carter	19/82.1 Ensure future nurse staffing reports include further detail around open serious incidents and complaints – not just the numbers that had been closed.	September (next due at QSE)	25.7.19 Agreed to close on basis will be going to QSE Committee in September	Closed
Actions from Health Board 25.7.19				
C Stockport	19/105.2 Suggest when it would be timely for the Board to have a discussion around the development of primary care	Sept	CS will work with the Office of the Board Secretary to schedule an item as part of a forthcoming Board Workshop before the end of 2019	Closed
K Dunn	19/105.2 Ensure that briefing notes included alongside the summary action log contain details of context and source	Sept	The author, relevant Executive Director and a summary of the original minute will be added to future briefing notes.	Closed
S Hill	19/106.3 Agree a timeline for sharing piece of work on understanding financial drivers undertaken by PWC with another organisation	Sept	29.8.19 The Executive Director of Finance will provide an update at the meeting on 5.9.19	
M Wilkinson	19/107.10 Provide a position statement on the development of the robotic surgery business case	Sept	28.8.19 Briefing note circulated	Closed
D Fearnley	19/110.1 Schedule a report to the Board	May 2020	Added to Board cycle of business	Closed

	12 months post-implementation of the new vascular services.			
D Carter	19/111.3 Ensure that the PTR annual report is submitted to WG and published to BCU website	Aug 2019	29.8.19 confirmed as actioned	Closed
T Owen (J Hughes)	19/113.2 Look into a research project identified by a recent consultant candidate regarding first language Welsh	Sept 2019	22.8.19 Meeting has been held with J Hughes (IM) on Wednesday 21 August 2019. Details of the researcher shared. Rapid review of publications undertaken – focus of work is on language and culture in the care-giving of people with dementia in care homes. Email contact has been made with the researcher, and details of other collaborating researchers also saved. A meeting has been requested and the Welsh Language team updated.	Closed
M Wilkinson	19/114.3 Provide a briefing note on planned care spend in Q1 and anticipated spend re delivery of RTT.	Aug 2019	27.8.19 A paper was presented to F&P Committee on 22nd August setting out RTT capacity and demand plan including identified solutions and financial costs for 2019/20.	Closed
M Wilkinson	19/114.3 Ensure that wider informatics risks were captured within the Three Year Outlook and Annual Plan	Sept 2019	27.8.19 Annual Plan has been updated to reflect the 3 separate risks relating to informatics which are now reported within the corporate risk register.	closed
C Carlisle	19/114.3 RE-send form of words regarding children with complex needs and unpaid carers, in relation to comments on the Three Year Outlook	Aug 2019		
M Wilkinson	19/114.3 Provide a clear and comprehensive timetable for business cases	Sept 2019	28.8.19 Briefing note circulated	Closed

D Carter	19/115.2 Work with performance team on more granular reporting for infection prevention.	Sept 2019	29.8.19 Ongoing	
M Wilkinson	19/115.3 Explore opportunities to provide additional narrative within the mortality section of IQPR to better contextualise the information.	Sept 2019	27.8.19 This narrative will be strengthened in the September QSE version of the IQPR following discussion with the Office of the Medical Director. The QSE committee report will continue to be included in Board reporting.	Closed
S Green	19/115.3 Share details of the improvement plan for sickness absence with the F&P Committee	Aug 2019	14.8.19 Contained within exception report of IQPR to F&P on 22.8.19	Closed
D Carter (M Wilkinson)	19/115.4 Ensure that information on DTOC within the IQPR be presented by Area in future and include narrative on work ongoing to reduce.	Sept 2019	29.8.19 Work ongoing within performance team to ensure that information will be split by site and area.	
C Stockport	19/115.4 Ensure that narrative on dentistry is included within primary care indicators as part of IQPR	Sept 2019	28.8.19 Discussions are ongoing between the North Wales Community Dental Service and the Performance Team to identify appropriate metrics that can be used as key performance indicators.	

V180 29.8.19

Health Board 5.9.19	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	Quality, Safety and Experience Committee
Meeting date:	16.7.19
Name of Chair:	Lucy Reid, Independent Member
Responsible Director:	Deborah Carter, Acting Executive Director of Nursing and Midwifery
Summary of business discussed:	The Committee received the following: • A patient story highlighting the importance of being able to communicate with a patient in Welsh as their first language. The Committee suggested that the story be featured in the Welsh Language monitoring report; • The IQPR providing performance against the Quality, Infection Control and Mental Health measures. Performance for 3 quality measures had improved showing compliance with the national target for the sepsis 6 inpatient bundle, never events and serious incident reportable pressure ulcers. The number of CAMHS assessments undertaken within 28 days met the national target, however the Adult Mental Health measures still require further improvements. The Committee noted that the IQPR report narrative needed to provide context to information provided. The Committee requested that, where performance has deteriorated, the narrative include an explanation and that timeframes be consistently and clearly reported; • Annual Plan Monitoring Report providing an update on progress against the delivery of the annual plan. The Committee noted the timescales for deliverables for the Stroke Service and were informed that discussions had taken place on how benefits could be realised sooner. The Committee requested a more granular focus on deliverables generally to ensure realistic, robust performance reporting throughout the year; • It was noted that there had been a reduction in the performance for infection control rates reported. The Committee were informed that this was due to increased levels of screening and that the infections reported included those acquired within the community setting; • An update on the management of risk for the handover of patients between the Ambulance Service and the Emergency Departments. Measures being taken include a regular review of

	corridor congestion within the Emergency Department and handover delays. • Assurance reports from the Quality and Safety Group meetings in May and June which identified risks relating to the recruitment of breast radiologists and the prescribing competencies of junior doctors. The Committee were informed that interim measures were being taken to manage the risk within radiology until the newly recruited radiologists start in September; • Progress report on the implementation of recommendations arising from HASCAS and Ockenden reviews including an update on coroner's inquests;
Key assurances provided at this meeting:	• The Primary Care Quality and Safety Report provided a summary of performance across primary care including incidents, contract activity and contractor quality indicators. The report also included a health and safety update following a number of targeted visits across contractor groups. Following these visits, practices have been risk profiled to focus on support to be provided to ensure improvement. • The Patient and Service User Experience Strategy provided plans for the service going forwards. The key points included targeting areas that need to improve the collection of feedback, the use of real-time feedback across services to enable up to date information for service improvement and focus on senior representation on the Listening and Learning Group.
Key risks including mitigating actions and milestones	• The Committee noted a number of issues reported across the Health Board with regard to water safety including legionella incidents. The resulting need to close clinical areas due to these issues have a direct impact upon the provision of services for patients. The Director of Estates and Facilities highlighted the operational challenges and that the associated risk of legionella had been escalated appropriately with an action to review and refresh the policy to clarify responsibility. • The Committee noted the current risk of non-compliance with Health and Safety legislation which was being addressed through a detailed gap analysis reporting to the Strategic Health and Safety Group. • The Committee received a Quality and Safety report from MHLDS which provided some quantitative data relating to performance indicators and initiatives across the division. The Committee has requested a further report to be provided at the next meeting in September to include data analysis on lessons learnt, areas for improvement and key performance indicators in order to provide assurance on organisational learning and the implementation of the Quality Improvement Governance Plan. • The Children's Services update report identified a number of areas of risk including an increase in waiting times for neuro-development services and the lack of 24/7 provision of the Tier 4 inpatient services for acutely ill high-risk young people. The Committee will receive the organisational response to the recent

	HIW thematic review of Children's and Young People's Services across Wales at the next meeting.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership and Governance
Issues to be referred to another Committee	The Committee noted reference within the IQPR report to postponed procedures and required further clarity on this. It was agreed to refer this to the Audit Committee pending a Wales Audit Office review on planned care due to be considered in the near future.
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Developmen`t Principle	The Committee gave due consideration to the sustainable development principles.
Planned business for the next meeting:	Range of regular reports plus • Framework for patient stories • NHS Delivery Framework 2019-20 Welsh Language Measure • CLICH Report • Health and Safety update • Prison Health • Welsh Ambulance Handovers • Medicines Management • Response to Cwm Taf maternity services report • Mental Health and LDS Division assurance report • Primary Care assurance report • Welsh Risk Pool / Legal & Risk annual report • Pressure ulcer collaborative update • Healthcare Inspectorate Wales annual report • PSOW annual letter • Nurse staffing • Advanced paramedic roles and multidisciplinary working • CAMHS – BCU response to Delivery Unit report • BCU response to HIW review of children's services • Accessible health care annual report incorporating Wales Interpretation Service report • In committee briefings on follow up backlog and endoscopy
Date of next meeting:	24.9.19

Health Board **5.9.19**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	Finance and Performance Committee
Meeting date:	June – August 2019
Name of Chair:	Mr Mark Polin, Chair BCUHB
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Summary of business discussed:	The Committee discussed the following regular items in public session at each meeting: • Integrated Quality and Performance Report • Annual plan 2019/20 - monitoring progress of actions • Finance report • Capital programme report • Welsh Government monthly monitoring report In addition the following items were discussed: *August* • Proposed plannng profiles supporting 2019/20 annual plan • Unscheduled care and building better care update • Business justification case: relocation of services from Mount Street Clinic, Ruthin • Business Case: Wrexham Maelor Hospital continuity programme • Procurement of external support for redevelopment of the Ablett Unit at Ysbyty Glan Clwyd • Development of new isolation facilities at Wrexham Maelor Critical Care Unit • Financial recovery action plan • Financial recovery group report • External contracts update • Value based healthcare presentation • Workforce performance report quarter 1 2019/20 • Retention update *July* • Developing BCUHB 2020/23 plan – draft planning principles and outline timetable • Financial review action plan • Standing down of Savings Programme Group • Shared Services Partnership Committee quarterly assurance report

	• Financial policies and processes update *June* • Excellent hospital care – planned care presentation • Unscheduled care and building better care update • Review of corporate risk assurance framework – risks assigned to the Finance and Performance Committee • Proposal for outsourcing elective orthopaedic work as part of orthopaedic plan • Strategic recruitment position and plans • Turnaround programme savings report - Savings Programme Group 23.5.19 verbal update The Committee discussed the following regular items in InCommittee session: • Medical and Dental Agency Locum Report • 2019/20 Welsh Government monthly monitoring return In addition the following items were discussed: *August* • Recommissioning of dental services at various practices • Wrexham Maelor Hospital performance report • Stroke service developments • National infected blood inquiry record storage impact • North Wales endoscopy service *July* • Supply chain partner for North Denbighshire Community Hospital update • Health economy accountability review meetings • Financial recovery management arrangements • Mental Health Division delivery plan • Savings Programme Group 25.6.19 minutes *June* • PWC report • Financial Plan 2019/20 • Musculoskeletal and orthopaedic service plan update • Outline business case for delivering Acute Digital Health Record • Savings Programme Group 25.6.19 verbal update
Key assurances provided at meetings:	▪ The newly appointed Interim Recovery Director had introduced a new governance structure and accountability framework to address BCU's deteriorating financial position ▪ Draft planning principles and an outline timetable for 2020/23 were approved ▪ The IQPR was agreed to be reworked to enable more effective consideration by Independent Members of the Committee at future meetings ▪ Improvements were being made within unscheduled care, albeit there had been unusually difficult circumstances during the month. The Acting Executive Director of Nursing and Midwifery demonstrated an assuring awareness of all issues on the

	ground and actions being taken to address them. In addition, Welsh Government representatives, including Financial Delivery Unit, attended the F&P Committee meetings, providing constructive comments to assist in BCU's delivery.
Key risks including mitigating actions and milestones	• Operational issues within diagnostic and imaging were highlighted to the Executive Team to address • RTT delivery which could be impacted by unscheduled care pressures and level of finance and other recovery available. • Wrexham Maelor Hospital performance issues • Risks to delivery of financial plan and savings programme ▪ year to date adverse variance against initial plan of £3.0m – year to date £14.6m deficit ▪ key areas for overspends were secondary care drugs (£1.4m), continuing healthcare (£0.7m), primary care prescribing (£0.5m) and other non-pay (3.2m) ▪ total savings delivered were £6.6m against budgeted anticipated savings of £9.8m, a shortfall of £3.2m. • Financial recovery is being addressed by the Interim Recovery Director's newly introduced processes, planning activity and regular Divisional and Improvement Group meetings • The Financial Recovery Action Plan was agreed to be reassessed to ensure all actions were accurately recorded and closed appropriately.
Special Measures Improvement Framework Theme/Expectation addressed	Governance and Leadership themes:
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	The Executives were asked to address communication within the organisation relating to the current run rate and adherence to plans to achieve the organisation's year end control target of £25m deficit (£35m shown in initial plan).
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave adequate consideration to the sustainable development principles.
Planned business for the next meeting:	Standing item reports and other planned business: • Annual Plan refresh paper • Estates / Capital Business Cases for approval • Outpatients follow up • Revised Financial Review Action Plan • Progress update on IQPR format revision • In Committee Business

Date of next meeting:	30.9.19

Health Board **5.9.19**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Advisory Group Chair's Report

Name of Advisory Group:	Local Partnership Forum

Meeting date:	9th July 2019

Name of Chair:	Ms Kerry Macdonald

Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development (OD)

Summary of key items discussed:	• The Chief Executive provided a verbal update on Special Measures and confirmed that regular reports continue to be made to Welsh Government, however there were no new issues. • The Interim Finance Director presented the Month 2 financial report which confirmed that the organisation had a deficit of £7.5m, £1.7m over the planned £5.8m. The savings analysis review undertaken by Price Waterhouse Cooper is complete and will be presented to the Health Board in July. • The Associate Director of Health, Safety & Equality presented the vision for Occupational Health and Safety, updating the LPF and setting out a range of immediate actions in terms of structure and governance. A workshop took place facilitating group work to address key questions around whether the assessment of the improvement plan to identify omissions and opportunities. • Updates from the Job Evaluation Team, Annual Quality Statement, Workforce Partnership Group and the Engagement on the Draft Strategic Equality Objectives Report were submitted. • The Assistant Director of Health Strategy delivered a presentation on the Refreshing Our Services Strategy. • The Director of Performance presented the Integrated Quality & Performance Report describing the expectations in developing the programme of work for 2019 / 20
Key advice / feedback for the Board:	All members agreed with the vision for Occupational Health and Safety, but suggested various areas that needed addressing: • A security review required concerning violence and aggression

	towards staff. • More standardisation, training and competency checks. • More face to face engagement required with local teams. • Better sign-posting on the intranet required • Improved focus in leadership programmes • More robust reporting required with improved staff feedback to when issues raised on Datix. • There is a need to increase the visibility of Health and Safety teams with the possibility that Health and Safety should be a standard agenda item.
Planned business for the next meeting:	Range of standard reports plus: • Health & Wellbeing Annual Report • Infection prevention and control • Workforce report • Workforce engagement update • Welsh Partnership Forum minutes • Strategic Equality Plan
Date of next meeting:	9th October 2019

Health Board

5.9.19

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)
Report Author:	Mrs Heulwen Hughes, All Wales Approval Manager for Approved Clinicians and section 12(2) Doctors
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	Betsi Cadwaladr University Health Board is the Approving Board for Approved Clinicians and section 12(2) Doctors in Wales and as such, receives regular register updates.
Approval / Scrutiny Route Prior to Presentation:	The information is collated by the All Wales Project Support Team and register updates are submitted directly to the Board.
Governance issues / risks:	Patient safety Risk of legal challenge
Financial Implications:	Not Applicable
Recommendation:	The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and governance

Equality Impact Assessment

No equality impact assessment is considered necessary for this update paper. Approval process is part of Legislative process.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 28th June 2019 – 20th August 2019		
	AC	**S12 (2)**
Approvals and Re-approvals	11	3
Removed – Expired	2	
Approvals suspended	1	N/A
Approvals re-instated – returned to work in Wales	0	N/A
Approval Ended	0	
Retired	0	1
Removed – AC approved	N/A	1
No longer registered		
Transferred from AC register	N/A	
Approval Ended as no longer working in Wales	6	2
Registered without a licence to practice	0	0

Mental Health Act 1983 as amended by the Mental Health Act 2007.
Mental Health Act 1983 Approved Clinician (Wales) Directions
Update of Register of Approved Clinicians for Wales

28th June 2019 – 20th August 2019

Approvals and re-approvals – 11

Surname	First Name	Workplace	Expiry Date
Kamran	Babar Hussain	Bro Cerwyn Day Centre, Fishguard Road, Haverfordwest, Pembrokeshire SA61 2PG	16 July 2024
York	Jessica Alberta	Administration Building, Ysbyty Bryn y Neuadd, Llanfairfechan, Conwy LL33 0HH	04 August 2024
Rangoonwala	Yusuf	LINKS CMHT, CRI Buidlings, Longcross Street, Splott, Cardiff CF24 0SZ	11 August 2024
Ranjit	Bethany Rosie	Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil CF48 1BZ	13 August 2024
Oruganti	Balarao	Liaison Psychiatry for Older People, 1st Floor, Monmouth House, University Hospital of Wales, Heath Park, Cardiff CF14 4XW	27 June 2024
Slater	Harriet	Llwyneryr Unit, 151 Clasemont Road, Morriston, Swansea SA6 6AH	7 July 2024
Rafferty	Danika	Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant CF72	14 July 2024
Maddock	Miranda Sophie Clementine	Ty Einon Centre, Princess Street, Gorseinon, Swansea SA4 4US	21 July 2024
Lafuente	Antonio Romero	Rhyd Alyn, Delfryn, Argoed Lane, Alfonas, Mold, Flintshire CH7 6FQ	22 July 2024
Kamugisha	Chris	Gorwelion Resource Centre, Llanbadard Road, Aberystwyth SY23 1HB	23 July 2024
Roberts	Elin Mared	CUBRIC, Cardiff University, Maindy Road, CF14 4HQ	21 July 2024

Approvals re-instated – 0

Surname	First Name	Workplace	Expiry Date

Approvals expired – 2

Surname	First Name	Workplace	Expiry Date
Bashir	Chaudhry Imran	Community Team for Learning Disabilities, 1 Penlan Road, Carmarthen S31 1DN	04 August 2019
Maddock	Miranda Sophie Clementine	Ty Einon Centre, Princess Street, Gorseinon, Swansea SA4 4US	07 July 2019

Approvals Suspended – 1

Surname	First Name	Workplace	Expiry Date
Al-Hasani	Hayder	Taff Ely CMHT, The Avenue, Pontypridd CF37 4DF	24 July 2019

Retired – 0

Surname	First Name	Workplace	Expiry Date

No longer Registered - 0

Surname	First Name	Expr1004	Expiry Date

No longer working in Wales – 6

Surname	First Name	Expr1004	Expiry Date
Moldavsky	Daniel	Bryngofal Ward, Caebryn, Prince Phillip Hospital, Bryngwyn Mawr, Llanelli SA14 8QF	02 September 2020
Kandalama	Udai	Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0GH	20 February 2023

Surname	First Name	Expr1004	Expiry Date
Jebadurai	Jeshoor Kumar	Llandough Hospital, Penlan Road, Penarth, Cardiff CF64 2XX	26 December 2022
Slack	Philip Matthew	Older Persons' Team, Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun CF72 8XR	12 February 2024
Menon	Sharmila	Ty Illtyd Mental Health Resource Centre, Bridge Street, Brecon, Powys LD3 8AH	24 July 2021
Sabarigirivasan	Suchitra	Low Secure Services, West Homes, Whitchurch Hospital, Cardiff CF14 7XB	12 November 2020

Approvals Ended – 0

Surname	First Name	Workplace	Expiry Date

Mental Health Act 1983
Update of Register of Section 12(2) Approved Doctors for Wales

28th June 2019 – 20th August 2019

Approvals and Re-approvals – 3

Surname	First Name	Workplace	Date Approval Expires
McGee	Rebecca	Oak Street Surgery, Oak Street, Cwmbran NP44 3LT	21 July 2024
Morris	David	St David's Hospital, Cowbridge Road East, Cardiff CF11 9XB	15 August 2024
Malik	Talhal	Hafan Y Coed, Penlan Road, Llandough, Penarth CF64 2XX	06 August 2024

Removed – Expired – 0

Surname	First Name	Workplace	Date Approval Expires

Removed – AC approved – 1

Surname	First Name	Workplace	Date Approval Expires
Roberts	Anthony Peter	Private address	26 April 2020

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register – 0

Surname	First Name	Date Approval Expires	Workplace

No longer working in Wales – 2

Surname	First Name	Workplace	Date Approval Expires
Khedr	Mohamad	CMHT, Ty Einon Centre, Princess Street, Gorseinon, Swansea SA9 9US	22 August 2019
Khan	Rabia	Ty Gwyn Hall Hospital, Llantilio Road, Pertholey, Abergavenny, Gwent NP7 6NY	06 February 2022

Registered without a licence to practice – 0

Surname	First Name	Workplace	Date Approval Expires

Removed – Retired – 1

Surname	First Name	Workplace	Date Approval Expires
Richardson	Elizabeth	Private Address	28 October 2019

Health Board **5.9.19** ***To improve health and provide excellent care***

Report Title:	Annual Report - Infection Prevention 2018/19
Report Author:	Amanda Miskell, Assistant Director of Nursing – Infection Prevention (ADN – IP)
Responsible Director:	Mrs Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	Regular updates on healthcare-associated infection and infection prevention have been provided to the Quality, Safety & Experiencce (QSE) Committee and Board throughout 2018/19. The need for the Health Board to reduce avoidable infections remains a high priority across North Wales. QSE Committee and Infection Prevention Sub Group (IPSG) continues with scrutiny of this important quality and safety issue. In addition a highlight report is provided to the Safe, Clean Care meetings. The report provides an annual report for the year 2018/19. It will include detail on performance in relation to Healthcare Associated Infections (HCAIs), progress on the review undertaken by Jan Stevens and the Safe Clean Care Campaign.
Approval / Scrutiny Route Prior to Presentation:	The issues presented in this paper have received scrutiny on various dates at the Quality, Safety Group (QSG), the QSE Committee and IPSG, which is chaired by the Executive Director of Nursing & Midwifery or ADN – IP.
Governance issues / risks:	Key issues highlighted in this report include: • An annual report for 2018-19, which includes a summary of infection performance data for Clostridium difficile infection, Staphylococcus aureus bacteraemia and Escherichia coli bacteraemia. • Summary of the key recommendations and progress from the Janice Steven's report. • An update on progress with the Board-endorsed Safe Clean Care Programme following findings in the Stevens report, and the positive impact of the programme to date.

	• Within the report an update is included on key elements of the work programme, and other risks and issues of significance, including Influenza, water safety and decontamination of medical devices. Healthcare-associated infection, incorporating decontamination, cleanliness and antimicrobial resistance, remains on the corporate risk register, with a combined risk score of 20. (Likelihood = 4, Impact = 5). A range of mitigating actions and control measures are in place, including the actions described in this report, and measures described in previous reports to QSG, QSE and Board.
Financial Implications:	Financial implications need to be considered for the proposed recommendations from Welsh Government and forthcoming Decontamination visits and surveys, centralisation of sterile services to include Endoscopy and Dental, refurbishment of Critical Care at Wrexham Maelor Hospital (WMH). Review of Microbiology services and delivery from a considered options appraisal (using resources differently).
Recommendation:	The Board is asked to: 1. Note the continued progress with the Safe Clean Care programme, and the positive impact seen to date across the Health Board. 2. Note the annual position relating to key infections in 2018/19. 3. Endorse and Support the continued actions required to successfully implement the quarterly programmes as part of the Infection Prevention Strategy and Safe Clean Care.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experience	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and governance

Equality Impact Assessment

Sustainable reduction in ALL avoidable infections, with a recognition that there are infections which are not HCAI's and our staff and populations may make decisions which are outside of the control of the process currently in place.

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Executive Summary

Whilst progress has been made in recent years with Infection Prevention, the level of infections overall have remained high across BCUHB. During 2018/19 there was a decrease in Clostridium Difficile Infections (CDI) and Methicillin Resistant Staphylococcus Aureus (MRSA), however the number and rates of other key infections increased across BCUHB.

*It is important to recognise and note that although the overall numbers of infections are determined by the positive samples identified in the pathology department. There is limited consideration for the detail beneath these. A significant number of infections are Community Onset (CO) opposed to Hospital Onset (HO). In addition to this these infections are not all Health Care (HC) infections. Reporting guidance in Wales does not consider those infections that maybe unavoidable either, which may give those considering the data a superficial view of the actual avoidable health care related infections and those which are not.

To support this, the IP team from April 2019 will commence a deep dive on all the 6 organisms/infections that are reportable to Welsh Government and Public Health Wales. In order to improve reporting within the Health Board and target resources and improvement efforts accordingly.

1. Purpose of report

This update provides The Board with:

- An overarching annual report that summarises all the reports previously authored and tabled at IPSG, QSG and QSE.
- An update on recent progress with the Safe Clean Care programme which the Board has continues to actively support, and the positive impact to date.
- An update on infection rates.

2. Introduction

Regular updates on healthcare-associated infection and infection prevention have been provided to QSE and Board throughout 2018/19.

The need for the Health Board to reduce **avoidable** infections remains a high priority across North Wales. QSE continues with close scrutiny of this important quality and safety issue.

The report provides a reflective annual report for the year 2018/19, including detail on performance in relation HCAIs, progress on Jan Stevens review and the Safe Clean Care Campaign.

3.	Overview

Stevens Report and the Safe Clean Care Campaign 2018/19

In August 2017 the Board commissioned the Stevens review in response to concerns that infection rates were not reducing at the rate of comparable organisations. Jan Stevens previously highlighted the evidence from the many organisations that have achieved and sustained low levels of infection. She emphasised that the Board, clinicians and ward teams need to recognise that the position at the time of her report was not acceptable, real improvement is possible and emphasised that everyone has a role to play.

The report recommended a wide range of actions, including a campaign to improve staff engagement and drive a change in culture focussed on 5 elements:

- Good hand hygiene (including bare below the elbows)
- Taking blood cultures, inserting lines and catheters aseptically and managing them according to guidelines
- Following standard precautions consistently, prompt isolation, keeping doors closed to single rooms, wearing personal protective equipment
- Prescribing antimicrobials prudently
- Ensuring environment and equipment is cleaned correctly.

The report concluded:

"Whilst progress has been made, your levels of infection remain a significant risk to the organisation, to patients and to the reputation of the Health Board. The improvements you need to make are achievable with real commitment from all and with a relentless attention to detail. The amount of work required will need some dedicated support and adoption of good practice used around the UK."

In response and with the active support of The Board, the Executive Director of Nursing and Midwifery has overseen development of the Safe, Clean Care Campaign, which was launched in January 2018. Additional resources and support have been identified to ensure the campaign can be delivered at pace, through a series of 90-day improvement cycles.

The plan reframes the key standards as advised by Jan Stevens and focuses on:

- Clean hands
- Bare below the elbows
- Rapid isolation
- Device care, and care bundles
- Clean and clutter free environments
- Antimicrobial prescribing

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Between April 2018 and March 2019 a wide range of activities have taken place including presentations at Grand Rounds, ward-walks and trolley dashes, regular communications to staff, work to improve accountability, and site-based celebration events.

Following the launch of the campaign and the focus on acute hospital sites. A workshop held on 5th June 2018 to develop the 90-day planning cycle, with a focus on community hospitals and acute sites continuing with the improvement cycles. This included an increase in focussed work on antimicrobial stewardship (AMS) with a HB wide AMS group driving forward on improvements across Community, Acute and Primary care.

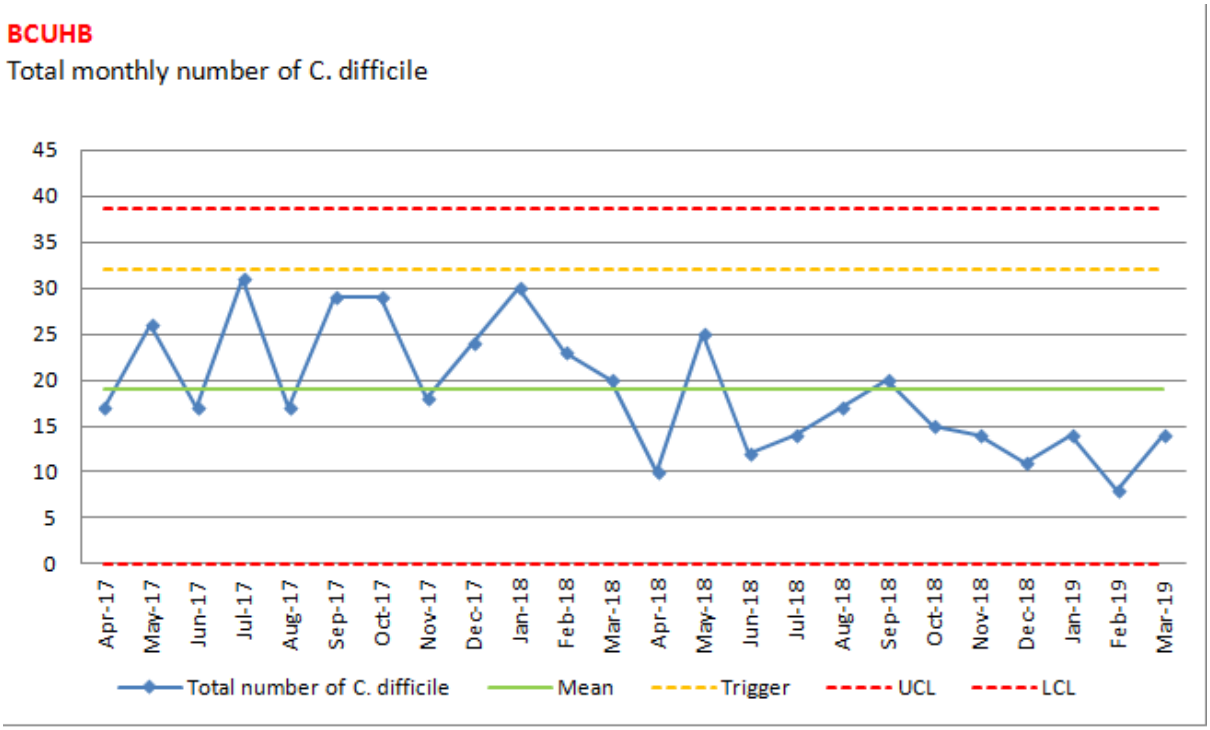
A celebratory event in May 2019 focused on the achievements the campaign had made and particularly the engagement of staff at all levels and all areas of the Health Board were represented. The event focused on the successful work that has been progressed and overall positivity in relation to the campaign and its impact on IP.

As a follow up to her original review Jan Stevens was scheduled to return to the Health Board in March 2019, but this was delayed until the end of May 2019. Feedback from the review was provided verbally at the end of the visit and which was positive and Jan reported obvious signs of improvement her written report has now been received and will be reported separately.

Overall Performance 2018/19

Trajectories for 6 significant infections are set to by Public Health Wales (PHW) on behalf of Welsh Government to promote year on year improvements and recognise the impact interventions can make. This has been demonstrated via the experience of other countries and has worked successfully in terms of “search and destroy” techniques. Particularly in the areas of screening, decolonisation and removal of unnecessary risks/devices for MRSA and prudent antimicrobial prescribing for CDI and enhanced environmental cleaning and hand decontamination. The Health Board did not achieve all the 2018/19 trajectories for all alert organisms, however the HB did come under trajectory for Clostridium difficile (Table 1). It should be noted that although the Health Board is not yet fully achieving the Public Health Wales (PHW) trajectories, BCUHB has seen improvements in its infection rates.

Table 1



Deaths related to *Clostridium difficile* infection

The number of deaths in patients who have *Clostridium difficile* infection (CDI) continues to be very closely monitored and has decreased. Deaths related to *Clostridium difficile* infection are recorded on either part 1 of the death certificate (a direct cause), or on part 2 of the certificate (a contributory cause). All cases are reported as serious incidents and post-infection review undertaken, with lessons learned shared.

Since February 2019 the IPC team have commenced enhanced Post Infection Reviews (PIR) which is an in-depth review of the patients identified with *C difficile Toxin Positive Infections* including their previous 6 months infection profile, this includes all community cases. This allows us to recognise if the infection has been a Community or Hospital onset and if there is any learning from the infection if it is found to be Health Care associated. In some cases the laboratory may identify CDI in a sample incidentally (as part of other investigations). However, this is still reported as a true case of CDI when in fact the patient is well (as many individuals carry CDI in the gut flora).

In addition the IP team now follow up all patients identified as having *C difficile Toxin Positive Infections* for a period of at least 4 weeks after completion of treatment or discharge from hospital. This will enable the team to review patients, understand trends, prevent relapses and consider if the infection was avoidable or not. Learning from the PIRs to date have indicated learning which may be transferable to community health care provision also and include:

- Inappropriate antimicrobial prescribing

- Rapid detection and treatment of infection
- Delayed isolation and advice for patients with diarrhoea
- Patchy compliance with bare below the elbows
- Sustainability of environmental and cleanliness standards

Actions in the IPC and Safe Clean Care (SCC) plans are continuing to focus on these issues and have made a positive impact, which has meant that these features are reduced and along with them the reduction in overall infection rates for *C difficile Toxin Positive Infections*. Focus has continued into 2019/20 with an uninterrupted HPV cleaning programme, antimicrobial stewardship in the community settings and continued scrutiny of all target organisms.

Focussed work on prescribing of proton pump inhibitors (PPI) in 2018/19 has led to a reduction of over 11% in prescribing across North Wales. PPI's are a risk factor for *Clostridium difficile* infection and this outcome should be noted as excellent practice.

However, further focus is required to reduce the number of other identified organisms and infections, particularly gram negative infections like E. coli. Themes from PIRs of MSSA Blood Stream Infections (BSIs) include skin and soft tissue infections, sometimes caused by Injecting Drug Users, leading to bacteraemia. In hospital cannula care and contaminated blood cultures also arose as features from reviews throughout 2018/19. The programme of work to improve these areas includes improving cannula care and its documentation and blood culture technique through the use of aseptic non-touch technique (ANTT) by medical and nursing staff. Actions will need to continue in the Safe Clean Care (SCC) /Infection Prevention Programme to improve practice on both of these issues.

The IP work programme and IP commitment for 2019/20 from March 2019 will include the majority of the elements included in the WG Code of Practice (Appendix 1& 2). There will also be an increased effort as part of a collaborative SCC, IPC and ward accreditation process to review all invasive devices on a daily basis with emphasis on vascular lines and intravenous antibiotics using the Start Smart Then Focus methodology, and for urinary catheters, an autonomous approach whereby nurses can make the decision to review and remove urinary catheters (not supra pubic). In addition education work with clinicians is being undertaken to decrease invasive devices "Just in Case" in both the ambulance service and admission areas.

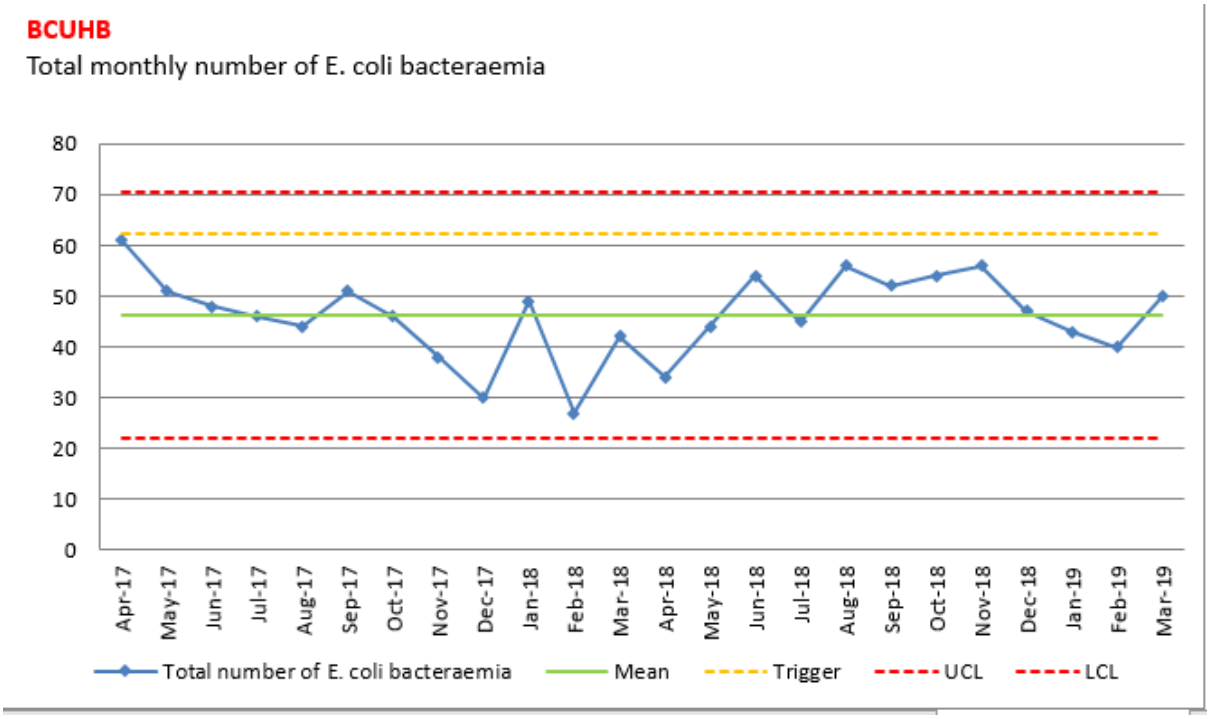
This will be supported by the health economy IP work plans for 2019/20 which are updated and delivered as part of the Clinical Service Leads responsibility in their quarterly report to IPSG.

Escherichia coli **(E coli) Bacteraemia**

The prevalence of origin for these infections alongside other gram negative infections is across the whole health economy with more community cases being identified than inpatient, it is likely that some of the diagnosed inpatient infections were in fact community cases (Table 2). Collaborative work continues, with processes in place to further increase focus on key drivers of these infections (primary care antimicrobial prescribing and resistance, urinary tract infections and their management, urinary catheters and hydration). This will require a multi-faceted approach across all sectors

of the health economy working collaboratively with Public Health Wales and other partner agencies.

Table 2

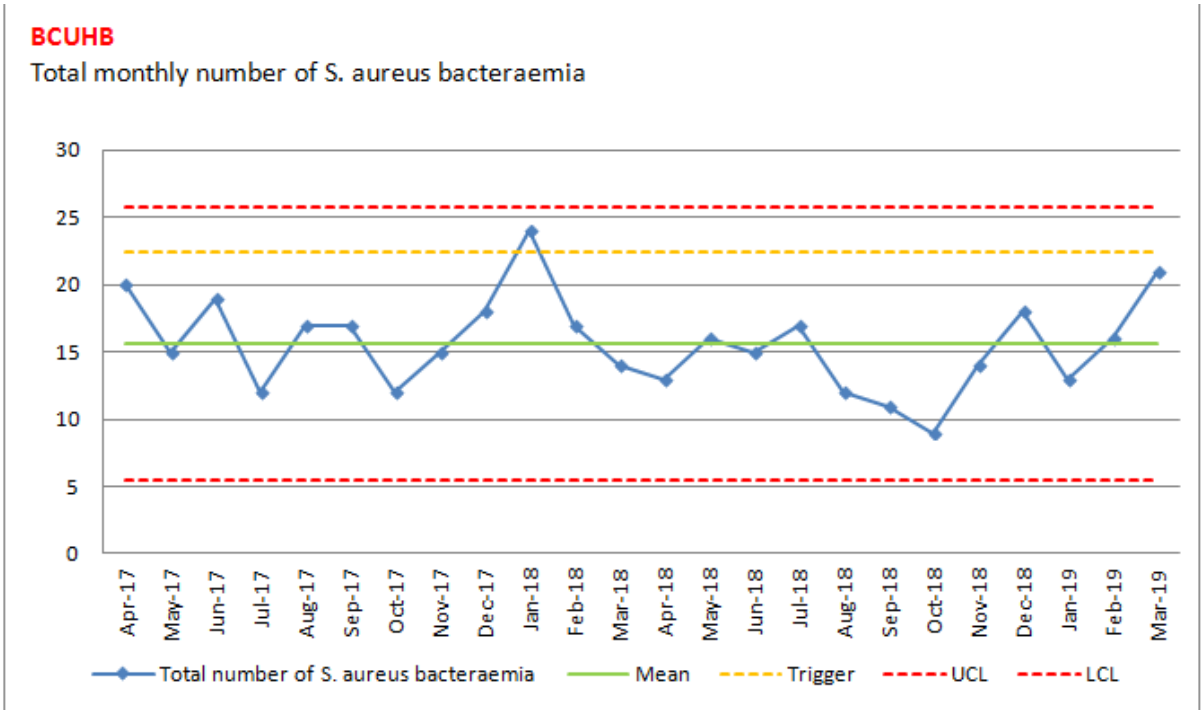


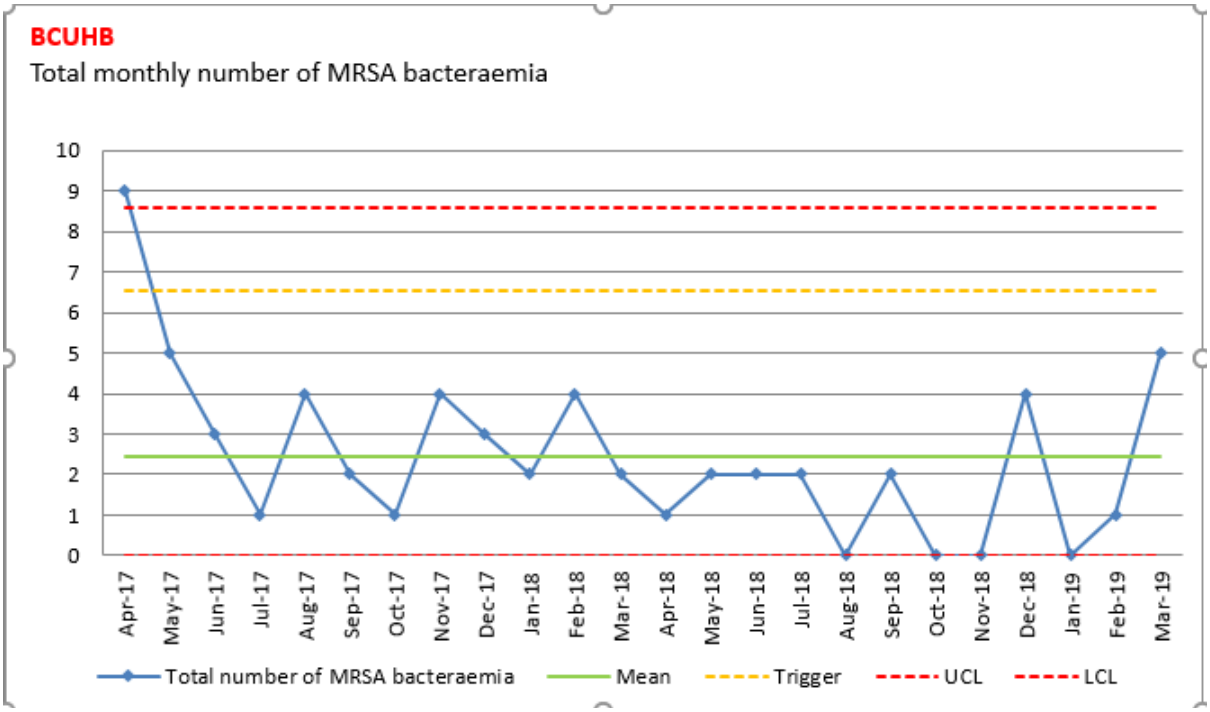
MRSA and MSSA

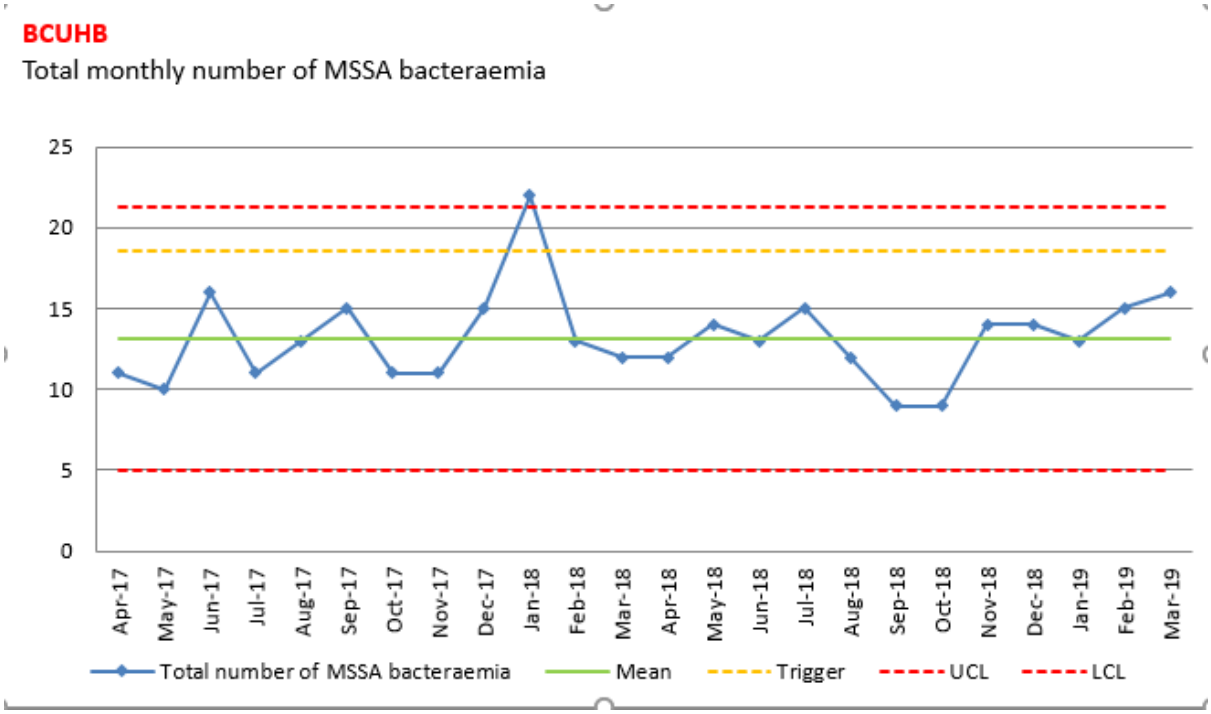
MRSA screening of certain groups of patients on admission to hospital is required in line with the evidence-base, national requirements and BCUHB protocol. This includes universal screening of 100% patients in key risk groups including those in intensive care and orthopaedics. From reviews the IPC team have identified that although compliance around screening is high, full compliance screening of other sites and devices is sometimes missed. Screening patients at risk will continue with a review of the MRSA policy.

In 2018/19 the Health Board did see a reduction in two key infections, CDI and MRSA although there was an increase in MRSA increase in December and March 2019. However, there has been an increase in gram negative infections and MSSA seen nationally.

The tables below 3 - 5 show the overall staph aureus bacteraemia numbers, MRSA and MSSA respectively.


BCUHB
Total monthly number of S. aureus bacteraemia
30
25
20
15
10
5
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Total number of S. aureus bacteraemia
Mean
Trigger
UCL
LCL


BCUHB
Total monthly number of MRSA bacteraemia
10
9
8
7
6
5
4
3
2
1
0
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Total number of MRSA bacteraemia
Mean
Trigger
UCL
LCL



From April 2019, ALL infections are being reviewed with key themes and risks identified as part of a "deep dive" approach. This will assist the HB in concentrating efforts on those infections that are avoidable and understand where the infection occurred in relation to hospital or community. The preventative work focus work will relate to antimicrobial stewardship, whole health economy approach and collaborative working.

Going forward into 2019/20, key areas of focus are as below:

- Infection Prevention & Control (IPC) Team monitor all Health Care Acquired Infection (HCAI) via the laboratory reporting system ICnet on a daily (M-F) basis.

- Genotyping takes place for any CDI infections considered to be a cross infection or outbreaks. This applies to all CDI infections in addition to Ribotyping for 2019/20. This will really help where we consider we may have cross infections because when the Ribotyping is the same (i.e. 002 which is common in North Wales) genotyping is able to identify more specifically and demonstrate in the majority of cases that the strains are different

- Post infection reviews are carried out for all CDI and MRSA blood stream infections (BSI).

- All C. difficile infections (CDI) are followed up for 4/52 following completion of treatment or discharge.

- All antimicrobial prescribing is monitored by the pharmacy team with an emphasis on Start Smart then Focus (SSTF) related to stepping down intravenous to oral treatment.
- Monitor population sizes and demographics in relation to infection rates and trajectories.

- Dedicated IPC resource for community and Mental health services.

This should support the 2019/20 work programme by:

- Increased awareness of trends and prevalence of infection rates in Primary, secondary & Community Care.
- Sharing of knowledge across the health economy.
- Patients remain on a seamless follow up for CDI.
- Reduction in unnecessary antibiotic prescribing and related resistance.
- A more robust outcome in relation to avoidable and unavoidable infections.
- Focus on those infections or harm which is deemed avoidable.
- Reduction in the use of invasive devices and risk of infection.
- Scrutiny and learning from focused HCAI executive review.

Influenza – Staff Vaccination

A completed corporate flu plan with key actions was completed identifying key actions for our divisional board members, occupational health, local flu co-ordinators, communications colleagues, flu leads and managers. To accompany this, a staff flu programme logic model was designed to clearly outline the programme, its activities, operations and outcomes, which was shared to all flu leads across BCUHB. Our aim for the programme was to increase staff engagement, target areas of high-risk and support a vaccination uptake of 60% for BCUHB (75% in high-risk areas).

Unfortunately, BCUHB fell short of the targets set out in this action plan for the 2018/19 staff flu campaign. On evaluation of the 2018/19 staff flu vaccination campaign, we have identified recommendations that will be included for the 2019/20 staff flu vaccination campaign.

4.	Assessment of risk

Healthcare-associated infection, including antimicrobial resistance and decontamination are included in the overall review of risks at IPSG. Significant work took place during Q4 in relation to reviewing all risks within the risk register and systems put in place to ensure risk mitigation and regular review is embedded within the service.

5.	Equality Impact Assessment

Reducing avoidable infections helps minimise inequalities that arise as a result of those infections. There are no other specific equality issues contained within this paper.

6. Conclusions / Next Steps

BCUHB saw an increase in some key infections in 2018/19, and did not meet ALL the HCAI reduction targets. In response the IP teams have actively supported the launch of the Safe Clean Care Programme and developed an annual work programme aimed to remediate.

The annual IP work programme was approved and scrutinised by the Infection Prevention Sub-Group in June 2019, with monthly reports on position and performance to QSE.

Focus will continue on;

- Clean hands
- Bare below the elbows
- Rapid isolation
- Device care, and care bundles
- Clean and clutter free environments
- Antimicrobial prescribing

7. Recommendations

The Board is asked to:

1. Note the continued progress with the Safe Clean Care programme, and the positive impact seen to date across the Health Board.

2. Note the annual position relating to key infections in 2018/19.

3. Endorse and Support the continued actions required to successfully implement the quarterly programmes as part of the Infection Prevention Strategy and Safe Clean Care.

8. Appendices

1. Annual IP Work programme for 2019/20

2. IP Strategy (commitment) for 2019 – 2021

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Strategic Goals (2019/20)

1. **Improve health and wellbeing for all and reduce health inequalities**
2. **Work in partnership to design and deliver more care closer to home**
3. **Improve the safety and outcomes of care to match the NHS' best**
4. **Respect individuals and maintain dignity in care**
5. **Listen to and learn from the experiences of individuals**
6. **Use resources wisely, transforming services through innovation and research**
7. **Support, train and develop our staff to excel.**

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
1	The IP service has an annual Work Programme	Executive Director of Nursing & Midwifery (EDON) & IPSG	Last annual report presented to IPSG/QSG/Board in June 2019 (awaiting approval)	Amber
	An annual and four quarterly (Q) reports are presented to the Board via IPS and QSG.	EDON/Assistant Director Nursing – Infection Prevention (ADN – IP)	Q4 June 2019 Annual Report June 2019 Q1 August 2019 Q2 October 2019 Q3 February 2020	

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
2	Board level responsibility for IP is clearly defined and there is clear governance on reporting corporate risk from the IPSG as a catalyst for Ward to Board and Back	ADN - IP	Annual and Quarterly reports LIPG minutes and actions Reporting Issues of Significance/Exceptions where needed IP Work Programme IP Assurance Framework IPSG Risk Register Monthly Performance Report Regular 1-1s with the EDON and ADND- IP	Amber
2	There is an IPSG which is directly accountable to the EDON and the Board. The Sub Group endorses all IP policies, procedures and guidance, and provides advice and support on the implementation of policies. The Sub Group monitors the progress of the annual IP Work Programme/Assurance Framework bi monthly The ADN – IP has responsibility for monitoring HCAI rates and trends and reporting Issues of Significance/Exceptions to the EDON	IPSG/AND-IP	IPSG Terms of Reference IPSG Agendas and Minutes Safe Clean Care portfolio IP Policy and Standard Operating Procedures portfolio and review programme IP Work Programme/Assurance Framework review bi monthly Performance is reported monthly and monitored weekly. Review is carried out by IP teams and escalated to Exec review where needed.	Amber
3	There is an appropriately constituted and functioning IP Service.	AND- IP	Regular senior meetings, 1-1s, annual team away day Review of team work plans and quarterly	Amber

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
			reports/SCC highlight reports Annual and Quarterly Reports to Board Performance Reporting Compliance Reporting Service staff development and CPD programme	
4	Infection prevention is considered as part of all Health Board care provision.	Executive team Head of Estates And Facilities Directors for Area and Secondary care AND - IP	IP is include in all job descriptions IP is included in all ward accreditation visits IP is included in all new service considerations/contractual work Any Audit Programme Is always included as Mandatory Training In all policy reviews pertaining to the environment/ health care provision	Amber
5	Written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance The IP service also play a part in supporting other key stakeholders policies	AND –IP IPSG	IP Policy Review Work Plan ALL Safety Metrics and Audit Reports Minutes of IPSG/QSG and IP Link Practitioner Meetings (Commencing September 2019) Assurance Framework to be updated following consultation on Code of Practice/Key standards Summer 2019	Amber

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
6	There is an annual Audit/review Programme that includes IP as a key element	AND - IP IPSG LIPGs	Any IP audit exceptions are reported to the Board via the IPSG IoS/Exceptions report or chairs summary	Amber
7	Timely and effective specialist microbiological/CCDC support is provided to the Health Board by PHW. This includes the PHW significant outbreak/on call availability	Microbiologists PHW AND - IP	Written service level agreements / contracts are in place with the accredited microbiology services from PHW CCDC membership at IPSG Currently no ICD but mitigation in place and on IP risk register	Amber
8	Education and training in the prevention and control of infection is provided to **all** staff on an annual basis This is supplemented by annual study days Develop the role, knowledge and skills of staff in IP Support a robust IP clinical network across all services	AND –IP EDON	AND – IP to meet re TNA and review training presentations/need Training records & monitoring of attendance % per quarter Local monitoring via audit/ward accreditation Compliance Reported to IPSG	Amber
9	All HCAIs, Incidents, transmission of infections and outbreaks are reviewed and documented by the IP teams, reviewed by the IPSG and reported/reviewed by the Exec led team where required	EDON AND - IP	IPSG minutes Board informed via Annual and Quarterly Reports Performance and exception reporting Post outbreak meeting reports	Amber

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
			Datix Risk register Post Infection Reviews Issues of Significance Exception reporting	
10	Antimicrobial Stewardship will adhere to the new 3 year strategy – 2019 - 2022, formulary, NICE guidance and code of practice	IPSG ASG Consultant AP AND – IP	Pharmacy representation at IPSG/SCC ARK project Antimicrobial pharmacists and local groups for secondary and area Current antibiotic formulary in line with local surveillance for multi resistant organisms	Amber
11	There is a programme to manage and monitor the potential and actual risks of Health Care Associated Infections (HCAI's). In unavoidable cases these are monitored, reviewed and reported to the Board	All Board Staff EDON AND –IP Directors in Secondary & Area care	LIPGs IP policies Safety Thermometer Quarterly and Annual Reports Cleaning Strategy Information for staff and service users available on intranet Surveillance for community	Amber
12	IPSG support the annual Flu programme delivery	IPSG OH services SIG	OH service delivers a quarterly report to IPSG The IPSG and teams support the annual programme by being vaccinators/visibility The AND –IP sits on the SIG Meets with the Head of OH quarterly	Amber

Infection Prevention Sub Group (IPSG) Work Programme 2019–2020

Item	Key Performance Indicator	Responsibility	Assurance & Progress	Status
13	There is a functioning Water Safety Group that provides assurance to the IPSG and QSG	Head of Estates and Facilities EDON WSG	Legionella Management Quarterly Report IPSG Minutes Quality & Safety Group also informed	Amber
14	There is assurance regarding cleanliness and environmental operational estates to the IPSG	Head of Estates and/or Facilities	Quarterly report to IPSG Highlight report to SCC Update on SCC monies to SCC/IPSG Environmental audits WoW programme C4C scores LIPGs Decant and HPV programme in place Assurance from Facilities managers re use of monitoring tools i.e. C4C/evaluclean	Amber

Betsi Cadwaladr University Health Board (BCUHB)
This is our strategy (commitment) to Infection Prevention (IP) within our Health Board, 2019 - 2021

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Our (IP) Commitment to Patients, Carers, Visitors and Staff

The aim of this Strategy is to ensure that the Health Board demonstrates its commitment to patient safety, zero harm and compliance with the revised Code for IP from Welsh Government (WG), Summer 2019) during 2019 – 2021 in relation to IP.

This commitment will help to ensure that effective and meaningful infection prevention is embedded into the everyday practice of staff within BCUHB. It will also ensure that effective measures for the prevention and control of infection are integrated in the Health Boards core business, planning and delivery.

The Health Board aims to prevent the risk of Healthcare Associated Infection (HCAI), throughout the diversity of settings within the Health Board.

Promote the key message that 'IPC is everybody's responsibility by:

a. Ensuring a continued commitment to working with healthcare providers and other stakeholders

b. A continued delivery of education and training on the prevention & control of infection and prudent antimicrobial prescribing so that staff understands their responsibilities

c. Enhancing patient and public involvement in infection prevention activity in order to improve the patient experience

- Minimise the risk to patients from healthcare-associated infection and prevent avoidable healthcare-associated infections (HCAIs).
- Review and improve internal processes and systems to enhance surveillance of infection, to efficiently monitor microbiologically significant bacteria and emerging resistance patterns.
- Review and agree IP&C key performance indicators across the Health Board.
- Ensure collaborative working within the Health Board to ensure safe, clean and appropriate environments are maintained across all our managed facilities.

Zero Tolerance to AVOIDABLE HCAIs

- Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe, clean and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial in making sure that high standards of infection prevention are developed and maintained.
- The "Code of Practice" on the prevention and control of infections and related guidance (revision 2019) sets out the criteria on the prevention and control of infections.
- It is essential that BCUHB as providers of healthcare consider the entire document and it's application in the appropriate environments.
- The Health Board supported by the IP service and other internal structures will be transparent and open in its surveillance, monitoring and reporting of all 6 core organisms for Welsh Government.
- All avoidable HCAIs will be scrutinised by the IP teams and the strategic mechanisms (Exec Led reviews) in place to learn and provide messages from Ward to Board and back.

Embracing Infection Prevention & Control into 2021

The Health Board aims to prevent the risk of Healthcare Associated Infection, throughout **its diverse settings ensuring that:**

- All staff are knowledgeable and consistently practise sound infection prevention within their **role and** responsibilities and areas of work.
- Advice, support, information leaflets, policies and procedures are accessible from a variety of sources to all staff and patients.
- Patients are prescribed antimicrobials in accordance with the Health Board`s formulary, diagnostic sensitivities and or microbiology advice as part of the antimicrobial stewardship responsibility within the Code of Practice.
- There is an effectively managed environment within the Health Boards premises, which minimises the risk of infection, to patients, staff, visitors and carers. In non-Health Board owned properties, BCUHB have a responsibility to make safe practice accessible inc. hand hygiene resources.
- Patients presenting with infections on admission or who acquire an infection during treatment are identified promptly and managed according to good clinical practice for the purposes of treatment and to reduce the risk of transmission.
- All elective, emergency and transfer admissions meeting certain criteria's set out in the Health Boards policies and Standard Operating Procedures (SOPs) are screened on admission for MRSA/MSSA and CPE.
- There is a robust system in place that ensures staff receive training on reusable medical devices and that they are properly decontaminated prior to and after use. Staff across the organisation, including contracted staff will contribute to the implementation of the strategy and actively support the safety agenda avoiding HCAIs by:
- Investigating and learning from HCAIs, other infections, incidents and outbreaks, seeking specialist IPC & Microbiology advice when required.

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Finance Report Month 3 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	The Health Board's financial plan for 2019/20 is a deficit of £35.0m. Welsh Government has set the Health Board a control total of £25.0m and a new plan is being developed to drive financial improvement. The Health Board's current plan reflects a deficit of £35.0m. At the end of Month 3 the Health Board is overspent by £11.0m, £2.2m higher than current plan deficit. The Health Board is still forecasting to achieve its plan deficit, on the basis that actions are being taken to recover the year to date shortfall and respond to any additional costs pressures that may arise over the reminder of the year. The key reasons for the year to date over spend are: - Savings required to deliver a £35.0m deficit have been allocated to divisions and phased into the Health Board's monthly budgets with an anticipated £7.2m of savings by Month 3. Savings achieved to date total £4.3m, £2.9m behind planned delivery. However, progress on identifying savings has improved significantly during June. - Over spends across a number of divisions and spend categories with some off-setting underspends and additional income in other areas.

	Achievement of plan for the year requires accelerated savings delivery and expenditure control over the remaining months.
Recommendation:	It is asked that the report is noted, including the forecast position of £35.0m deficit.

Health Board's Well-being Objectives *(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	✓	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.

Equality Impact Assessment

Not applicable.

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

FINANCE REPORT

MONTH 3 2019/20

Sue Hill

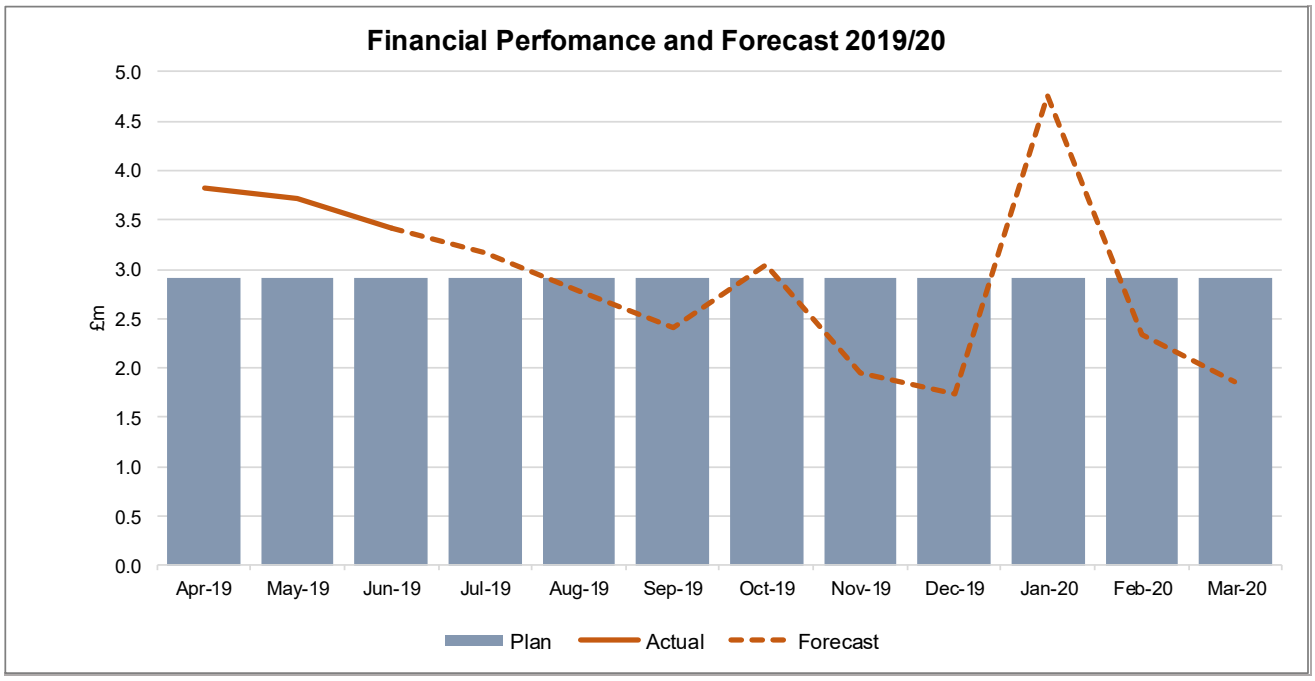
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Plan	£2.9m Deficit	Plan	£8.8m Deficit	Plan	£35.0m Deficit
Actual	£3.4m Deficit	Actual	£11.0m Deficit	Forecast	£35.0m Deficit
Variance	£0.5m Adverse	Variance	£2.2m Adverse	Variance	Nil



Key reasons for the year to date overspend:

- Over spends on Other Non-pay (£2.8m), Secondary Care drugs (£0.9m), Continuing Healthcare (CHC) (£0.7m) and Primary Care Prescribing (£0.4m).
- Offsetting under spends seen in Primary Care (£1.0m), overachieved income (£1.0m) and pay costs (£0.5m).
- Total savings delivered by Month 3 are £4.3m against budgeted anticipated savings of £7.2m, a shortfall of £2.9m. Of this £2.9m, £2.3m is held within divisions against unallocated budgets (as part of the Other Non-pay variance) and £0.6m is allocated across expenditure budgets and so absorbed into the overall position.

1. Executive Summary

2. Key Targets

2.1 Key Targets

Key Target	Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk	Trend
Achievement against Revenue Resource Limit (£'000) To ensure that the Health Board's expenditure does not exceed the aggregate of it's funding in each financial year.	(35,000)	(8,750)	(10,955)		↑
Performance against savings and recovery plans (£'000) To ensure savings achieve the required target. The target used is budgeted anticipated savings.	34,500	7,217	4,252		↓
Achievement against Capital Resource Limit (£'000) To ensure net capital spend does not exceed the capital resource limit.	21,725	3,992	2,399		↔
Compliance with Public Sector Payment Policy (PSPP) target (%) To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice.	95.0	95.0	96.4		↑
Revenue cash balance (£'000) Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from Welsh Government.	7,912	7,912	1,924		↔

Performance against Statutory requirements 2019/20	
Ensure the aggregate of the Health Board's expenditure does not exceed the aggregate of its funding in a 3 year period	**No**
Prepare and submit a Medium Term Plan that is signed off by Welsh ministers	**No**

2.2 Medium Term Plan

- The Health Board has agreed with Welsh Government that it will develop an Annual Operating Plan for 2019/20 which responds to the special measures framework and key areas for improvement.

3. Revenue Position

3.1 Month 3 Positon

- At the end of Month 3 the Health Board is overspent by £11.0 m, £2.2m higher than financial plan.

- Year to date actual figures are detailed below on a month by month basis. Further analysis of expenditure is included in Sections 4 and 5 of the report.

2019/20 Actuals	Month 1 £m	Month 2 £m	Month 3 £m	Total £m
Revenue Resource Limit	(125.0)	(123.2)	(124.1)	(372.3)
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(33.6)
Health Board Pay Expenditure	64.6	61.9	62.0	188.5
Non-Pay Expenditure	74.9	76.9	76.6	228.4
Health Board Total	**3.9**	**3.7**	**3.4**	**11.0**

- The plan for Month 3 was a £2.9m deficit. The actual position was £3.4m, £0.5m in excess of plan. The in-month excess over plan is lower by £0.3m than the excess in Month 2.

- During June, the significant issues contributing to the over spent position were savings shortfall against planned budgeted delivery across most divisions (£0.8m), over spends across a number of divisions and expenditure categories, with some offsetting underspends and additional income, including pay.

- The key over spending division is Secondary Care, where high agency usage has had an adverse impact.

3. Revenue Position

3.2 Financial Performance by Division

	Month 1			Month 2			Month 3			CUMULATIVE		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(124,954)	(124,954)	0	(123,186)	(123,186)	0	(124,111)	(124,111)	0	(372,250)	(372,250)	0
AREA TEAMS												
West Area	13,195	13,278	83	12,974	12,998	24	13,065	13,066	1	39,234	39,342	108
Central Area	17,406	17,294	(112)	17,004	17,075	70	17,131	17,051	(79)	51,541	51,420	(121)
East Area	19,079	19,050	(28)	18,767	18,928	162	18,882	18,905	23	56,727	56,883	156
Other North Wales	1,100	834	(266)	1,090	1,072	(18)	1,098	1,206	108	3,288	3,112	(175)
Commissioner Contracts	16,287	16,206	(81)	16,263	16,191	(73)	16,577	16,647	70	49,128	49,044	(84)
Provider Income	(1,600)	(1,601)	(1)	(1,600)	(1,768)	(168)	(1,600)	(1,859)	(259)	(4,799)	(5,228)	(429)
Total Area Teams	65,466	65,062	(405)	64,499	64,496	(3)	65,153	65,017	(136)	195,118	194,574	(544)
SECONDARY CARE												
Ysbyty Gwynedd	8,465	8,712	247	8,303	8,444	141	8,276	8,392	116	25,043	25,547	504
Ysbyty Glan Clwyd	9,966	10,392	426	9,835	10,281	446	9,868	10,259	391	29,669	30,932	1,262
Ysbyty Maelor Wrexham	8,781	8,908	126	8,558	8,700	143	8,448	8,530	83	25,787	26,138	351
North Wales Hospital Services	8,845	8,994	149	8,704	8,647	(57)	8,642	8,584	(58)	26,190	26,225	34
Womens	3,330	3,370	39	3,228	3,282	54	3,239	3,066	(173)	9,797	9,718	(79)
Total Secondary Care	39,387	40,375	987	38,627	39,354	727	38,472	38,831	359	116,487	118,560	2,073
Total Mental Health & LDS	10,460	10,682	222	10,200	10,156	(44)	10,205	10,145	(60)	30,864	30,983	119
Total Corporate Budgets	10,665	10,709	44	10,691	10,748	57	10,424	10,397	(27)	31,780	31,853	73
Total Other Budgets (Reserves)	1,892	1,952	59	2,085	2,148	62	2,773	3,135	362	6,751	7,234	483
TOTAL INCOME AND EXPENDITURE	**2,917**	**3,825**	**908**	**2,917**	**3,716**	**799**	**2,917**	**3,414**	**498**	**8,750**	**10,955**	**2,205**

3. Revenue Position

3.3 RTT Year to Date Costs

- At the end of June the Health Board has spent £3.6m on additional activity to reduce the long waiting lists. Welsh Government RTT income, which it is anticipated will be received to fund this activity, is included in the position.

- Current levels of RTT activity for the whole of 2019/20 have been forecast. Welsh Government has approved funding to date of £14.1m; to cover £0.5m follow-up reduction, £11.85m waiting list improvements in diagnostics, RTT and therapy, and £1.75m in MSK and other areas. It is recognised that the forecast expenditure is likely to increase.

- The Health Board is currently undertaking a detailed review of its demand, capacity and core requirements to significantly refine the expected cost for 2019/20.

3.3 Forecast Position

- The Health Board has a forecast outturn for 2019/20 of £35.0m, in line with the financial plan.

- Welsh Government has set the Health Board a control total of £25.0m and a new plan has been developed to move towards this. The Health Board's current plan and budgetary management reflects a deficit of £35.0m. The new plan will be submitted to the Board in July and once agreed, this will need to be reflected in the Health Board's budgets and devolved to its various divisions, together with related savings targets.

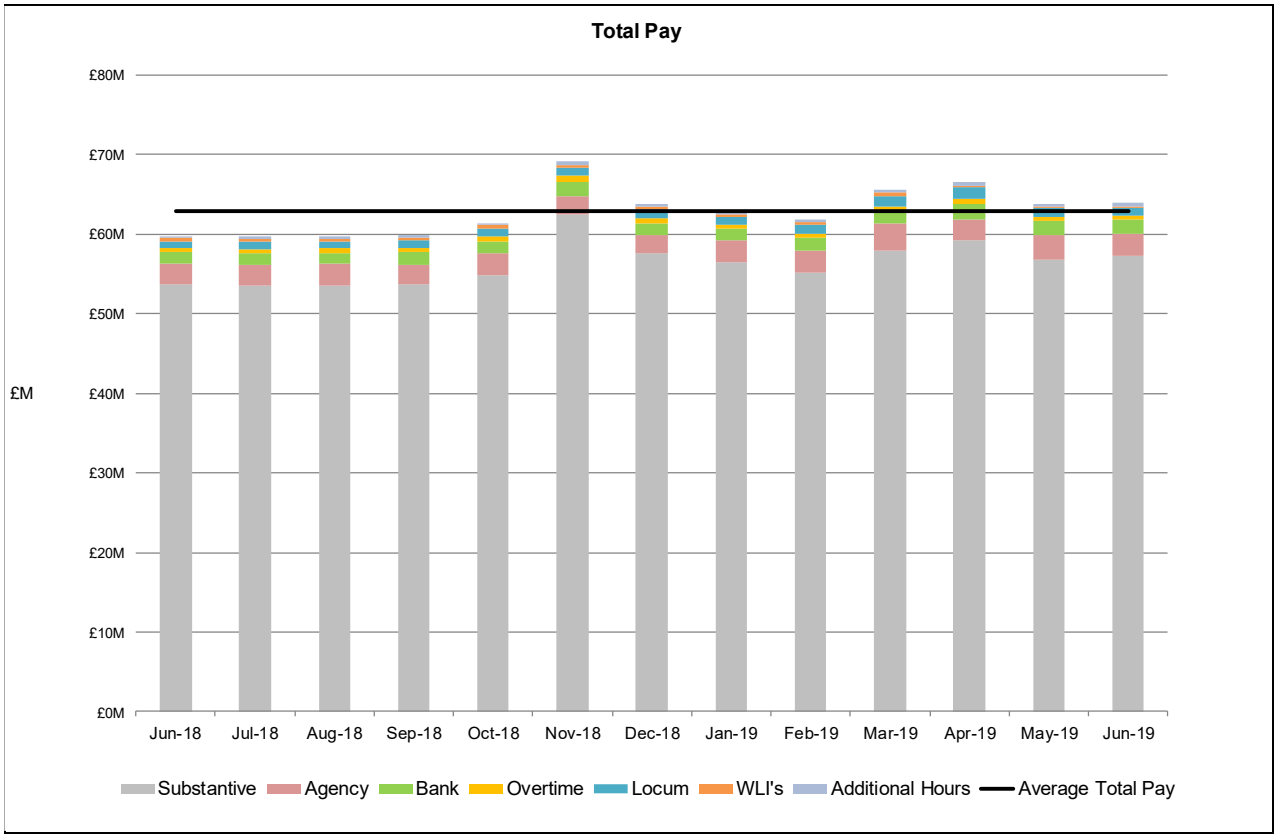
- PwC are working with the Health Board to identify and convert further savings opportunities that will help drive the organisation's financial improvement and support progress towards the £25.0m control total.

- Year to date slippage against the plan is expected to be recovered over the remainder of the year. The forecast for the remaining months of 2019/20 has been adjusted to reflect this.

4. Pay

4.1 Total Pay

- Total Health Board pay (excluding Primary Care functions) is £188.5m, which is an under spend against plan of £0.5m. Total pay including Primary Care is £194.2m, a year to date over spend of £0.5m.



	Month 2 2019/120 £m	Month 3 2019/120 £m	Movement M2 to M3 £m	Monthly Average 2019/20 £m	YTD Variance £m
Administrative & Clerical	8.1	8.1	0.0	8.2	(1.8)
Medical & Dental	14.0	14.3	0.3	14.2	1.3
Nursing & Midwifery Registered	20.1	20.1	0.0	20.5	(2.4)
Additional Clinical Services	9.2	9.3	0.1	9.5	2.1
Add Prof Scientific & Technical	2.6	2.3	(0.3)	2.5	(0.4)
Allied Health Professionals	3.7	3.7	0.0	3.7	0.0
Healthcare Scientists	1.2	1.1	(0.1)	1.2	0.1
Estates & Ancilliary	3.0	3.1	0.1	3.1	0.0
Savings to be allocated					0.6
Health Board Total	**61.9**	**62.0**	**0.1**	**62.9**	**(0.5)**
Primary care	1.8	2.0	0.2	1.9	1.0
Total Pay	**63.7**	**64.0**	**0.3**	**64.8**	**0.5**

4. Pay

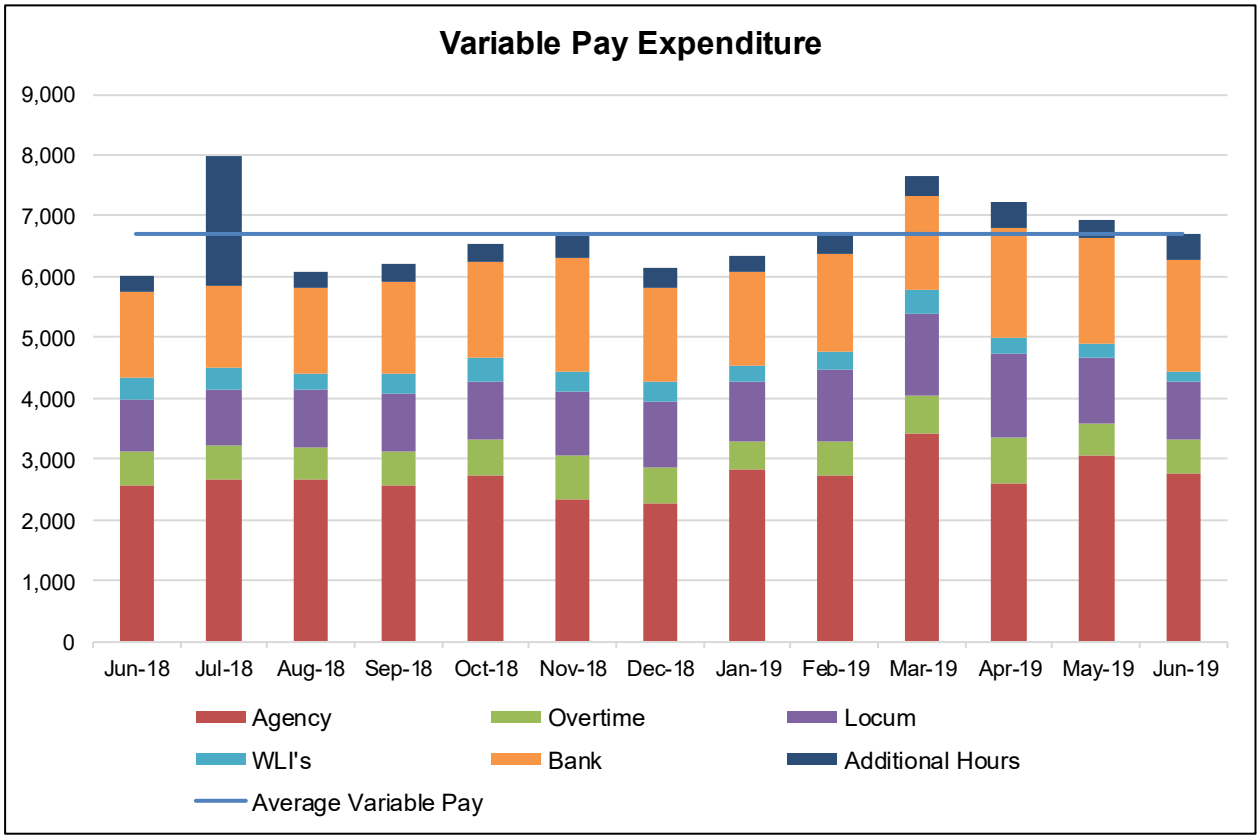
- April's pay expenditure included the 1.1% lump sum payable to Agenda for Change staff who were on the top of scale. The cost of this was £2.5m and accounts for increased year to date monthly average.

- Over spends continue in areas of high agency usage (Medical and Dental and Additional Clinical Services (for Health Care Support Workers)). The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery.

- Admin & Clerical continues to under spend due to a significant number of vacancies across all areas.

- Professional Scientific & Technical pay costs have reduced in Month 3, with a year to date under spend. The majority of this relates to vacancies within Psychology that remain unfilled.

- 10.5% (£6.7m) of total pay for Month 3 (10.7% / £20.8m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours. This is a decrease of £0.2m from May, primarily around reductions in agency and locum costs, offset by a rise in additional hours payments.

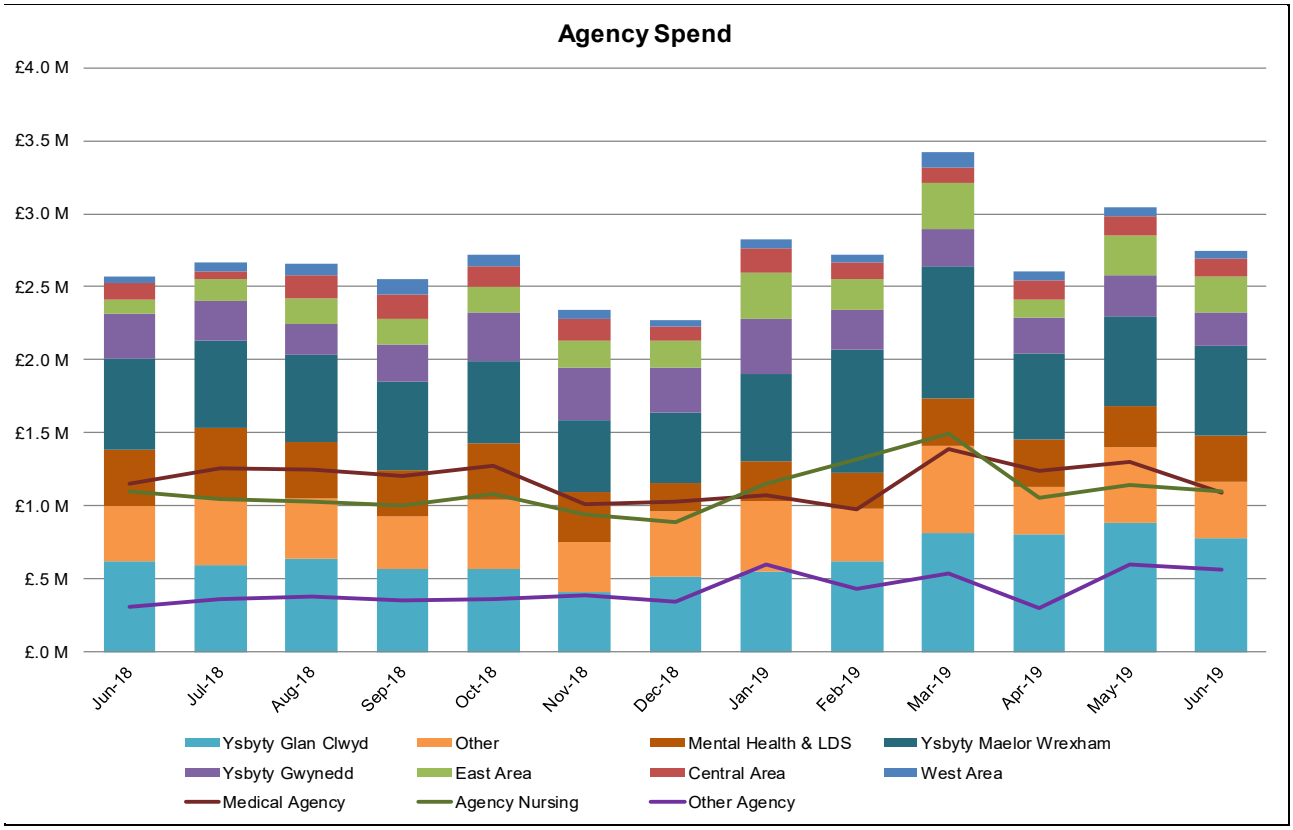


4.2 Agency and Locum Costs

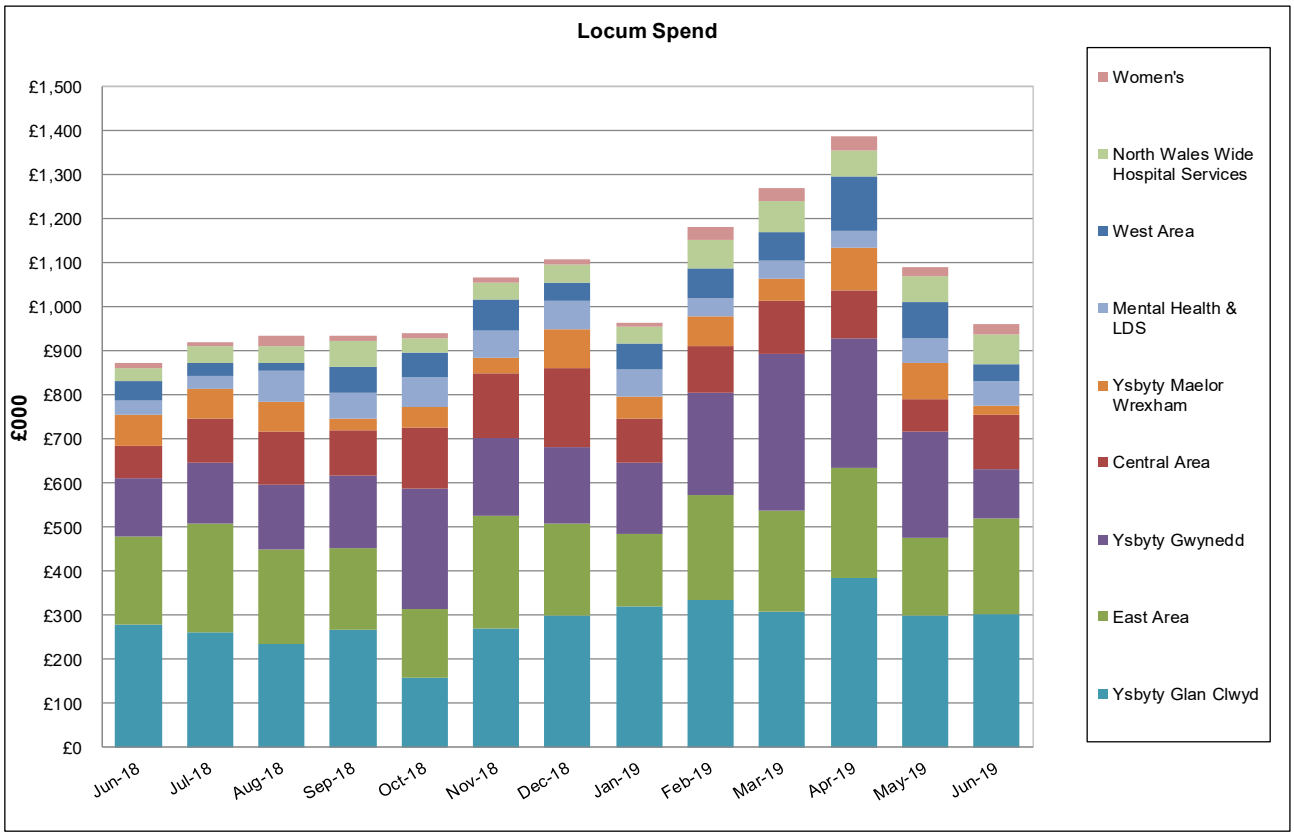
4. Pay

- Expenditure on agency staff for Month 3 is £2.7m, representing 4.3% of total pay, a decrease of £0.3m from May.

- Expenditure on locum staff for Month 3 is £1.0m, representing 1.5% of total pay, a decrease of £0.1m on May expenditure.



4. Pay



Key Points	
Medical Agency	Medical agency costs decreased by £0.2m from May to an in-month spend of £1.1m. The areas primarily responsible are Ysbyty Glan Clywd (£0.3m), Ysbyty Gwynedd (£0.2m) and Mental Health (£0.3m) accounting for 75.5% of the month's spend. Medical agency is primarily used to cover vacancies.
Nurse Agency	Nurse agency costs totalled £1.1m for the month, a reduction of less than £0.1m from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), which together account for 89.1% of these costs in June.
Other Agency	Other agency costs have remained the same as Month 2 at £0.6m and mainly arise from Allied Health Professionals (£0.3m) and Admin and Clerical (£0.2m). Admin and Clerical agency totals £0.5m for the year to date and is primarily being used in the Nursing Executive (£0.1m in Month 3 / £0.3m year to date) mainly for Secondary Care Management teams, Workforce & Organisation development (£0.03m in Month 3 / £0.08m year to date) for Bank Nurse Coordinators and Medical Staffing and also in the Project Management Office within Turnaround (£0.03m in Month 3 / £0.06m year to date).

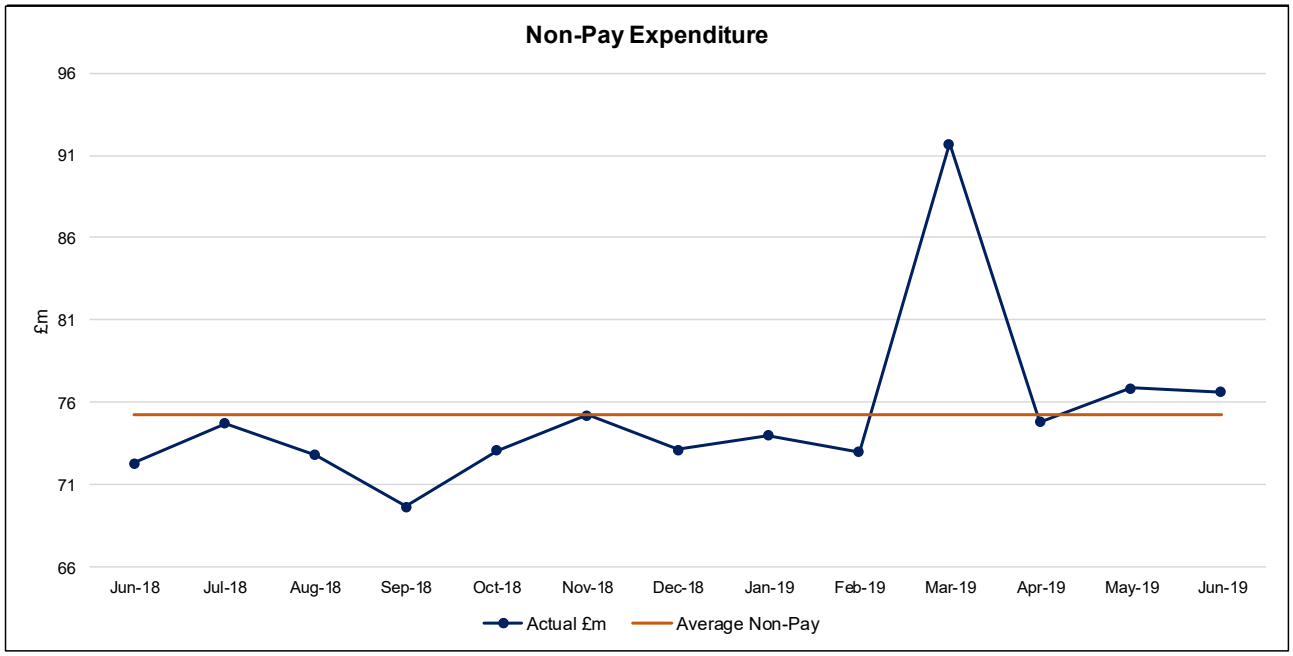
4. Pay

Locums	Month 3 costs primarily relate to specialty doctors (£0.6m) and specialty registrars (£0.3m), across both Secondary Care (£0.5m) and Area Teams (£0.4m). Expenditure on locum consultants reduced from £0.4m in May to less than £0.1m in June, relating to Secondary Care.

5. Non-Pay

5.1 Non-Pay

- Non-pay costs total £228.4m, giving a year to date over spend of £3.7m against the planned budget.



	Month 2 2019/120 £m	Month 3 2019/120 £m	Movement M2 to M3 £m	Monthly Average 2019/20 £m	YTD Variance £m
Primary Care	17.0	17.2	0.2	17.0	(1.0)
Primary Care Drugs	8.2	8.2	0.0	8.2	0.4
Secondary Care Drugs	6.0	5.6	(0.4)	5.8	0.9
Clinical Supplies	5.6	5.5	(0.1)	5.5	(0.3)
General Supplies	2.3	1.3	(1.0)	1.8	0.4
Healthcare Services Provided by Other NHS Bodies	21.0	21.6	0.6	21.2	(0.2)
Continuing Care and Funded Nursing Care	8.3	8.1	(0.2)	8.2	0.7
Other	5.9	5.6	(0.3)	5.5	2.8
Capital	2.6	3.5	0.9	2.8	0.0
Total	**76.9**	**76.6**	**(0.3)**	**76.0**	**3.7**

Key Points	
Primary Care	– The Health Board saw a reduction in the Dental allocation this month due to the Patient Charge Revenue target being raised by £0.07m for the year. No other significant movements were seen, so the annual forecast remains at breakeven. The risks to this forecast are contract under-delivery or contract closures, and whether Welsh Government fully fund any in-year inflationary uplifts. – Within General Medical Service (GMS), the forecast remains under spent at £0.2m, as the uptake on the newer Enhanced Services

5. Non-Pay

	(Diabetes and NOAC) in the first 3 months still remains lower than expected. Further uptake of the Enhanced Services will be closely monitored to ensure the overall GMS forecast remains robust, particularly in light of the expanding number of Managed Practices, which can be volatile and have a material impact on the GMS forecast.
Primary Care Drugs	– Prescribing data is received two months in arrears. There are a range of forecasting options used to estimate this two months accrual and BCU uses the lowest forecast methodology in its monthly reported position. April 2019 data was received in June and showed costs similar to those for March. Cost per prescribing day has increased by 1.5% from April 2018 to April 2019. This increase has not been fully extrapolated into the 2019/20 position, therefore there remains a degree of risk in our forecast. This approach will be kept under review. – The £0.4m year to date overspend relates to community dressings, which were a significant cost pressure last year and have continued to be in 2019/20. A savings scheme is in place to reduce these costs and a number of actions have now been completed as part of this, with further actions agreed to take place over the next few months when it is expected that savings will begin to materialise. A review of the scheme, actions taken and impact on costs is scheduled for October. Completed actions against this scheme are: • New Dressings Formulary agreed and in place. • Product lines reduced, with high value / low volume items now taken off the Formulary and only ordered as 'specials'. • The purchase of some items moved to NHS Stores in Denbigh. • Ongoing training of District Nurses, alongside the appointment of a new dedicated Tissue Viability nurse in the West. • Review of spending by District Nurse base. • Stock reviews at some (but not all yet) the District Nurse bases Further actions to be completed: • Completion of stock reviews. • Review of products that remain on the Formulary for price compared to NHS Stores price – this will identify any potential further cash savings from switching more products to NHS Stores. • Local Matrons to be accountable for the local implementation and delivery of savings / cost reduction actions. • Health Board Wide Dressing Savings Group to meet in October to review the above actions, identify whether additional savings can be made by switching further products to NHS stores and explore other cost reduction solutions.

5. Non-Pay

Secondary Care Drugs	– Costs have fallen in Month 3 to the lowest for the year so far. However there is still an in-month over spend (£0.2m), albeit at a reduced level. – Key areas of pressure this year are due to Haematology (£0.2m), Oncology (£0.1m), Dermatology (£0.3m), Diabetes (£0.2m) and Mental Health drugs (£0.2m), the latter primarily due to increased hospital and Substance Misuse prescribing. – Key actions that are being undertaken to reduce costs are: • Cancer services has its own Medicines Management group and is undertaking deep dive sessions into critical areas. • An Oncology savings scheme focusing on a homecare dispensing route for two drugs commenced in June. A 33% transition has so far been achieved for one of the drugs, with the second drug at 8%. This will be progressed over the next few months. • A Haematology drug for transition to homecare has been identified and is planned to switch in Quarter 2. • Switches to FP10 prescribing for Cancer services have been undertaken for Centre and West, with the East scheduled to take place once staff appointments have been made. • The Dermatology bio-similar switch has not been as quick as expected, particularly in the East Area which has the highest number of potential patients. The conversion of patients to biosimilar alternatives has been identified as a key priority, with monthly reviews by the Area Team to monitor progress and speed up the rate of change. • Two further Dermatology drug switches have been identified and are anticipated to start in Quarter 2. • The Centre Area Medical Director is commencing a full pathway review and redesign project with Diabetes, which should impact on drugs and activity. • Two potential Diabetic drug switches have been identified and Business Cases are currently in development. • Mental Health drug deep dive sessions are being launched with an aim to understand how drug spend is reported, where the cost pressures are, what the most expensive drugs and formulations are and where efficiencies could be made. • Mental Health have currently identified six schemes within their drugs savings plan, with the aim of saving £0.1m during 2019/20.
Clinical Supplies	– Costs have remained in line with the average for the year. – Under spends are seen against contractual clinical services (£0.2m), primarily arising from reduced outsourcing activity within Radiology. – Cost pressures seen last year in vaccines and continence products have not materialized so far in 2019/20.

5. Non-Pay

General Supplies	– The £1.0m decrease in costs in June relates to a journal correction from the previous month and is offset by a compensating adjustment to income. This is therefore a neutral adjustment. – Catering provisions (£0.1m) and legal & professional fees (£0.1m), are the primary areas where cost pressures are evident.
Healthcare Services provided by other NHS Bodies	– The WHSCC contract has a year to date under spend of (£0.1m). – The Countess of Chester contract is currently under spent, however it is anticipated that there will be an increase in activity over the next few months as waiting lists have reopened to Welsh patients. – It is currently forecast that Commissioning contracts will breakeven by the end of the year.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	– CHC is £0.7m over spent for the year, with FNC being balanced. – Expenditure on CHC has reduced by £0.2m from May, primarily due to decreases in Mental Health costs. However, Mental Health still remains the key risk area, with a £0.5m over spend for 2019/20. – The Area teams are £0.2m over spent, with the main area of pressure continuing to be in the West. The Areas are particularly impacted by Elderly Mental Health CHC cases where costs and cases continue to rise. There is growth in the number of dementia patients with a pressure on available bed capacity. The Area teams are working with Mental Health to try and identify actions that can be taken to reduce activity and develop schemes to mitigate against the impact.
Other Costs	– This category includes all other areas of non-pay expenditure. – The over spend position for the year relates to: • Unallocated/unidentified savings schemes across Divisions (£2.3m) – total savings delivered by Month 3 are £4.3m against budgeted anticipated savings of £7.2m, a shortfall of £2.9m. Of this £2.9m, £2.3m is held within divisions against unallocated budgets under Other Non-pay and £0.6m is allocated across expenditure budgets and so absorbed into the overall position; • Travel (£0.5m) – pressures on lease car costs (£0.1m), Non-Emergency Patient Travel Service (NEPTS) (£0.1m) and general travel and subsistence (£0.1m). Discussions continue with the Welsh Ambulance Service around transferring NEPTS, with an estimated handover of October 2019. The Health Board is working on defining the service required. It's noted that £0.2m of the reported overspend is not real and results from a journal error that will be corrected in Month 4; • Power (£0.1m) – reflects re-billing issues from 2018/19, assumed zero inflationary growth, increased costs at YGC due to the site being fully operational following the redevelopment and no additional funding for the new YG ED scheme; and • Postage (£0.1m) - There are several projects planned to reduce post charges from franked mail, as well as moving

	locally franked mail onto the central mail hub. Anticipated savings haven't met the expected levels to date.
Capital	– Capital costs include depreciation and impairment costs, which are fully funded.

6. Savings

6.1 Savings Delivery

- Savings reported below include Red Rated schemes and Efficiency Gains. These are excluded from the figures reported to Welsh Government in the Monitoring Return and hence the tables below differ slightly to the Monitoring Return tables. The figures in the rest of this report match those in the Monitoring Return.

2019/20	March Submission to WG	Savings Budget	Savings Identified				Excess / (deficit) of savings identified	Planned Risk Rating			Total	Forecast Delivery				Forecast Variance to WG Submission	Forecast Variance to Budget	Forecast Variance to Identified Savings
	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	Low £'000	Med £'000	High £'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	£'000	£'000
Ysbyty Gwynedd	1,534	2,901	970	540	650	2,160	(741)	1,419	0	741	2,160	924	518	650	2,091	557	(810)	(69)
Ysbyty Glan Clwyd	1,439	3,758	545	839	0	1,384	(2,375)	888	232	264	1,384	500	735	0	1,235	(204)	(2,523)	(148)
Ysbyty Wrexham Maelor	1,292	2,598	1,205	300	300	1,805	(793)	1,352	0	453	1,805	1,259	300	300	1,859	567	(739)	54
North Wales Managed Services	742	2,592	717	0	268	985	(1,606)	964	22	0	985	754	0	260	1,014	272	(1,578)	28
Womens Services	994	1,048	252	189	0	441	(607)	441	0	0	441	267	189	0	455	(539)	(592)	15
Secondary Care	**6,002**	**12,897**	**3,689**	**1,867**	**1,218**	**6,775**	**(6,122)**	**5,064**	**253**	**1,458**	**6,775**	**3,704**	**1,741**	**1,210**	**6,655**	**653**	**(6,242)**	**(120)**
Area - West	2,704	3,216	2,035	700	0	2,735	(481)	2,712	0	23	2,735	2,091	700	0	2,791	87	(425)	56
Area - Centre	3,720	4,870	3,771	0	0	3,771	(1,099)	3,592	0	179	3,771	3,836	0	0	3,836	116	(1,034)	65
Area - East	3,506	4,851	3,933	476	0	4,409	(442)	3,336	0	1,073	4,409	2,528	477	0	3,005	(501)	(1,846)	(1,404)
Area - Other	320	318	348	0	0	348	31	148	0	200	348	348	0	0	348	28	31	0
Contracts	463	500	350	113	0	463	(38)	154	100	209	463	350	113	0	463	0	(38)	0
Area Teams	**10,713**	**13,755**	**10,438**	**1,289**	**0**	**11,727**	**(2,028)**	**9,943**	**100**	**1,684**	**11,727**	**9,154**	**1,290**	**0**	**10,444**	**(269)**	**(3,311)**	**(1,283)**
MHLD	2,340	3,575	1,811	1,188	0	2,999	(576)	2,512	0	487	2,999	1,324	2,658	0	3,982	1,642	407	983
Corporate	1,416	4,273	2,385	12	0	2,397	(1,877)	2,134	100	163	2,397	2,300	12	0	2,312	897	(1,961)	(85)
Divisional Total	**20,470**	**34,500**	**18,323**	**4,356**	**1,218**	**23,898**	**(10,602)**	**19,653**	**453**	**3,792**	**23,898**	**16,482**	**5,701**	**1,210**	**23,393**	**2,922**	**(11,107)**	**(505)**
Not allocated to Divisions	**4,530**		**5,816**		**1,796**	**7,612**	**7,612**			**7,612**	**7,612**					**(4,530)**	**0**	**(7,612)**
Total Identified Savings	**25,000**	**34,500**	**24,139**	**4,356**	**3,014**	**31,510**	**(2,990)**	**19,653**	**453**	**11,404**	**31,510**	**16,482**	**5,701**	**1,210**	**23,393**	**(1,608)**	**(11,107)**	**(8,117)**

6. Savings

2019/20	March Submission to WG YTD Profile	YTD Budget	YTD Planned as per tracker				YTD Delivered				YTD Variance to WG Submission	YTD Variance to Budget	YTD Variance to Plan	Rest of Year Delivery
Based on £34.5m	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	283	609	145	135	162	443	151	46	24	221	(62)	(388)	(222)	1,870
Ysbyty Glan Clwyd	168	917	62	0	0	62	89	0	0	89	(80)	(828)	27	1,147
Ysbyty Wrexham Maelor	99	493	127	0	21	148	130	0	21	151	53	(342)	3	1,708
North Wales Managed Services	80	592	87	0	61	148	94	0	59	152	72	(440)	4	861
Womens Services	92	254	45	47	0	92	99	105	0	204	112	(50)	112	251
Secondary Care	**723**	**2,864**	**466**	**182**	**245**	**893**	**563**	**151**	**104**	**817**	**95**	**(2,047)**	**(75)**	**5,837**
Area - West	673	711	436	175	0	611	608	169	0	777	103	66	166	2,015
Area - Centre	567	974	733	0	0	733	894	0	0	894	328	(79)	161	2,942
Area - East	791	1,098	686	158	0	844	674	159	0	833	42	(264)	(11)	2,172
Area - Other	32	87	36	0	0	36	36	0	0	36	4	(51)	0	312
Contracts	30	30	30	0	0	30	30	0	0	30	0	0	0	433
Area Teams	**2,093**	**2,899**	**1,921**	**333**	**0**	**2,254**	**2,242**	**328**	**0**	**2,570**	**478**	**(329)**	**316**	**7,873**
MHLD	243	576	73	161	0	234	47	528	0	575	332	(1)	341	3,407
Corporate	286	876	435	3	0	438	428	3	0	431	145	(446)	(7)	1,882
Divisional Total	**3,344**	**7,217**	**2,895**	**679**	**245**	**3,819**	**3,279**	**1,010**	**104**	**4,393**	**1,050**	**(2,823)**	**575**	**18,999**
In Development	**170**					**0**				**0**	**(170)**	**0**	**0**	
Total BCUHB Savings	**3,514**	**7,217**	**2,895**	**679**	**245**	**3,819**	**3,279**	**1,010**	**104**	**4,393**	**880**	**(2,823)**	**575**	**18,999**

7. Balance Sheet

7.1 Balance Sheet

Balance sheet as at Month 3 2019/20	Opening balance £000	M3 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	621,289	(6,117)
Other Non Current Assets	69,363	69,363	0
Current Assets:			0
Inventories	16,077	16,710	633
Trade and other receivables	66,441	44,638	(21,803)
Cash	3,972	4,989	1,017
Total Assets	783,259	756,989	(26,270)
Liabilities:			
Trade and other payables	142,428	126,663	(15,765)
Provisions	110,432	105,382	(5,050)
Total Liabilities	252,860	232,045	(20,815)
	530,399	524,944	(5,455)
Financed by:			
General Fund	402,323	396,868	(5,455)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	524,944	(5,455)

- Key movements during June 2019 included:

  - Fixed Assets: Depreciation, less newly capitalised additions.
  - Trade and other receivables: Additional resource drawdown from Welsh Government in respect of the year-to-date deficit, so reducing receivables, and movements in working capital balances.
  - Trade and other payables: Reductions in commissioning accruals, Accounts Payable balances, capital creditors and CHC/FNC accruals.
  - Provisions: Reduction in litigation provisions due to payments made along with a revised quantum from Legal and Risk Services and reductions in CHC/FNC provisions.
  - General Fund: Year to date deficit less drawdown of capital resource from Welsh Government.

7.2 Cash

- The closing cash balance as at 30th June 2019 was £5.0m which included £3.1m of cash held for capital expenditure. The revenue cash balance of £1.9m was within the internal target set by the Health Board.

7. Balance Sheet

- It is currently anticipated that £35.0m of strategic cash support and £10.0m of working capital balances support will be required by the Health Board in 2019/20. These figures will be finalised later in the year and a formal request submitted to Welsh Government following agreement from the Board.

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	**(44,693)**
Anticipated Funding requests	
Strategic cash assistance	35,000
Working capital balances support	10,000
Forecast closing revenue cash balance	**307**

7.3 Public Sector Payment Policy

PSPP target: to pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %	Trend
Cumulative year to date % of invoices paid within 30 days (by number) - forecast green	96.4%	

7.4 Capital

- The Capital Resource Limit at Month 3 is £21.7m.

- Year to date expenditure is £2.4m against a plan of £4.0m. The year to date slippage of £1.6m will be recovered throughout the remainder of the year.

7. Balance Sheet

All Wales Schemes	CRL/ Planned YTD 2019/20 £'000	2019/20 Forecast Out-turn £'000	Variance £'000	2019/20 Expenditure M3 £'000	YTD Planned £'000	Narrative
Capital Projects Approved Funding						
SuRNICC - FBC works	350	574	224	31	164	SuRNICC is complete and operational. The completion of the multi faith room is due to be completed in September 2019.
PAS System	996	1,255	259	71	127	The project board has agreed on a revised programme. The upgrade in the East is due to take place followed by the implementation in the West.
Substance Misuse - The Elms Development	265	625	360	391	625	The contractor is progressing well on the site and the scheme has been handed over. External works is in progress and the final account will be reviewed shortly.
Substance Misuse - Holyhead, Anglesey	418	676	258	1	100	The scheme is design stage. Once completed it will go tender.
Substance Misuse - Shotton, Flintshire	1,325	1,340	15	0	115	The scheme is design stage. Once completed it will go tender.
Emergency Department System	701	701	0	0	0	The scheme is currently being reviewed and a formal programme will be produced.
Ysbyty Gwynedd - Emergency Department	1,496	2,526	1,030	995	1,096	The scheme is progressing well and is due to complete in September 2019.
North Denbighshire Community Hospital	2,404	2,404	0	-	200	The Full Business Case is being progress and the fees will be due this financial year.
Progress Redevelopment of Ablett Unit @ YGC from SOC to OBC	849	849	0	0	0	The Outline Business Case is being progressed and the fees will be due this financial year.
All Wales Total	**8,804**	**10,950**	**2,146**	**1,489**	**2,427**	
Discretionary Total	12,921	10,775	(2,146)	910	1,565	The discretionary capital programme has been formally agreed by the Finance and Performance Committee. The programme is progressing.
Overall Total	**21,725**	**21,725**	**0**	**2,399**	**3,992**	

8. Risks and Opportunities

8.1 Risks

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
1	Prescribing	Prescribing data is only received two months in arrears. There are a range of forecasting options used to estimate this two months accrual ranging from the all-Wales HSW Forecast to a BCU locally derived version. BCU uses the lowest forecast methodology in its monthly reported position, giving rise to a possible financial risk between the BCU model and the worst-case model. The estimated risk does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list, which therefore represents an additional (unquantified) risk	(2.25)	The risk is reviewed and updated monthly as the latest prescribing data becomes available. April 2019 data was received in June and showed costs similar to those for March. Cost per prescribing day has increased by 1.5% from April 2018 to April 2019. This increase has not been fully extrapolated into the 2019/20 position, giving rise to a risk against the forecast used. There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. Head of Pharmacy and Finance leads meet monthly to discuss and share areas of cost growth and savings opportunity in order to mitigate the risk.	Nigel McCann, CFO Central Area as Prescribing Finance Lead
2	Continuing Healthcare (CHC)	The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages. The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health (OPMH) CHC. There has been a significant increase in the number of cases within recent months, some of which are high cost 1:1 cases.	(1.8)	This is monitored monthly and Divisions are developing cost avoidance schemes to mitigate against this impact. The Area Teams are working with Mental Health to try to resolve the issue, but there is a growing trend in dementia patients with a pressure on available bed capacity.	Rob Nolan, Finance Director –Commissioning & Strategy

8. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
3	Under-performance of savings plans	To address our deficit the Health Board will be required to deliver its significant savings target. There is a risk that savings schemes will not deliver quickly enough the required level of savings to ensure the Health Board addresses its deficit in the current year. The Health Board has a process and track record of delivering cash releasing savings of circa £20.0m per annum. Current targets are higher than track record, and additional savings will also be required to deal with cost pressures that arise throughout the year (including the shortfall in savings and overspends up to Month 3) and other emerging shortfalls. At Month 3, the Health Board has £3.8m of schemes classified as red risk and £5.8m of schemes not yet allocated to divisions. This gives a total risk of £9.6m. The additional savings measures that will need to be introduced to progress from a plan of £35.0m towards a control total of £25.0m represent an additional risk.	(9.6)	PwC are working with the Health Board with the aim to ensure delivery of the savings quantum. They have identified additional savings opportunities as part of their ongoing work. Improvements have been made to the process of identification and conversion of plans into schemes. Work continues on the development of further resource utilisation schemes, which will form an important part of the Health Board's efficiency programme for 2019/20.	Pat Crawford, Interim Financial Turnaround Consultant
		Total	**(13.65)**		

8.2 Opportunities

- Relative to reported risks of £13.65m, we have reported to Welsh Government partial mitigation at this stage.
- The Recovery Director and has been appointed and additional resource is in place to support delivery of the savings programme and to identify an additional £10m of cash releasing savings, and to support grip and control actions that will drive financial benefit and other improvements.

9. Summary

9.1 Key Actions

- PwC are working with the Health Board to support the delivery of the savings programme and working towards the £25.0m control total set by Welsh Government. Once the new financial plan has been agreed by the Board, this will need to be reflected in the Health Board's budgets and devolved to divisions, together with related savings targets.

- Areas of immediate focus included in the revised plan were:
  - Key actions for improving financial discipline.
  - Enhancing grip and control across the organisation
  - Workforce optimisation.
  - Acceleration of key savings programmes.
  - Introduction of a sub-group of the Finance and Performance Committee to assure delivery of the financial plan.
  - Appointment of a Recovery Director to drive financial recovery, and to identify and deliver savings targets of £35.0m cash releasing.

9.2 Conclusions

- The Health Board's planned forecast for 2019/20 is £35.0m. This is based on an underlying brought forward deficit of £56.4m. The Month 3 position is a deficit of £11.0m, giving a year to date position which is £2.2m higher than the planned deficit.

- During June, the significant issues contributing to the over spent position were savings shortfall against planned budgeted delivery across most divisions (£0.8m), over spends across a number of divisions and spend categories, with some offsetting underspends, including pay, and additional income.

- The key over spending division is Secondary Care, where high agency usage has had an adverse impact.

- Welsh Government has set the Health Board a control total of £25.0m and a new plan has been developed to drive financial improvement.

9.3 Recommendation

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising the significant risks to the financial position.

Health Board **5.9.19**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	Finance Report Month 4 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	• The Health Board developed a draft annual plan which delivers a £35m deficit. Welsh Government has set the Health Board a control total of £25m, which is £10m less than the deficit reflected in the draft annual plan. • A recovery plan has been developed to move towards the control total. The key aspect of this is that an additional £10m savings target has been allocated out to services, which will be reflected in our reporting going forward. • At the end of Month 4 the Health Board is overspent by £14.6m. This is £3.0m higher than the year to date deficit reflected in the draft annual plan. • The key reason for the year to date shortfall is that the initial savings target has not been fully identified or delivered. • In addition there are overspends within the Secondary Care division, with some offsetting underspends in the Area Teams. • The draft annual plan for Month 4 was a £2.9m deficit. The actual deficit was £3.7m, £0.8m higher than the draft annual plan. Whilst this shortfall is slightly better that the shortfall in Months 1 and 2, it represents a deterioration since Month 3. • The recovery plan is working towards recovering this position and towards the achievement of the control total set by Welsh Government.

Recommendation:	It is asked that the report is noted, including the forecast position of £35.0m deficit.

Health Board's Well-being Objectives *(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	✓	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

FINANCE REPORT

MONTH 4 2019/20

Sue Hill

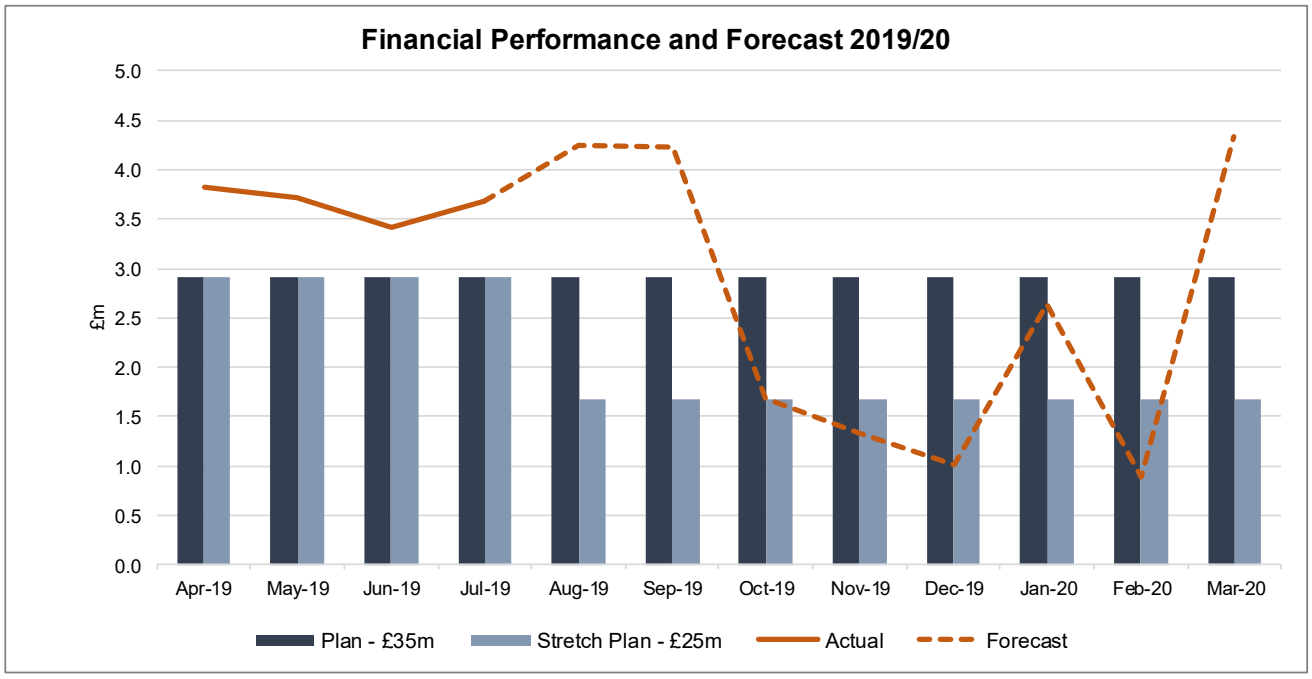
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£11.6m Deficit	Original Plan	£35.0m Deficit
Revised Plan	£2.9m Deficit	Revised Plan	£11.6m Deficit	Revised Plan	£25.0m Deficit
Actual	£3.7m Deficit	Actual	£14.6m Deficit	Forecast	£35.0m Deficit
Variance	£0.8m Adverse	Variance	£3.0m Adverse	Variance	£10.0m Deficit



Key reasons for the year to date overspend:

- Over spends on Other Non-pay (£3.2m), Secondary Care drugs (£1.4m), Continuing Healthcare (CHC) (£0.7m) and Primary Care Prescribing (£0.5m).
- Offsetting under spends seen in Primary Care (£1.5m), Healthcare contracts (£0.7m) and pay costs (£0.5m).
- Total savings delivered by Month 4 are £6.6m against budgeted anticipated savings of £9.8m, a shortfall of £3.2m. This is held within divisions against unallocated budgets (as part of the Other Non-pay variance).

2. Key Targets

2.1 Key Targets

Key Target	Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk	Trend
Achievement against Revenue Resource Limit (£'000) To ensure that the Health Board's expenditure does not exceed the aggregate of it's funding in each financial year.	(35,000)	(11,667)	(14,636)		↓
Performance against savings and recovery plans (£'000) To ensure savings achieve the required target. The target used is budgeted anticipated savings.	34,500	9,805	6,613		↓
Achievement against Capital Resource Limit (£'000) To ensure net capital spend does not exceed the capital resource limit.	22,159	3,951	3,282		↔
Compliance with Public Sector Payment Policy (PSPP) target (%) To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice.	95.0	95.0	95.9		↓
Revenue cash balance (£'000) Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from Welsh Government.	8,019	8,019	592		↔

Performance against Statutory requirements 2019/20	
Ensure the aggregate of the Health Board's expenditure does not exceed the aggregate of its funding in a 3 year period	**No**
Prepare and submit a Medium Term Plan that is signed off by Welsh ministers	**No**

2.2 Medium Term Plan

- The Health Board has agreed with Welsh Government that it will develop an Annual Operating Plan for 2019/20 which responds to the special measures framework and key areas for improvement.

3. Revenue Position

3.1 Month 4 Positon

- At the end of Month 4 the Health Board is overspent by £14.6 m, £3.0m higher than plan.

- Year to date actual figures are detailed below on a month by month basis. Further analysis of expenditure is included in Sections 4 and 5 of the report.

2019/20 Actuals and Variance						
	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Total £m	YTD Variance £m
Revenue Resource Limit	(125.0)	(123.2)	(124.1)	(129.3)	(501.6)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(44.7)	(0.6)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	250.8	(0.5)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	310.1	4.1
Health Board Total	**3.8**	**3.7**	**3.4**	**3.7**	**14.6**	**3.0**

- The plan for Month 4 was a £2.9m deficit. The actual position was £3.7m, £0.8m in excess of plan. Whilst this shortfall is slightly better that the shortfall in Months 1 and 2, it represents a deterioration of £0.3m since Month 3.

- Key areas of deterioration in July can be summarised as follows:

	£m
Agency costs	0.6
Secondary Care drugs	0.4
Healthcare contracts	(0.5)
Continuing Healthcare (CHC)	(0.2)
Total	0.3

- The key over spending division is Secondary Care, where high agency usage, non delivery of savings and high drugs costs have had an adverse impact.

3.2 RTT Year to Date Costs

- At the end of July the Health Board has spent £4.6m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.

3. Revenue Position

Hospital / Site	Month 1 £000	Month 2 £000	Month 3 £000	Month 4 £000	Total £000
YG	416	466	425	342	**1,649**
YGC	221	265	340	240	**1,066**
YMW	133	122	37	76	**368**
North Wales	180	228	178	233	**818**
Area		16	176	-4	**188**
Outsource	141	118	165	67	**491**
Total	**1,091**	**1,215**	**1,321**	**953**	**4,580**

- Current levels of RTT activity for the whole of 2019/20 have been forecast. Welsh Government has provided funding to date of £13.0m to cover £11.85m waiting list improvements in diagnostics, RTT and therapy, and £1.15m in MSK and Orthopaedic Services.

- The Health Board is currently undertaking a detailed review of its demand, capacity and core requirements to significantly refine the RTT plan for 2019/20.

3. Revenue Position

3.3 Financial Performance by Division

	Month 2			Month 3			Month 4			CUMULATIVE		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(123,186)	(123,186)	0	(124,111)	(124,111)	0	(129,295)	(129,295)	0	(501,545)	(501,545)	0
AREA TEAMS												
West Area	12,974	12,998	24	13,065	13,066	1	14,363	14,339	(24)	53,597	53,682	85
Central Area	17,004	17,075	70	17,131	17,051	(79)	18,032	18,030	(2)	69,574	69,451	(123)
East Area	18,767	18,928	162	18,882	18,905	23	20,008	20,129	121	76,735	77,013	278
Other North Wales	1,090	1,072	(18)	1,098	1,206	108	1,102	864	(238)	4,389	3,976	(414)
Commissioner Contracts	16,263	16,191	(73)	16,577	16,647	70	18,498	18,154	(344)	67,626	67,198	(428)
Provider Income	(1,600)	(1,768)	(168)	(1,600)	(1,859)	(259)	(2,009)	(2,268)	(259)	(6,808)	(7,497)	(688)
Total Area Teams	64,499	64,496	(3)	65,153	65,017	(136)	69,994	69,248	(746)	265,112	263,822	(1,290)
SECONDARY CARE												
Ysbyty Gwynedd	8,303	8,444	141	8,276	8,392	116	8,164	8,371	208	33,207	33,919	712
Ysbyty Glan Clwyd	9,835	10,281	446	9,868	10,259	391	9,738	10,469	731	39,407	41,401	1,994
Ysbyty Maelor Wrexham	8,558	8,700	143	8,448	8,530	83	8,572	8,773	201	34,359	34,911	552
North Wales Hospital Services	8,704	8,647	(57)	8,642	8,584	(58)	8,863	9,429	567	35,053	35,654	601
Womens	3,228	3,282	54	3,239	3,066	(173)	3,225	3,258	33	13,022	12,976	(46)
Total Secondary Care	38,627	39,354	727	38,472	38,831	359	38,561	40,301	1,740	155,047	158,861	3,813
Total Mental Health & LDS	10,200	10,156	(44)	10,205	10,145	(60)	10,149	10,088	(61)	41,013	41,071	58
Total Corporate Budgets	10,691	10,748	57	10,424	10,397	(27)	10,693	10,816	123	42,473	42,669	196
Total Other Budgets (Reserves)	2,085	2,148	62	2,773	3,135	362	2,815	2,524	(291)	9,566	9,758	192
TOTAL INCOME AND EXPENDITURE	**2,917**	**3,716**	**799**	**2,917**	**3,414**	**498**	**2,917**	**3,681**	**765**	**11,667**	**14,636**	**2,969**

3. Revenue Position

3.4 Revised Financial Plan

- The control total of £25.0m set by the Welsh Government requires a further £10.0m of savings to be made, in addition to those allocated out within the initial plan and budgets. Additional stretch targets to meet this £10.0m were allocated to Divisions at the end of July. The Health Board will be reporting against these additional stretch targets going forward.

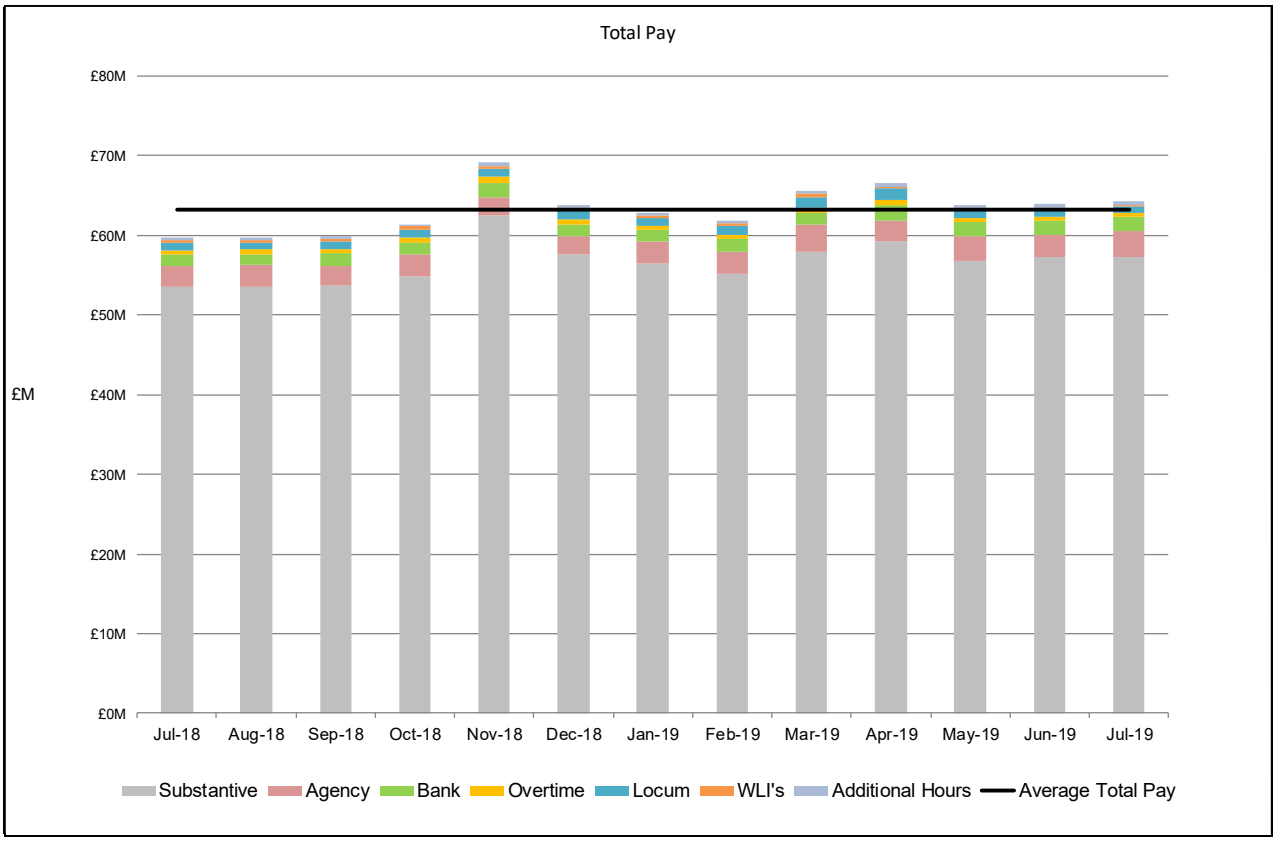
- The monthly results required going forward to achieve the initial plan and the additional stretch targets can be illustrated below. A significant reduction in the Health Board's monthly deficit is required from Month 5 onwards to meet the £25.0m control total.

	Actual				Forecast								Total for
	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Month 11 £m	Month 12 £m	2019/20 £m
Current planned deficit	3.8	3.7	3.4	3.7	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	**35.0**
Additional savings required	0.0	0.0	0.0	0.0	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	**(10.0)**
Revised planned deficit	**3.8**	**3.7**	**3.4**	**3.7**	**1.3**	**1.3**	**1.3**	**1.3**	**1.3**	**1.3**	**1.3**	**1.3**	**25.0**

4. Pay

4.1 Total Pay

- Total Health Board pay (excluding Primary Care functions) is £250.8m, which is an under spend against plan of £0.5m. Total pay including Primary Care is £258.5m, a year to date over spend of £0.8m.



	Month 3 2019/120 £m	Month 4 2019/120 £m	Movement M3 to M4 £m	Monthly Average 2019/20 £m	YTD Variance £m
Administrative & Clerical	8.1	8.0	(0.1)	8.1	(2.4)
Medical & Dental	14.3	14.7	0.4	14.3	2.4
Nursing & Midwifery Registered	20.1	20.2	0.1	20.4	(3.6)
Additional Clinical Services	9.3	9.3	0.0	9.4	2.8
Add Prof Scientific & Technical	2.3	2.4	0.1	2.4	(0.6)
Allied Health Professionals	3.7	3.7	0.0	3.7	0.0
Healthcare Scientists	1.1	1.1	0.0	1.2	0.1
Estates & Ancilliary	3.1	2.9	(0.2)	3.1	0.0
Savings to be allocated					0.8
Health Board Total	**62.0**	**62.3**	**0.3**	**62.6**	**(0.5)**
Primary care	2.0	1.9	(0.1)	1.9	1.3
Total Pay	**64.0**	**64.2**	**0.2**	**64.5**	**0.8**

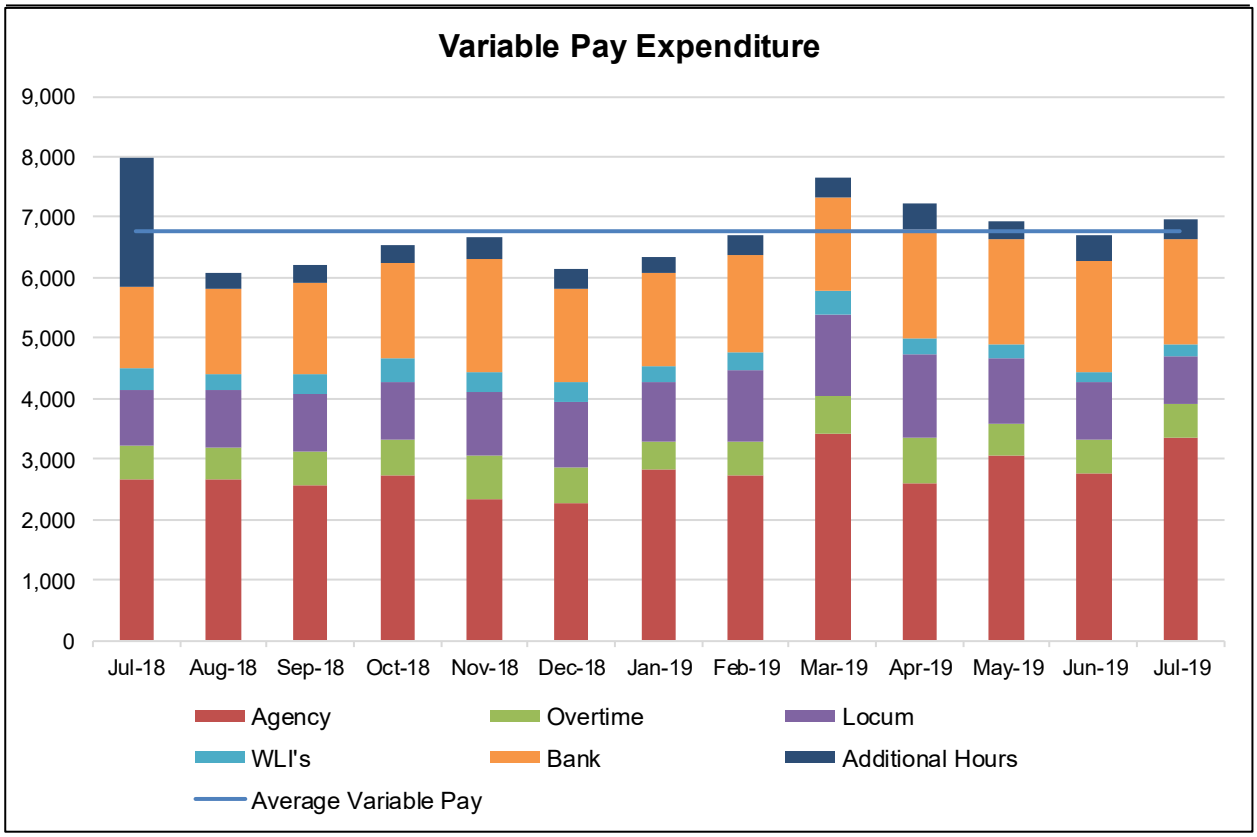
4. Pay

- Over spends continue in areas of high agency usage (Medical and Dental and Additional Clinical Services (for Health Care Support Workers)). The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery.

- Admin & Clerical continues to under spend due to a significant number of vacancies across all areas.

- Pay costs by staff group are broadly similar to Month 3. There has been a £0.4m increase in Medical & Dental costs which relates to increased use of high cost agency doctors across Secondary Care.

- 10.9% (£7.0m) of total pay for Month 4 (10.8% / £27.8m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours. This is an increase of £0.3m from June due to an increase in agency costs, offset by reductions in locum, bank and payments for additional hours.

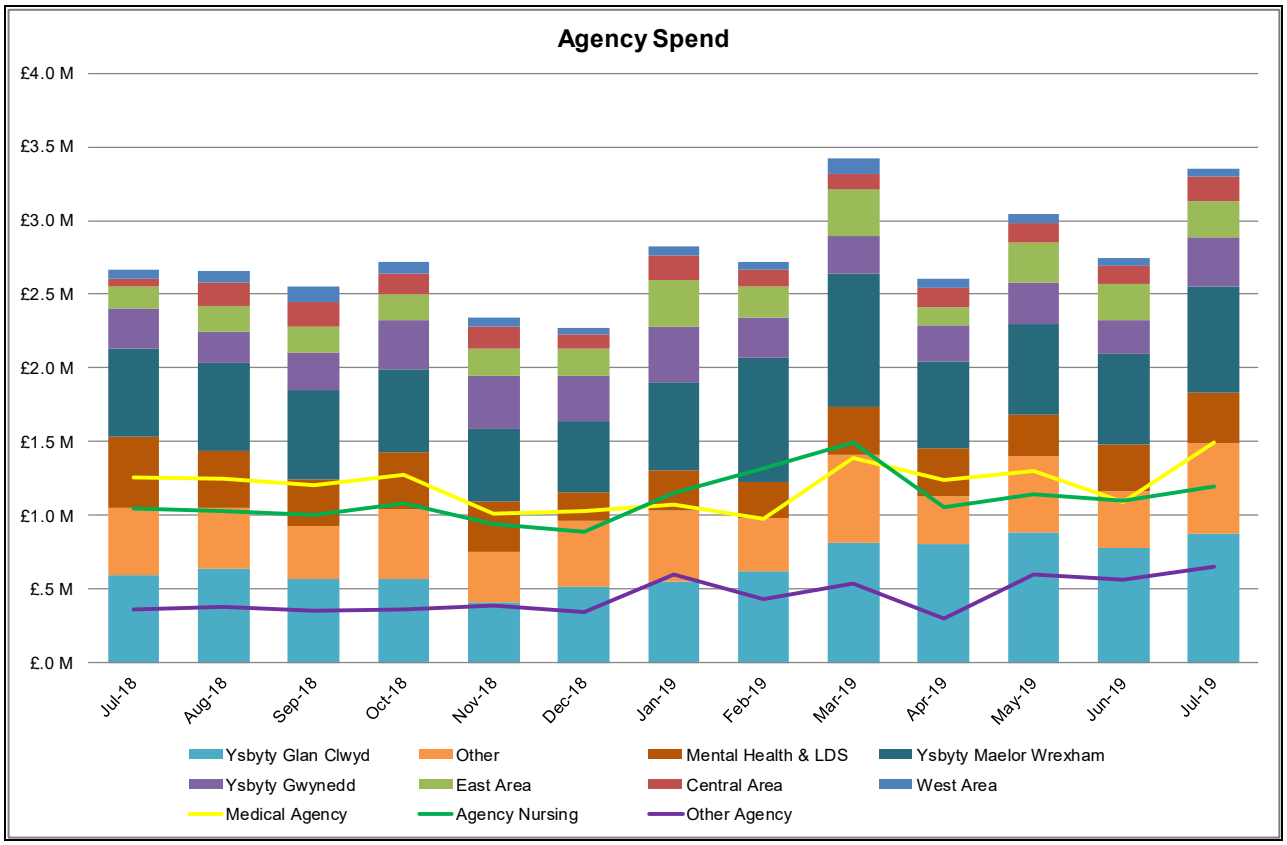


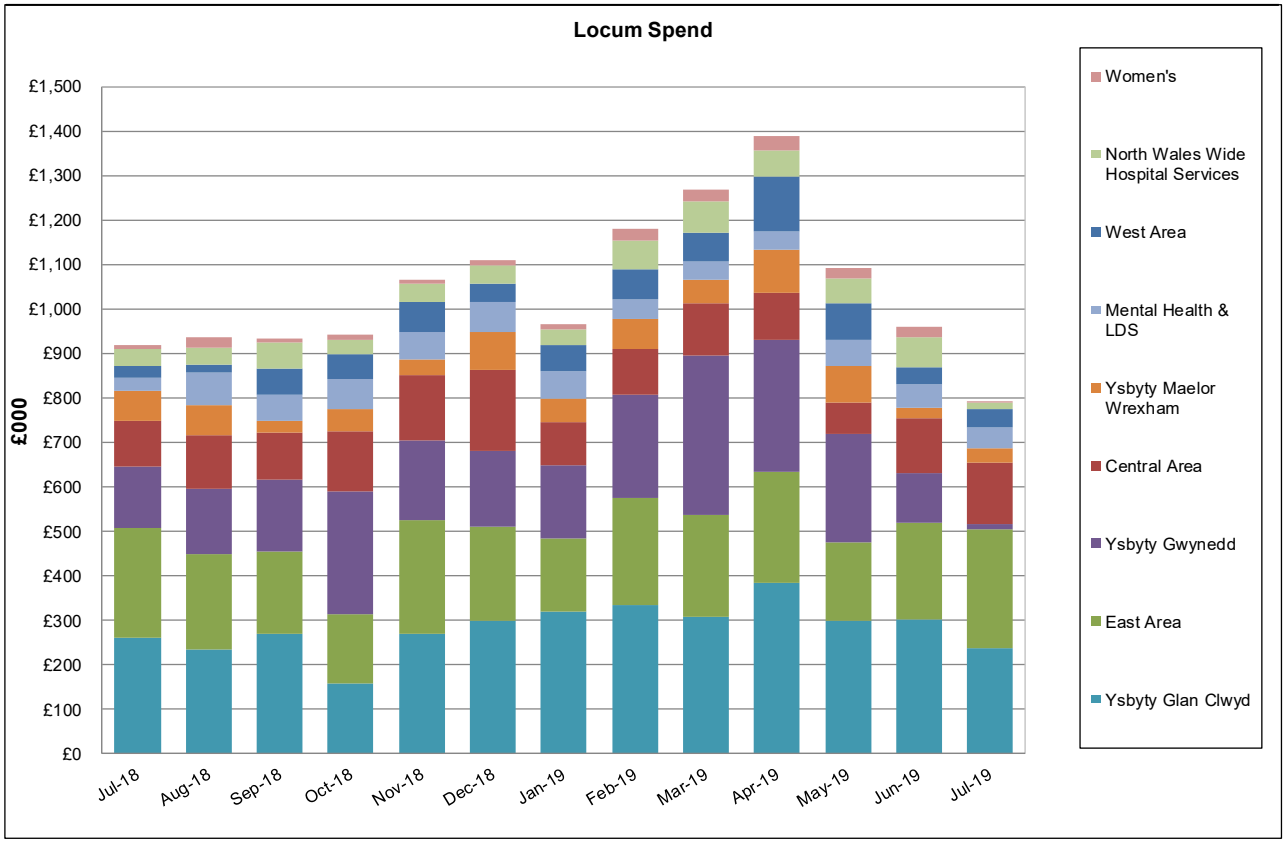
4.2 Agency and Locum Costs

- Expenditure on agency staff for Month 4 is £3.3m, representing 5.2% of total pay, an increase of £0.6m compared to June.

- Expenditure on locum staff for Month 4 is £0.8m, representing 1.2% of total pay, a decrease of £0.2m on June expenditure.

4. Pay


Agency Spend
£4.0 M
£3.5 M
£3.0 M
£2.5 M
£2.0 M
£1.5 M
£1.0 M
£.5 M
£.0 M
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Ysbyty Glan Clwyd
Other
Mental Health & LDS
Ysbyty Maelor Wrexham
Ysbyty Gwynedd
East Area
Central Area
West Area
Medical Agency
Agency Nursing
Other Agency


Locum Spend
£000
£1,500
£1,400
£1,300
£1,200
£1,100
£1,000
£900
£800
£700
£600
£500
£400
£300
£200
£100
£0
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Women's
North Wales Wide Hospital Services
West Area
Mental Health & LDS
Ysbyty Maelor Wrexham
Central Area
Ysbyty Gwynedd
East Area
Ysbyty Glan Clwyd

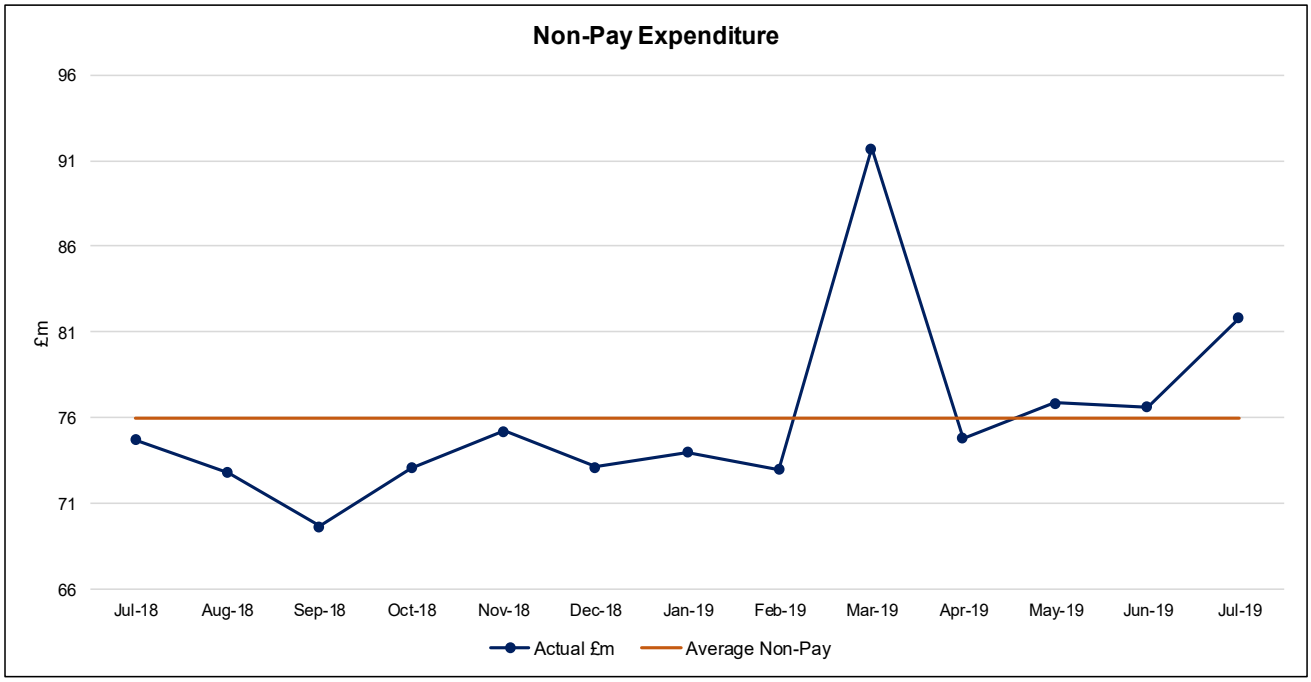
4. Pay

Key Points	
Medical Agency	Medical agency costs increased by £0.4m from June to an in-month spend of £1.5m. Increases have been seen across all of Secondary Care. The areas primarily responsible for the Month 4 costs are Ysbyty Glan Clywd (£0.5m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Womens (£0.2m) accounting for 79.7% of the in-month cost. Medical agency is primarily used to cover vacancies.
Nurse Agency	Nurse agency costs totalled £1.2m for the month, an increase of £0.1m from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), which together account for 81.4% of these costs in July.
Other Agency	Other agency costs have increased by £0.1m to £0.7m and mainly arise from Allied Health Professionals (£0.3m) and Admin and Clerical (£0.3m). Admin and Clerical agency totals £0.8m for the year to date and is primarily being used in the Nursing Executive (£0.4m) mainly for Secondary Care Management teams, Workforce & Organisation development (£0.1m) for Bank Nurse Coordinators and Medical Staffing and also in the Project Management Office within Turnaround (£0.1m).
Locums	Month 4 costs primarily relate to specialty doctors (£0.5m) and specialty registrars (£0.2m). Spend is incurred across both Secondary Care (£0.3m) and Area Teams (£0.4m). Locum costs have consistently reduced each month throughout 2019/20 and are now at lower than at any point in the prior year.

5. Non-Pay

5.1 Non-Pay

- Non-pay costs total £310.1m, giving a year to date over spend of £3.7m against the planned budget.



	Month 3 2019/120 £m	Month 4 2019/120 £m	Movement M3 to M4 £m	Monthly Average 2019/20 £m	YTD Variance £m
Primary Care	17.2	16.9	(0.3)	17.0	**(1.5)**
Primary Care Drugs	8.2	8.2	0.0	8.2	**0.5**
Secondary Care Drugs	5.6	6.3	0.7	5.9	**1.4**
Clinical Supplies	5.5	5.9	0.4	5.6	**0.1**
General Supplies	1.3	5.3	4.0	2.7	**0.4**
Healthcare Services Provided by Other NHS Bodies	21.6	23.1	1.5	21.7	**(0.7)**
Continuing Care and Funded Nursing Care	8.1	8.0	(0.1)	8.2	**0.7**
Other	5.6	5.3	(0.3)	5.5	**3.2**
Capital	3.5	2.8	(0.7)	2.9	**0.0**
Total	**76.6**	**81.8**	**5.2**	**77.7**	**4.1**

Key Points	
Primary Care	– The General Dental Service (GDS) forecast continues to be a breakeven position for 2019/20 as the Dental Reform programme in North Wales is being actively promoted. Due to the increasing levels of contractor under-performance in recent years, there has been an over-contract of 6% above budget, in anticipation that clawbacks will remain high in 2019/20. Risks to the forecast are; potential GDS contract clawbacks and increased underperformance, achieving

5. Non-Pay

	sufficient patient charge revenue against the increased target (particularly following the expansion of the Reform programme, which tends to reduce patient income) and uncertainty around whether any GDS contract inflationary uplifts in 2019/20 will be fully funded by Welsh Government. – Within General Medical Service (GMS), an increase in expected GP rates rebates reduced spend for July. This was partially offset by an increase in expenditure to reflect the contract uplift for the Global Sum. The latter is matched with anticipated Welsh Government income for the costs of the national negotiations and so does not impact on the position. Overall, the GMS budget is under spent due to the continued lower than expected uptake on the newer Enhanced Services. Further uptake will be closely monitored.
Primary Care Drugs	– Prescribing data is received two months in arrears. There are a range of forecasting options used to estimate this two months accrual and BCU uses the lowest forecast methodology in its monthly reported position. May 2019 data was received in July and showed costs similar to those for April. Cost per prescribing day has increased by 1.1% from May 2018 to May 2019. This increase has not been fully extrapolated into the 2019/20 position, therefore there remains a degree of risk in the forecast. This approach will be kept under review. – Data for April and May 2019 of the top ten areas of Prescribing growth and reduction highlights that the cost of the growth areas exceeds the savings made from reductions by £0.3m. – The £0.5m year to date overspend relates to community dressings, which were a significant cost pressure last year and have continued to be in 2019/20. A savings scheme is in place to reduce these costs and a review of the scheme, actions taken and impact on costs is scheduled for October. There is a continual review of products that remain on the Formulary for price compared to NHS Stores, with products being switched where beneficial. Improvements in District Nurse teams have been seen, however they are skewed by consultant referrals in Vascular which utilises expensive dressings.
Secondary Care Drugs	– There has been a significant increase in costs in Month 4, giving a £0.6m over spend for the month, an increase of £0.4m on the June over spend. – The key increases for July are in Oncology (£0.2m increase), Haematology (£0.1m increase), Haemophilia (£0.1m increase) and Anterior Macular Degeneration (AMD) (£0.1m increase). – Key actions that are being undertaken to reduce costs are: • Cancer services has its own Medicines Management group and is undertaking deep dive sessions into critical areas. • An Oncology savings scheme focusing on a homecare dispensing route for two drugs commenced in June and has achieved an increase from 11% - 32%. • Switches to FP10 prescribing for Cancer services have been undertaken for Centre and West, with the East scheduled to

5. Non-Pay

<table>
<tr><td></td><td>take place once staff appointments have been made, although this is unlikely to be until after October.
• A Haematology drug for transition to homecare has been identified and is planned to switch in Quarter 2.
• Haemophilia drugs being monitored, although the spike in expenditure in July related to two high cost patients with combined costs of £0.1m.
• Bangor University are undertaking a review to benchmark AMD injections against other organisations as the Health Board appears to be an outlier. A new Clinical Director for Ophthalmology has also been appointed. The number of injections and the associated cost is increasing year on year, demonstrating the need for this to be reviewed urgently:

<table>
<tr><th>Monthly Averages</th><th>No. Injections</th><th>Cost</th></tr>
<tr><td>2015/16</td><td>538</td><td>£285,802</td></tr>
<tr><td>2016/17</td><td>704</td><td>£371,388</td></tr>
<tr><td>2017/18</td><td>993</td><td>£525,861</td></tr>
<tr><td>2018/19</td><td>1,067</td><td>£555,698</td></tr>
<tr><td>2019/20</td><td>1,170</td><td>£574,114</td></tr>
</table>

– Dermatology drugs continue to be a pressure area with a year to date over spend of £0.4m. Savings through switches to biosimilar drugs are being made, but emerging pressures arising from growth in NICE drugs mean that these are not impacting on the overall position. Without a compulsory approach to the use of named drugs, these costs will continue to rise.</td></tr>
<tr><td>Clinical Supplies</td><td>– The increase in costs is primarily attributable to rises in Medical and Surgical Equipment (M&S), which is also the main area of over spend. This is particularly an issue for Theatres within Secondary Care, some of which is due to increased activity. However costs have risen above activity levels and so further investigation is taking place by Finance and Theatre Managers to determine the reasons behind this.</td></tr>
<tr><td>General Supplies</td><td>– The increase in costs in July of £4.0m primarily relates to Intermediate Care Fund (ICF) expenditure (£3.2m), which is being recognised from Month 4, with corresponding funding within income. There is no impact on the position as all schemes are fully funded.
– Additionally £0.5m of the increase relates to a journal correction in Month 3, with a compensating adjustment in income.
– Catering provisions (£0.2m adverse variance) continue to over spend as budgets have not been increased in line with activity, both from a commercial perspective and from patient meals. The Health Board continues to offer All-Wales menus.
– Translation fees (£0.1m over spent) are being investigated further through the collation of activity and discussions with the supplier to review the service provision.</td></tr>
</table>

5. Non-Pay

Healthcare Services provided by other NHS Bodies	– Costs increased in July as English contracts are now being paid on the new tariffs. These increases are funded and so there is nil impact on the position. – The WHSCC contract has a year to date under spend of (£0.5m), although it is forecast that Commissioning contracts will breakeven by the end of the year.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	– Spend on CHC has decreased by £0.1m in July, with an in-month under spend of £0.2m. FNC spend has remained static, over spending by £0.1m in the month. CHC is £0.6m over spent for the year, with FNC being £0.1m over spent. – Both Area Teams and Mental Health have seen a reduction in CHC/FNC spend this month, as a result of discharges and continuing efficiencies. Overall, there is a balanced position for July.
Other Costs	– This category includes all other areas of non-pay expenditure. – The over spend position for the year relates to: • Unallocated/unidentified savings schemes across Divisions (£3.2m) – total savings delivered by Month 4 are £6.6m against budgeted anticipated savings of £9.8m, a shortfall of £3.2m; • Travel (£0.4m) – the over spend on travel has reduced by £0.1m in July. However pressures remain on lease car costs (£0.1m) and Non-Emergency Patient Travel Service (NEPTS) (£0.2m). Discussions continue with the Welsh Ambulance Service around transferring NEPTS, with an estimated handover of October 2019. The Health Board is working on defining the service required. The journal error noted in Month 3 has been corrected and so all expenditure is real; • Postage (£0.2m) - there are several projects planned to reduce post charges from franked mail, as well as moving locally franked mail onto the central mail hub. Work is progressing with franking reviews and monitoring volumes. The volume through the hub has increased due to recent mail-shots. Discussions around the adoption of digital-mail have also commenced.
Capital	– Capital costs include depreciation and impairment costs, which are fully funded.

6. Savings

6.1 Savings Delivery

- Savings reported in Section 8 include Red Rated schemes and Efficiency Gains. These are excluded from the figures reported to Welsh Government in the Monitoring Return and hence the tables below differ slightly to the Monitoring Return tables. The figures in the rest of this report match those in the Monitoring Return.

2019/20	March Submission to WG	Savings Budget	Savings Identified				Excess / (deficit) of savings identified	Planned Risk Rating			Total	Forecast Delivery				Forecast Variance to WG Submission	Forecast Variance to Budget	Forecast Variance to Identified Savings
	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	Low £'000	Med £'000	High £'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	£'000	£'000
Ysbyty Gwynedd	1,534	2,901	970	540	650	2,160	(741)	1,489	0	671	2,160	783	497	650	1,929	395	(972)	(231)
Ysbyty Glan Clwyd	1,439	3,758	648	1,053	182	1,883	(1,876)	1,372	232	279	1,883	635	993	0	1,628	189	(2,130)	(254)
Ysbyty Wrexham Maelor	1,292	2,598	1,205	373	300	1,878	(720)	1,425	0	453	1,878	1,110	373	300	1,783	491	(815)	(96)
North Wales Managed Services	742	2,592	717	0	268	985	(1,606)	964	22	0	985	757	0	257	1,014	272	(1,577)	29
Womens Services	994	1,048	252	189	0	441	(607)	441	0	0	441	470	198	0	667	(327)	(381)	227
Secondary Care	**6,002**	**12,897**	**3,792**	**2,154**	**1,400**	**7,347**	**(5,550)**	**5,690**	**253**	**1,404**	**7,347**	**3,755**	**2,060**	**1,207**	**7,022**	**1,020**	**(5,875)**	**(325)**
Area - West	2,704	3,216	2,035	700	0	2,735	(481)	2,712	0	23	2,735	2,110	700	0	2,810	105	(407)	74
Area - Centre	3,720	4,870	3,771	0	0	3,771	(1,099)	3,592	0	179	3,771	3,519	0	0	3,519	(201)	(1,351)	(252)
Area - East	3,506	4,851	3,933	476	0	4,409	(442)	3,811	0	598	4,409	2,864	477	0	3,341	(165)	(1,510)	(1,068)
Area - Other	320	318	348	0	0	348	31	148	0	200	348	348	0	0	348	28	31	0
Contracts	463	500	350	113	0	463	(38)	154	100	209	463	350	113	0	463	0	(38)	0
Area Teams	**10,713**	**13,755**	**10,438**	**1,289**	**0**	**11,727**	**(2,028)**	**10,418**	**100**	**1,209**	**11,727**	**9,192**	**1,290**	**0**	**10,481**	**(232)**	**(3,274)**	**(1,246)**
MHLD	2,340	3,575	1,811	2,658	0	4,469	894	3,982	0	487	4,469	1,324	2,658	0	3,982	1,642	407	(487)
Corporate	1,416	4,273	2,385	12	0	2,397	(1,877)	2,234	150	13	2,397	2,308	12	0	2,320	904	(1,954)	(77)
Divisional Total	**20,470**	**34,500**	**18,426**	**6,113**	**1,400**	**25,939**	**(8,561)**	**22,324**	**503**	**3,112**	**25,939**	**16,579**	**6,019**	**1,207**	**23,805**	**3,335**	**(10,695)**	**(2,135)**
Not allocated to Divisions	**4,530**		**5,816**		**1,678**	**7,494**	**7,494**			**7,494**	**7,494**					**(4,530)**	**0**	**(7,494)**
Total Identified BCUHB Savings	**25,000**	**34,500**	**24,242**	**6,113**	**3,078**	**33,433**	**(1,067)**	**22,324**	**503**	**10,606**	**33,433**	**16,579**	**6,019**	**1,207**	**23,805**	**(1,195)**	**(10,695)**	**(9,629)**

6. Savings

2019/20	March Submission to WG YTD Profile	YTD Budget	YTD Planned as per tracker				YTD Delivered				YTD Variance to WG Submission	YTD Variance to Budget	YTD Variance to Plan	Rest of Year Delivery
Based on £34.5m	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	422	836	215	180	217	612	197	50	37	284	(139)	(553)	(329)	1,646
Ysbyty Glan Clwyd	302	1,226	115	9	0	124	156	9	0	164	(137)	(1,061)	41	1,464
Ysbyty Wrexham Maelor	188	673	183	15	52	250	224	15	52	291	104	(381)	41	1,491
North Wales Managed Services	127	797	143	0	84	227	172	0	78	250	123	(547)	23	764
Womens Services	123	339	60	63	0	123	156	121	0	277	154	(62)	154	391
Secondary Care	**1,161**	**3,870**	**716**	**267**	**353**	**1,335**	**905**	**195**	**167**	**1,266**	**105**	**(2,604)**	**(69)**	**5,756**
Area - West	898	969	598	233	0	832	832	195	0	1,027	129	58	195	1,783
Area - Centre	923	1,364	1,037	0	0	1,037	1,164	0	0	1,164	241	(200)	127	2,355
Area - East	1,061	1,479	1,184	195	0	1,379	1,295	196	0	1,491	431	12	112	1,850
Area - Other	64	115	69	0	0	69	49	0	0	49	(15)	(67)	(20)	300
Contracts	47	47	42	5	0	47	42	0	0	42	(5)	(5)	(5)	421
Area Teams	**2,993**	**3,974**	**2,930**	**433**	**0**	**3,363**	**3,382**	**391**	**0**	**3,773**	**780**	**(201)**	**410**	**6,708**
MHLD	409	785	130	435	0	565	88	953	0	1,041	632	256	476	2,941
Corporate	411	1,176	756	4	0	760	744	4	0	748	336	(428)	(13)	1,572
Divisional Total	**4,974**	**9,805**	**4,532**	**1,139**	**353**	**6,023**	**5,119**	**1,543**	**167**	**6,828**	**1,854**	**(2,977)**	**805**	**16,977**
In Development	**800**					**0**				**0**	**(800)**	**0**	**0**	
Total BCUHB Savings	**5,774**	**9,805**	**4,532**	**1,139**	**353**	**6,023**	**5,119**	**1,543**	**167**	**6,828**	**1,054**	**(2,977)**	**805**	**16,977**

6. Savings

6.2 Impact on Position

- Savings delivery has increased monthly over the first four months of 2019/20, however there has not been a corresponding improvement in the monthly position. This is due to the underlying position deteriorating by more than the increase in savings achieved. The table below highlights what the monthly position would be without the impact of savings.

- To bring the Health Board back into financial balance, the underlying spend needs to be reduced in combination with increased savings delivery.

	Month 1			Month 2			Month 3			Month 4			Cumulative		
	Reported Position £000	Savings Delivered £000	Underlying Variance £000	Reported Position £000	Savings Delivered £000	Underlying Variance £000	Reported Position £000	Savings Delivered £000	Underlying Variance £000	Reported Position £000	Savings Delivered £000	Underlying Variance £000	Reported Position £000	Savings Delivered £000	Underlying Variance £000
Area - West	83	213	296	24	296	320	1	269	270	(24)	250	226	84	1,027	1,111
Area - Centre	(112)	236	124	70	469	539	(79)	189	110	(2)	270	268	(123)	1,164	1,041
Area - East	(28)	297	269	162	250	412	23	286	309	121	658	779	278	1,491	1,769
Area - Other	(267)	12	(255)	(186)	12	(174)	(151)	12	(139)	(497)	12	(485)	(1,101)	49	(1,052)
Contracts	(81)	9	(72)	(73)	10	(64)	70	12	82	(344)	12	(332)	(428)	42	(386)
Area Teams	**(405)**	**767**	**362**	**(3)**	**1,036**	**1,033**	**(136)**	**768**	**632**	**(746)**	**1,203**	**457**	**(1,290)**	**3,773**	**2,483**
Ysbyty Gwynedd	247	41	288	141	50	191	116	130	246	208	63	271	712	284	996
Ysbyty Glan Clwyd	426	11	437	446	53	499	391	25	416	731	76	807	1,994	164	2,158
Ysbyty Wrexham Maelor	125	37	162	143	57	200	83	57	140	201	140	341	552	291	843
North Wales Managed Services	149	22	171	(57)	22	(35)	(58)	108	50	567	97	664	601	249	850
Womens Services	40	58	98	54	72	126	(173)	74	(99)	33	73	106	(46)	277	231
Secondary Care	**987**	**169**	**1,156**	**727**	**254**	**981**	**359**	**395**	**754**	**1,740**	**448**	**2,188**	**3,813**	**1,266**	**5,079**
MHLD	**223**	**26**	**249**	**(44)**	**38**	**(6)**	**(60)**	**510**	**450**	**(61)**	**466**	**405**	**58**	**1,041**	**1,099**
Corporate	**43**	**173**	**216**	**57**	**129**	**186**	**(27)**	**128**	**101**	**123**	**317**	**440**	**196**	**748**	**944**
Other	59	0	59	62	0	62	362	0	362	(291)	0	(291)	192	0	192
Total Health Board	**907**	**1,135**	**2,042**	**799**	**1,457**	**2,256**	**498**	**1,801**	**2,299**	**765**	**2,434**	**3,199**	**2,969**	**6,828**	**9,797**

7. Balance Sheet

7.1 Balance Sheet

Balance sheet as at Month 4 2019/20	Opening balance £000	M4 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	619,318	(8,088)
Other Non Current Assets	69,363	69,363	0
Current Assets:			0
Inventories	16,077	16,345	268
Trade and other receivables	66,441	52,987	(13,454)
Cash	3,972	4,460	488
Total Assets	783,259	762,473	(20,786)
Liabilities:			
Trade and other payables	142,428	130,483	(11,945)
Provisions	110,432	108,727	(1,705)
Total Liabilities	252,860	239,210	(13,650)
	530,399	**523,263**	**(7,136)**
Financed by:			
General Fund	402,323	395,187	(7,136)
Revaluation Reserve	128,076	128,076	0
Total Funding	**530,399**	**523,263**	**(7,136)**

- Key movements include:

  - Fixed Assets: Depreciation, less newly capitalised additions.
  - Trade and other receivables: Additional resource drawdown from Welsh Government in respect of the year-to-date deficit, ahead of allocation phasing.
  - Trade and other payables: Reductions in commissioning accruals, accounts payable balances, capital creditors and CHC/FNC accruals.
  - Provisions: Reductions in CHC/FNC provisions.
  - General Fund: Year to date deficit less drawdown of capital resource from Welsh Government.

7.2 Cash

- The closing cash balance as at 31st July 2019 was £4.5m which included £3.9m of cash held for capital expenditure. The revenue cash balance of £0.6m was within the internal target set by the Health Board.

- It is currently anticipated that £35m of strategic cash support and £10m of working capital balances support will be required by the Health Board in 2019/20. These figures will be finalised later in the year and a formal request submitted to Welsh Government following agreement from the Board.

7. Balance Sheet

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	**(44,693)**
Anticipated Funding requests	
Strategic cash assistance	35,000
Working capital balances support	10,000
Forecast closing revenue cash balance	**307**

7.3 Public Sector Payment Policy

PSPP target: to pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %	Trend
Cumulative year to date % of invoices paid within 30 days (by number) - forecast green	95.9%	

7.4 Capital

- The Capital Resource Limit at Month 4 is £22.2m.
- Year to date expenditure is £3.3m against a plan of £4.0m. The year to date slippage of £0.7m will be recovered throughout the remainder of the year.

7. Balance Sheet

All Wales Schemes	CRL/ Planned YTD 2019/20 £'000	2019/20 Forecast Out-turn £'000	Variance £'000	2019/20 Expenditure M4 £'000	YTD Planned £'000	Narrative
Capital Projects Approved Funding						
SuRNICC - FBC works	350	574	224	76	109	SuRNICC is complete and operational. There has been a slight delay in undertaking the work for the Paediatric Enhanced Care Area. The completion of the multi faith room is due to be completed in September 2019.
PAS System	830	1,089	259	92	110	The project board has agreed on a revised programme with a completion date November 2020. The CRL has been revised in Month 4, however will be reviewed again in September 2019.
Substance Misuse - The Elms Development	265	625	360	363	391	The contractor is progressing well on the site and the scheme has been handed over. External works is in progress and the final account will be reviewed shortly.
Substance Misuse - Holyhead, Anglesey	418	676	258	1	0	The scheme is design stage. Once completed it will go tender.
Substance Misuse - Shotton, Flintshire	1,325	1,340	15	3	0	The scheme is design stage. Once completed it will go tender.
Emergency Department System	701	701	0	0	0	The scheme is currently being reviewed and a formal programme will be produced.
Ysbyty Gwynedd - Emergency Department	1,496	2,526	1,030	1,269	1,384	The scheme is progressing well and is due to complete in September 2019.
North Denbighshire Community Hospital	2,404	2,404	0	0	0	The Health Board, as agreed by the Finance and Performance Committee, will be appointing a new Supply Chain Partner for the scheme. As a result there will be delays in progressing the scheme.
Progress Redevelopment of Ablett Unit @ YGC from SOC to OBC	849	849	0	10	0	The Outline Business Case is being progressed and the fees will be due this financial year.
Orthopaedic Plan Fees to BJC	600	600	0	0	0	The scheme is currently in design stage and fees will be due this financial year.
All Wales Total	**9,238**	**11,384**	**2,146**	**1,814**	**1,994**	
Discretionary Total	12,921	10,775	(2,146)	1,468	1,957	The discretionary capital programme has been formally agreed by the Finance and Performance Committee. The programme is progressing.
Overall Total	**22,159**	**22,159**	**0**	**3,282**	**3,951**	

8. Risks and Opportunities

8.1 Risks

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
1	Prescribing	Prescribing data is only received two months in arrears. There are a range of forecasting options used to estimate this two months accrual ranging from the all-Wales HSW Forecast to a BCU locally derived version. BCU uses the lowest forecast methodology in its monthly reported position, giving rise to a possible financial risk between the BCU model and the worst-case model. The estimated risk does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list, which therefore represents an additional (unquantified) risk. There is also an emerging potential risk in relation to a National Category M drug price increase (historically has been a price reduction) that may be set in place in Quarter 2.	(2.25)	The risk is reviewed and updated monthly as the latest prescribing data becomes available. May 2019 data was received late in August and showed costs similar to those for April. However, cost per prescribing day has increased by 1.1% from May 2018 to May 2019. This increase, as it is only 2 months of data has not been fully extrapolated into the 2019/20 position, giving rise to a risk against the best-case forecast used. There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. Head of Pharmacy and Finance leads meet monthly to discuss and share areas of cost growth and savings opportunity in order to mitigate the risk.	Berwyn Owen as Chief Pharmacist supported by Nigel McCann, CFO Central Area as Prescribing Finance Lead
2	Continuing Healthcare (CHC)	The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages. The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health (OPMH) CHC. There has been a significant increase in the number of cases within recent months, some of which are high cost 1:1 cases.	(1.8)	This is monitored monthly and Divisions are developing cost avoidance schemes to mitigate against this impact. The Area Teams are working with Mental Health to try to resolve the issue, but there is a growing trend in dementia patients with a pressure on available bed capacity. Despite a positive performance in July, significant risk still remains.	Rob Nolan, Finance Director –Commissioning & Strategy

8. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
3	Under-performance of savings plans	To address our deficit the Health Board will be required to deliver its significant savings target. There is a risk that savings schemes will not deliver quickly enough the required level of savings to ensure the Health Board addresses its deficit in the current year. The Health Board has a process and track record of delivering cash releasing savings of circa £20.0m per annum. Current targets are higher than track record, and additional savings will also be required to deal with cost pressures that arise throughout the year (including the shortfall in savings and overspends up to Month 4) and other emerging shortfalls. At Month 4, the Health Board has £7.8m of unidentified schemes and a risk on under-performing identified schemes of £1.2m. This gives a total risk of £9m. The additional savings measures that will need to be introduced to progress from a plan of £35.0m towards a control total of £25.0m represent an additional risk.	(9.0)	PwC are working with the Health Board with the aim to ensure delivery of the savings quantum. They have identified additional savings opportunities as part of their ongoing work. Improvements have been made to the process of identification and conversion of plans into schemes. Work continues on the development of further resource utilisation schemes, which will form an important part of the Health Board's efficiency programme for 2019/20.	Pat Crawford, Interim Financial Turnaround Consultant

8. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
4	Hallett v Derby Hospitals NHS Foundation Trust [2018] EWHC 796 QB	This was a significant test case for the NHS. The court examined provisions in F1 doctor employment contracts obliging their employers to monitor working hours and natural breaks. It examined the extent to which certain documents had been incorporated into their contracts, finding that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. Court also considered how NHS might exercise discretion to adopt rational monitoring methodology. The court found in favour of the claimant. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software.		It has not yet been determined whether this case will impact on the Health Board and if it does, what the financial implications may be. Workforce & Organisational Development are conducting further investigations.	Sue Green, Executive Director of Workforce & Organisational Development
		Total	**(13.05)**		

8.2 Opportunities

- Relative to reported risks of £13.05m, we have reported to Welsh Government partial mitigation at this stage.
- The Recovery Director and has been appointed and additional resource is in place to support delivery of the savings programme and to identify an additional £10.0m of cash releasing savings, and to support grip and control actions that will drive financial benefit and other improvements.

9. Summary

9.1 Key Actions

- Additional stretch savings targets totaling £10.0m have been allocated to Divisions to move the Health Board towards delivering its plan and control total. Savings plans are being developed and implemented to meet these targets.

- The additional stretch targets need to be incorporated within the budgetary management system, to enable effective oversight for the remainder of the financial year.

- Divisional Recovery meetings led by the Recovery Director to focus on key pressures, identify areas for improvement and drive financial recovery.

- Improvement Groups are being developed further, focusing on short-term financial recovery as well as longer term transformational and service improvement schemes.

9.2 Conclusions

- The Health Board's planned forecast for 2019/20 is £35.0m. This is based on an underlying brought forward deficit of £56.4m. The Month 4 position is a deficit of £14.6m, giving a year to date position which is £3.0m higher than the initial plan deficit.

- A plan has been developed to move towards achievement of plan and the £25.0m control total set by Welsh Government. The key aspect of this is that additional stretch savings targets have been allocated out to services; £10.0m beyond those allocated out within the initial plan and budgets.

- The July position reflects a deterioration of £0.3m on Month 3 relating to increases in costs for agency staff and Secondary Care drugs. The key over spending division is Secondary Care, where high agency usage and drugs costs have had an adverse impact.

9.3 Recommendation

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising the significant risks to the financial position.

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

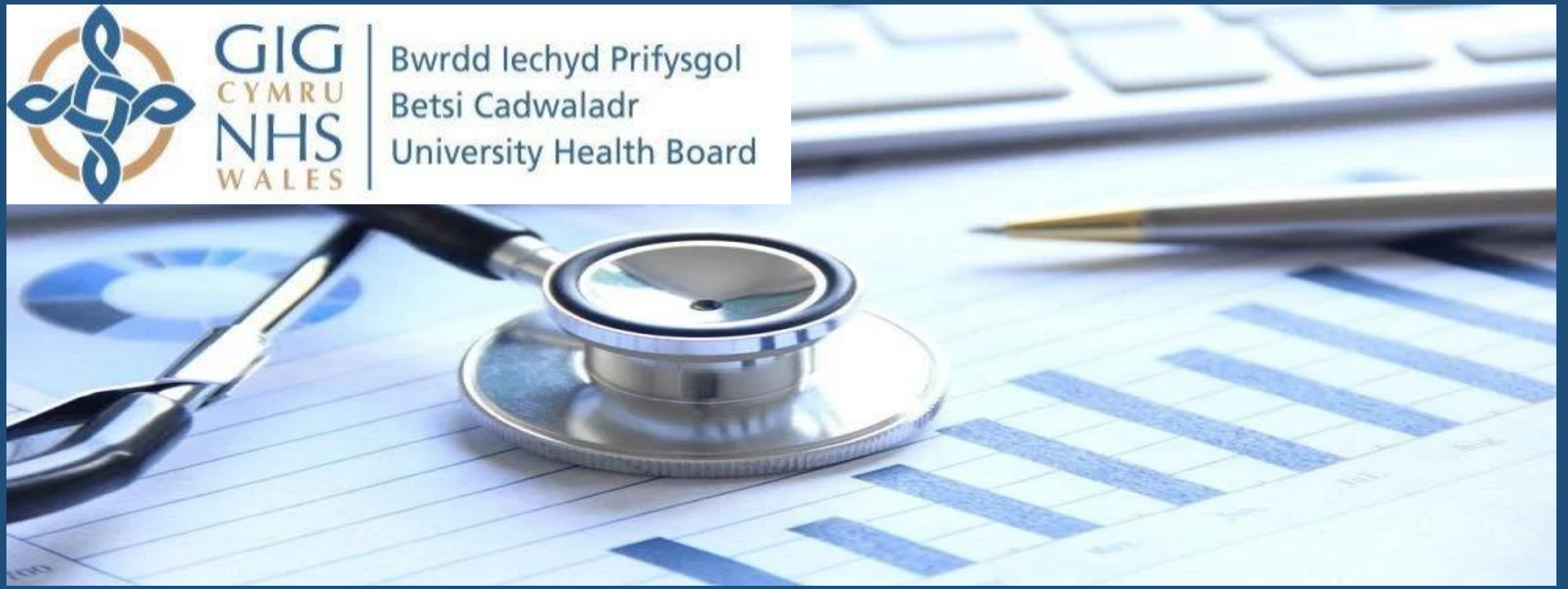
Report Title:	Annual Plan Progress Monitoring Report
Report Author:	Dr Jill Newman, Director of Performance Mr Edward Williams, Head of Performance Assurance
Responsible Director:	Mr Mark Wilkinson Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	This paper provides the Health Board with a self-assessment of progress against the key actions within the Health Board's operational plan for 2019-20
Approval / Scrutiny Route Prior to Presentation:	This paper has been approved by the Executive Team through a peer review progress and submitted to the Finance and Performance Committee of the Board at its August meeting
Governance issues / risks:	The paper identifies through the RAGP rating any actions where there is a risk to delivery. Where the risk is rated red a statement is provided as to the reasons and actions being taken to address. Quarterly the progress against milestones are assessed and a random sample of evidence to support the self –assessments is undertaken.
Financial Implications:	The actions within the operational plan are in line with the Health Board's financial plan
Recommendation:	The Health Board is asked to note the progress in implementing the operational plan

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√

3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance Strategic and Service Planning			
Equality Impact Assessment			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Three Year Outlook and 2019/20 Annual Plan: Monitoring of Progress against Actions



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Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

About this Report

This report presents performance against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions . Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk.

Where the RAG letter is blue instead of white in a cell, this indicates a Milestone. The letter P in a purple cell states the Action has been achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points expaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Programme Health Improvement & Health Inequalities Matrix

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and Milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G								M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G								
AP003	Explore community pharmacy to deliver new lifestyle change opportunies	Executive Director of Public Health	G	G	G	G								M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G								M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G		M						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G					M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G					M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		A	A	A								M

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Programme Care Closer to Home Matrix

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A		M						M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G					M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G								M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G		M						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G					M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A		M						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G								M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A								M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G								M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A					M			

AP018 CHC: A Standard Operating Procedure has been developed outlining the key principles , roles and responsibilities for the Commissioning of Adult mental Health and Learning Disabilities. The SoP incorporates the key components from the National Framework for implementation in Wales (WAG 2014), alongside other relevant guidance and good practice, including current legislation. To support staff, flow charts have been developed for ease of reference and guidance. A training programme will be also be further developed to support staff alongside the implementation **of the SoP**

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July 2019

Programme Planned Care Matrix

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R		M						M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	G	G	A	A		M						
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	A	A	A	R		M						
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A					M			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	G	G	A	A		M						
	Implement year one plans for Endoscopy	Executive Director Health Sciences	G	G	A	R								
	Systematic review and plans developed to address diagnostic service sustainability		G	G	A	R								M
	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A								M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G					M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G								
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G								M

AP021 Urology: The urology business case is under active preparation however it will not be complete by the end of September. An All Wales approach is now being developed for robotic assisted surgery which has had some impact on timescales. Capacity to write the case has now been strengthened. A separate update on robotic assisted surgery is provided for this meeting.

AP023 Eye Care Measure: Work is proceeding assisted by the recent appointment of a project manager using allocated funds from Welsh Government. The business case is on track for completion in November 2019

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Programme Unscheduled Care Matrix

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP029	**Demand** Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	G	G	G	G					M			
AP030	**Demand** Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A		M			M			M
AP031	**Demand** Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A		M						
AP032	**Demand** Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A		M						M
AP033	**Demand** Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A								M
AP034	**Flow** Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G		M						
	Flow Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G		M						
AP035	**Flow** SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A		M			M			
AP036	**Flow** Ablett / PICU for Mental Health (linked to estates section/ plan)	Executive Director of MH & LD	G	A	A	A								M
AP037	**Flow** Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G		M			M			
AP038	**Discharge** Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A		M						M
AP039	Stroke Services	Executive Medical Director	A	A	R	A								

Three Year Outlook and 2019/20 Annual Plan
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Programme Workforce Matrix

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director WOD	G	G	G	G		M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director WOD	G	G	G	G		M						M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director WOD	A	A	A	A		M						M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director WOD	G	A	A	A		M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director WOD	A	G	G	G		M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director WOD	G	G	A	G		M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director WOD	G	A	A	A		M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director WOD	G	G	G	G					M			M
AP049	Provide ‘one stop shop’ enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director WOD	A	A	A	A		M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director WOD	A	G	G	G		M			M			M

Three Year Outlook and 2019/20 Annual Plan
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Programme Digital Health Matrix

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G		M						M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R		M			M			M
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G		M						M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G		M						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A		M						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A								M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G		M						M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A								M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A								M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G								M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G		M						

WCCIS: Due to delays in development of this product and the order of the roll out across Wales BCU is no longer in a position to test the implementation during 2019-20. Discussions are continuing nationally to confirm revised programme for roll out and adoption of the product in Health.

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Programme Estates Strategy Matrix

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G								M
AP063	Primary Care Project Pipeline		G	G	G	G								M
AP064	Well-being Hubs		G	G	A	A								M
AP066	Ruthin Hospital		G	G	G	G								M
AP067	Vale of Clwyd		G	G	G	G								M
AP068	Orthopaedic Services		G	G	G	G								M
AP069	Ablett Mental Health Unit		G	G	G	G								M
AP070	Wrexham Maelor Infrastructure		R	R	R	R		M						
AP071	Hospital Redevelopments		G	G	G	G								M
AP072	Central Medical Records		G	G	G	G								M
AP073	Residencies		G	G	G	G								M
AP074	Integrated Care Fund (ICF) Schemes		G	G	G	G								

AP070 -The Programme Business Case has been approved by the Executive Team and will be presented to the August Finance and Performance Committee.

Three Year Outlook and 2019/20 Annual Plan
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Appendix A: Further Information

The Annual Plan is included on page 423 of the July 2019 Health Board papers.

The link to these papers is shown below:

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Integrated Quality and Performance Report
Report Author:	Dr Jill Newman, Director of Performance Mr Edward Williams, Head of Performance Assurance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	This paper provides the Board with detail of the latest performance aligned to the NHS Annual Delivery Framework for Key Performance Indicators. Where performance is below the national target an exception report is provided to indicate actions being take to improve performance.
Approval / Scrutiny Route Prior to Presentation:	The Finance and Performance Committee have scrutinised the content of the areas which fall under their remit. Given the timing of meetings there has not been a Quality, Safety and Experience Committee to review the quality indicators and therefore these will be subject to scrutiny in the September meeting of this committee.
Governance issues / risks:	The Executive Summary highlights the issues of greatest concern to the Health Board as : Planned Care, Unscheduled Care and Finance.
Financial Implications:	Welsh Government have made additional resources available to support delivery of aspects of planned care. The financial position is highlighted as a concern for the Board
Recommendation:	The Board are asked to note the current performance and consider the actions being taken to deliver improved performance.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√

2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Performance is part of the Special Measures Improvement Framework

Equality Impact Assessment

The report considers the performance against the Operational Plan of the Board which has had an EqIA carried out

Integrated Quality and Performance Report – Health Board

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

July 2019

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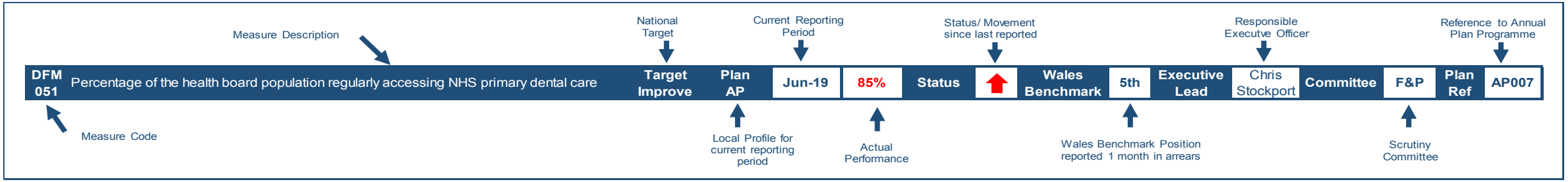
Chapter 4 is reserved for Special Measures indicators and will be populated once agreed

About this Report

This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against a selected number of **Key Performance Indicators (KPI)** that have been grouped together to triangulate information. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus and as such the resulting Actions should be recorded and disseminated accordingly using the '**Outcomes & Actions**' sheet provided.
The measure code relates to the code applied within the NHS Wales Annual Delivery Framework, which the Welsh Government hold the Board accountable for delivering. A key difference in the structure of the IQPR for 2019/20 compared to 2018/19 is that the report reflects the organisational priorities as set out in the Board's Annual Plan.
Each of the reported measures are mapped to the corresponding work programme via a reference number at the right hand side of the Measure Component Bar (shown below). The next page contains a list of the Programmes in the Annual Plan aligned to the committees of the Board. The actual performance reported is compared to the national target in the first instance, with the colour of the font used to depict whether the performance is better or worse than target. Where a local plan is in place to deliver improved performance overtime the actual performance should also be considered against this plan. To assist with this the national target and the BCU profile for the period are shown on the summary pages.

Description of the KPI bar Components:



Status Key:

Not Achieved Better	Not Achieved Worse	Not Achieved Static	Achieved Static	Achieved Worse	Achieved Better
↑	↓	←	→	↓	↑

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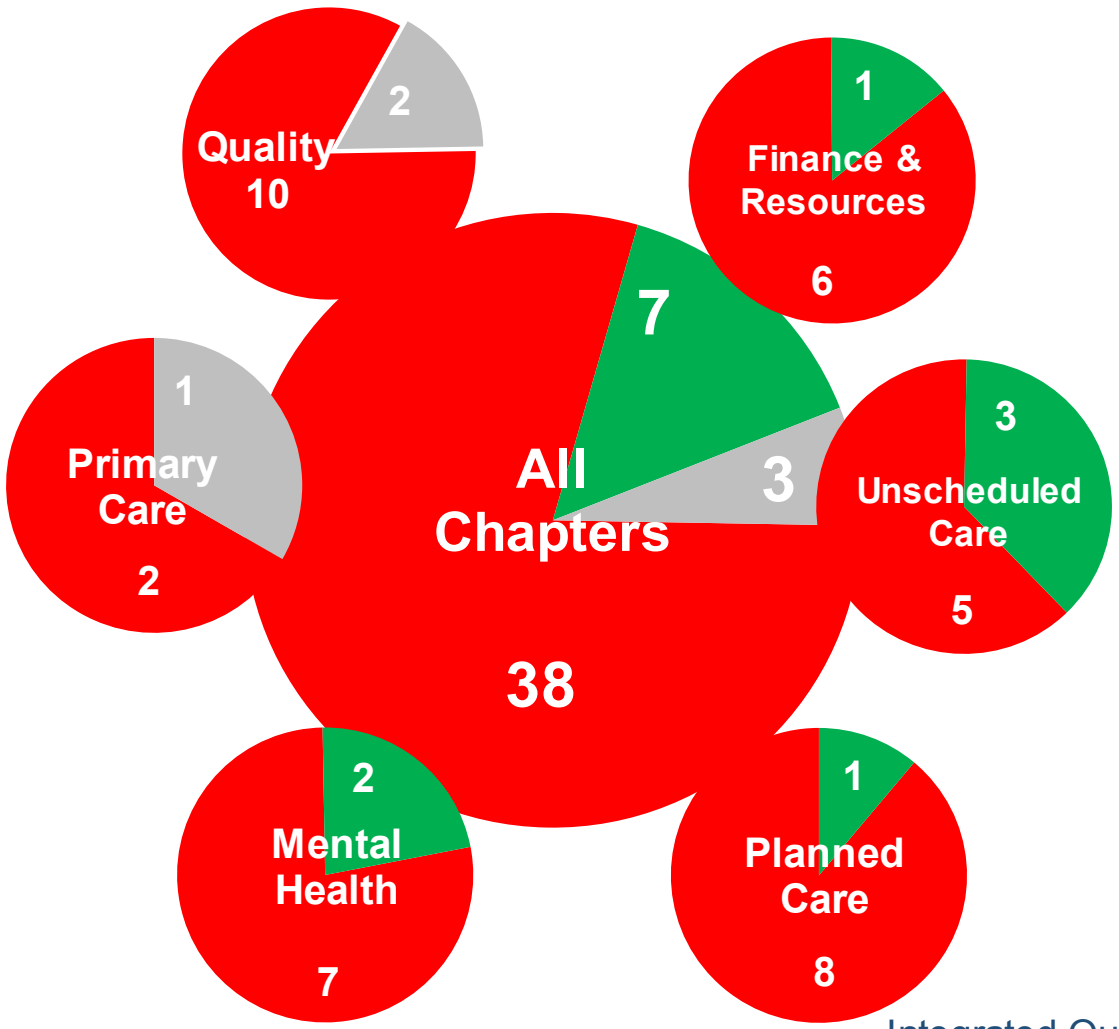
Annual Plan No	Annual Plan Programme
AP001	Smoking Cessation Opportunities increased through 'Help Me Quit' programmes
AP004	Delivery of ICAN Campaign promoting mental well-being across North Wales communities
AP005	Implement the 'Together for Children and Young People Change Programme'
AP006	Improve outcomes in first 1000 days programmes
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up
AP013	Develop and implement plans to support Primary Care sustainability
AP015	Implementation of RPB Learning Disability Strategy
AP025	Fully realise the benefits of the newly established SuRNICC Service
AP027	Develop Rehabilitation Model for people with Mental Health or Learning Disability
AP039	Implement Year Three of the'Quality Improvement Strategy'
AP045	Develop a 'Strategic Equality Plan for 2020-2024
AP047	Develop an integrated workforce development model for key staff groups with health and social care partners
NIP	Not in Plan *i.e. Measures are required by NHS Wales Delivery Framework, but are not linked to actions in the Operational Plan*

Annual Plan No	Annual Plan Programme
AP022	Transform Eye Care Pathway to deliver more care closer to home, delivered in partnership with local optometrists
AP024	Systematic reviews and plans developed to address service sustainability for all planned care specialties. Implement Year One plans, for example Endoscopy, Rheumatology and Gynaecology
AP026	Implement new Single Cancer Pathway across North Wales
AP028	Demand: Improved Urgent Care Out of Hours / 111 Service
AP029	Demand: Enhanced Care Closer to Home Pathways
AP031	Demand: Improved Mental Health crisis response
AP033	Flow: Emergency Medical Model
AP037	Discharge: Integrated Health and Social care
AP038	Stroke Services
AP041	Build on Quality Improvement work to develop the BCU improvement system and delivery plan for efficient, value based health care
AP043	Deliver Year One of the 'Health & Safety Improvement Programme' focussing on high risk/ high impact priorities whilst creating the environment for a safety culture
AP046	Deliver Year One 'Leadership Development Programme' to priority triumvirates
AP056	Delivery of information content to support flow / efficiency
NIP	Not in Plan i.e. Measures are required by NHS Wales Delivery Framework, but are not linked to actions in the Operational Plan

Summary Dashboard



Headlines

Most Improved

Measure	Performance	(Target)	Plan
*Total Number of Measures Improved	17		
*Total Number of Measures Static	7		
Stroke Care: Admission within 4 Hours	56.00%	>= 55.5%	>= 50%
Serious Incidents: Healthcare Acquired Pressure Ulcers (HAPU)	2	0	0
Ambulance Handovers over 1 Hour	811	0	248
PADR Rate (%)	72.00%	>= 85%	>=79%
MHM1a - Assessments within 28 Days (CAMHS)	79.4%	>= 80%	>=80%

Of Most Concern

Measure	Performance	(Target)	Plan
*Total Number of Measures Worse	20	0	
Emergency Department 4 Hour Waits (inc MIU)	73.72%	>= 95%	>= 74%
Referral to Treatment (RTT): => 36 Weeks	8,900	0.00	8846
Follow Up Waiting List Backlog	88,648	<= 74,555	<=87,712
Diagnostic Waits: > 8 Weeks	2,793	0	<= 2,666

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Executive Summary

Overall Summary of Performance:

The Board are advised to consider the under-performance of three key areas within this report:

- Planned Care especially referral to treatment (RTT) and the endoscopy component of diagnostics
- Unscheduled Care especially the 4 hour combined Emergency Department (ED) and Minor Injury Units (MIU) and the 12 hour ED performance
- Finance, noting this is covered in more depth in other papers of the board.

The performance on **planned care** is of particular concern with the volume of over 36 week waits continuing to increase and the rate of deterioration increasing month on month. The board are advised that an additional £11.85m has been allocated by Welsh Government to improve the delivery of RTT and diagnostics. The August Finance and Performance Committee received details of the RTT improvement plan and the profile for waiting list reduction. This plan includes delivery of core activity at specialty and site level, improved efficiency and productivity, changes in patient booking practices, additional internal and externally contracted activity and continuation of waiting list validation . These actions are set within a framework of increased grip and control to ensure available capacity is directed to the longest waiting patients. The specialty with the highest volume of over 36 week patients is orthopaedics. Welsh Government has provided additional resource to support three aspects of the orthopaedic plan: Community Musculoskeletal assessment and treatment services, consultant expansion, and design and procurement costs associated with additional capital investment.

The diagnostic over 8 week breach position is mainly attributable to delays in accessing endoscopy. This service delivers investigations for: cancer patients, surveillance patients, bowel screening and routine 8 week waits. Work has been undertaken to schedule capacity based on clinical urgency, enabling the urgent suspected cancer waiting times to return to within the expected 2 week standard. However the demand and capacity analysis demonstrates investment is required to support a sustainable service model and therefore a business case has been produced. Short to medium term solutions have been put in place to reduce the immediate backlog through additional sessions provided in-house, via a mobile vanguard unit which is expected to be operational from September and through a proposed in-sourcing contract.

Cancer- the single cancer pathway is formally reported this month with BCU performance being 2nd across Wales at 78%. The 31 day target continues to be delivered at above 98% . The performance of 80.4% in June on Urgent suspected cancer 62 day pathways is a reflection of the work in reducing the backlog and recovering the endoscopy access times. It is expected this performance will increase to above 85% in July.

Unscheduled Care performance remains a concern. While improvement is noted in handover times for ambulances demonstrating increased community coverage to respond to life-threatening calls and reduction in “lost” ambulance hours on hospital forecourts, the 4 and 12 hour performance continues to show variation between sites. The Wrexham site have undertaken a rapid improvement week in August. The same day emergency care unit (SDEC) has opened in YGC to complement the ambulatory care unit in Llandudno and reduce demand on ED. Delayed transfer of care (DTOC) performance continues to be improved compared to 2018/19 and focus is being given to early discharge planning with discharge to assess programmes.

Within the area of Quality, infection prevention and control information demonstrates non-compliance with the national targets. In order to understand this in greater depth this is split out as a local indicator for hospital acquired infection demonstrating that the majority of infections are arising in the wider community.

Chapter 1: Summary

Quality

Measure	Status		(Target)	Plan
Infection Prevention: E.Coli	83.77	↑	<= 39	<= 39
Infection Prevention: S.Aureus	28.35	↑	<= 20	<= 12
Infection Prevention: C.Difficile	24.06	↑	<=22	TBC
Infection Prevention: Klebsiela	18.47	↓	<=9	TBC
Infection Prevention: Aeruginosa	4.73	↓	<= 3	<= 3
Serious Incidents: Patient Falls	19	↓	<= 11	<= 11
Serious Incidents: Healthcare Acquired Pressure Ulcers (HAPU)	2	↓	0	0
Concerns: Timely Replies	52.00%	↑	>= 75%	>= 40%
Mortality: Universal Mortality Reviews (UMR)	86.00%	↓	>= 95%	>= 95%
Mortality: Crude Mortality Rate (74 years of age or less)	0.76%	↑	Reduce	<= 0.70%
Smoking Cessation: Quit Attempt			>= 5%	>= 3.9%
Smoking Cessation: Quit Validated			>= 40%	>= 38.0%

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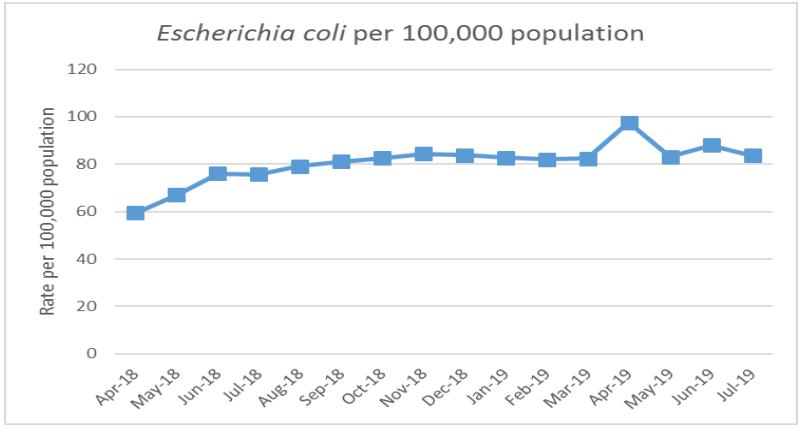
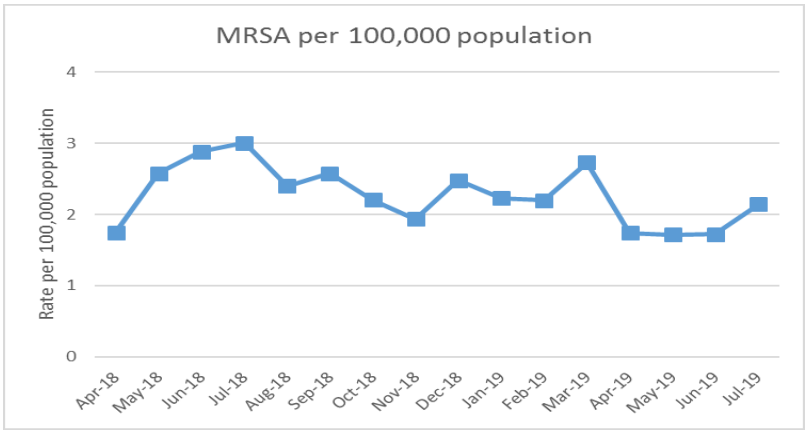
Infection Prevention Graphs

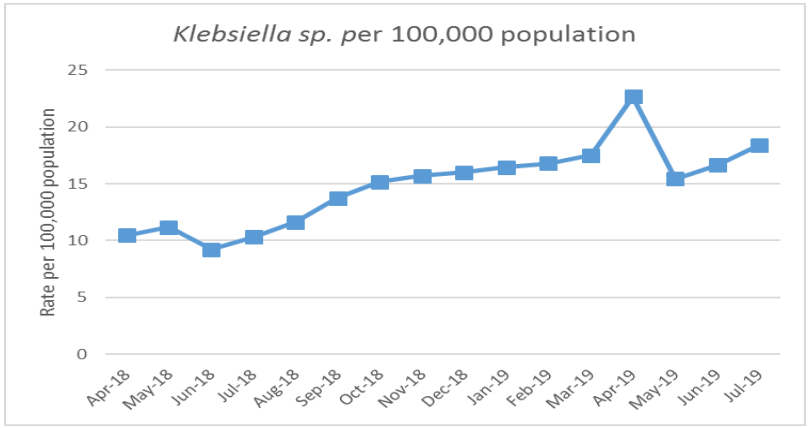
E.Coli



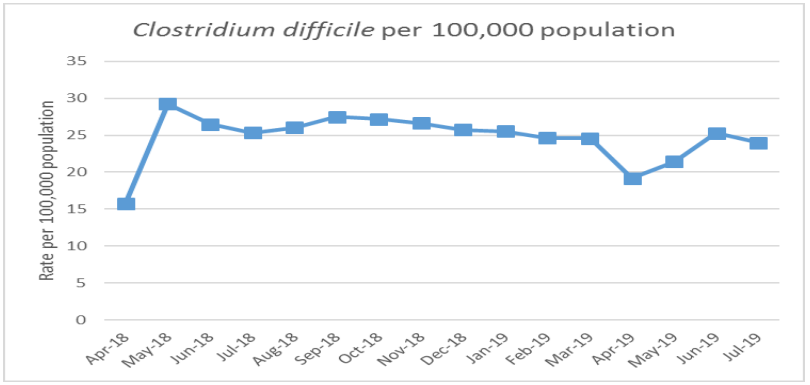
Staphylococcus Aureus (S. Aureus) MRSA



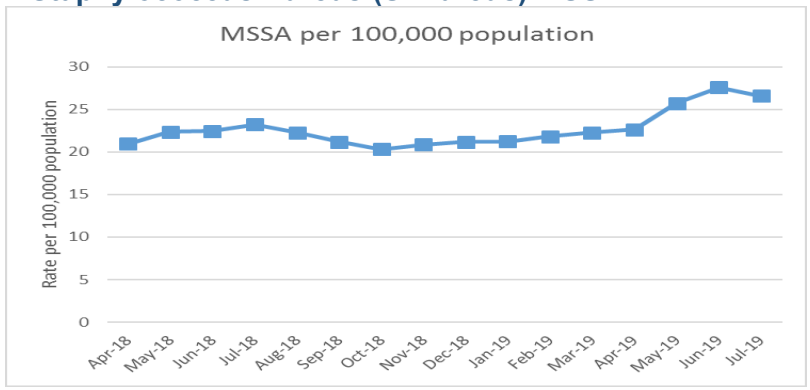
Klebsiella



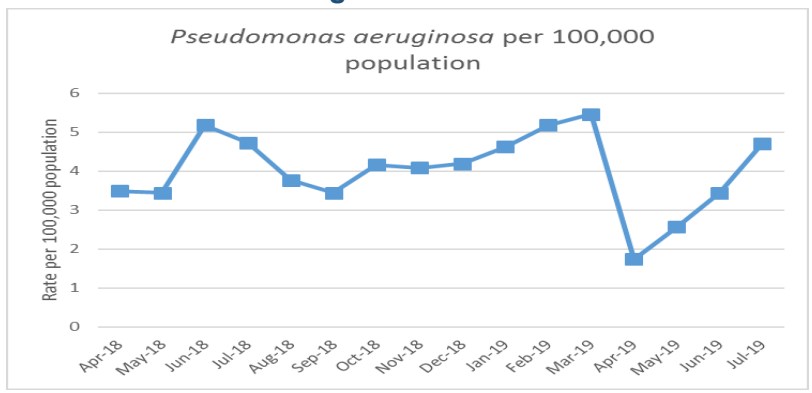
Clostridium Difficile



Staphylococcus Aureus (S. Aureus) MSSA



Pseudomonas Aeruginosa



Why we are where we are:

There is an increase in Gram Negative/Multi Resistant Organisms and MSSA which is also a national concern. Central has the highest number of infections associated with the demographics of the area.
The majority of Blood Stream Infections (BSIs) **are not** Hospital Onset but Community Onset and most **are not** associated with Healthcare (HC).
Where we do have Hospital Onset or Healthcare Associated infections, these are at times the consequence of treatment, for example, clostridium difficile related to correct antimicrobial stewardship and therefore unavoidable. We know there are some avoidable infections due to the scrutiny process in place, these are a small proportion of every positive sample that is summarised in the above.

Chapter 1 – Quality

Infection Prevention – Local Indicator

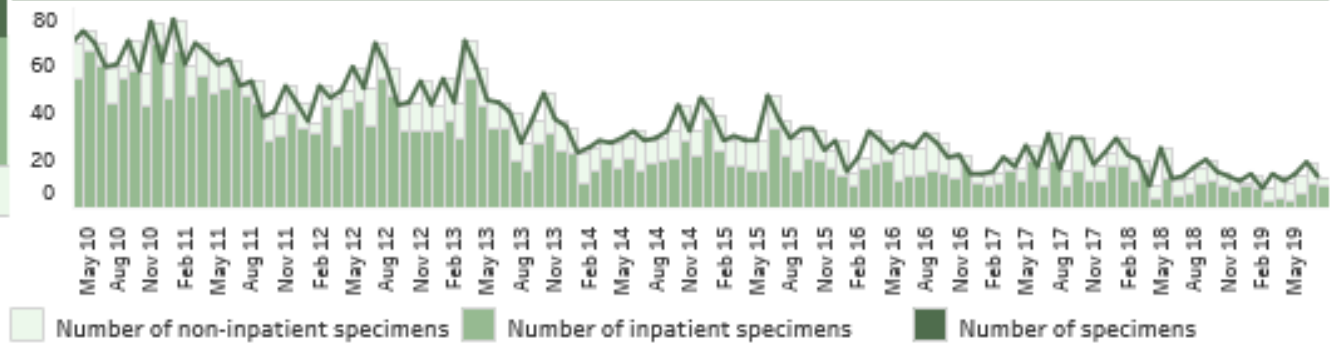
This section of the report has been introduced to demonstrate the proportion of infections arising in hospital compared to those arising in the community. This will be developed further and presented at the September QSE Committee

Betsi Cadwaladr UHB numbers and rates of C. difficile per 1,000 hospital admissions and 100,000 population, Apr 10 to Jul 19

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2019/20	57	28	29	1.74	24.49

51% of C.difficile infections were identified in community settings

Chart1. Betsi Cadwaladr UHB monthly numbers of C. difficile by location type, Apr 10 to Jul 19

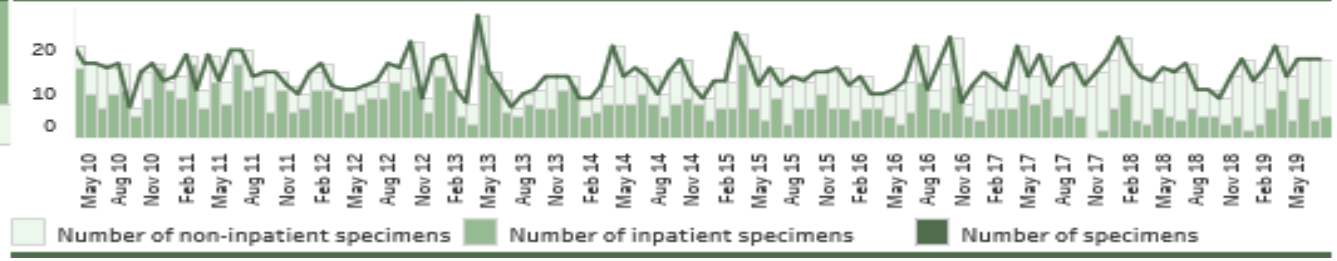


Betsi Cadwaladr UHB numbers and rates of S. aureus bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Jul 19

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2019/20	68	22	46	2.08	29.21

68% of S.aureus infections were identified in community settings

Chart1. Betsi Cadwaladr UHB monthly numbers of S. aureus bacteraemia by location type, Apr 10 to Jul 19

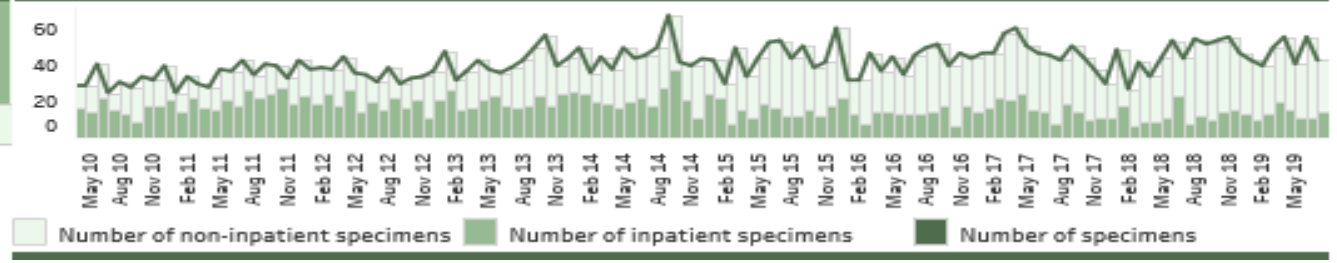


Betsi Cadwaladr UHB numbers and rates of E. coli bacteraemia per 1,000 hospital admissions and 100,000 population, Apr 10 to Jul 19

	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population
2019/20	196	52	144	6.00	84.20

74% of E.coli infections were identified in community settings

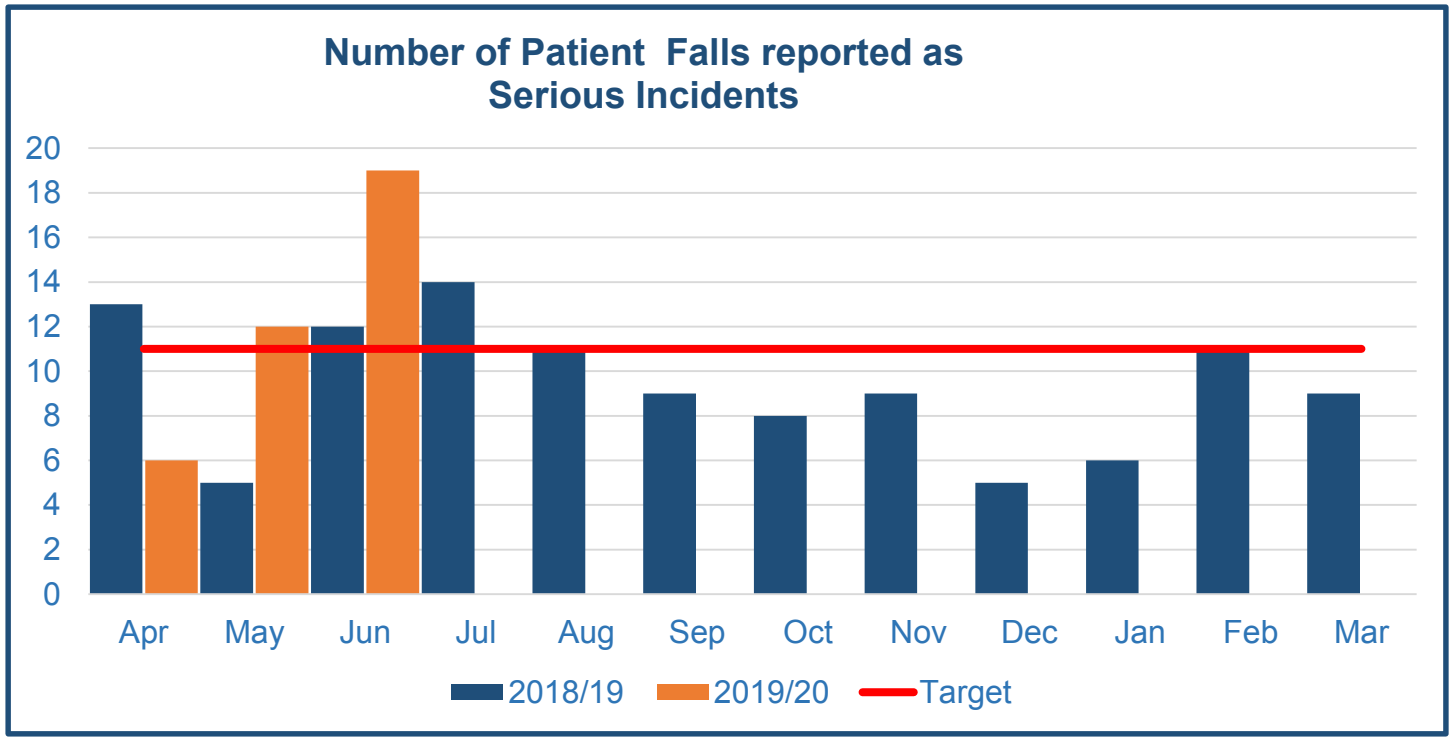
Chart1. Betsi Cadwaladr UHB monthly numbers of E. coli bacteraemia by location type, Apr 10 to Jul 19



DFM 021a	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	Target <= 39	Plan <= 39	Jul-19	83.77	Status	↑	Wales Benchmark	*	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021b	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	Target <= 20	Plan <= 12	Jul-19	28.35	Status	↑	Wales Benchmark	*	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021c	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Target <=22	Plan TBC	Jul-19	24.06	Status	↑	Wales Benchmark	*	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021d	Cumulative rate of laboratory confirmed Klebsiela cases per 100,000 population	Target <=9	Plan TBC	Jul-19	18.47	Status	↓	Wales Benchmark	*	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039
DFM 021e	Cumulative rate of laboratory confirmed Aeruginosa cases per 100,000 population	Target <= 3	Plan <= 3	Jul-19	4.73	Status	↓	Wales Benchmark	*	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	AP039

Actions	Outcomes	Timeline
1. A deep dive is carried out on every infection with the 6 trajectory elements.	From this search we are able to establish trends, onset area, and if the infection is healthcare related and avoidable. If so a post infection review is carried out following the local scrutiny meeting and reported at local IPGs, SIPG and Exec Led reviews where learning and actions are discussed.	Monthly
2. Antimicrobial stewardship is discussed with antimicrobial pharmacy colleagues and relevant clinicians where this is thought to be the root cause.	A post infection review is carried out on all clostridium difficile infections. Antimicrobial stewardship in the community setting is crucial in reducing the incidence of multi resistant organisms, particularly E.Coli infections which are on the increase.	Monthly
3. Need to deliver robust environmental cleaning delivered by facilities department and deep clean team, and an uninterrupted HPV programme by having allocated staff and a decant area.	This will reduce the bio burden of microorganisms in the healthcare environment and the risk of environmental cross infection. Staff will know what they are responsible for cleaning and with what product. Release clinical staff time. Environmental associated cross infections will be significantly reduced.	September 2019
4. A benchmark audit is to take place to understand the prevalence of urinary catheters use and associated infections.	Will understand the snapshot of urinary catheters use and associated infections. This will prompt the removal of unnecessary catheters and the associated risks of infection. Re audit Spring 2020.	Spring 2020
5. Review and consult regarding the bundle and documentation for peripheral cannulas and approve.	Increased compliance with insertion and maintenance of peripheral cannulas. Promote the removal of cannulas with the Start Smart Then Focus work and daily review by nurse in charge.	September 2019

Falls Reported as SI Graph



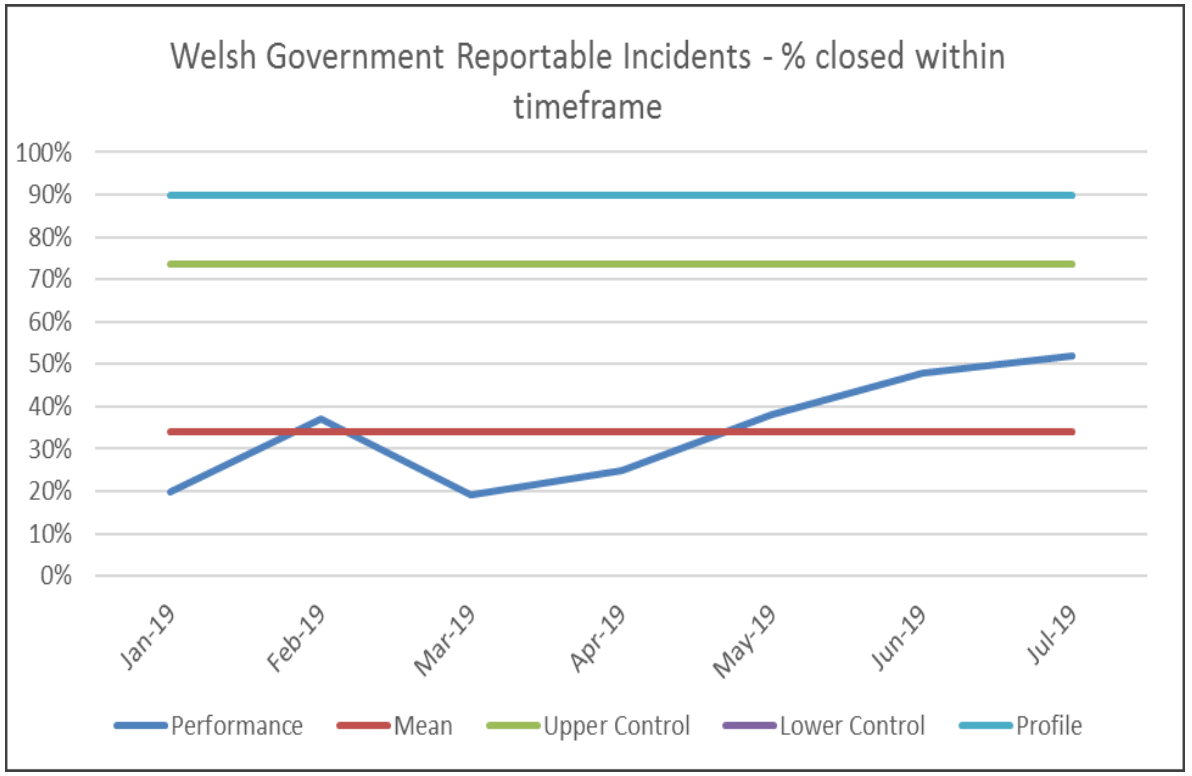
LM02 3a	Number of Patient Falls reported as Serious Incidents	Target <= 11	Plan <= 11	Jun-19	19	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP

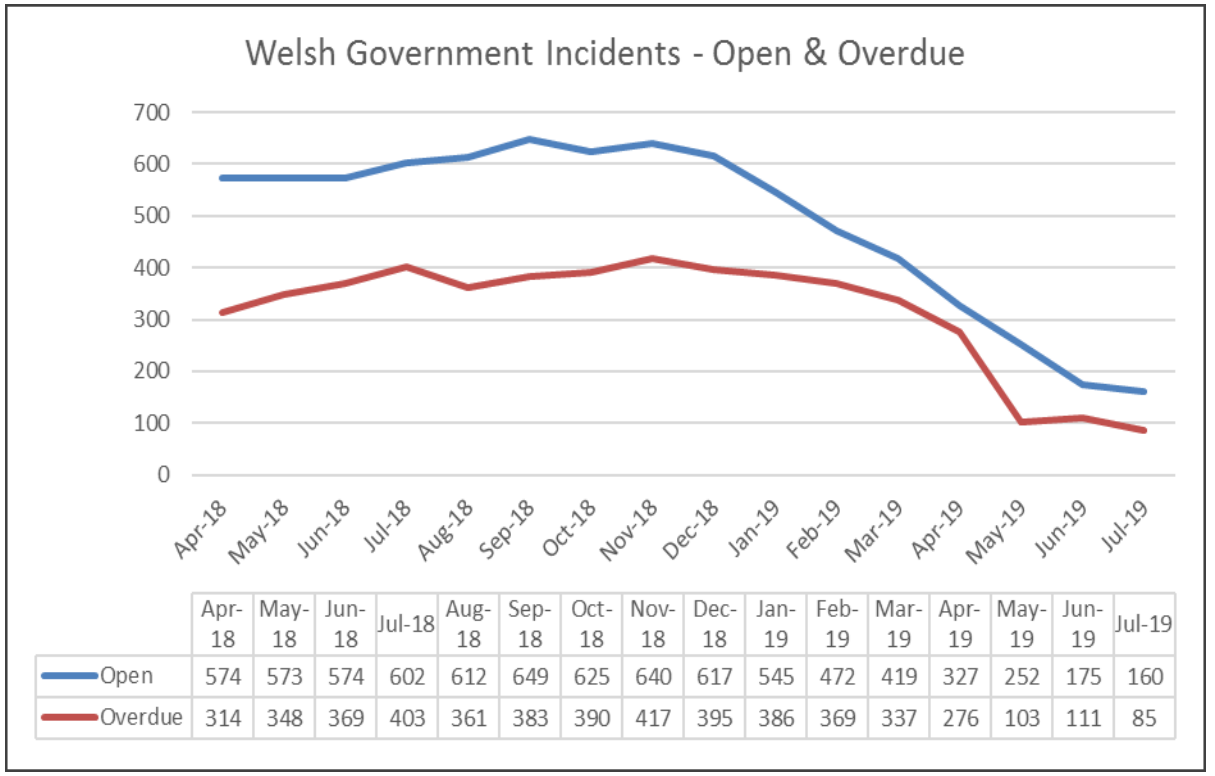
Actions	Outcomes	Timeline
1. Health Board Inpatient Falls collaborative and Faculty established – Faculty is multidisciplinary and meets monthly.	To reduce inpatient falls by 15%	30th November 2019
2. The collaborative will develop a toolkit of evidence based interventions that are individualised to meet the needs of inpatients following risk assessment. Based on evidence/information from group learning sessions.	Interventions will be evidenced based and tailored to patient's individual needs	31st December 2019
3. Second masterclass for collaborative held 17th July 2019 – PDSA 2 interventions.	Feedback from each ward following PDSA 2	5th September 2019
4.Falls Faculty - projects include review Datix reporting, educational & intranet resources, equipment, criteria lying & standing BP, reduction of patient deconditioning.	Standardisation of processes, resources and accessibility to information and equipment	31st December 2019
5. Data will be presented in more detail.	To demonstrate progress overtime by number of incidents & level of harm/impact for patients e.g. patient injuries by HB, acute site, community site and location e.g. Patients under BCU care in own home, care home etc.	6th September 2019

Pressure Ulcers (HAPU)

LM02 3b	Number of Healthcare Acquired Pressure Ulcers reported as Serious Incidents	Target 0	Plan 0	Jun-19	2	Status	↓	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP

Actions	Outcomes	Timeline
1. Data will be presented in more detail	To demonstrate progress overtime by number of incidents & grade of HAPU by HB, acute site, community site and location e.g. Patients under BCU care in own home, care home etc.	6th September 2019
2. HAPU Masterclasses will include revised all Wales risk assessments, Nutrition, Continence and Manual Handling	Revised documentation covering all aspects of HAPU masterclass will require simultaneous implementation	Masterclasses October/November 2019 go live date (awaiting WHC)
3.All Wales review tool now incorporated in BCU Datix incident reporting system	To enable reporting of data for improvements, more timely investigation and sharing of lessons learned when HAPU grade 3 and above developed	1st September 2019
4. Advice email for HAPU management sent to Ward Manager, Matron in line with National EUAPU guidance from TV nurse team TV nurse will review each Datix incident	Revised documentation covering all aspects of HAPU masterclass will require simultaneous implementation	1st August 2019
5. Increased focus of clinical teams around HAPU with targeted support from TV Nurse Service. Scrutiny meetings in each area to review and monitor	Increased focus by leadership teams to support clinical teams to undertake corrective actions	Weekly in all areas this will be reviewed following go live of masterclasses

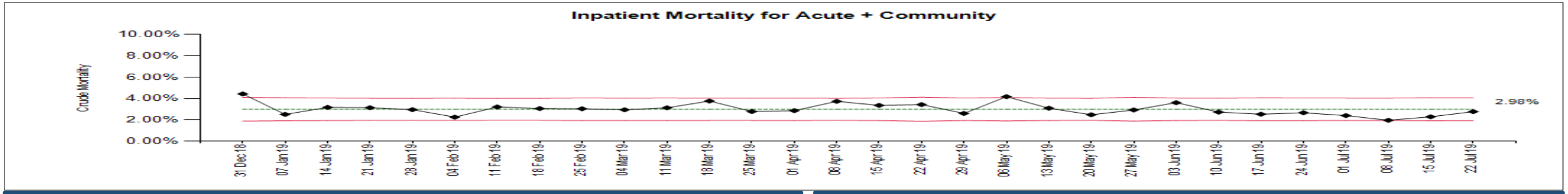




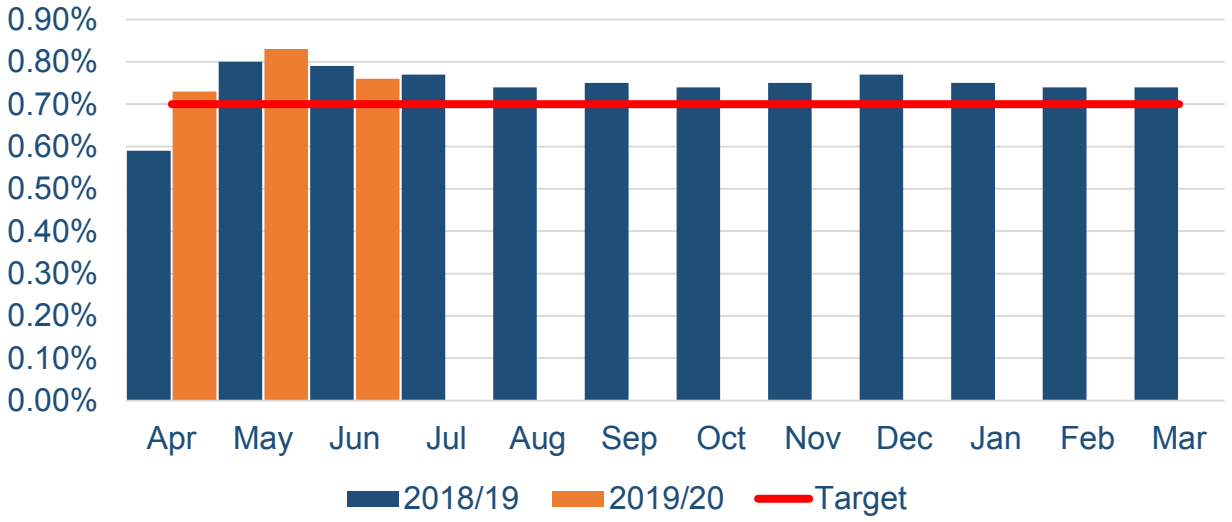
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Open	574	573	574	602	612	649	625	640	617	545	472	419	327	252	175	160
Overdue	314	348	369	403	361	383	390	417	395	386	369	337	276	103	111	85

DFM 023	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Target >= 90%	Plan >= 39%	Jul-19	52.00%	Status	Wales Benchmark	6th	Executive Lead	Deborah Carter	Plan Ref	AP039

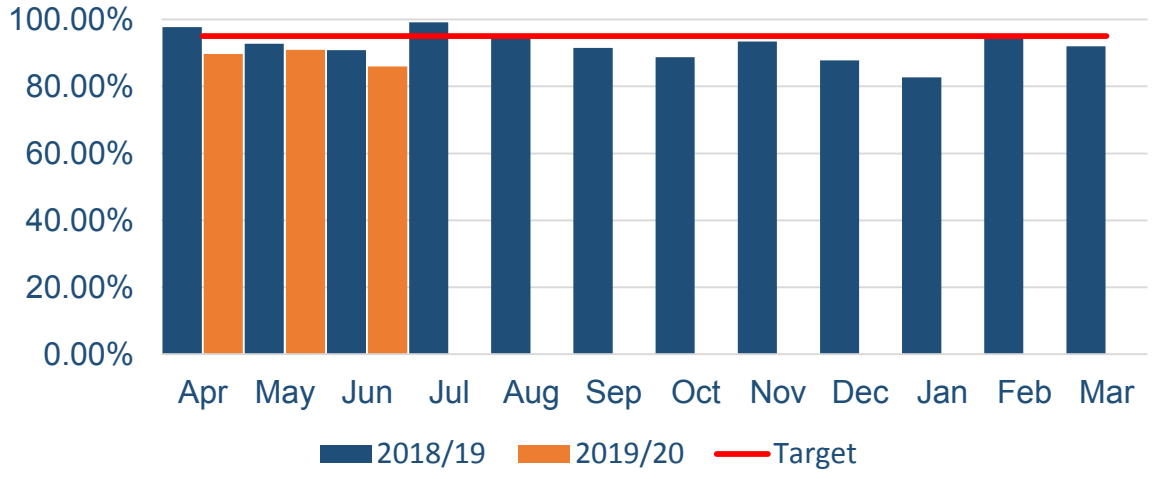
Actions	Outcomes	Timeline
1. Weekly Incident Review Meeting in place which is ensuring a more focused approach to managing major and catastrophic incidents. Also focusing on over due incidents which have been reported to Welsh Government	Reduction in the number of incidents significantly overdue for closure Reduction in the number of major/catastrophic incidents	New trajectories have been issued to each of the Divisions with expectation that they will be in line with these by 31st August 2019



Crude Mortality Rates: 74 years of age and under



Universal Mortality Reviews carried out within 28 Days of Death



The average weekly inpatient and emergency deaths within BCU over the year to 28/07/ 2019 was 69 with an average of 57 from the acute sites; 11 from Community beds and 7 from ED departments. This has increased by 3 deaths a week within the acute site inpatients since the last report; with the rate remaining unchanged. No special cause variation has been seen nor any new trends and the crude death rate remains unchanged at 2.98% see SPC chart overleaf.

DFM 027	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Target >= 95%	Plan >= 95%	Jun-19	86.00%	Status	↓	Wales Benchmark	2nd	Executive Lead	David Fearnley	Committee	QSE	Plan Ref	AP039
DFM 028	Crude hospital mortality rate (74 years of age or less)	Target Reduce	Plan <= 0.70%	Jun-19	0.76%	Status	↑	Wales Benchmark	4th	Executive Lead	David Fearnley	Committee	QSE	Plan Ref	AP039

Actions	Outcomes	Timeline
1. Stage 1 – This is a basic screening tool to identify any concerns relating to healthcare delivery, identifies any death which occurred within 30 days of a surgical procedure, and identifies patients who may have a severe Mental Health condition or severe Learning Difficulties where a more detailed review of the case is required. This tool has gone live in Ysbyty Glan Clwyd and is going well with minimal issues in usage. Discussions are taking place to plan to go live in Bangor during September 2019. the work will commence in Wrexham at a later date which is due to be confirmed shortly.		Throughout 2019/20 for the stage 1 roll out (acute hospitals)
2. The development of the Stage 2 hybrid structured judgement review tool is underway. Stage 2 is undertaken following any triggers at Stage 1 and is carried out by a Senior consultant, who reviews all aspects of care from admission to death. It is a more detailed review and will be moved across to DATIX system during 2019/20 continues.	Improve timeliness of mortality reviews through the introduction of DATIX during 2019/20	Stage 2 going over into 2020/21
3. The sepsis collaborative will continued throughout the remainder of 2019/20. Dates have been set as 5th September, 10th December 2019 and 11th February 2020.		
4. Acute Kidney Injury (AKI) collaborative development during 2019/20.	AKI patients now identified and followed up more rapidly due to the automated e-alerts system	AKI Collaborative dates to be confirmed
5. Development of an automated AKI alerts system and dashboard.		

Chapter 2: Summary

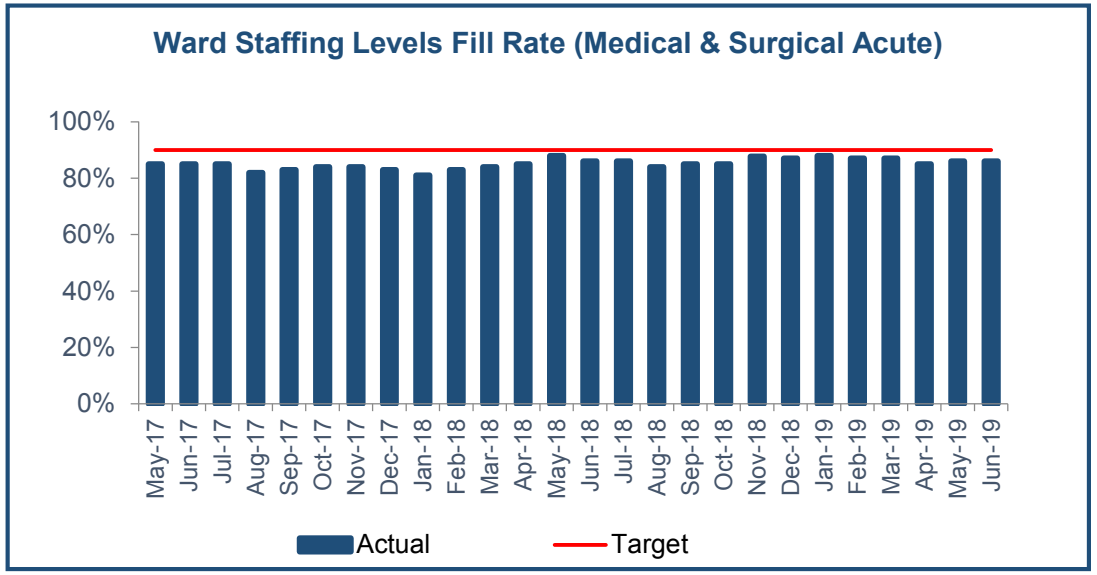
Finance & Resources

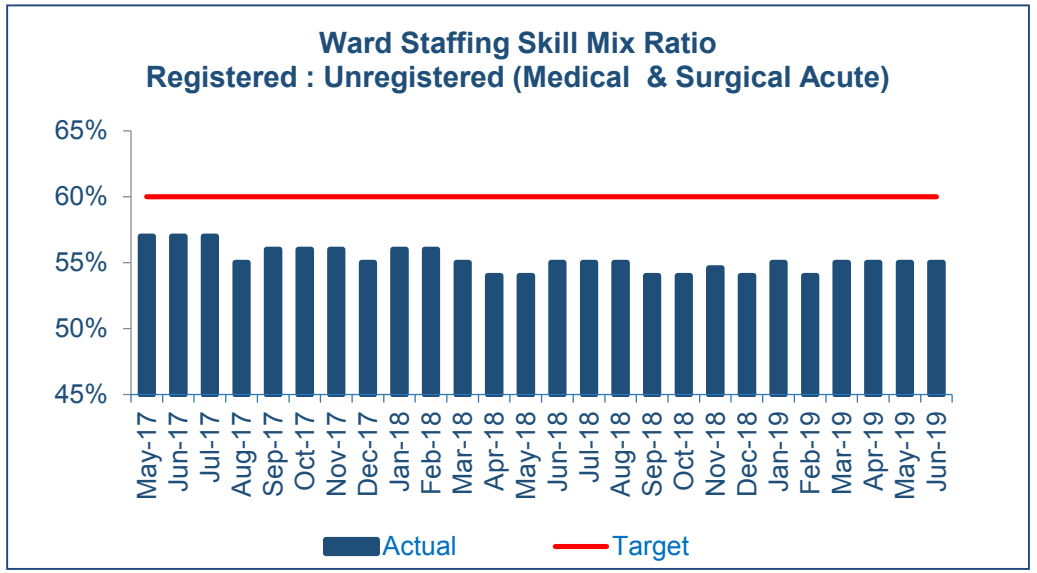
Measure	Status		(Target)	Plan
Ward nurse staffing fill rate (%)	86.00%	⬅	>= 95%	AP
Ward nurse staffing skill mix ratio (% Reg)	55.00%	⬅	>= 60%	AP
Finance: Agency & Locum Spend	£4.1m	⬇	TBA	AP
Sickness absence rates (% Rolling 12 months)	5.13%	⬇	<= 4.31%	<=4.72%
PADR Rate (%)	72.00%	⬆	>= 85%	>=79%
Mandatory Training (Level 1) rate (%)	85.00%	⬆	>= 85%	>= 85%
Finance: Financial Balance (%)	£14.64m	⬇	<= £25m	<= £8.8m

Compared to the previous report, of the 7 Measures in this chapter, performance has improved for 2, is worse for 3 and remains static for 3.

Ward Staffing Levels: Graphs

WGM 001	Ward Staff Fill Rate Percentage	Target >= 95%	Plan AP	Jun-19	86%	Status	⬅	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP
WGM 002	Ward Staff Skill Mix Ratio of Registered v Non-Registered Percentage	Target >= 60%	Plan AP	Jun-19	55%	Status	⬅	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	QSE	Plan Ref	NIP





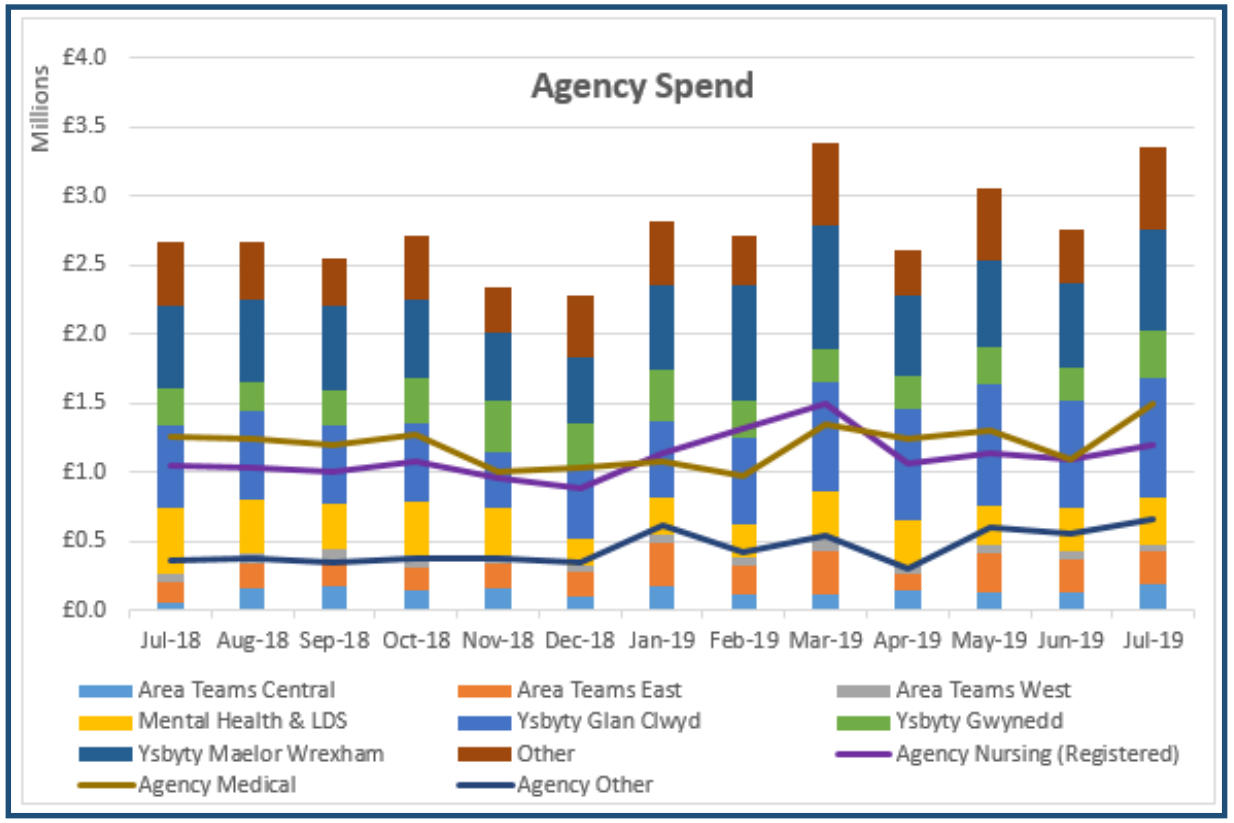
Ward Staffing Levels

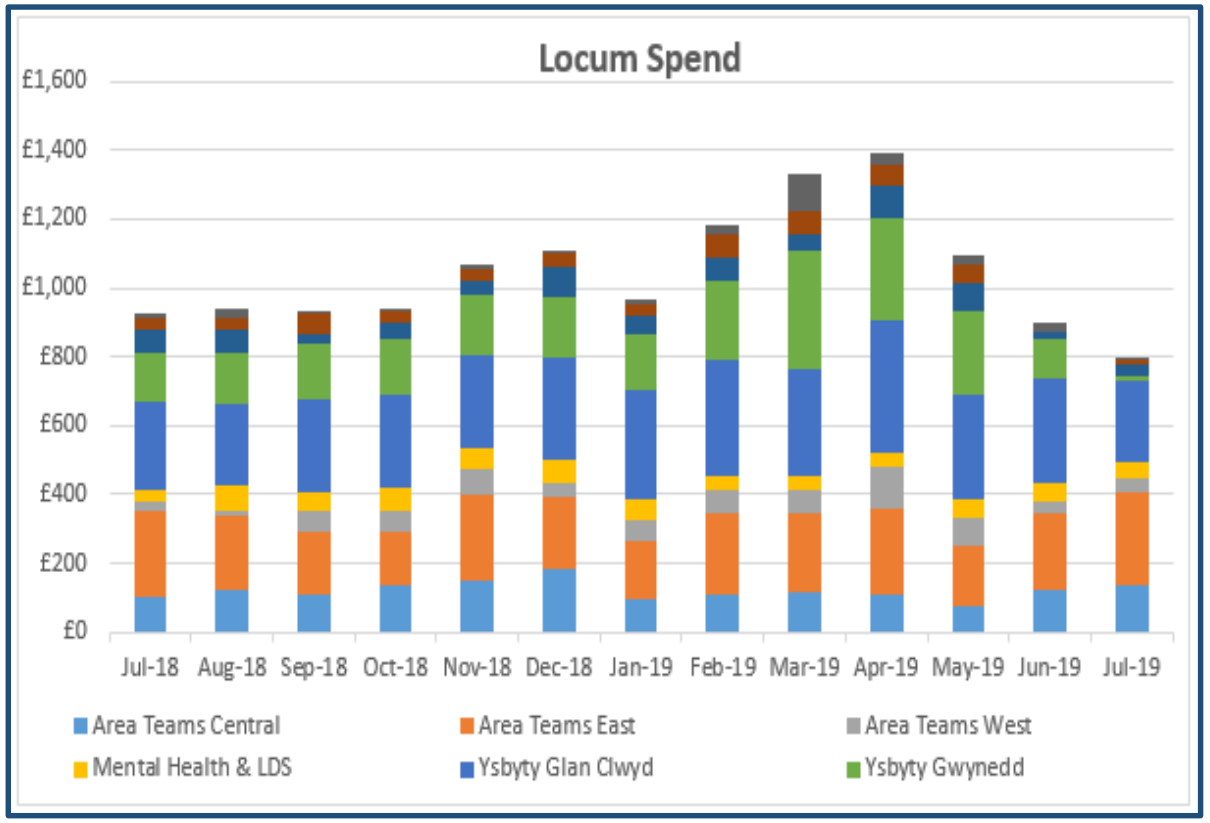
Actions	Outcomes	Timeline
1. BCUHB providing representation at national events to promote Train Work Live campaign e.g. National Eisteddfod, Royal College of Nursing recruitment events.	To reduce Registered Nurse vacancies and encourage external recruitment. Last reported RN vacancies across North Wales acute hospital sites = 306.9 Whole Time Equivalent (a slight deterioration from previous report)	Ongoing.
2. E-roster scrutiny meetings undertaken locally.	To ensure roster efficiency and shared learning.	Week 12 complete. New wards to be targeted.
3. RN gaps backfilled with bank / agency. Scrutiny via HONs / SDNs on each acute site.	Maintain safe staffing to comply with Nurse Staffing Act.	Until vacancies filled. New graduates being recruited to the 3 sites during Sept / October 2019.

Chapter 2 – Finance & Resources

Agency & Locum Graphs

LM00 1F	Cost of Agency & Locum spend within Month	Target TBA	Plan AP	Jul-19	£4.1m	Status	↓	Wales Benchmark	N/A	Executive Lead	Sue Green	Committee	F&P	Plan Ref	NIP



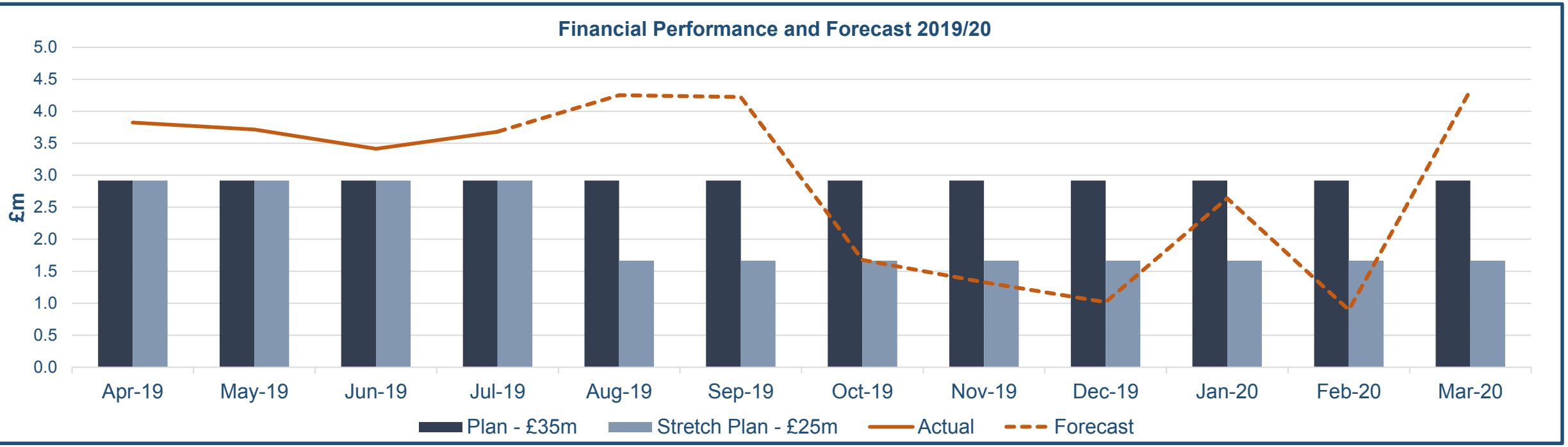


Agency & Locum Spend

Actions	Outcomes	Timeline
1. Mandatory 1 hour unpaid break for Agency staff introduced in July.	The proposal seeks to standardise shift patterns, handover durations, and break durations, across all our divisions, ensuring that staff receive adequate breaks especially when they are working in longer shift patterns.	Mid July 2019.
2. Consultation underway for secondary care substantive nursing, Community nursing to follow		1 hour break / revised shifts phase 1 (secondary care) consultation concludes 23/08/19, Phase 2 (community) concludes 17/09/19. Go-live soon thereafter.
3. Support and Challenge meetings underway in secondary care.		
4. Roster additional duties and roster efficiency reports introduced. Roster guidance reissued.	Analysis has shown scope for revised medical rotas, filling of vacancies etc. to reduce agency demand.	Support for medical rostering / job planning review / implementation to be confirmed August 19.
5. Promotion of bank to an easy enrolment of new N&M Starters live in July.	Increasing numbers of N&M staff in the internal bank will reduce reliance on agency staff.	
6. Enhanced Care Policy has been developed and approved	Revised enhance care policy will give tighter guidelines on when additional staff are required reducing agency.	
7. Review of finance accrual mechanisms given payments appearing in July spend for work undertaken in June.	Locum spend has continued to dramatically reduce this financial year and is significantly lower than at this point last year.	Revised enhanced care policy live (August 2019)
8. External consultancy services are analysing Medical spend and advising areas of potential improvement. Proposal has been received to implement these changes.	Agency Spend has increased in July and is higher than this period last year. The increase in agency spend has been largely due to M&D agency with month on month M&D increases of: YG - £91k, YGC - £118k, YMW - £88k, Women's - £147k (June was low due to non accrual). Corporate services showed a £65k increase in agency attributable to A&C interim recovery staff.	
9.On-going actions include: revised N&M bank pay to increase N&M bank numbers, banding to be added to E Rosters, 8 week rotas to be trialled for secondary care.		
10. Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into key staff groups.		

Financial Balance Graph

LM00 2F	% Cumulative Deficit Position against the planned Financial Balance	Target <= £25m	Plan <= £8.8m	Jul-19	£14.64m	Status		Wales Benchmark	N/A	Executive Lead	Sue Hill	Committee	F&P	Plan Ref	NIP

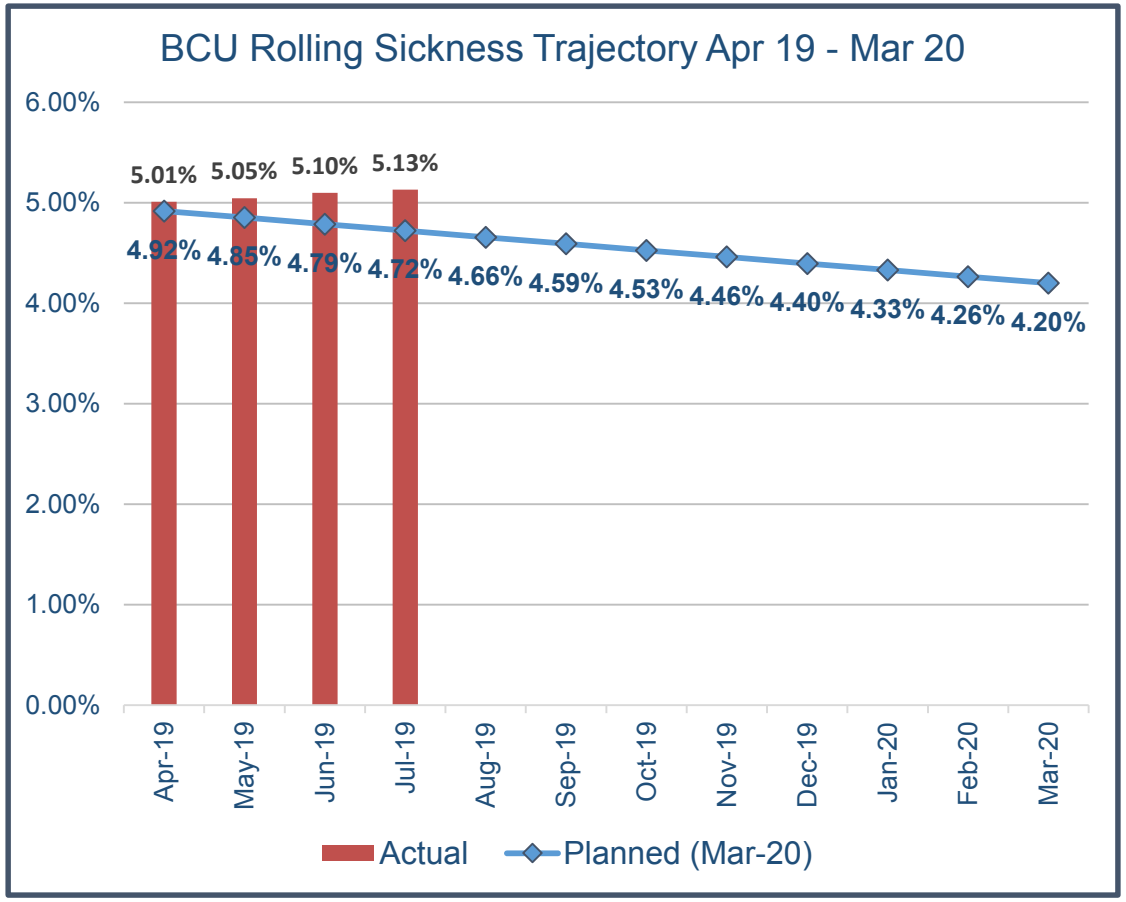


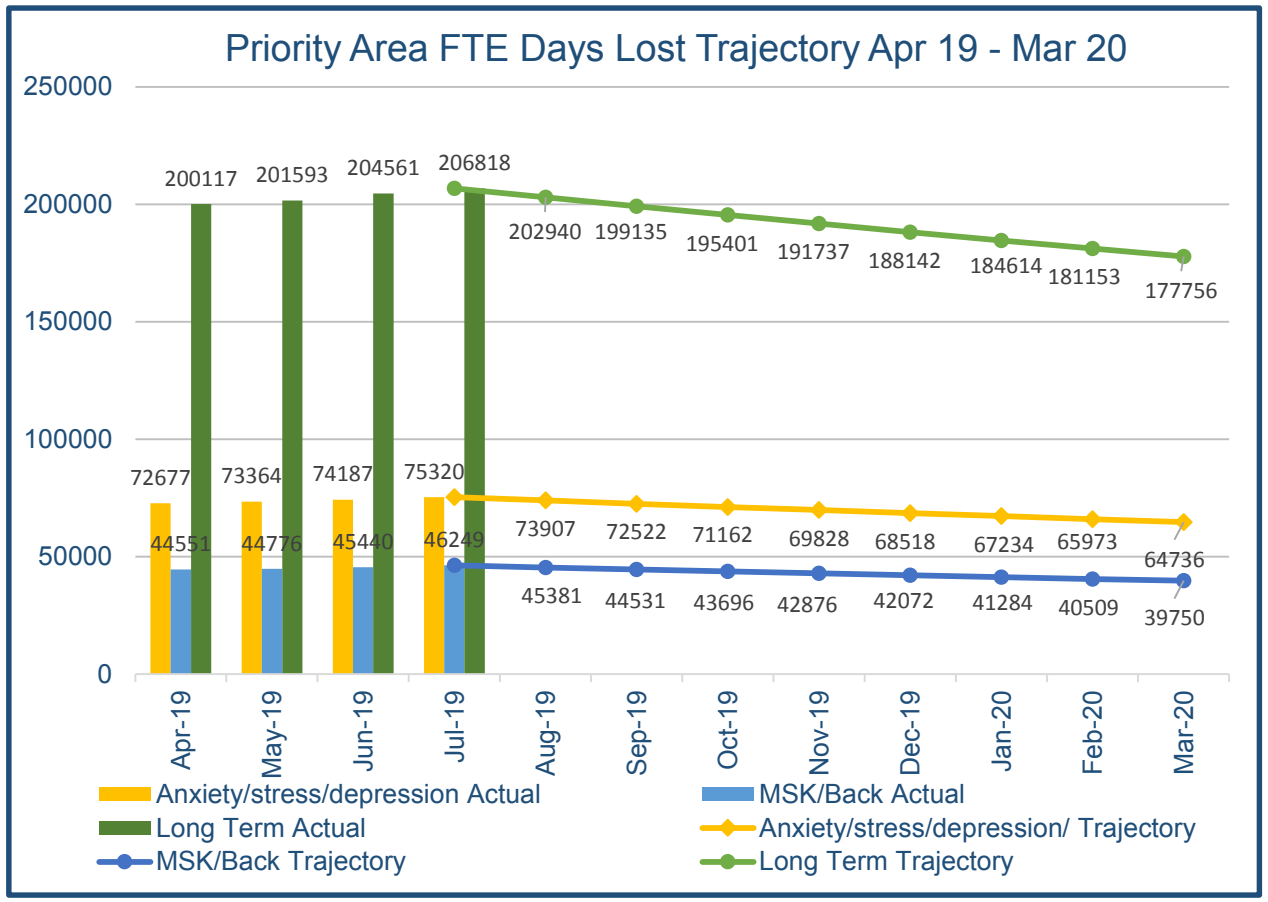
Why we are where we are:

The interim financial plan works towards a final outturn of a £35m deficit, with stretch targets to progress towards the £25m control total. The Health Board continues to work on identifying further savings to meet plan and address emerging cost pressures.

Actions	Outcomes	Timeline
1. Identify additional savings initiatives to meet the plan savings requirement.	Increase savings potential	Ongoing.
2. Ensure the Health Board practice grip and control to ensure all expenditure is necessary and relevant.	Reduce costs and ensure best value for money.	Ongoing.
3. Ensure identified savings initiatives progress at pace and deliver the required savings.	Continued performance to planned level to ensure delivery of plan.	Ongoing.
4. Identify emerging trends and pressures to enable informed decisions are taken about how these are managed in the future.	This will help contain costs, identify the costs which are unavoidable and enable improved planning and prioritisation for the future.	Ongoing.
5. Identify further savings initiatives to meet the stretch target.	Increase savings potential	Ongoing.

DFM 091	Percentage of sickness absence rate of staff	Target <= 4.31%	Plan <=4.72%	Jul-19	5.13%	Status		Wales Benchmark	3rd	Executive Lead	Sue Green	Committee	F&P	Plan Ref	AP043





Integrated Quality and Performance Report

Health Board Version

July 2019

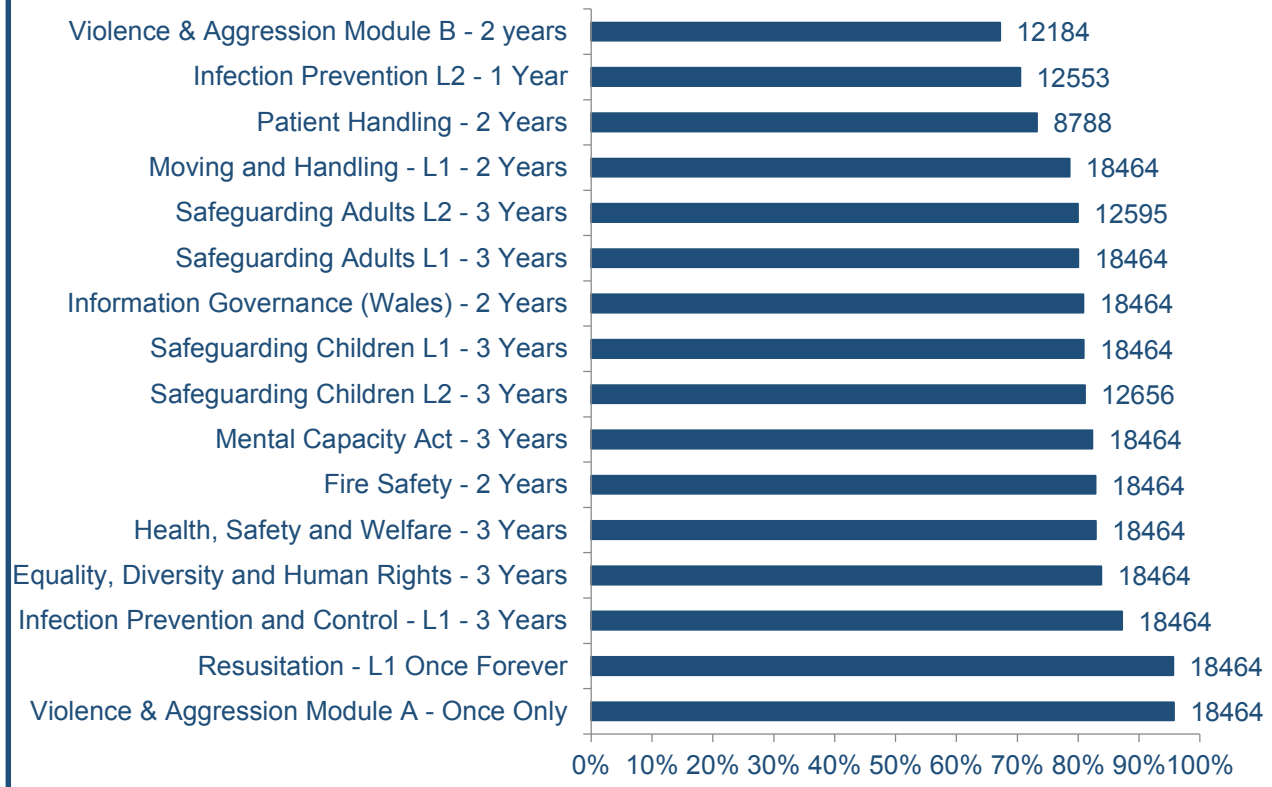
Sickness Absence Rate

Actions	Outcomes	Timeline
1. Divisions and departments have individual improvement trajectories and progress is being monitored.	Despite the work undertaken, absence levels across the Health Board have increased to 5.13% in month 4 against an improvement trajectory of 4.72%	The trajectories have been developed to deliver 4.2% by the end of March 2020.
2. Revised attendance improvement plan developed Aug 19.		Attendance Improvement Plan (August 19) has detailed timeline of actions.
Priorities of Long Term / Stress / MSK - new trajectories to focus in on 'days lost' and 'staff off 25+ weeks'.	Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.	New LT / Stress / MSK trajectories launched and monitored from August 19.
3. For LT / Stress / MSK hotspot areas will be targeted with focussed support (e.g. in case of Stress –stress risk assessment actions, managerial support, mindfulness sessions, resilience training etc.).	Hotspot areas in relation to the 'days lost' and 'staff off over 25 weeks' for LT / Stress / MSK will receive focussed support and the above metrics will be monitored to assess the impact of interventions.	
4. Occupational health to introduce rapid access for staff off work due to MSK or Stress related illness**.**		Occupational Health to introduce 'fast track' plan for Stress / MSK in September 19
5. Human Resources staff identify staff who are either long term sick or have reached the prompts in the attendance management policy on a monthly basis, and managers are supported to ensure adherence to the policy.	Areas of high sickness, have been identified across divisions, and action plans drawn up in conjunction with wards and departments. Targeted interventions are taking place however it is becoming increasingly apparent that the issues are cultural and deep	Supportive communications to staff with consistently high absence rates in September.
6. Occupational Health and Human Resources meet monthly and staff who would benefit from a case conference are identified. Specific attention is paid to those who are off due to stress or MSK reasons.		
7. Staff members who have had consistently had high levels of absence to be identified. Supportive communications on self care, healthy lifestyle, signposting to external advice etc. are being developed to be targeted at these staff to encourage preventative actions and quicker return.	Since June 2018 sickness absence has continued to rise despite targeted interventions. The reinstatement of enhancements on sick pay, as part of pay negotiations, appears to have a high correlation to overall performance.	In September the Welsh Partnership Forum will be considering whether enhancements on sick pay will be removed on a permanent basis. As the targets for maintaining the payments have been missed across Wales there is a strong possibility that enhancements will be removed permanently.

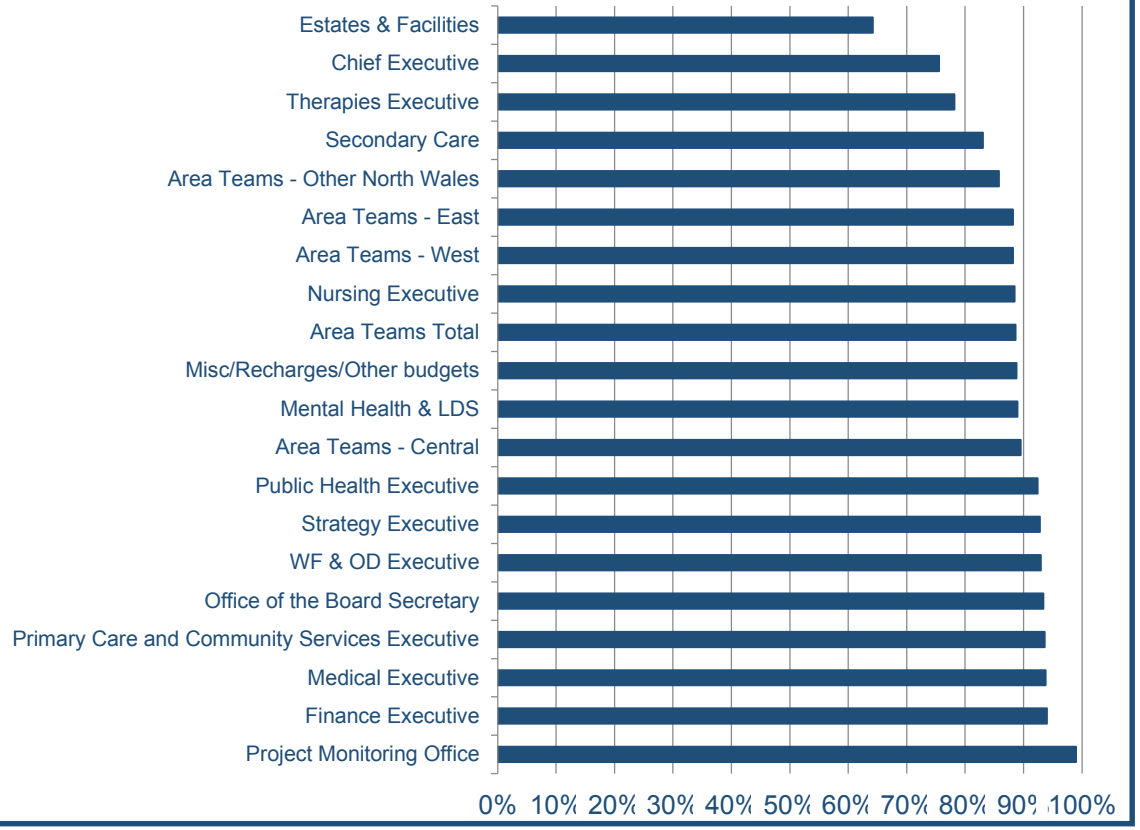
Mandatory Training: Graphs

DFM		Target	Plan					Wales		Executive				Plan	
090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	>= 85%	>= 85%	Jul-19	85.00%	Status	↑	Benchmark	1st	Lead	Sue Green	Committee	F&P	Ref	AP046

Core Mandatory Training Compliance July 2019

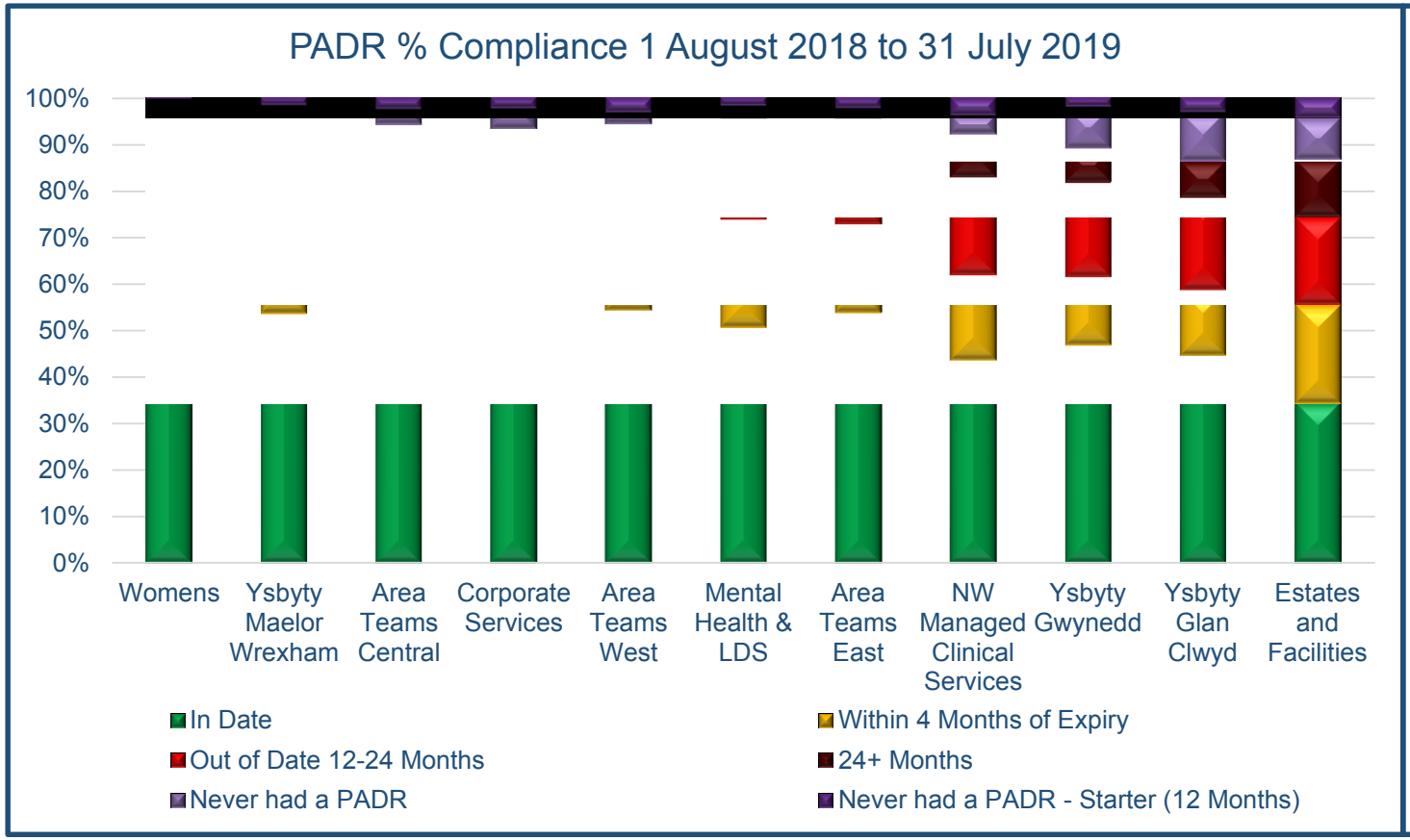


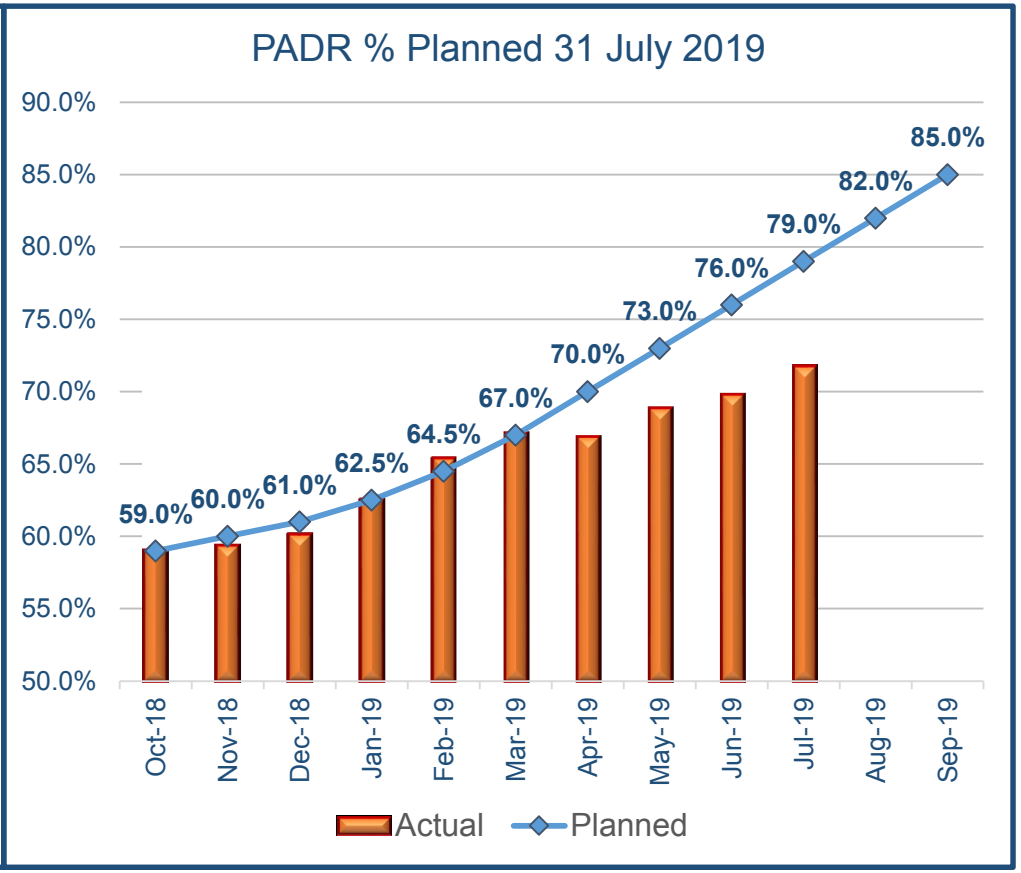
Overall July Compliance by Division



Actions	Outcomes	Timeline
1. Investigate the compliance dashboard and response from Subject Matter Expert [SME] to Identify the possible reason for a decrease of 1% for patient handling. Investigate the increase of 'Did not attend' [DNA] figures for Patient Handling training. With the identification of: • Reporting reasons around the reduction in Patient Handling training, • DNA data, • Reviewing areas of poor compliance • Reviewing projected compliance for August 2019 • Identifying months of mandatory training where large volumes of training compliance may be affected.	Mandatory Training Compliance (level 1) meets the National Target of 85%.	We are currently delivering the target set and expect to sustain performance going forward.
2. Identify predicted training compliance for August 2019 and review training provision with related Subject matter expert	Identifying the reasons for a reduction in patient handling training including the increase in DNA figures will highlight specifics around training schedules and identify areas requiring patient handling training. This will offer areas of poorer compliance further opportunity to attend/complete training therefore increasing compliance around patient handling.	We anticipate maintaining the target rate of 85% for level 1 training by the end of August 2019
3. Identify and report projected compliance figures for all Level 1 subjects to highlight particular months of compliance data where a possible reduction in Mandatory compliance is noted due to larger volumes of staff becoming non-compliant.	Obtaining projected compliance data for August 2019 along with projected data for months where a larger increase in training is required will allow all SME's opportunity to review and amend forthcoming training schedules.. This will ensure training compliance maintains or increases the current 85% rate.	

DFM 087	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Target >= 85%	Plan >=79%	Jul-19	72.00%	Status	↑	Wales Benchmark	5th	Executive Lead	Sue Green	Committee	F&P	Plan Ref	AP046





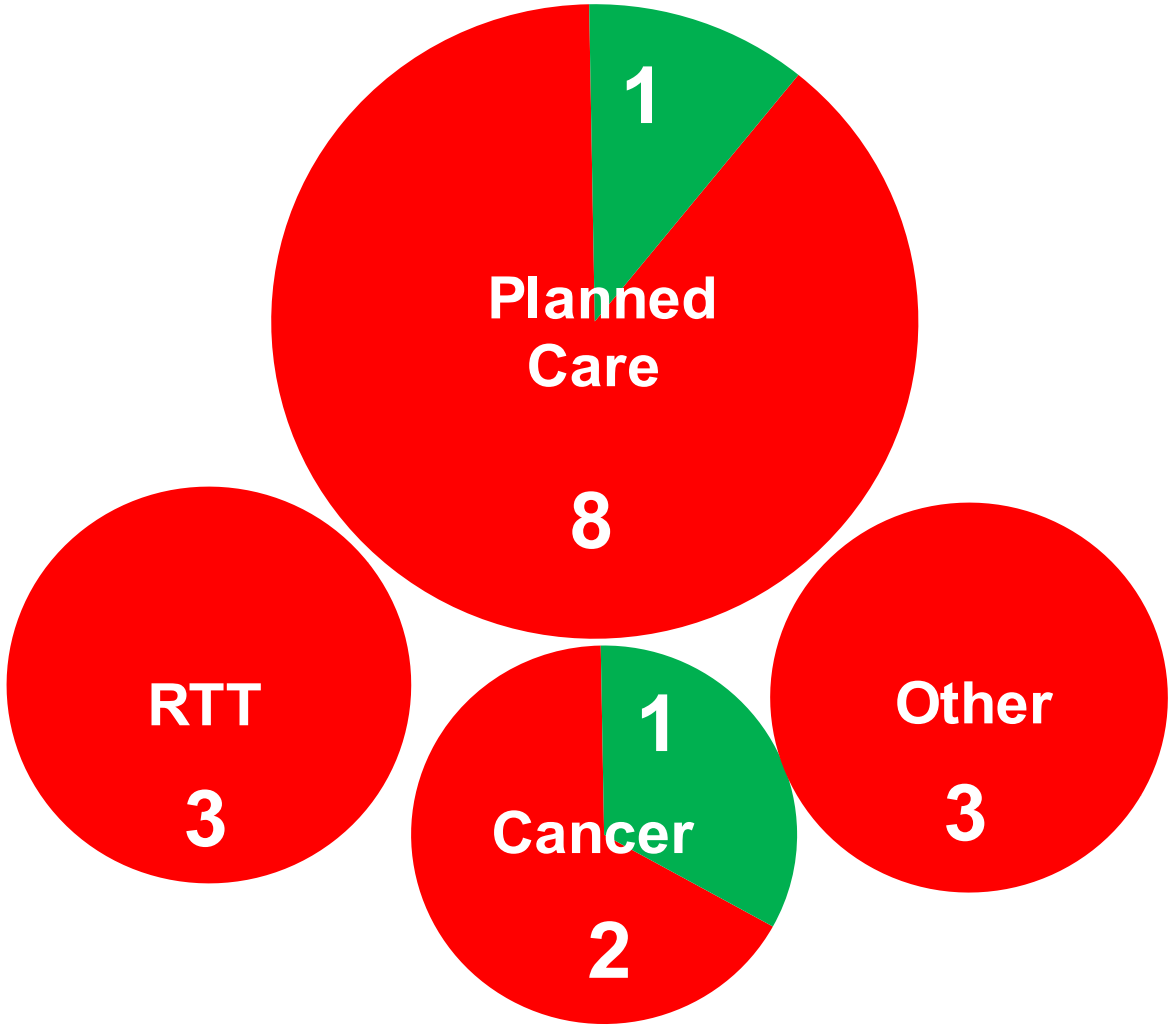
Integrated Quality and Performance Report

Health Board Version

July 2019

Actions	Outcomes	Timeline
1. Continue to communicate with the Executive Directors and Senior managers on Organisational and Divisional PADR position.	PADR compliance rates have continued to improve in July 2019 (now circa 72%).	All highlighted actions are to be completed during August with the aim of supporting the organisation to achieve minimum 85% compliance by end Q2 2019/20. However, considering the pace of improvement over the last 3 months, it is not currently realistic to expect a 6.5% increase per month to achieve the national minimum target of 85% by end Q2.
2. Target all areas with little or no improvement in compliance. July data shows 7 key Divisions containing the highest number of staff which require continued additional support to address improvement.	Sharing breakdown to all Divisions will support identification of hot spot areas. The comparison to the previous month allows the targeting of those Divisions with high numbers of staff making little or no improvement to support with corrective actions to improve compliance	
3. Develop new Organisational PADR Improvement Plan.	Developing a new Improvement Plan provides a clear vision for the organisation of support available and the actions required to achieve compliance	
4. Produce final version of new PADR paperwork based on feedback and evaluation.	Final version of paperwork based on feedback will ensure the process is fit for purpose	Actions in new plan are aimed at achieving the target before the end of Q3
5. Attend Head of Nursing meeting in Ysbyty Gwynedd to identify barriers and agree actions for improvement.	Identifying barriers and agreeing actions will support Heads of Nursing to target their areas for corrective action	
6. Facilitate PADR training with supervisors in catering and hotel services in Estates & Facilities in West.	Supporting managers with PADR training ensures confidence in the process to carry out meaningful PADRs	

Chapter 3a: Summary

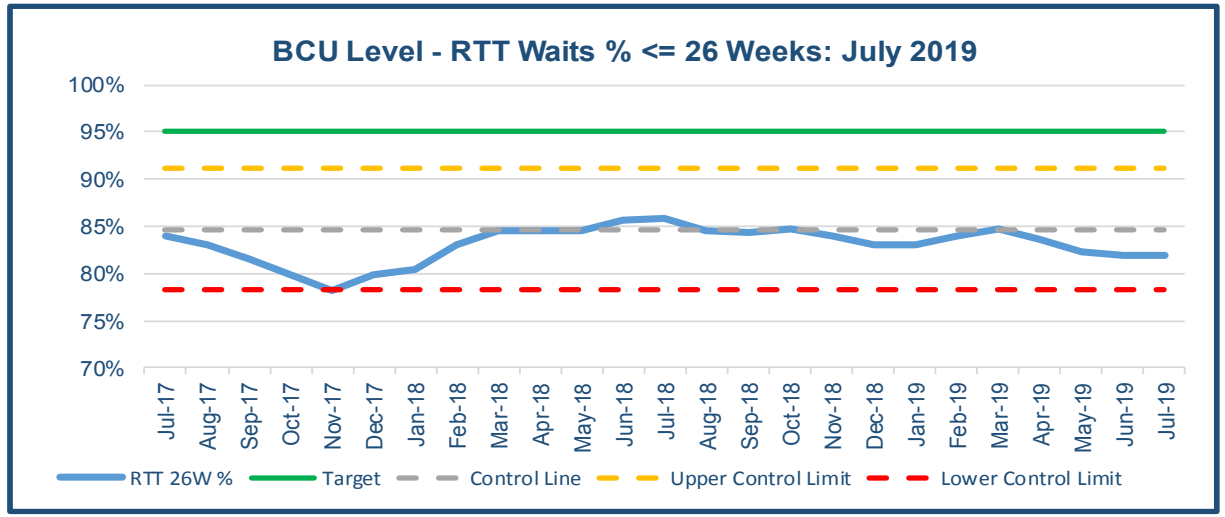


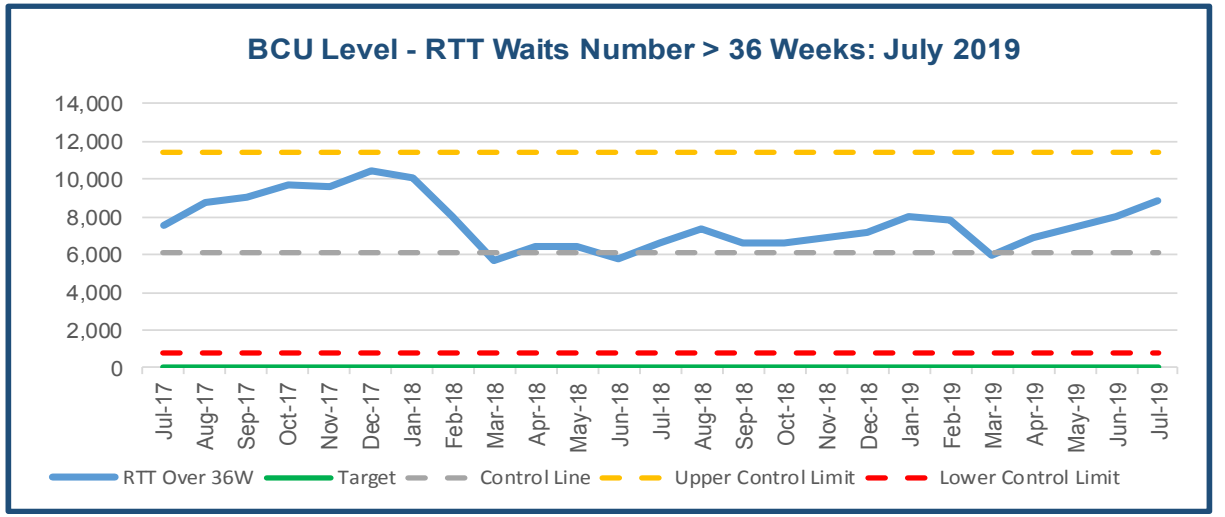
Compared to the previous report of the 9 Measures in this chapter, Performance has improved for 3, worse for 4 and static for 2.

Operational Performance: Planned Care

Measure	Status		(Target)	Plan
Referral to Treatment (RTT): < 26 Weeks	82.00%	⬅	>= 95%	AP
Referral to Treatment (RTT): => 36 Weeks	8,900	⬇	0	8846
Referral to Treatment (RTT): => 52 Weeks	2,496	⬆	0	2487
Diagnostic Waits: > 8 Weeks	2,793	⬆	0	<= 2,666
Cancer: 31 Days (non USC Route)	98.30%	➡	>= 98%	>= 98%
Cancer: 62 Days (USC Route)	80.40%	⬇	>= 95%	>= 84%
Cancer: 62 Days (Single Pathway)	78.00%	⬇	Improve	AP
Follow-up Waiting List Backlog	88,648	⬇	<= 74,555	87,712
Eye Care Measure	63.40%	⬆	>= 95%	AP

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target >= 95%	Plan AP	Jul-19	82.00%	Status	⬅	Wales Benchmark	7th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan 8846	Jul-19	8,900	Status	⬇	Wales Benchmark	7th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan 2487	Jul-19	2,496	Status	⬆	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP024





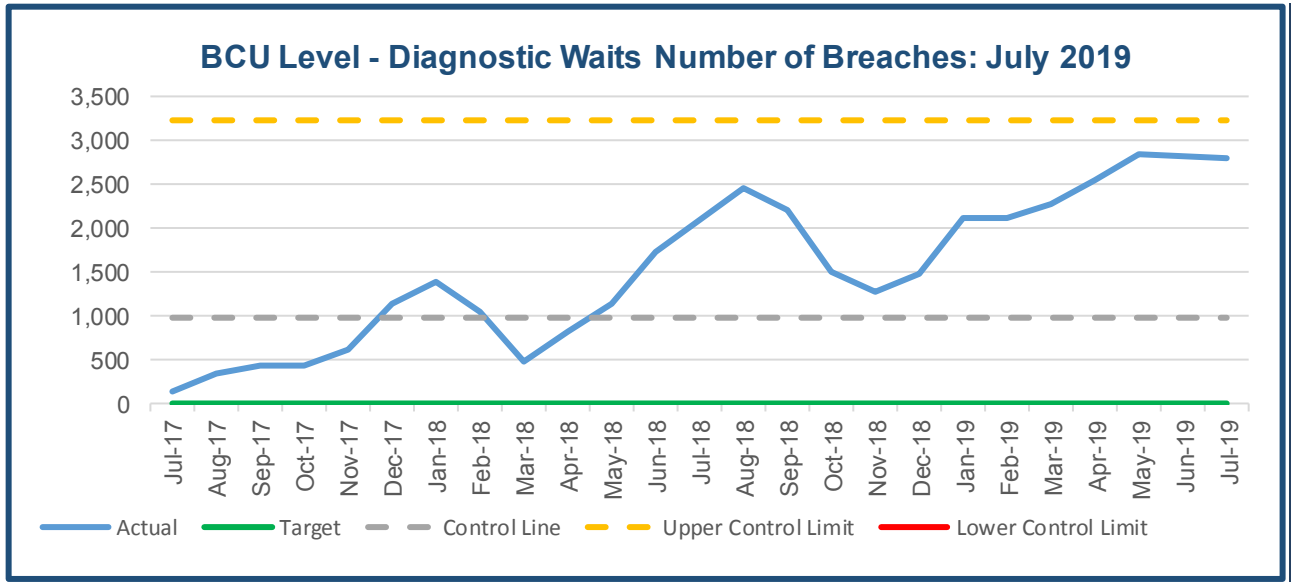
The RTT performance is below the expected level due to a number of factors including:

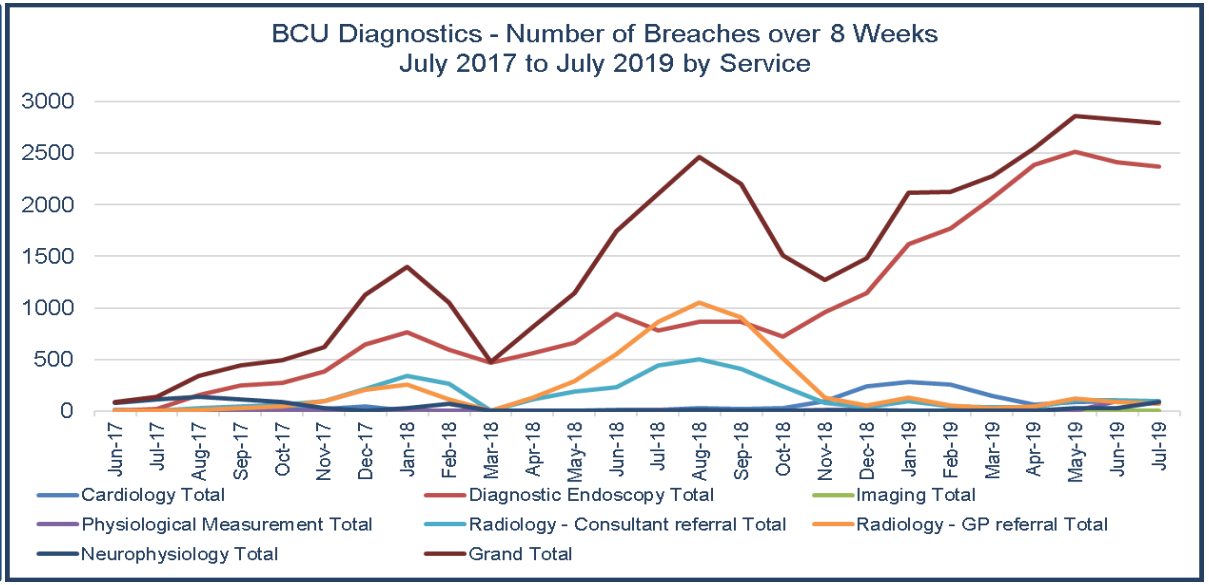
- Imbalance between the demand and capacity for elective services.
- Reliance on non-recurrent solutions to waiting list management over a number of years.
- Vacancies and Recruitment Challenges combined with changes in HMRC regulations impacting on Consultant willingness to continue to undertake additional activity in some areas.
- Improvement needed in processes to gain the benefits of efficiency and productivity.
- Unscheduled care pressures encroaching on elective capacity.

Actions	Outcomes	Timeline
1. Complete specialty level demand & capacity to identify sustainable gap as well as gap for backlog clearance.	Ensure each site and specialty has an activity plan and waiting list reduction profile that is owned by the service	August 2019
2. Improve scheduling based on clinical urgency and waiting time chronology.	Impact is expected to be c6,000 admissions re-directed to the longest waiting patients between August 2019 and March 2020	Included in the RTT plan presented to F&P August 2019
3. Use of insource and outsource capacity.	Outsourcing additional 750 for T&O with estimated improvement of 150 per month to March 2020.Insourcing is possible for 1,067 cases in Ophthalmology and Maxillo Facial surgery. A further 1,076 cases could be outsourced subject to patient acceptance and resource availability	Orthopaedic transfers commenced and progressing in accordance with plan. The other schemes could commence during September 2019, delivering the waiting times reduction for this volume by March 2020.
4. Implementation of clinical harm review process for patient >52 week waits.	Reduce risk and provide assurance that patients waiting over 52 weeks are not exposed to harm because of the wait.	31st September 2019
5. Review and set up systematic and targeted validation per specialty across BCUHB.	Expectation to gain 8% reduction of over 36 week waits	31st March 2019
6. Increased grip and control through use of performance management tools used at weekly site and specialty meetings to ensure plan is being delivered in accordance with monthly RTT trajectory.	Delivery of performance in line with the plan	Monthly to March 2020

Diagnostic Waits: Graphs

DFM 054	The number of patients waiting more than 8 weeks for a specified diagnostic	Target 0	Plan <= 2,666	Jul-19	2,793	Status	↑	Wales Benchmark	7th	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP024





Why we are where we are:

The majority of the diagnostic breaches are within endoscopy, where work has been focused on ensuring capacity available is directed to patients who are in greatest clinical need. As such the urgent suspected cancer and surveillance patients have been prioritised over routine patients leading to an increase in 8 week breaches. The cancer access times for endoscopy have now recovered on all three sites to the two week standard and surveillance backlog is expected to recover by the end of October 2019 on two sites and December 2019 on the third site.

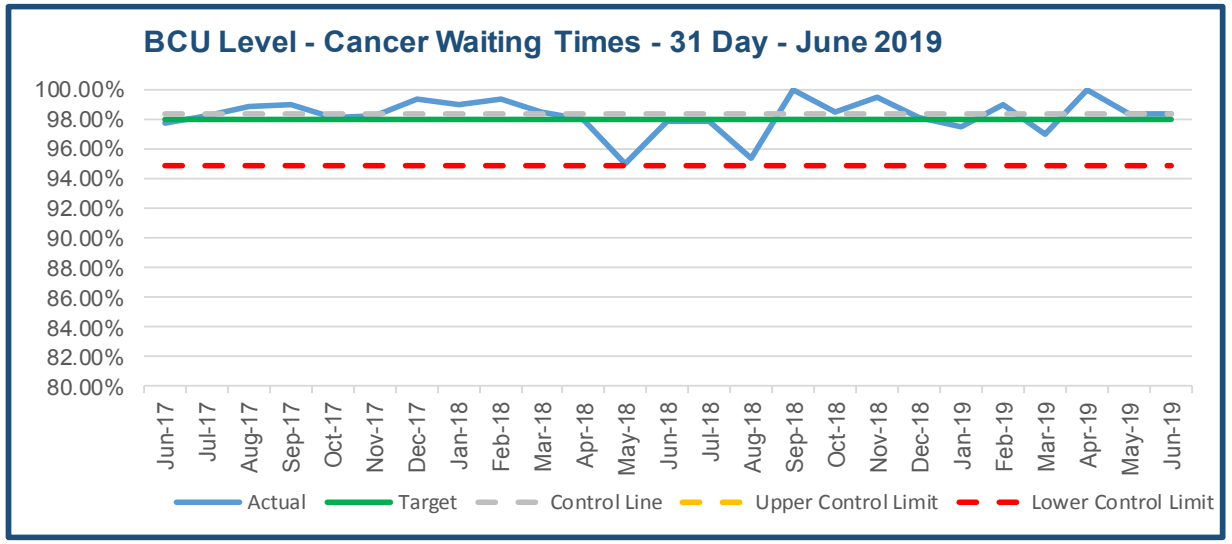
Radiology breaches have been caused by : a) shortage of head and neck ultrasound scanning capacity in YG and b) unexpected quenching of the MRI scanner in YGC with loss of capacity during the month.

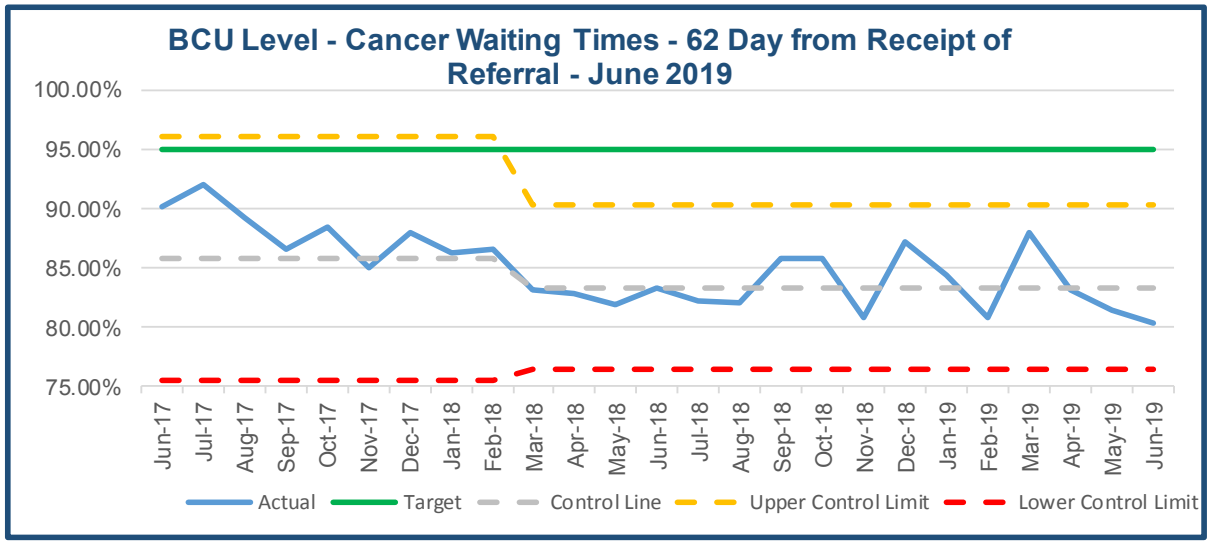
Neurophysiology diagnostic breaches have arisen due to limited clinic capacity

Diagnostic Waits: Narrative

Actions	Outcomes	Timeline
1. Endoscopy - Tools being used to improve grip and control include use of weekly PTL and improved scheduling based on clinical urgency and chronological waits.	Reduction in backlog	Reduction in backlog of surveillance patients on 2 sites by October 2019 and on third site by 31st December 2019
2. Endoscopy -Complete specialty level D&C to identify sustainable gap as well as gap for backlog clearance	Sustainable service requirements quantified to inform the business case for a sustainable service.	31st December 2019
3. Endoscopy **-** Use of insource and outsource capacity	Vanguard to commence September 2019	9th September 2019
4. Endoscopy -Training: assessment of organisational knowledge and Mainstream RTT training programme	To improve quality and effectiveness of waiting list management so as to ensure available capacity is used to reduce waiting times	31st December 2019
5. Radiology completion of business case	Resourcing of additional capacity	September 2019
6. Increase capacity for head and neck ultrasound scans in West through appointment of a locum	Reduction of 8 week non-obstetric ultrasound waiters	September 209
7. MRI recover capacity lost due to the quenching of the magnet in Ysbyty Glan Clwyd through insourcing additional capacity	Recover MRI to less than 8 week waits	September 2019
8. Neurophysiology to increase physical clinic space to facilitate consultant Electromyography (EMG) testing	Reduce waits to 8 weeks or less	November

DFM 063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Target >= 98%	Plan >= 98%	Jun-19	98.30%	Status	↑	Wales Benchmark	4th	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026
DFM 064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Target >= 95%	Plan >= 84%	Jun-19	80.40%	Status	↓	Wales Benchmark	3rd	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026
DFM 065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target Improve	Plan AP	Jun-19	78.00%	Status	↓	Wales Benchmark	*	Executive Lead	Adrian Thomas	Committee	F&P	Plan Ref	AP026



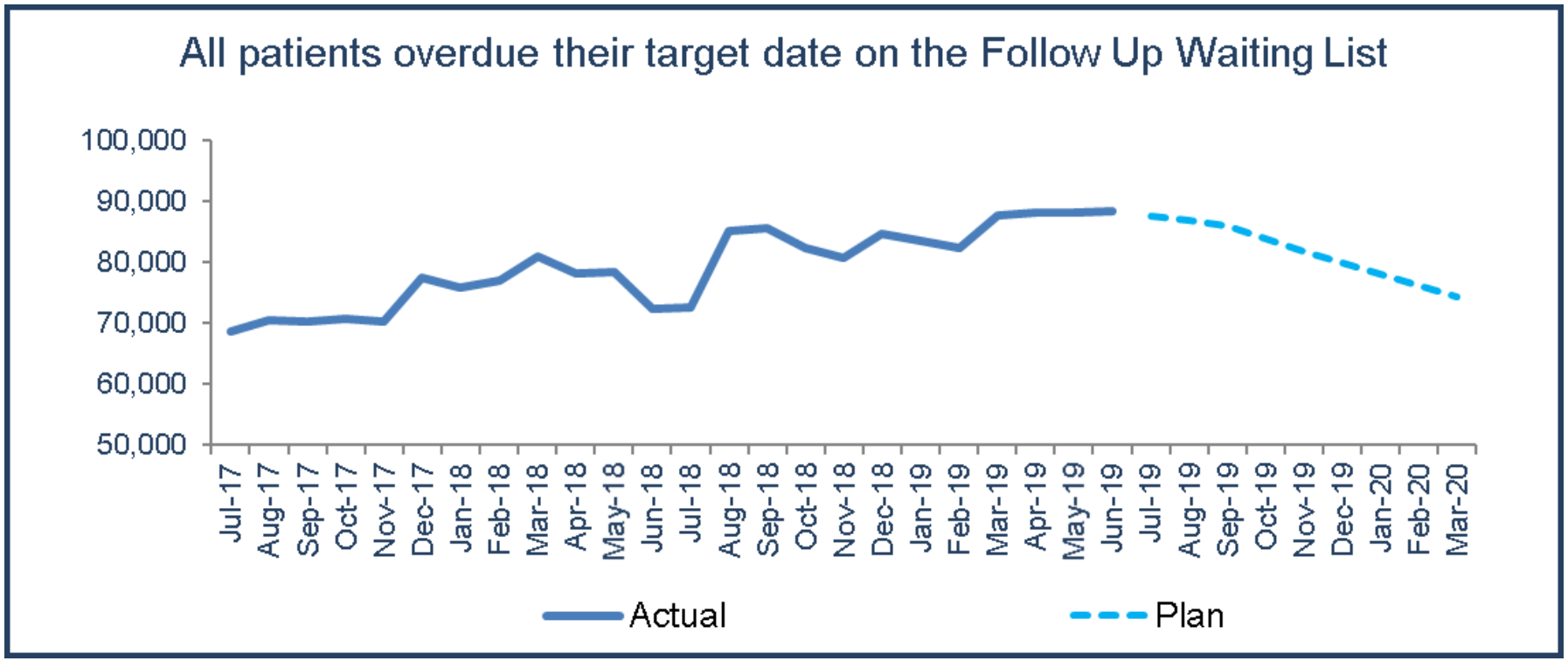


Upper and Lower Controls changed from March 2018

Reasons for under-performance includes the backlog of patients over 62 days which are now being treated, pressures on Urological Surgical Capacity and absences of a consultant radiologist for the one-stop breast clinics with new appointee due to start in Sept/Oct. Note the delays caused by endoscopy are now working out of the system with only 3 breaches in June attributable to endoscopy delays.

Actions	Outcomes	Timeline
1. Track all patients on a USC pathway in order to ensure all delays escalated and remedial action taken as appropriate	Reduction in over 62 day backlog to less than 100	Backlog reduced to less than 100 by July 2019, to be sustained month on month.
2. Hold additional breast rapid access clinics in West and East. Review opportunities for patients to be seen at other sites if appropriate in order to maximise available resource. Consultant radiologist recruited June 2019 and due to start in Sep/Oct for Central One Stop Clinic. Two Middle Grades appointed and due to take up post to improve service sustainability	All USC breast patients seen within 3 weeks in a one stop clinic.	October / November 2019 after new consultant is in post.
3. Urology – additional surgical lists have been allocated and increased outsourcing opportunities sought including time using a robot in Liverpool.	Increase urological surgery capacity for cancer patients	Month on Month
4. Single Cancer Pathway. Implementation of the three work-streams. Subject to outcome of resource application..	Improve performance from the baseline reported performance of June 2019	March 2020

DFM		Target	Plan					Wales		Executive				Plan	
056	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities	<= 74,555	87,712	Jul-19	88,648	Status	↓	Benchmark	7th	Lead	David Fearnley	Committee	F&P	Ref	AP024



Follow Up Waiting List Narrative

Actions	Outcomes	Timeline
1. PROMs virtual follow up in orthopaedics	To release 1,400 outpatient appointment slots for overdue follow up patients	Starting in August 2019 in East and Central and West to follow
2. Development of weekly PTL at site and specialty level to focus on more proactive waiting lists management and follow up management	Supporting delivery of the reduction in volume of follow up patients in accordance with the revised trajectory	Delivery of March 2020 trajectory
3. Training: assessment of organisational knowledge and mainstream referral to treatment training programme	Supporting delivery of the reduction in volume of follow up patients in accordance with the revised trajectory	31st December 2019
4. Implementation of schemes to free up follow up capacity for services, e.g. supported discharge, virtual results review clinics		31st March 2020
5. External follow up validation being commissioned together with targeted internal validation being undertaken	Expected reduction in overdue follow ups through validation	31st March 2020

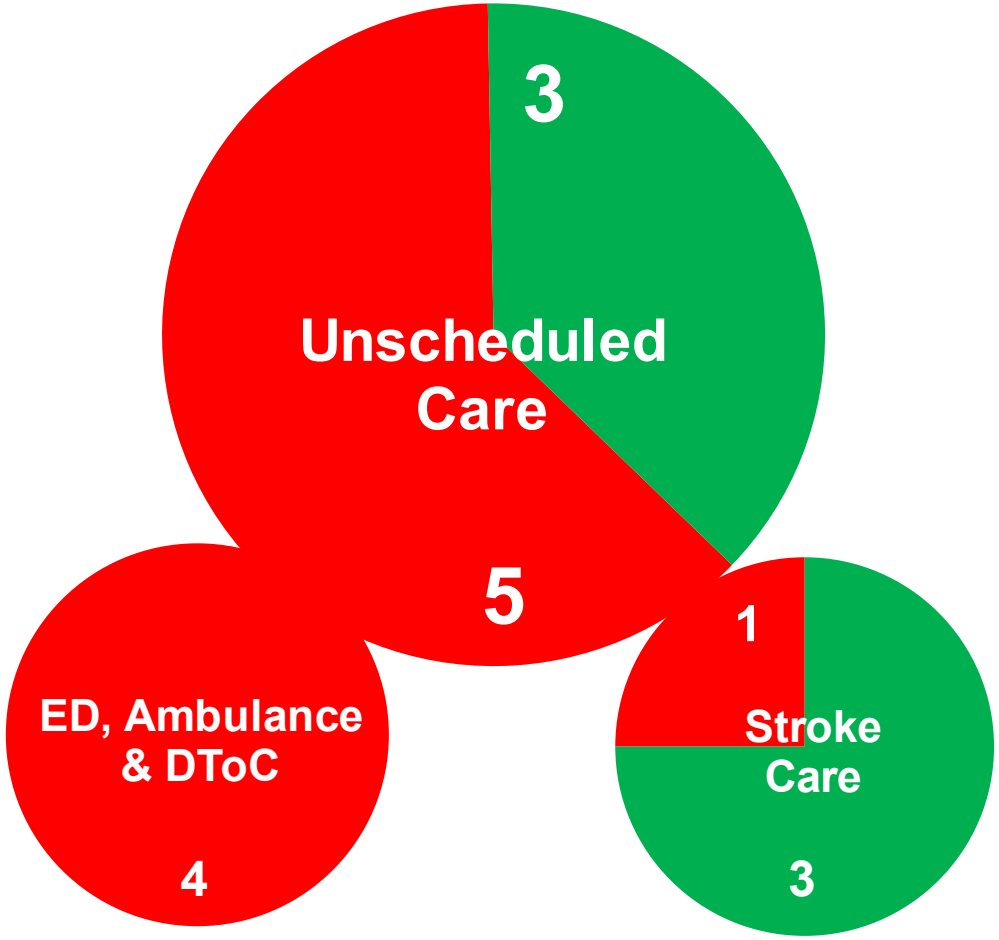
Eye Care Measure

DFM 057	95% of opthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for care or treatments	Target >= 95%	Plan AP	Jun-19	63.40%	Status	↑	Wales Benchmark	6th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP022

Understanding of current performance: The Eye Care measure combined all patients new (RTT) and follow up patients on a single waiting list spine. Given the historical volume of overdue patients in the follow up backlog, combined with the service capacity constraints in the current ways of working there are 10,723 patients with risk factor 1 who need to be managed through backlog reduction, scheduling by risk factor and pathway re-design.

Actions	Outcomes	Timeline
1. Scheduling by risk factor and target date	Reduction in volume of R1 patients overdue	March 2020
2. Pathway re-design – cataracts 4 step process	Increased OPD capacity created to see R1 overdue patients in clinic (1 appointment slot created for each cataract patients directly listed)	October 2019
3. Pathway re-design - cataract 2nd eye	Further OPD clinic capacity created by reducing a further OPD slot between 1st and 2nd eye surgery releasing this capacity to follow up overdue R1 patients	December 2019
4. Pathway redesign – glaucoma and sse of Multi-Disciplinary Team in an Ophthalmology Diagnostic and Treatment Centre (ODTC) or virtual ODTC stakeholder workshops established for September 2019 with a view to producing business case in October for presentation to Executives in November 2019. Tests of change to be implemented using sustainable Eye Care resource September 2019 – March 2020	Improve ratio of times patient needs to attend hospital to a mean of 1 consultant attendance for 3 non-medical reviews	March 2020
5. Digital eye care and improved communication via e-referral and EPR for Glaucoma	Provide enabling support for shared-care patient management between eye care professionals	E-referral December 2019 EPR March 2020

Chapter 3b: Summary

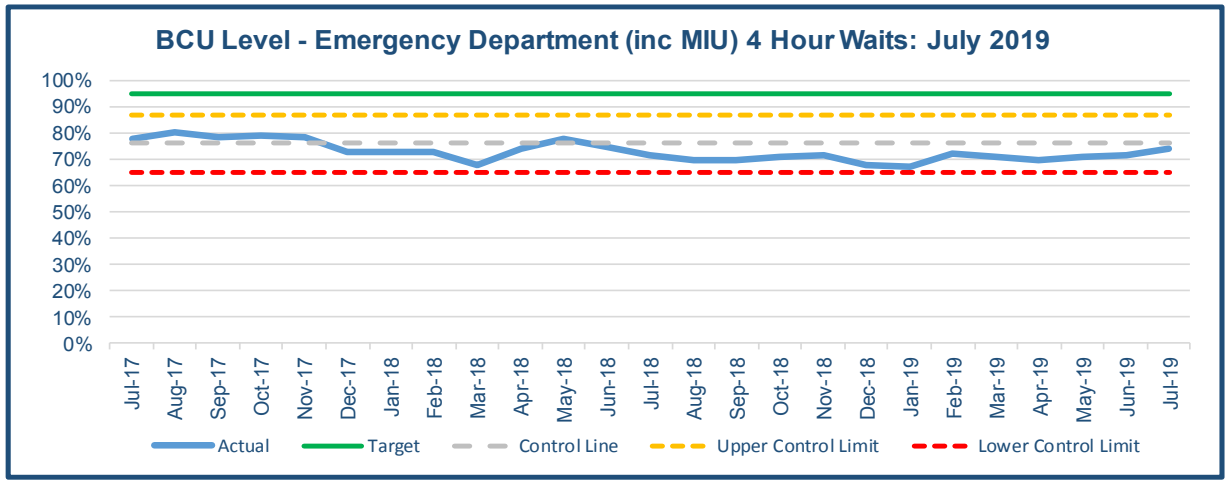


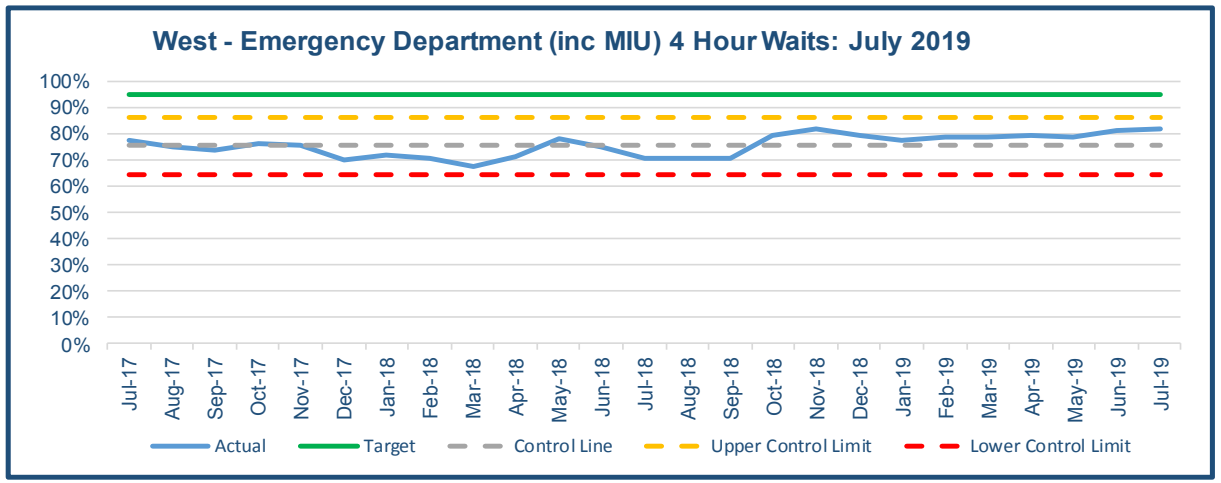
Operational Performance: Unscheduled Care

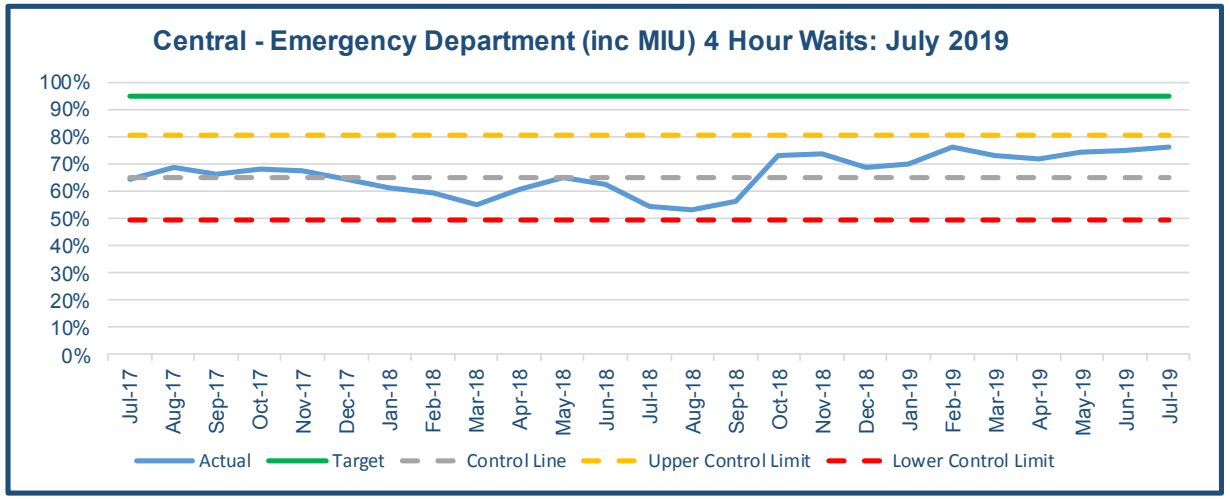
Measure	Status		(Target)	Plan
Emergency Department 4 Hour Waits (inc MIU)	73.72%	↑	>= 95%	>=74%
Emergency Department 12 Hour Waits (ex MIU)	2,044	↓	0	<=1209
Ambulance Handovers within 1 Hour	811	↓	0	<=248
Delayed Transfers of Care (DToC) Non Mental Health	67	↑	Reduce	<= 35
Stroke Care: Admission within 4 Hours	56.00%	↓	>= 55.5%	>= 50%
Stroke Care: Review by consultant 24 Hours	88.40%	↑	>= 84%	>= 85%
Stroke Care: Speech & Language Therapy	74.60%	↑	Improve	AP
Stroke Care: 6 Month Follow Up Assessment	20.00%	N/A	Improve	AP

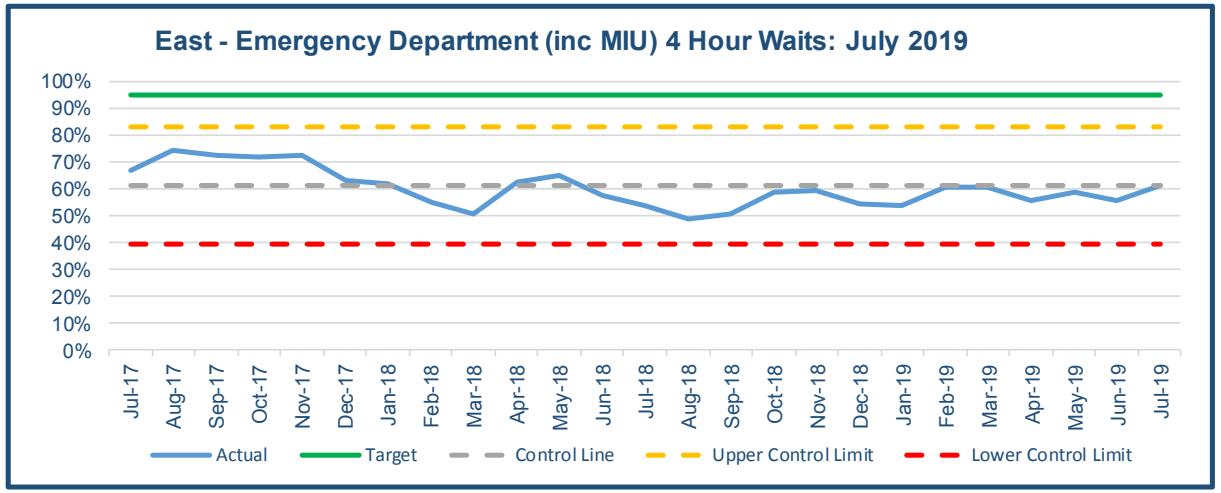
Compared to the previous report, of the 8 Measures in this chapter, performance has improved for 4, worse for 3 and 1 n/a.

DFM		Target	Plan												
072	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>= 95%	74%	Jul-19	73.72%	Status	↑	Wales Benchmark	7th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP033



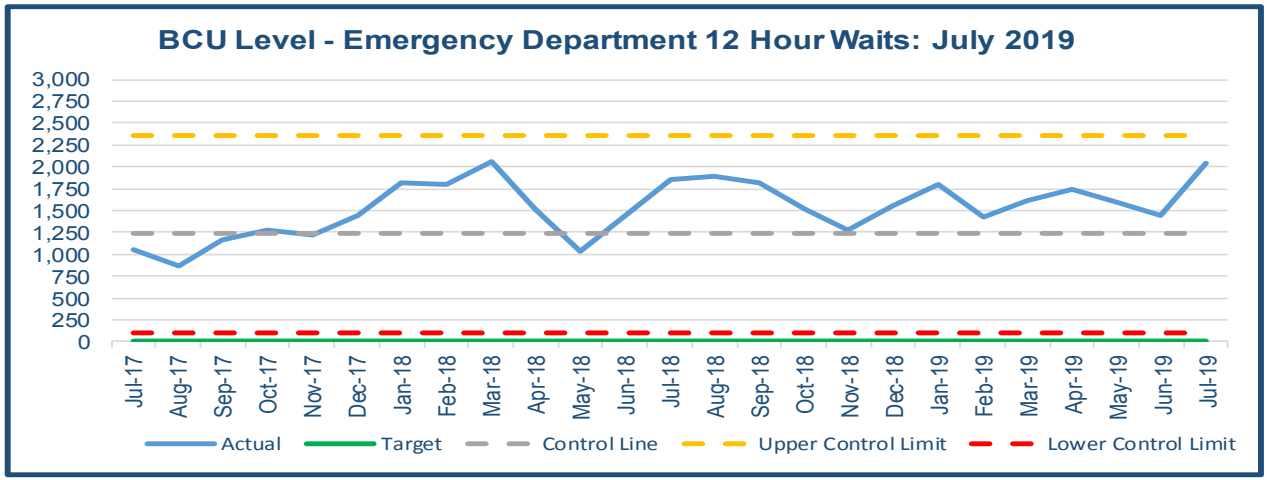


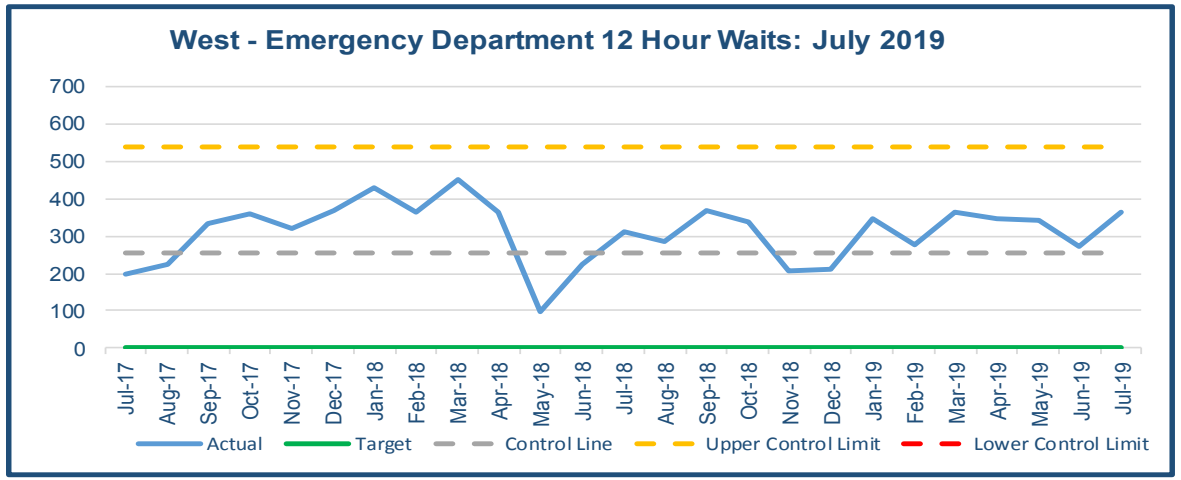


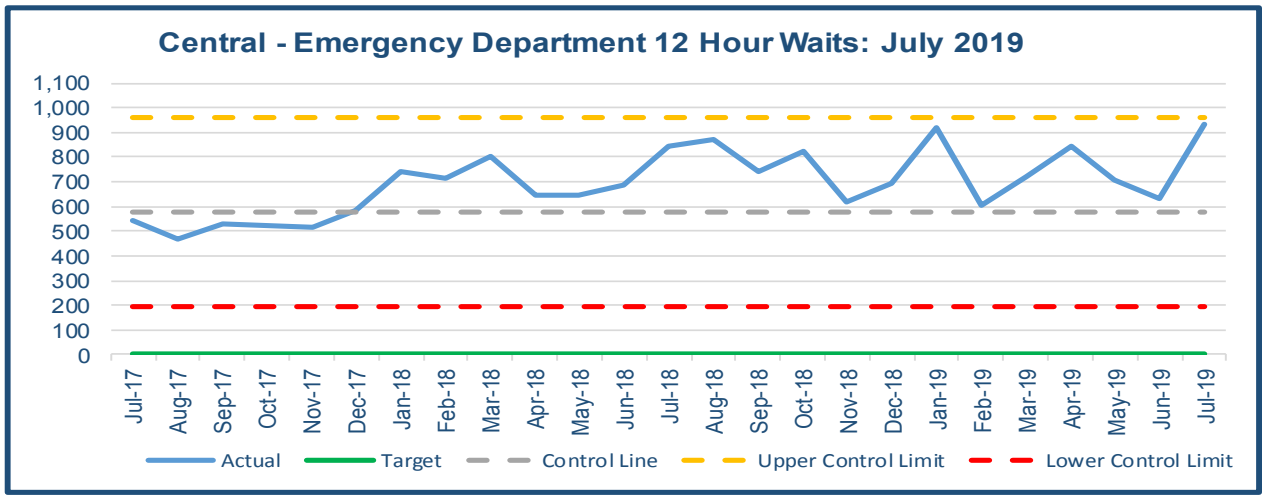


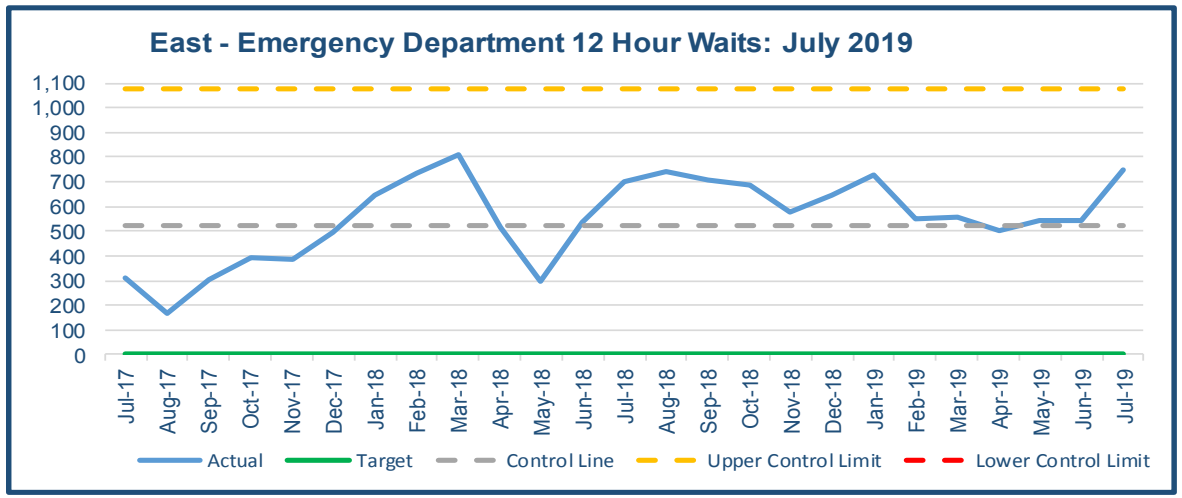
Actions	Outcomes	Timeline
Ysbyty Gwynedd: **1.** Progress chasers identified to support performance but no formal funding to support the roles to support the improvement in the 4hr performance.	SBAR Completed for progress chaser staff to support improving the patient journey/flow. Recruitment process to be completed	August 2019 F&P Submission, Recruitment
2. Breach validations on going weekly to review all areas in a planned route (Paediatrics, Stroke, 12/24hr, Green, Specialities) and reported back to the directorate and HMT on a monthly basis.	Identified need for support and equality in line with Surgical and Medical directorate structures to ensure and support robust reporting.	Ongoing
4. Job description for GP at the front door being finalised for go live. EC completed and signed off	GP's available, awaiting clinical sign off. Will support developing the triage staff and redirecting approx. 30-40 patients a day	12th August sign off. Recruit September 2019
5. External stakeholder engagement for triage training in line with RCEM/ MTS to develop staff confidence and safety net in redirection approx. 30-40 patients per day triage as 3, 4 and 5.	Teleconference training and GP support planned in line with GP at the front door	September 2019
Ysbyty Glan Clwyd: **1.** Introduced 6 week test and learn of START (ED streaming, triage, assessment and rapid treatment) model. Full Consultant cover for START is rostered from end of August.	Streaming patients within and away from ED. Data analysis of improvement to time to triage and to clinician is in development. Comparison of days without Consultant cover for START and days with.	July 2019 and August 2019 for test and learn September for full cover
2. Implementation of Same Day Emergency Care (SDEC)	After 5 weeks 714 patients through SDEC, 530 discharged, and 184 admitted. Reduction in LOS for ambulatory conditions (due to 10 week delay in clinical coding unable to assess this at present). Improvement in 4 hour performance by streaming patients from ED to SDEC	July 19 and August 2019
3. Alongside the request for data by conditions there are weekly reviews of the operational pathways of SDEC to confirm the right patients are being seen in SDEC, that we further engage with clinicians by specialty and including GPs	Improved process and pathway for GP referred patients who aren't suitable for SDEC Reduction in number of GP referred patients who breach	September 2019
Ysbyty Wrecsam Maelor : 1. Arrange for GP co-lead in triage with ED team based on the recent successful "test and Learn" resulting in 55% patients triaged diverted to alternative care settings	10% of patients triaged are managed to alternative care settings	30th September 2019
2. Develop and implement ED escalation process based on timed pathways through the service	5% improvement in performance at the end of Q3 from Q1 baseline	30th November 2019
3. Agree and implement ED flow principles – test during the Rapid Improvement Week on the 19th August		

DFM		Target	Plan					Wales		Executive				Plan	
073	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1209	Jul-19	2,044	Status	↓	Benchmark	7th	Lead	Deborah Carter	Committee	F&P	Ref	AP033





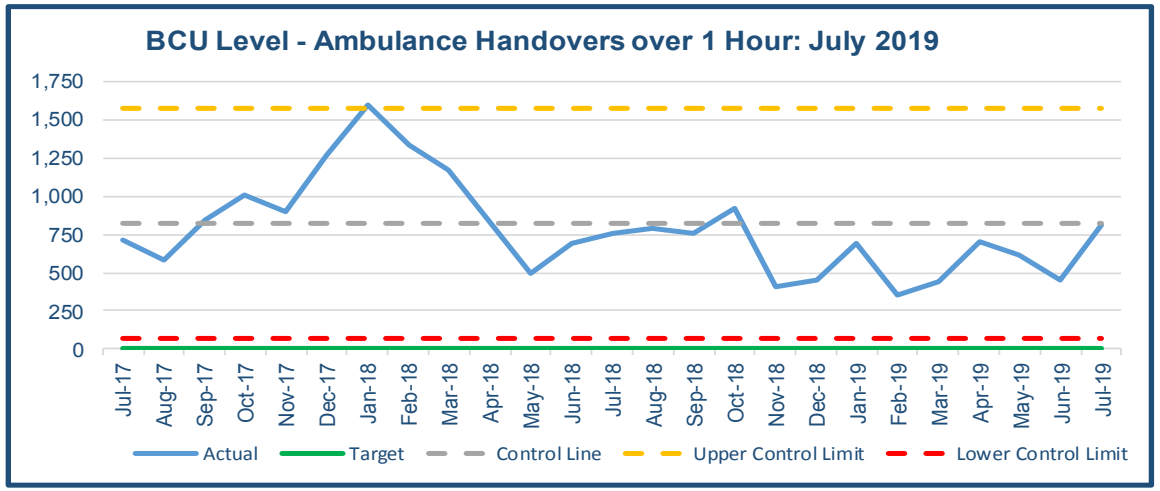


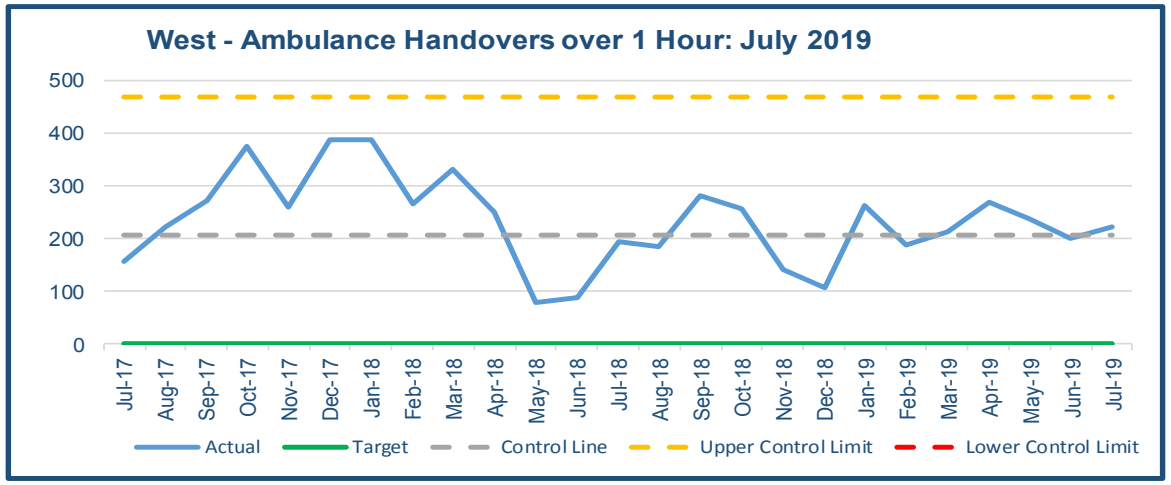


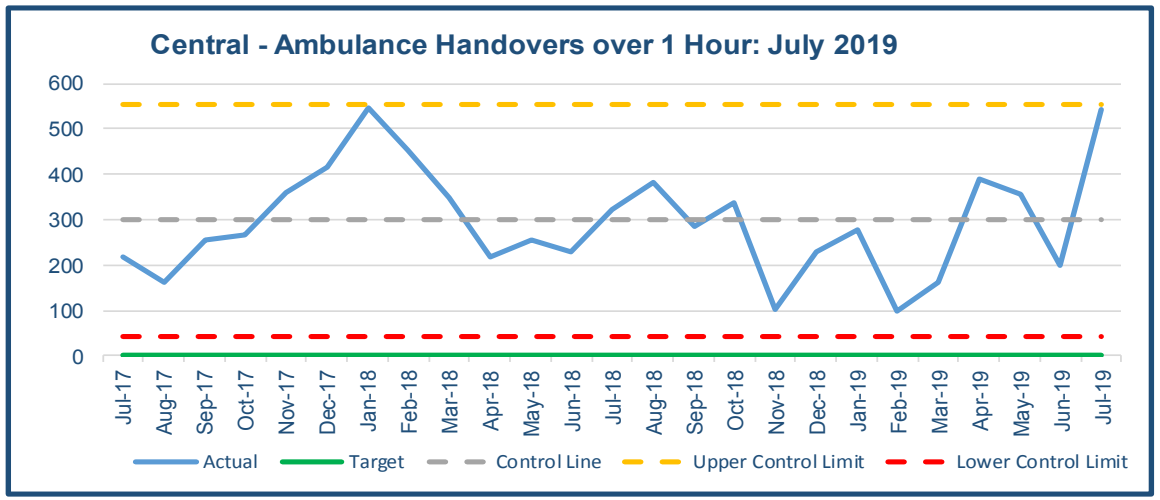
ED 12 Hour Waits

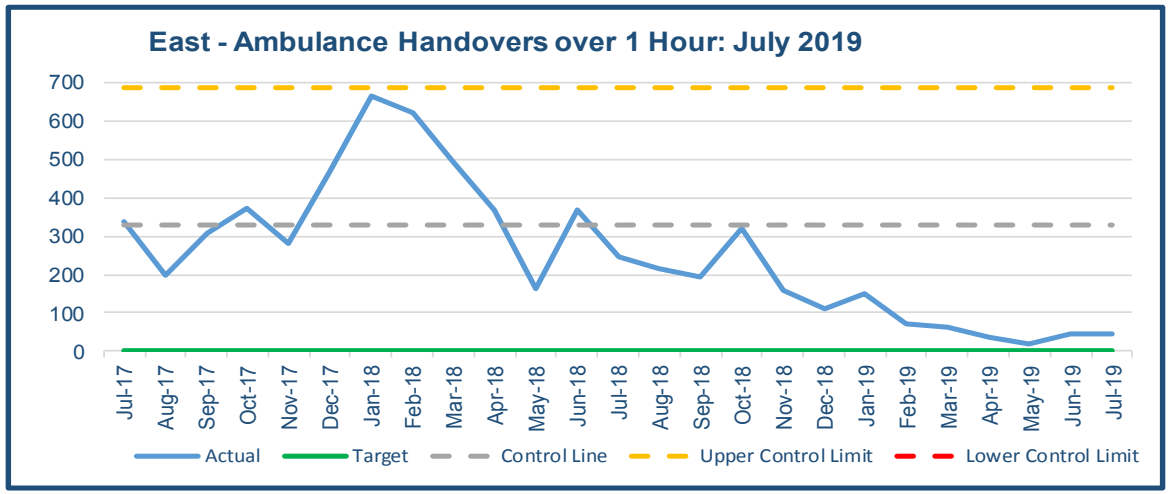
Actions	Outcomes	Timeline
Ysbyty Gwynedd: 1. Part of the EDQDF ongoing work, development of an escalation process for patients awaiting over 8hrs for a bed, with clear standards for escalation and support to reduce the number of 12hr delays.	Flow chart created for in hours role out initially, once embedded to role out 24/7 for escalation via the on call management team. Identified need for amendments to the on call management system TOR's to support the out of hours escalation process. Creation of a Rapid review process for identifying themes and trends presented to HMT	August 2019 for in hours role out.
2. Delays to ambulance handovers and long waits for bed had a negative impact on 12 hour breaches. Average length of stay has decreased. Focus on Long length of stay reviews is ongoing	Reduction in 12 hour breaches Reduction in length of stay Reduction in <21 day patients	August 2019 July 2019 – ongoing
3. Daily discharge targets being set and embedding of SAFER work continues	Improved early flow to reduce exit block in ED early in the day	August 2019
Ysbyty Glan Clwyd: **1.** Active intervention at 24 hours process to be tightened. This process was proving to work in June and focus moved to 12 hours for July. As a result, 24 hours increased. Re-focus on zero tolerance to 24 hours in August	Zero 24 hour breaches	September 2019
2. Delays to ambulance handovers and long waits for bed had a negative impact on 12 hour breaches. Average length of stay has decreased. Focus on Long length of stay reviews is ongoing	Reduction in 12 hour breaches Reduction in length of stay Reduction in <21 day patients	August 2019 July 2019 – ongoing
3. Daily discharge targets being set and embedding of SAFER work continues	Improved early flow to reduce exit block in ED early in the day	August 2019
Ysbyty Wrecsam Maelor: 1. Review and implement the Emergency Care ward reconfiguration to optimise specialty flow from ED	Reduction of number of 12 hour waits in ED	10th October 2019
2. Maximise assessment and short stay model to reduce Length of Stay in Medicine	Reduction of escalation beds	30th October 2019.
3.Review and strengthen site management		
4. Agree, design and implement flow principles from ED to assessment/Short stay and wards	Reduced "Live" length of stay	10th October 2019

DFM 071	Number of ambulance handovers over one hour	Target 0	Plan 248	Jul-19	811	Status	↓	Wales Benchmark	5th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP029









Integrated Quality and Performance Report

Health Board Version

July 2019

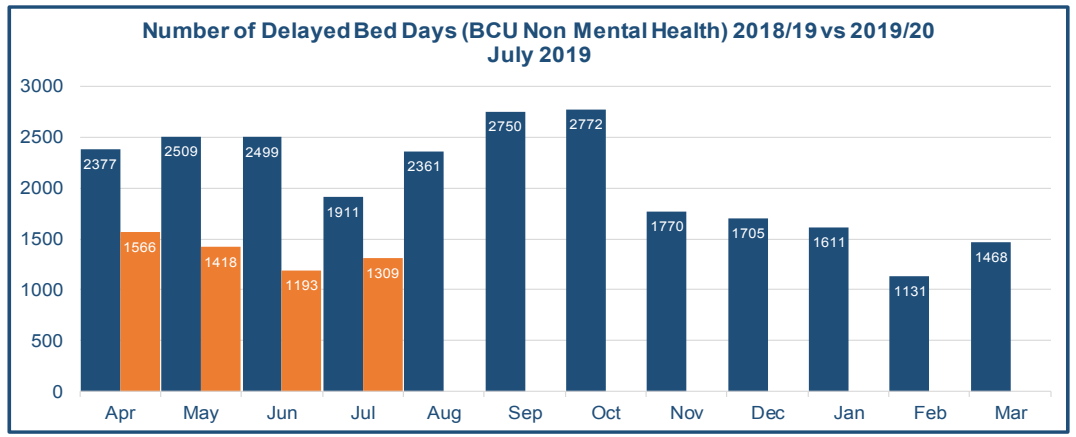
Ambulance Handovers

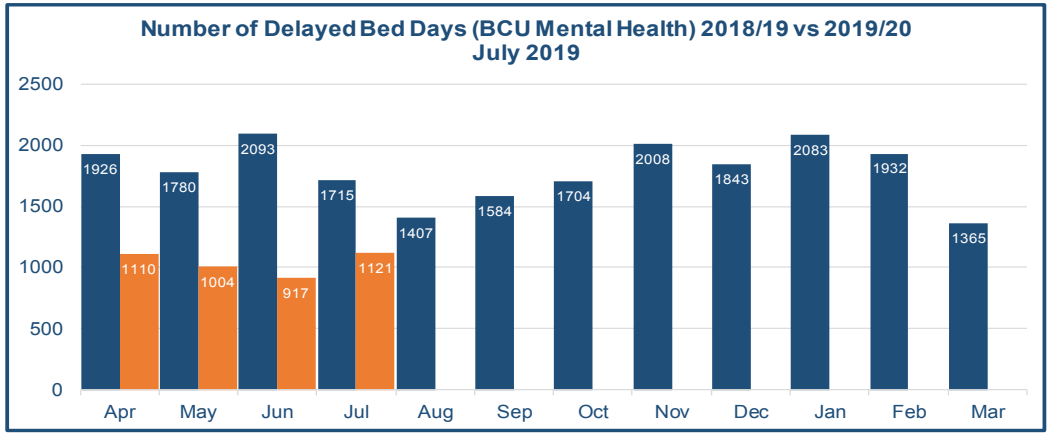
Actions	Outcomes	Timeline
Ysbyty Gwynedd: 1. Ambulance performance is still not at the level set, therefore meetings with WAST continue to manually review delays of >60 minutes to identify themes / patterns or if they were suitable for community pathways. Initial reviews have highlighted elements around Out of Hours calls and lack of community facilities to support.	Audits are being presented with WAST input at the MIU streams along with the USC Group.	Ongoing
2. Reviews of all ambulance conveyances that are discharged within 90 minutes being reviewed with WAST input to identify appropriate conveyances.	Power BI report completed and now being embedded to identify geographical locations.	Ongoing
3. All Wales handover proforma being reviewed in line with EDQDF to support a pan Wales standard that has been agreed by Health Boards and WAST. Along with developing an ambulance divert criteria with clinical input to develop.	PIP being developed to support and collaborative on going work with the DU to develop	September 2019
Ysbyty Glan Clwyd: 1. 6 week introduction of test and learn of ED streaming, triage, assessment and rapid treatment (START) model and ED layout change was to allow more space for ambulance handover.	ED had 6 days of significant ambulance delays in July due to combination of factors. High attendances, long ED waits due to sickness and long waits in ED due to capacity challenges.	July 2019
2. Continuation of corridor nursing; however due to increasing levels of patients in ED at times during July, it was risk assessed to be unsafe to utilise corridors any more than they were. Average of 8-13 patients in the corridor at 8am	Corridor Nursing was introduced to support reduction in ambulance handovers	Ongoing
3. Review and confirm roles and responsibilities, actions and ownership in escalation status at handover.	Reduction in 15 and 60 minute handovers	August 2019
4. Joint handover protocol with WAST including dual pin focussed on improving 15 minute handover performance	Patient safety at a system level	August 2019
Ysbyty Wrecsam Maelor: 1. Continued improvement actions to sustain and strengthen performance for ambulance handover	Continued improvement in performance for ambulance handover	30th September 2019

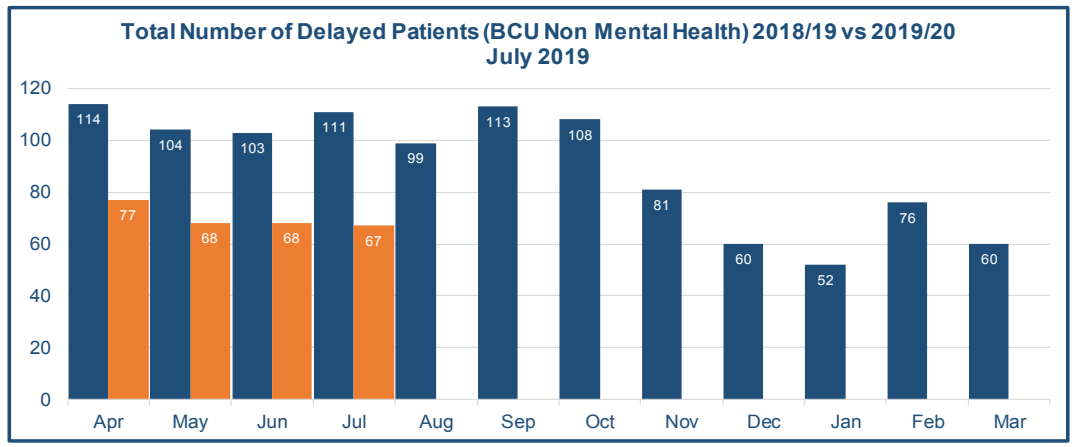
Chapter 3b – Unscheduled Care

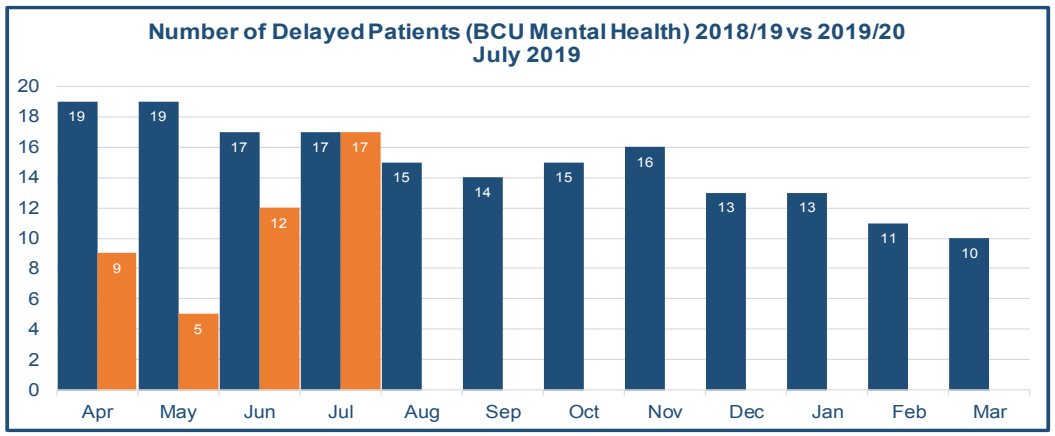
DToC Graphs

DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan <= 35	Jul-19	67	Status	↑	Wales Benchmark	5th	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP037
DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan <= 13	Jul-19	17	Status	↑	Wales Benchmark	1st	Executive Lead	Andy Roach	Committee	F&P	Plan Ref	AP031









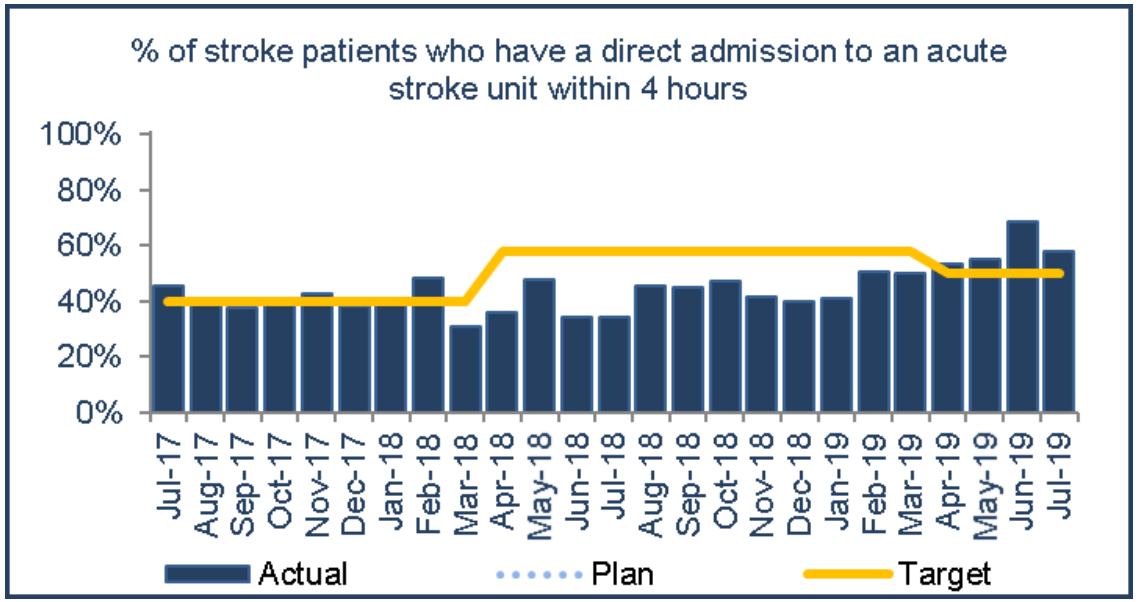
Integrated Quality and Performance Report

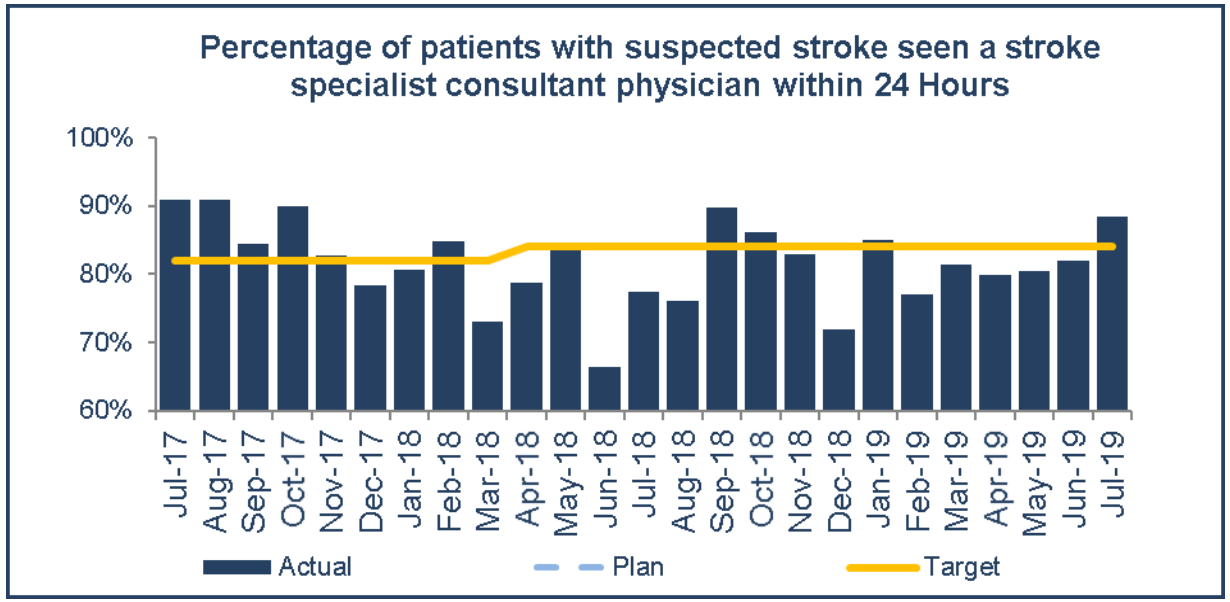
Health Board Version

July 2019

Actions	Outcomes	Timeline
1. Weekly and pre-census DToC meetings where all patients are discussed and monitored continue.	System wide ownership of patient discharge plans	Weekly and Monthly
2. DToCs are scrutinised daily on site and delays in package of care provision and/or social worker attendance are escalated to senior management early for further escalation to Directors of Social Care in respective Local Authority.	Timely escalation to senior managers with onward escalation to respective Local Authority	Daily
3. Long length of stay review of patients undertaken	Escalation to senior managers of issues which ward staff are unable to resolve	Continuous

DFM 066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Target >= 55.5%	Plan >= 50%	Jul-19	56.00%	Status	↓	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP038
DFM 067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Target >= 84%	Plan >= 85%	Jul-19	88.40%	Status	↑	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP038
DFM 068	Percentage of stroke patients receiving the required minutes for speech and language therapy	Target Improve	Plan AP	Jul-19	74.60%	Status	↑	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP038
DFM 069	Percentage of stroke patients who receive a 6 month follow up assessment	Target Improve	Plan AP	Qtr 1 19/20	20.00%	Status	N/A	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Committee	F&P	Plan Ref	AP038



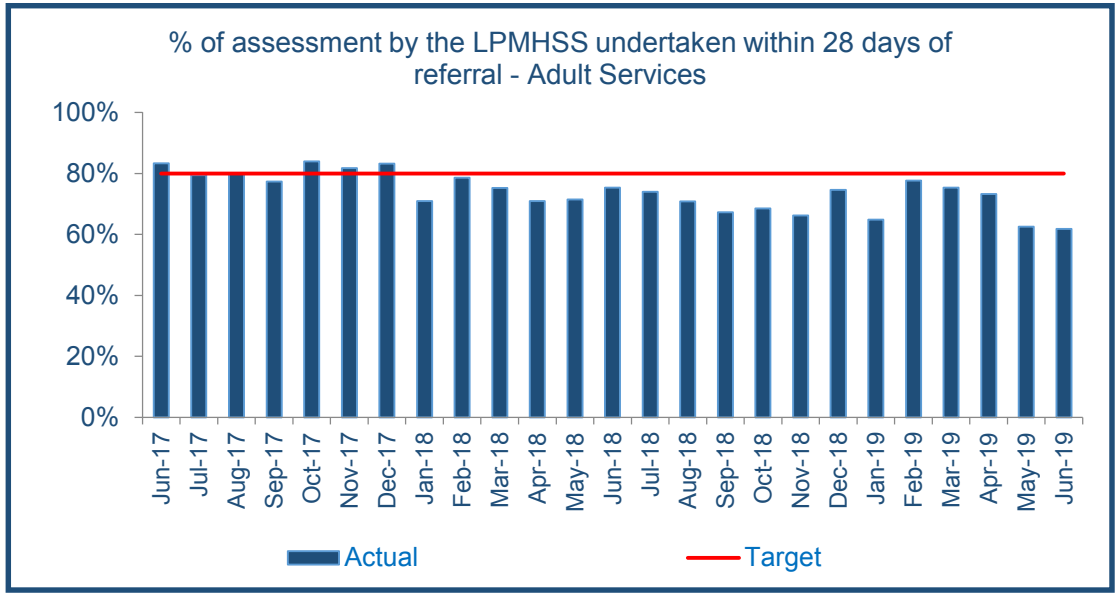


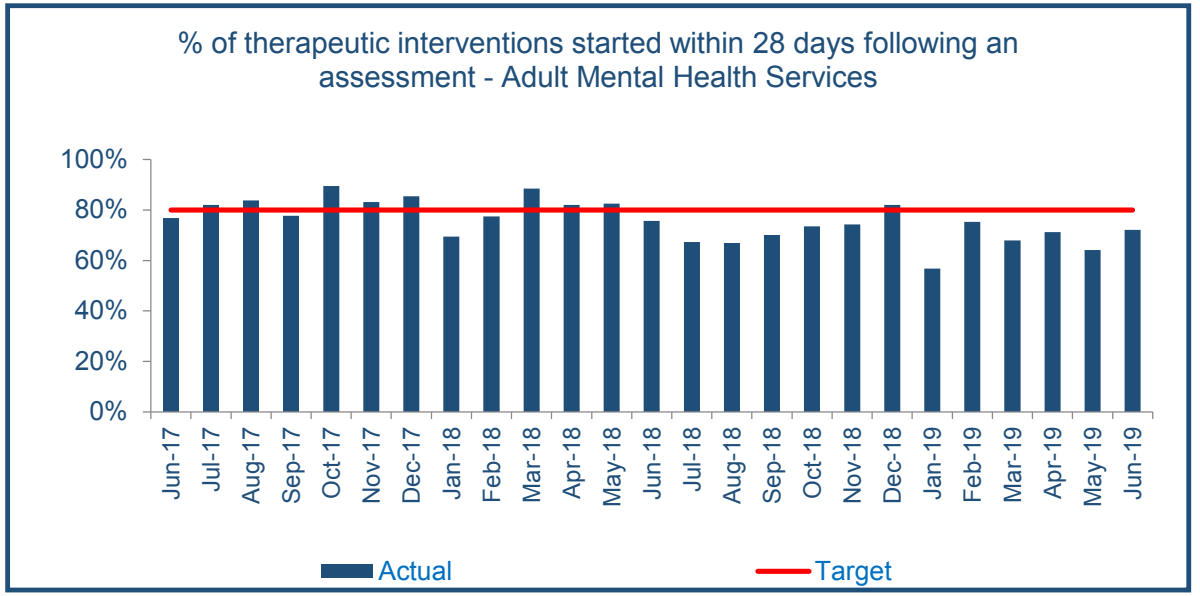
Actions	Outcomes	Timeline
1. Continue to ring fence 2 beds on the Acute Stroke Units (ASUs). Site Management Teams to support the action better as currently failing. Escalation process to be followed if in breach of this. Education with Emergency Department (ED) Teams of the need to assess, diagnose and refer urgently to meet the clinical standard.	Improved performance against 4 hours standard to Acute Stroke Unit	Immediate and ongoing
2. Improvement to access to a Consultant in 24 hours can only occur with additional staffing or implementation of virtual ward rounds using telemedicine. Discussions ongoing across Secondary Care and Area at all 3 Sites to reduce Consultant commitment on GIM rota. Resolution achieved in East only at present and this will impact on the ability to have a Thrombolysis Service Out of Hours (OOH) from October 2019 due to vulnerability of the current rota. Standard is met in hours but OOH remains a challenge and will only achieved if the Stroke Consultants are On Call for GIM. Decision needed by Health Board for installation of home connections for OOH Telemedicine	Improved performance of the clinical standards to see new patients within 24 hours. Improved Door to Needle times. Can only occur with actions identified.	Discussion ongoing through July and August 2019 with Secondary Care and Areas
3. Continue to review efficiencies with more group work and ensure all vacancies filled. Need to reduce the volume of non Stroke patients on ASUs and escalated beds to enable Therapists to increase the amount of time spent with Stroke patients. Insufficient staffing in all disciplines to achieve standard	Improved number of minutes spent with patients	Timescales are being finalised with sites and will be confirmed in future reports.

Measure	Status		(Target)	Plan
Delayed Transfers of Care (DToC) Mental Health	17	↑	Reduce	<= 13
MHM1a - Assessments within 28 Days (Combined)	63.73%	↓	>= 80%	*
MHM1b - Therapy within 28 Days (Combined)	72.19%	↑	>= 80%	*
MHM1a - Assessments within 28 Days (Adult)	61.82%	↓	>= 80%	>= 71%
MHM1b - Therapy within 28 Days (Adult)	72%	↑	>= 80%	>= 67%
MHM1a - Assessments within 28 Days (CAMHS)	79.44%	↑	>= 80%	AP
MHM1b - Therapy within 28 Days (CAMHS)	72.30%	↑	>= 80%	AP
MHM2 - Care & Treatment Plans (CTP)	91.50%	↑	>= 90%	>= 88%
MHM3 - Copy of agreed plan within 10 Days	100%	→	100%	100%

Of the 9 Measures in this chapter, performance is worse for 3 improved for 5, and remained static for 1

LM06 0a	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Adult)	Target >= 80%	Plan >= 71%	Jun-19	61.82%	Status	↓	Wales Benchmark	5th	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027
LM06 1a	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (Adult)	Target >= 80%	Plan >= 67%	Jun-19	72.17%	Status	↑	Wales Benchmark	6th	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027



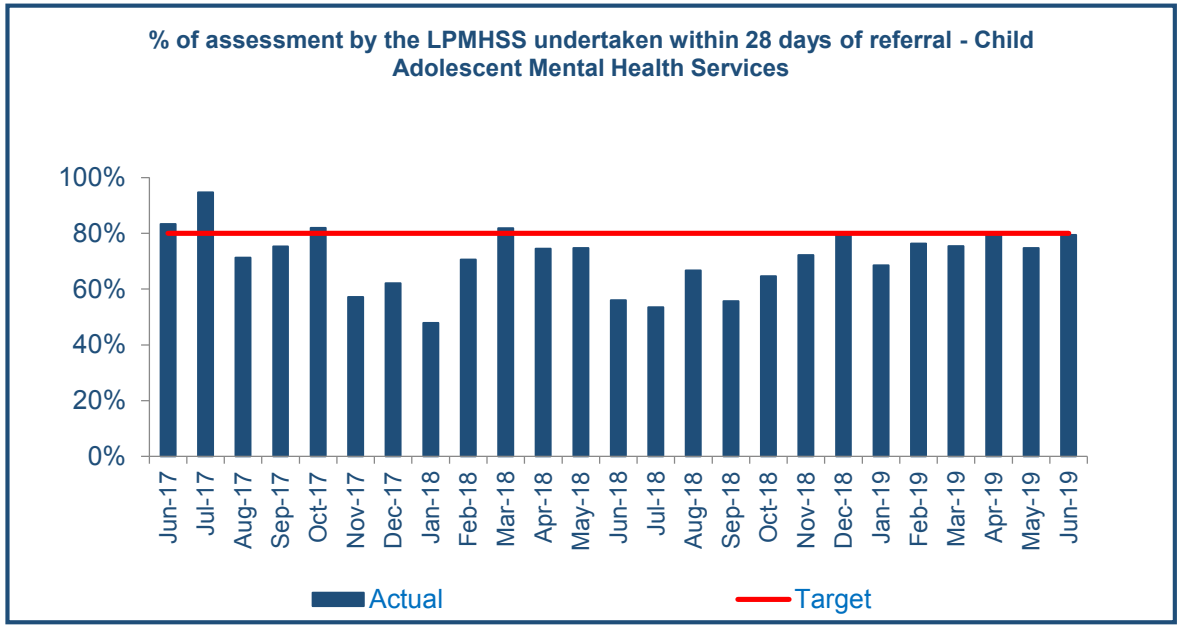


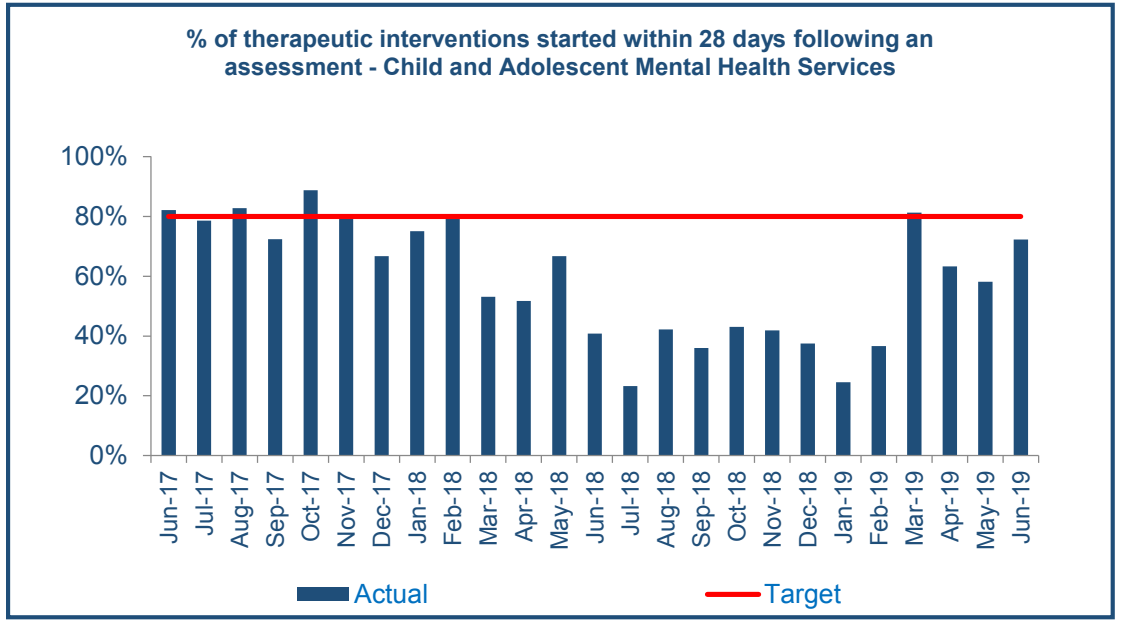
The MHLD division continues to work on achieving the target across all teams, however, high referral rates, sickness and recruitment to vacancies continues to impact on delivery.

The recent deep dive analysis has highlighted that a large percentage of patients are assessed and discharged with advice, information or signposting elsewhere, in some teams this is over 60%. The solution to target achievement is a complete service transformation for this identified group which is currently been worked through via the strategy implementation.
The Benchmark for these two measures are for the Combined (Adult & CAMHS) position as this is the National Measure. However, these measures will be split in the NHS Wales Delivery Framework in the latter part of 2019/20.

Actions	Outcomes	Timeline
1. Patients are treated in turn has been widely adopted which has impacted on performance but is clinically the right action for patients	Correct & validated information	Ongoing
2. Timely weekly reporting direct to area teams		
3. Weekly 'deep dive' analysis to focus on potential breaches	Teams timely informed and engaged	
4. Standardising invention outcomes & reporting		
5. MHM Lead(s) supporting area to increase focus on specific issues / actions plan		
6. Closer monitoring & scrutiny of referral activity	Improved quality and safety	
7. Increased Senior Manager focus & support		
8. Clinical & Social care staff deployed to focus on areas performing below target	Decreased waiting times	
9. STR workers are now working through the interventions backlog identifying patients who still require interventions	Improving community asset based approach	
10. Developed and implemented local action plans to improve targets		
11. Divisional improvement plan refreshed		
12. Exploring ways to increase our establishment to reflect demand/ backlog	Recruitment & new additional WG funded posts	
13. Weekly targeted intervention meetings	Increased compliance	
14. Focus Group led by Senior Managers to address performance & refresh Divisional plan	Earlier intervention	
15. Ensuring CNA & DNA are accurately and timely recorded		
16. Piloting TAG	Improve GP consultations	
17. The Division is benchmarking nationally against CNA's & DNA's to ensure we are offering a fair and consistent service within Primary Care in line with guidance and national standards.		
18. Weekend & additional clinics	Increased capacity	

LM06 0b	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (CAMHS)	Target >= 80%	Plan 80%	Jun-19	79.44%	Status	↑	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Committee	QSE	Plan Ref	AP027
LM06 1b	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (CAMHS)	Target >= 80%	Plan 80%	Jun-19	72.30%	Status	↑	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Committee	QSE	Plan Ref	AP027





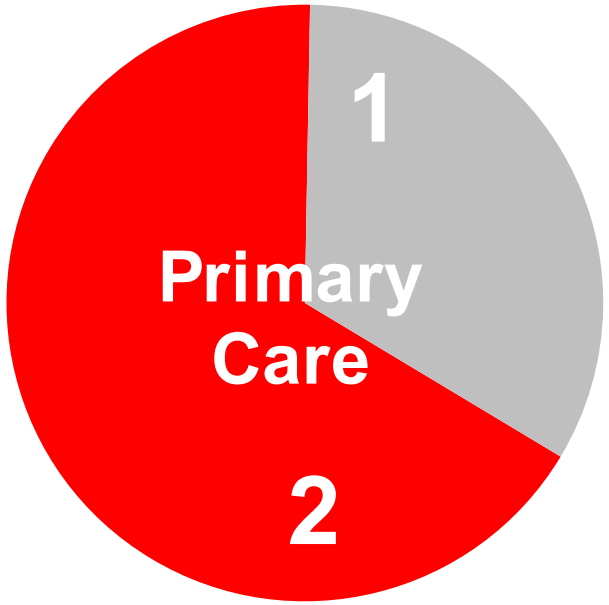
The Benchmark for these two measures are for the Combined (Adult & CAMHS) position as this is the National Measure. However, these measures will be split in the NHS Wales Delivery Framework in the latter part of 2019/20.

Actions	Outcomes	Timeline
1.Recruitment of staff in Central Area following successful recruitment day	Full establishment of staff resulting in increased capacity when trained	November 2019 however 6 of the staff are development posts which will incrementally contribute to the capacity over the next 4 – 6 months.
2.Bids submitted to Welsh Government for Service Improvement funding to enhance core services and the Early Intervention services and develop posts within GP practices	Awaiting formal notification of funding from Welsh Government – proceed to advert	Staff in post in January 2020
3.Refresh and submission of CAMHs Crisis Service Bid to Welsh Government	Additional funding for crisis services will allow for increased access to crisis services out of hours and reduce requirement for admissions to Paediatric Wards	Staff in post in January/February 2020
4.Action plan to be developed for CAMHs services following receipt of final report from Delivery Unit	To identify when final report received	
5.Weekly meetings held across the teams to assess demand and review capacity available in form of core staff availability, additional hours, bank and agency staff.	Understanding of current demands levels and capacity available to meet, identifying any gaps/anticipated breaches	Ongoing

DFM 082	The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Target >= 90%	Plan >= 88%	Jun-19	91.50%	Status	↑	Wales Benchmark	4th	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027
DFM 083	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	Target 100%	Plan 100%	Jun-19	100%	Status	→	Wales Benchmark	1st	Executive Lead	Andy Roach	Committee	QSE	Plan Ref	AP027

Actions	Outcomes	Timeline
1. Detailed & timely reports disseminated to teams and individual care coordinators	Correct & validated information	We are performing on plan and with sustained focus, the Division expects to remain compliant for Part 2. Part 3 is compliant
2. Weekly 'deep dive' analysis to focus on potential breaches	Teams informed and engaged	
3. The Mental Health Measure Leads are aligned to local areas to improve performance and overall quality of services to patients	Improved compliance	
4. Regular and extensive data cleansing & caseload validation	Recruitment & new additional WG funded posts	
5. Close and regular monitoring of activity and compliance rates		
6. Developed and implemented local action plans to improve targets		
7. Divisional improvement plan refreshed		
8. Exploring ways to increase our establishment to reflect demand/backlog		
9. Recruitment & bank cover		
10. Weekly targeted intervention meetings		
11. Focus Group led by Senior Managers to address performance & refresh Divisional plan		

Chapter 6: Summary: Primary Care



Measure	Status		(Target)	Plan
% GP practices open between 17:00 and 18:30	80.00%	↓	Improve	AP
Primary Dental Care: Access to NHS Dentists	49.30%	←	Improve	AP
Primary Dental Care: Reattendance	N/D	N/A	Reduce	AP

Key Performance Indicators for Primary Care are being developed and as soon as they have been agreed, they will be published here. The Performance Assurance Team are reviewing the Primary Care sections of Board Reports of other Health Boards and will aim to agree Measures with the Executive Director for Primary & Community Care and the Primary Care Support Unit in providing a mid-year report.

DFM 048	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Target Improve	Plan AP	Qtr 1 19/20	80.00%	Status	↓	Wales Benchmark	7th	Executive Lead	Chris Stockport	Committee	F&P	Plan Ref	AP013

Actions	Outcomes	Timeline
1. The PCC Team has conducted an audit of all practices against the BCUHB Access Standards	Interim results of the audit of BCUHB Access Standards were discussed at the LMC meeting on 9th July 2019 and will provide a baseline to inform future work on Access Standards	October 2019, following confirmation of the set of Access Standards agreed for the 2019/20 GMS Contract
2. The Area Teams and Primary Care Contracting (PCC) Team continue to encourage practices to ensure that patients have good access hours for appointments with a clinician.	Future work on Access Standards will need to be aligned with the requirements of the set of Access Standards agreed for the 2019/20 GMS Contract.	October 2019, following confirmation of the set of Access Standards agreed for the 2019/20 GMS Contract

Appendix A: Further Information

Further information is available from the office of the Director of Performance which includes:

- performance reference tables
- tolerances for red, amber and green
- the Welsh benchmark information which we have presented

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
  www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
http://www.facebook.com/bcuhealthboard

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Progress report of Recommendations arising from HASCAS independent investigation and Ockenden governance review
Report Author:	Claire Brennan, Head of Office
Responsible Director:	Mrs Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	The paper provides the progress update against the recommendations arising from both the HASCAS independent investigation and the Ockenden governance review
Approval / Scrutiny Route Prior to Presentation:	HASCAS & Ockenden Improvement Group
Governance issues / risks:	Additional resources required have been identified to support 3 of recommendations in order to progress the work further to deliver improvements and fully address the recommendations.
Financial Implications:	Executive Team have agreed the funding for the required additional posts to support progress of the relevant recommendations.
Recommendation:	To note the progress against the recommendations to date

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carer's, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance Mental Health Services			
Equality Impact Assessment *n/a*			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

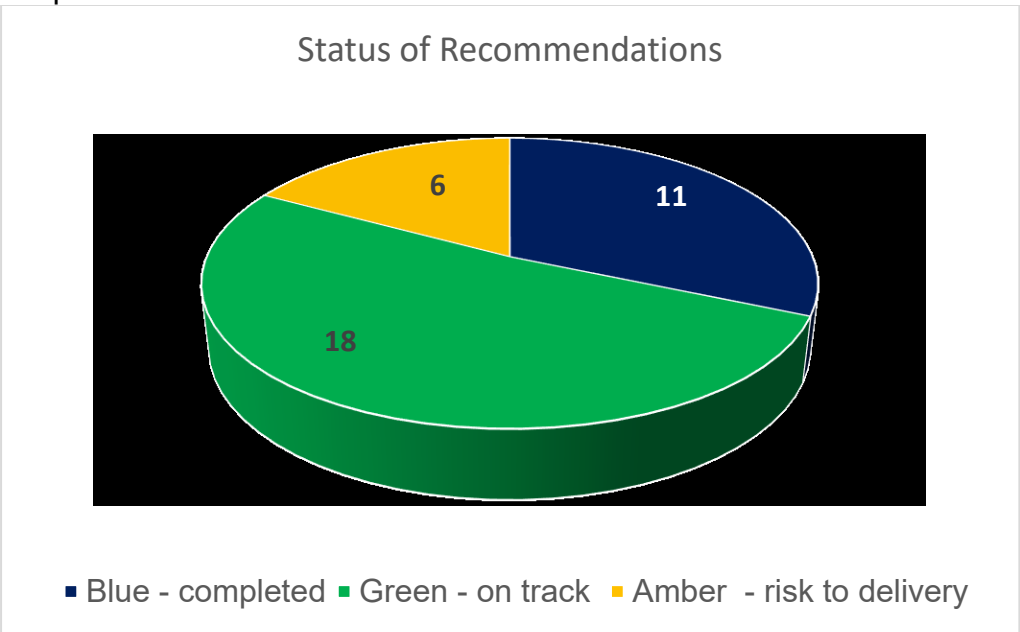
Executive Summary

HASCAS & Ockenden Recommendations status

Progress for all HASCAS & Ockenden recommendations is well underway; the status of the total 35 recommendations is detailed below;

- 18 are reporting green, as on track to achieve delivery, some of these recommendations are almost due to complete and any that are proposed for closure will be formally reviewed at the Improvement Group meeting on 31st July and shared with Stakeholder Group members;
- 6 are reporting amber, where work is progressing but some additional focus or support is required to address some challenges that is impacting on timely progress;
- 11 recommendations have now been completed; these are relation to;
  - HASCAS 3: Care Homes & Service Integration
  - HASCAS 4: Safeguarding training
  - HASCAS 5: Safeguarding Informatics & Documentation
  - HASCAS 6: Safeguarding Policies & Procedures
  - HASCAS 7: Tracking of Adults at Risk across NW
  - HASCAS 13: Restrictive Practice Guidance.
  - Ockenden 2d: Recruitment of the second Consultant Nurse for Dementia
  - Ockenden 4b & 4c: Staff Surveys
  - Ockenden 10: Reviewing External Reviews
  - Ockenden 14: Board Development and prescribed disengagement.

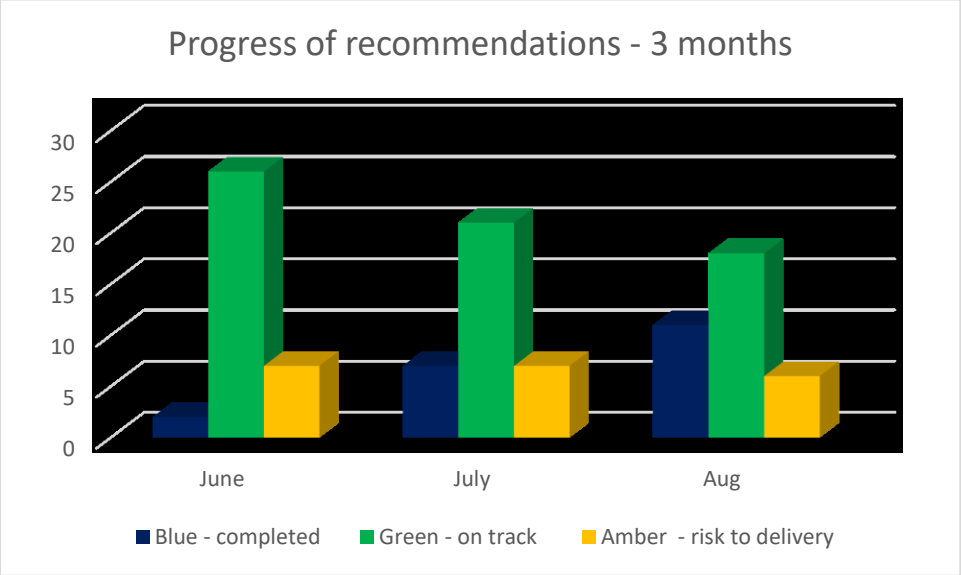
Graph 1 below shows the status of the recommendations as at end of August.



Graph 1

Graph 2, overleaf, shows the progression of recommendations towards completion over the last 3 months. While the number of recommendations reporting as amber is more static, there is a continuing shift in recommendations progressing from green,

which is decreasing and subsequently increasing the number of recommendations that are fully implemented and shown as blue.



Graph 2

Improvement Group
The Improvement Group, held bi-monthly, has now met 6 times since its inception in August 2018 and is well attended by core members, as well as operational leads and / or executive lead for each Recommendation, to provide progress update reports.

In addition to the bi-monthly Improvement Group meetings, additional one to one meetings have been established between the operational lead and the Acting Executive Director of Nursing. These meetings enable a more in-depth review of progress and issues of each recommendation; to identify any areas that are not progressing at the anticipated pace and agree required actions and any support to address barriers.

Stakeholder Group
The Stakeholder Group has now met 5 times since its inception in October 2018. The most recent meeting, held on 30th July, was attended by the Chairman to directly receive Stakeholder views of their experiences with the meetings held to date to review progress of the recommendations and ensure the relevant level of assurance.

The majority of stakeholders have now been in contact with the operational leads for the recommendations they expressed an interest to support, some of whom attend task and finish groups, where these have been established for specific recommendations. Contact will continue to be made with stakeholders for a couple of recommendations where this has not taken place. In addition to meetings and telephone calls with stakeholders, the following are examples of some of the activities that stakeholder members have actively engaged in, relating to the work of recommendations as follows;

- In relation to safeguarding activity, stakeholder members were invited to engage with a Level 3 Mental Health & Learning Disability (MHLD) training event and asked to engage with the process, attend, and provide constructive comments and

feedback in relation to the event and package content. Their feedback is being reviewed and actioned and a follow up meeting with the stakeholder that attended is due to take place 5th September.

- Stakeholder member invited to engage with the revision of the Deprivation of Liberty Safeguards (DoLS) structure, consultation and review.
- Stakeholder members were invited and included on interview panels for the following posts;
    - Head of Safeguarding Adults
    - Head of Safeguarding Adults for MHLD
    - Dementia Specialist Admiral Nurse
    - Dementia Consultant Nurse (invited but not able to attend)

- Some stakeholder Group members have undertaken visits to establishments including Mental Health units and also end of life care facilities on Bryn Hesketh and Cefni.
- A member attended the first day of the 5 day aggression training course with the Positive Intervention and Clinical Support Services team.

Operational leads have formally acknowledged the valuable contribution from the engagement and involvement that stakeholders are making in supporting the progress of actions.

To date, the Stakeholder Group has received presentations to highlight the work being undertaken to progress actions in the following areas;

- End of Life Care;
- Dementia Care in Emergency Departments;
- Restrictive Practice Guidance
- Neurological conditions (pathways)
- Estates Older Person's Mental Health (OPMH) including anti-ligature and Ablett Redevelopment

Stakeholder Group members agreed to identify future topics for presentation that they wished to receive going forward.

HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
HASCAS 1: Integrated Care Pathways Operational Lead: Reena Cartmell Associate Director of Nursing *'An integrated service review is required to map the needs of the older adult and those with dementia across north Wales. This review needs to involve all stakeholders (from the statutory, independent and voluntary sectors) and those with performance responsibilities. The review should include all care and treatment settings (not just those) confined to mental health and older adult services) in order to ensure that all interventions are integrated and that patients, service users and their families do not encounter service barriers that prevent them from receiving access to the care, treatment and support that they need'.* **Ockenden 1: Integrated Service Model for Older People and those with Dementia** Operational Lead: Reena Cartmell Associate Director of Nursing *"The patient pathway for service users of older people's mental health was fragmented from the 'birth' of BCUHB in 2009 and remains fragmented today from the perspective of many service users, service user representatives and carers (as of the end of 2017).* *As of the end of 2017 there has been insufficient evidence seen by the Ockenden review team that the patient pathway and the systems, structures and processes of governance underpinning service provision for vulnerable older people at BCUHB is improving. The current service model remains fragmented with multiple service providers across health, social care, the voluntary sector and other independent sectors.* *There will be the need for extensive multi-agency working between BCUHB and a range of partners with continuing oversight by the BCUHB Board and Welsh Government as this work progresses".*		It is important to note that BCUHB's response to the HASCAS and Ockenden recommendations and all clinical actions will support the wider strategic programmes for older persons, such as the North Wales Regional Plan (Area Plan) and the Integrated Care Fund revenue plan. The HASCAS and Ockenden recommendations will therefore inform wider work streams under the Regional Partnership Board and the North Wales Social Care and Wellbeing Services Improvement Collaborative, particularly dovetailing with the Dementia Strategy. Integrated care pathways affects all aspects of service delivery, the work programme ahead is therefore interweaved into other recommendations such as HASCAS 2 (Dementia Strategy), HASCAS 3 (Integrated Care Homes) and Ockenden 12 (Long Term Clinical Plan). • ***Logic Model***: The logic model has been refined with clearer outcomes, measurable outputs and a list of activities required to achieve the overall desired impact. The former implementation plan has therefore been translated into the logic model, which is now used as our baseline. Due to the similarities between HASCAS 1 and Ockenden 1, the recommendations have been combined to create one single logic model / action plan, ensuring an integrated approach. There are six main outputs to be achieved within the programme of work, these include: 1. An Integrated Service Gap Analysis 2. Integrated CRT care pathways with joined up mental health, primary and secondary care services. 3. Clearly defined BCUHB Older Persons care pathways across all services. 4. North Wales Integrated OPMH Improvement Hub. 5. An annual audit and reporting schedule for older person's services and those with a diagnosis of Dementia 6. A North Wales Integrated Service Model for Older Persons and Dementia. • ***Integrated Service Gap Analysis***: A meeting has taken place with the Director of Primary Care & Community Care and Acting Director of Nursing to agree a way forward for the development of an older person's service gap analysis through the support and engagement of Area Directors. A presentation on the methodology, aims and objectives was delivered on 2nd of July. Following the completion of the gap analysis, a single action plan will be developed to support the future vision of an integrated service model for older people. The findings of the Care Closer to Home review will also support the analysis, and will not duplicate any existing work programmes. The Gap Analysis has been launched in the west area on the 25/07/19, a presentation will be delivered to the mental health division on the 15th August at the QSEEL (Mental Health Quality and Safety Group) meeting, and further launches are scheduled in East and Central areas later in August. Pre-launch discussions have taken place with all area teams in order for the gap analysis to be implemented as soon as possible. Each area is expected to arrange a partnership event to undertake the analysis of older person's services in their respective authorities. • ***Integrated Community Resource Teams (CRTs)***: As part of the evolving service model of community resource teams, BCUHB is looking to define the care pathways for older persons to join up primary, secondary and mental health care services. Care Homes are also an integral part of this work as monitored under the Care Inspectorate Wales (CIW) / Healthcare Inspectorate Wales (HIW) Action Plan (November, 2018) questions 4 and 5: "The CRT work stream must incorporate access for care homes. This will be achieved by developing a partnership approach i.e. a care pathway between CRT's and care homes whereby mutual goals and objectives are agreed in order to improve the patient experience and promote seamless services". This specific action has been subsumed into BCUHB's newly launched 'Single Care Home Action Plan' and area teams will be responsible for the development and delivery of these pathways.	Timescale to achieve review of a broad range of services - Joint and clear action plan including milestones and timelines to be developed. Progress regularly reported to Improvement Group Workforce capacity and resource for transformation (reducing duplication / conflicting agendas) - Ensure joint responsibility of translating strategy into action via an improvement sub-group and map out all forums/groups involved. Sustainability and differing standards of quality and safety of services (across health, social care, third sector and commissioned services) - Design a set of agreed principles in partnership along with quality and safety standards to inform the model of care and strategy

Blue = Fully implemented Green = on track to deliver Amber = risk to delivery

Recommendation	Current position	Progress update	Risks
		• ***BCUHB Drafted Pathways:*** The main care pathways under development include: – ***'Meeting the Physical Health Needs of People Admitted to an Older Person Mental Health (OPMH) Ward'*** (January 2019) remains under construction. The pathway aims to integrate the clinical pathways between physical health and Older Persons Mental Health. An improvement programme of work is in development with support from consultant psychiatry and medical staff to review and revise the clinical pathways between Emergency Department (ED) and Care of the Elderly (COTE). Outcome measures are being developed in order to help measure service change. The Improvement plan will also be shared with the OPMH Quality and Workforce Group for support, spread and sustainability purposes. – ***End of Life Pathway***; meeting held between Improvement Lead and Head of Nursing for Palliative Care in May 2019. Work ongoing to review and refine end of life pathways across primary and secondary care, including care homes, will be overseen by End of Life Steering Group. – ***Emergency Department (ED), Acute Medical Unit (AMU), Surgical Assessment Unit (SAU) pathways*** under early discussions; meeting held between Improvement Lead and Head of Nursing for ED in May 2019. Significant amount of work is progressing in relation to admissions to hospitals discharge processes. Task and finish groups in each locality are under early development. The West area team have now drafted version 1 of an "Integrated Pathways Supporting Access to Health Care and Dementia", consultation is underway with central and east teams for further input and standardisation. – ***Advanced Nurse Practitioners (ANP):*** To support the above development; clinical teams from Care of the Elderly Services and OPMH have met to determine the service changes required to support further our OPMH patients. This has resulted in the identification and support for further ward based clinical sessions for physical assessment by appointing Advanced Nurse Practitioners (ANP) to assess the physical health needs of older persons on mental health wards and the development of an integrated pathway for rapid response. These ANP posts have been advertised with a prospective applicant. • ***An OPMH Improvement Hub***: This year (2019), the mental health division have successfully established a 'Quality and Workforce' group that addresses service improvements for the OPMH patient group. HASCAS recommendation 3 is just one example of how the group have embraced the 'Single Care Home Action Plan' and are in the process of addressing action no.8 which is to map out and clearly define the referral process for older persons living in care homes who require mental health services' support, across all six local authority regions in North Wales. • ***Audit and Reporting Schedule***: A mapping exercise of current mandatory audits that relate to older persons' services across BCUHB has taken place. However, in order to address HASCAS recommendation 1 i.e. 'an annual audit and reporting schedule for older persons and those with dementia' further consideration is needed with regards to resource implications. The outputs expected, as seen across all logic models relating to HASCAS and Ockenden (recommendations 1, 2 & 3), will provide a future benchmark in terms of what audits are required. In preparation for this, the Improvement Lead for HASCAS recommendations 1 & 3 is in the process of designing an audit in relation to safe discharges of older persons into care home settings. This relates to HASCAS recommendation 3 but dovetails with HASCAS recommendation 1 due to the care pathways that are under development. The audit will commence in January 2019 to allow sufficient opportunities for planning in the meantime.	

Recommendation	Current position	Progress update	Risks
		• ***Integrated Service Model***: The findings of the older person's gap analysis, along with the five bullet points listed above, will help inform the direction and design of the service model. Whilst the aforementioned and significant work is underway, the improvement lead will continue to engage with stakeholders to consult on the various pathways, with the inclusion of the patient experience service. Engagement to date indicates that 'care outcomes' are considered central to an integrated service model and so this will feature prominently within the forthcoming safe discharge audit. • ***A set of priorities*** for the Older Person has been drafted by BCUHB's Improvement Lead and are awaiting endorsement by Area Directors and Executive Director of Community & Primary Care to help create a baseline for the service gap analysis and all older persons' work streams listed above. The priorities for older persons have been open to consultation to a wide range of clinical leads and patient experience. • ***Stakeholder Engagement***: Individual engagement has taken place with wider stakeholders regarding the findings of care pathways listed above. Consultation on an ongoing basis will help inform the design and service improvement models with inclusion of patient experience. To note, engagement to date has identified 'care outcomes' as being central to an integrated service model and care pathways. BCUHB's set of priorities for older persons are therefore reinforced, and given priority at this current time.	
Ockenden 12: Older Persons Long Term Clinical Strategy Operational Lead: Reena Cartmell Associate Director of Nursing *Develop a clear plan for the clinical services of older people to improve training across the workforce, set clinical standards and uniformity with a solid foundation of evidenced based policies and procedures*	Expected to be fully implemented by December 2019	• The Older Persons Long Term Clinical Plan is fully dependant on the delivery of actions as set out in HASCAS 1 / Ockenden 1 (Integrated Care Pathways and Service Model), HASCAS 2 (Dementia Strategy) and HASCAS 3 (Care Home Integration). Recognising that all elements of these work streams are ongoing, a draft plan has been developed and will be subject to BCUHB's stakeholder and engagement groups. • ***Logic Model***: The logic model for Ockenden recommendation 12 has been refined with clearer outcomes, measurable outputs and a list of activities required to achieve the overall desired impact. The former implementation plan has therefore been translated into this logic model, and is now used as our baseline. There are five main outputs to be achieved within the programme of work, these include: 1. BCUHB wide set of clinical standards and procedures for older persons. 2. Clinical and evidenced based policies for older persons care and treatment. 3. Annual BCUHB training programme for our workforce. 4. A clinical plan that is based on engagement with wider stakeholders. 5. Ultimately, a BCUHB long-term clinical plan for older persons and those with Dementia. • ***Shaping a Long Term Plan***: Work has commenced on shaping the long-term clinical strategy by setting out the desired principles, regulatory requirements, Tawel Fan legacy and a baseline of data. Merging HASCAS work streams 1, 2 and 3 has helped promote a consistent approach in managing all projects with Nurse Director over sight. This also includes the development of governance processes, audit and performance management, ward to board reporting, review of all clinical policies, staff training and an older person's right based culture for clinical standards of care. • ***Clinical Standards:*** BCUHB's Dementia Nurse Consultants are currently mapping out all clinical standards / policies in relation to Dementia care. A task and finish group for the care of older persons is also being initiated to embark on the same review of all older persons' related care standards and policies.	Timescales pose a rise to delivery in respect of achieving such a broad range of service reviews. - Joint and clear action plans including milestones and timelines will be developed through logic models and KPIs with progress regularly reported to Improvement Group Workforce capacity and resource for transformation (reducing duplication / conflicting agendas). - Ensure joint responsibility of translating strategy into action via an improvement 'working group' and map out all forums/groups involved. Sustainability and differing standards of quality and safety of services (across health, social care, third sector and commissioned services). - Design a set of agreed principles in partnership along with quality and safety standards to inform the model of care and strategy.

Recommendation	Current position	Progress update	Risks
		• ***Evidence Based Practice:*** An initial response document has been drafted by BCUHB's Head of Therapies Services that identifies evidenced based practice in relation to therapeutic support to the older person and those with Dementia. Further work is required to set out best practice guidelines, with support from Bangor and Wrexham Universities to help review clinical standards of care against the most up to date evidence based practice. NICE guidelines and the National Dementia Audit will be a rich source of information for BCUHB to consider. This plan will also compliment and include BCUHB's wider strategies in relation to 'Living Healthier, Staying Well', a 'Healthier Wales' and 'Dementia Strategy'.	
HASCAS 2 : Dementia Strategy Operational Lead: Chris Lynes, Area Nurse Director (West) *BCUHB is required to develop a detailed and costed action plan to support the implementation of its Dementia Strategy; the plan should be developed in partnership with the Regional Partnership Board response to the Welsh Government's new Dementia Plan. This work should be undertaken in conjunction with (HASCAS) Recommendation 1. The action plan should incorporate the consequent implications and requirements for all clinical services (not just the mental health directorate) in all care and treatment settings (community, primary and secondary care).* **Ockenden 8: Dementia Strategy** *The dementia strategy should be developed to work across all relevant clinical services across BCUHB not just within the MH&LD division. The dementia strategy should incorporate care across home, primary care and secondary care.*		The NW Regional Partnership Board are developing an integrated North Wales Dementia Strategy for the 6 Local Authorities and BCUHB, setting out joint aims and objectives. A Dementia Strategy Group for North Wales has been established with BCUHB representation. In addition, BCUHB have set up its own strategic working group in July 2019 in order to maintain oversight and governance of all Dementia work streams. • ***Logic Model:*** The logic model for HASCAS 2 has been refined with clearer outcomes, measurable outputs and a list of activities required to achieve the overall desired impact. The former implementation plan has therefore been translated into this logic model, and is now used as our baseline. There are seven main outputs to be achieved within the programme of work, these include: 1. A Costed Action Plan for Non-Medical Therapies. 2. A Performance Managed Dementia Strategy Implementation Programme. 3. BCUHB Dementia Training Programme. 4. Clearly defined Dementia Care Pathways across community, primary and secondary services. 5. Evidence based policies and procedures that set clinical standards in Dementia 6. Dementia Governance Framework 7. Independent Consultation. • ***A Costed Action Plan for Non-Medical Therapies***: A BCUHB's response to 'Dementia Therapies Action Plan' has been drafted with further work ongoing in relation to obtaining stakeholder engagement and a gap analysis to inform the costed action plan. This dovetails with the work of HASCAS 10 to reduce the use of antipsychotic medication. A task and finish group has been established and met on the 14th of June and is scheduled to meet again in September 2019. A process map will be developed with senior support requested from the mental health division that illustrates the therapies provided to individuals from the point of diagnosis to end of life. This mapping exercise is expected to highlight the deficits within BCUHB services in order to inform the costed action plan. • ***Performance Managed Dementia Strategy Implementation Programme***: A BCUHB Dementia Strategy Group was established in July 2019 to oversee all health board work streams in relation to Dementia, in order to avoid duplication and maintain a consistent approach. An initial gap analysis has taken place that addresses how the current 'BCUHB Dementia Plan' meets with the WAG (2018) Dementia Action Plan for Wales. The group also intend to provide input into the wider regional 'Area Plan' by supporting the development of the Regional Partnership Board Dementia Strategy for North Wales. A mapping exercise of all Dementia services across BCUHB will take place on the 28th August 2019 and information shared with the project lead for the North Wales Dementia Strategy by the 6th September 2019.	Timescales pose a rise to delivery in respect of achieving such a broad range of service reviews. - Joint and clear action plans including milestones and timelines will be developed through logic models and KPIs with progress regularly reported to Improvement Group Workforce capacity and resource for transformation (reducing duplication / conflicting agendas). - Ensure joint responsibility of translating strategy into action via an improvement 'working group' and map out all forums/groups involved. Sustainability and differing standards of quality and safety of services (across health, social care, third sector and commissioned services). - Design a set of agreed principles in partnership along with quality and safety standards to inform the model of care and strategy.

Recommendation	Current position	Progress update	Risks
		• ***BCUHB Dementia Training Programme***: BCUHB will continue to train staff as 'dementia friends' champions and actively run sessions to support this. There are now 10 dementia friendly communities across North Wales and more will be developed; there are a further 9 dementia friendly communities which are working through the foundation criteria to become accredited by the Alzheimer's society. Dementia friends' awareness sessions will also be included in all BCUHB mandatory dementia training. BCUHB will have representation in every dementia supportive community project group. A project plan will be developed to outline the above ambitions with clear measurable outcomes, timescales and a governance structure. Whilst this program of work remains ongoing, BCUHB also intend to assess the capacity and capability of the workforce with strategic and board oversight via the BCUHB Dementia Strategy Group, which will focus upon sufficient training, recruitment and retention of staffing (dovetailing with Ockenden recommendation 1). • ***Dementia Care Pathways***: Working alongside HASCAS 1 / Ockenden 1, BCUHB 'Dementia Friendly Organisation Action Plan' will apply evidenced based practice such as the 'King's Fund National Quality Standards' for the Dementia supportive and enabling environments. The action plan is scheduled for completion by end of Q4 2019-20 – further roll out plan to be shared across all BCUHB pan wide services to ensure implementation is consistent within both primary and secondary care, such as the mental health liaison service within general hospitals. The 29 recommendations from the Royal College of Psychiatrists National Audit of Dementia in general hospitals is pivotal within 'BCUHB's Dementia Friendly Organisational Plan' and we will continue to adopt the principles of the 'John's Campaign' in all work streams to this effect. In agreement with Bradford University, BCUHB has innovated the use of dementia care mapping as a measure of cultural change and published this work in an international peer reviewed social research journal. Furthermore, accessing information will play a key part in the Dementia care pathways. The action required, as seen within the context of HASCAS 2, is to ensure readily available information for patients, carers and representatives about services available, ensuring most up to date information is accessible on the BCUHB intranet. Referrals are now routinely made to the Carers Trust for any individual with a diagnosis of dementia, from BCUHB's memory clinics. A scoping exercise will be taken forward via the HASCAS/Ockenden working group to review all current BCUHB information ensuring that present and future public information is compliant with 'Accessible Communication' standards as per action 8 of the Welsh Government Audiology Framework for Action. Dementia Helpline has been launched across BCUHB providing 24hr advice, information and support. • ***Evidence Based Policies and Clinical Standards****:* A BCUHB wide systematic approach in reviewing all current policies relating to older people and those with Dementia (dovetails with Ockenden 12 and Ockenden 3, is currently in early development. Review of clinical policies is to be supported by the Dementia Nurse Consultants, with University support. • ***Dementia Governance Framework:*** The governance arrangements that underpin all service provision and encourages continuous improvement, lessons learnt and transparent reporting from ward to board level will be overseen by the BCUHB Dementia Strategy Group. BCUHB are also in the process of establishing a third sector partner's group with Alzheimer's Society and the Carers Trust to shadow all BCUHB's Dementia	

Recommendation	Current position	Progress update	Risks
		transformation work. A task and finish group is in the process of being established in response to BCUHB's Dementia Audit Plan (2018-2020) to undertake audits and all future reporting from 'ward to board'. BCUHB have launched a 'dementia feedback toolkit' for service users. This will be developed further by involving community services and expecting services to undertake their own performance management arrangements to report directly to Area Directors. The work streams under BCUHB's Dementia Friendly Organisation Plan will also be included within the audit process. The HASCAS/Ockenden working group are also reviewing the process of gathering self-service feedback in order to have in place one single point of data to help with ward to board reporting. • ***Independent Oversight*****:** The acting Executive Nurse Director for BCUHB has confirmed that the current stakeholders and audit groups can provide independent oversight for the programmes of work listed above. In addition, WG have also newly advertised an All Wales Dementia Allied Health Practitioner Consultant post who will be approached to give advice and support to health boards and local authorities to enable the delivery of person-centred care and drive forward service improvements. This post forms part of the All Wales Dementia Action Plan. • ***Regional Approach to Dementia*****:** BCUHB are required to subsume this programme of work and to develop it alongside the North Wales Social Care and Wellbeing Service Improvement Collaborative who are project managing the development of a North Wales Dementia Strategy. A mapping exercise is underway to scope all Integrated Care Fund programmes that are currently providing transformational work across BCUHB in relation to Dementia. In addition, this implementation plan will work alongside our partnership programmes, such as: – BCUHB's *Together for Mental Health Strategy* – The North Wales Social Care and Community Health Workforce Strategy (RPB, 2018) – North Wales Population Assessment: Older People and Dementia. – North Wales 'Area Plan'. A representative of the North Wales Social Care and Wellbeing Service Improvement Collaborative will be attending the working group meetings to update on the partnership approach to the North Wales Dementia Strategy. BCUHB are also in the process of responding to the North Wales Social Care and Wellbeing Service Improvement Collaborative online consultation regarding the Dementia Strategy for North Wales.	
HASCAS 8: Evaluation of Revised Safeguarding Structures / Ockenden 6: Safeguarding Structures Operational Lead: Michelle Denwood, Associate Director of Safeguarding *BCUHB will evaluate the effectiveness of its new safeguarding structure in the fourth quarter of 2018/2019. This will be overseen by Welsh Government.*	Expected to be fully implemented by December 2019	• The Senior Safeguarding Structure is now being implemented with pace. The Head of Adults at Risk and Head of Adults at Risk - MHLD (two) posts within the Safeguarding Structure have now been recruited to, subject to a confirmed start date. This will strengthen management oversight in these key areas. The Business Support Team have successfully recruited to two vacant Band 3 posts, subject to confirmation of a start date. This will strengthen the central administration function. • The Named Doctor Adults at Risk job description, implementation and engagement requires further action to progress and a meeting has been convened for 9th September 2019 with the Office of the Medical Director. • As part of the organisational update, the third phase of the review and update of all safeguarding job descriptions is in progress. This is to ensure they are fit for purpose and meet the organisations statutory Safeguarding responsibilities. A full evaluation of the existing 2017 Organisational Change Policy Safeguarding Structure is to be finalised and reported to Quality & Safety Group in December 2019.	

Recommendation	Current position	Progress update	Risks
		• A 7-day on call/flexible working arrangement has been costed to support Safeguarding service delivery. Job descriptions are being refreshed to reflect this for clinical staff and will be implemented once financial approval has been gained, and the consultation complete.	
HASCAS 9: Clinical Records Operational Lead: Dylan Williams, Chief Information Officer *Restructure and redesign of paper records archiving and retrieval systems*	Expected to be fully implemented March 2020	• Appointment to the *Deputy Head of Health Records* post has been successful for an internal candidate and a formal start date has been agreed for 1st October 2019. • Funding for the B7 Project Manager post has been confirmed by the Executive Team. Once this post is appointed to, Mental Health services will be the priority area. The work programme for this post is expected to be completed by March 2020. • Confirmation given that responsibility for the management of all patient records is within the remit of the Executive Medical Director. • Request made to Clinical Audit to include the following, within the Clinical Audit Team corporate project,: *(i) review the content of the audit; (ii) explore if it can be extended to checking comingling; (iii) be extended to cover all case note types on all sites; and (iv) agree the reporting lines (governance) of your audits.* Discussion due to take place beginning of July to progress further. • Following significant issues in processing through TRAC recruitment system, all recruitment is now complete. The new ATHR service will commence as a pilot in Central in August / September with an anticipated roll out to East and West in October. The readiness assessment is high and detail will be presented for assurance in the Patient Records Group in July. • Safeguarding also recognise the fundamental importance of good record keeping in Patient Safety. Whilst responsibility for implementing this recommendation sits with the Chief Information Officer, Corporate Safeguarding are undertaking activity which supports this, including conducting an audit of the use of Purple Dividers, and their application within MHLD, Secondary Care and Primary Care clinical records. • Corporate Safeguarding have requested that this activity form part of the 2019-2020 Internal Audit cycle for which a response is awaited. • Record keeping training is delivered by Safeguarding, which reflects on the importance of good record keeping, and its role in Safeguarding. This message will also be shared through the Safeguarding Bulletin and the Safeguarding Homepage. • Corporate Safeguarding are implementing the Lead Practitioner role after an initial pilot. The Lead Practitioner role will include the oversight of the content, quality and standards of Safeguarding Record Keeping and documentation.	
HASCAS 10: Prescribing and Monitoring of Anti-psychotic medication Operational Lead: Berwyn Owen, Chief Pharmacist *A) The updated BCUHB 2017 antipsychotic prescribing guidance will be kept under review and be subject to a full audit within a 12 month period of the publication of this report.* *B) BCUHB will continue to work with care homes across North Wales to provide practical clinical advice, guidance and training so that residents with behaviours that challenge can be supported and kept safe with the minimal amount of anti-psychotic medication possible. The effectiveness*	Expected to be fully implemented by end of September 2019	• Antipsychotic prescribing has been audited, in accordance with the BCUHB MM010 guidance, across all OPMH dementia wards in March 2019, a full report on the results is pending which is unfortunately delayed due to staff sickness. • CAIR (checklist for antipsychotic initiation and review form) has been developed and distributed to all OPMH and Community Mental Health Teams (CMHT) across MH&LD division which has limited uptake to date. A reminder has been sent to secondary care MH staff to use the CAIR form for patients who have started on antipsychotics. Further audits will be undertaken to monitor completion of the forms. • Care Home sub group of primary care pharmacists met in July and CAIR forms have been circulated to raise awareness for care home staff. • A community pharmacy care homes National Enhanced Service (NES) is in place to monitor antipsychotic use in care homes and increase the number of pharmacies signed up to the NES. • A meeting was held in July with primary care pharmacists to discuss how pharmacy can support the delivery of the recommendations in primary care. A workforce paper is in	Lack of pharmacy staff to deliver training for safe use of antipsychotic and support review • Resource requirement to support implementation of recommendations. • Business case in progress to support resources required to implement HASCAS recommendations. • Presentation distributed including care home subgroup. Community pharmacist uptake of the NES for care homes has been minimal so far. Care homes not trained to deliver care that reduces need for antipsychotics

Recommendation	Current position	Progress update	Risks
of this should be built into the antipsychotic prescribing guidance audit.		progress outlining the role of pharmacy supporting HASCAS recommendation 10 in primary care. A tracker has been set up to monitor progress of the primary care audit. • Discussions to be held with the Programme Manager for Recommendation 3 regarding the pilot of an Adverse Drug Reaction (ADRe profile) tool for use within care homes which has demonstrated a significant reduction in falls in Swansea to align with work ongoing for HASCAS recommendation 3. • Funding has been agreed by the executive Team for the additional data analyst resource to support analysis of audit. • Older Person's Mental Health services are partnering with people affected by dementia, academics from Bangor University, Clinical Psychology services and the Positive Interventions Clinical Support service to develop a training module exploring behaviour change in dementia. The module will support staff to understand that many changes are caused by unmet needs for the person to feel safe, understood and valued. The aim is that staff will acquire the skills to effectively identify trigger factors and ways of responding. As part of the module staff will acquire knowledge about the safe use of antipsychotic medication and introduced to an approach aimed at reducing the prescribing of these medications.	• MDT bid in place to support this (links to recommendation 2) • Discussions underway to confirm development of behaviour module or a standalone module on dementia and medicines
HASCAS 11: Evidence Based Practice Operational Lead: Dawn Sharp, Deputy Board Secretary *BCUHB will conduct a review of all clinical policies to determine the ratification processes that were conducted together with an assessment of the appropriateness of content and currency; this will include all hard copy policy documentation still retained in clinical areas, and all electronic documentation held currently on the BCUHB intranet.*	Expected to be fully implemented by December 2019	• The HASCAS & Ockenden Improvement Group agreed at the meeting on 31st July 2019 that all Integrated Care Pathway documentation will follow the same process as for other Written Control documentation and will be included in the new site. Office of the Board Secretary (OBS) support will be provided to prepare for transfer. • Staff continue to be reminded of the importance that all clinical Written Control Documents (WCDs) are developed using a person centred approach and that the evidence base in relation to older adults and/or those with dementia must be specified – if necessary separate clinical WCDs should be developed with input from experts. • Equality Impact Assessment mandatory requirement awareness for all pan BCUHB WCDs remains a key message • Individual and group sessions continue to be held with governance leads. • Staff are now being directed to use the new Policy on Policies (PoP) template (a period of grace was permitted from the September launch of PoP to accommodate documents on the old template that were already going through the renewal process). • The new NWIS website is currently being tested by Corporate Communications team with whom the OBS have mapped out the basic structure of the new PoP webpage and undertaken an initial viewing to better understand the page structure, capabilities and functionality. A further meeting is required for training purposes. Once this is complete, estimated in September, depending on capacity, a test run of corporate documents will be transferred. • A desktop exercise has been undertaken to review documentation against the new Standards in terms of Welsh Language translation. • OBS have reviewed and adapted the WG Integrated Screening Tool. This will provide a one stop screening tool that encompasses all relative areas of impact (Finance, Environment, EqIA, Children, Data Protection etc). Where further assessment is required, the tool will direct the author to the applicable full screening assessment / BCUHB lead. This document will pre-empt issues and ensure all factors have been taken into consideration prior to any proposed service change. Relevant Service/Speciality leads will be consulted on the document. • Deputy Board Secretary is scheduled to attend the newly formed Executive Nursing Business Meeting on 23rd September 2019 to ensure project requirements are adequately communicated within the Nursing Directorate. • Meeting held with QSG secretariat to strengthen and improve the process and quality of documents received at QSG and QSE. The OBS will provide support on initial	

Recommendation	Current position	Progress update	Risks
		screening prior to documents being accepted onto the agenda for QSG. Screening checks for administrative purposes are now in place however any clinical or operational content remains the responsibility of the responsible directorate. • Discussions have taken place with the Executive Director of Workforce & Organisational Development and any Health and Safety WCDs will be routed via the Strategic Occupation Health and Safety Group for final sign off rather than ET/EMG following the establishment of the Group. This will be reflected in due course within the policy on policies at its next review.	
HASCAS 12 Deprivation of Liberties (DoLs) Operational Lead: Michelle Denwood, Associate Director of Safeguarding *BCUHB will conduct a formal audit and provide a progress report in relation to the 2017-2018 action plan. This will include a review of any barriers to implementation (such as office accommodation) together with a timed and resourced action plan to ensure full implementation can be taken forward in 2018-2019.* **Ockenden 9: Deprivation of Liberties** *BCUHB will complete a review of the 2017-18 DoLS work plan*	Expected to be fully implemented by December 2019	• A paper will be submitted to Quality & Safety Group (QSG) in November 19 relating to the audit and progress made against the 2017-2018 action plan. The DoLS activity during 2017-18 and current activity were presented at the Mental Health Act Committee and at the Safeguarding Governance & Performance Group on 18th July. The paper is to include an options appraisal for a structural review in which a stakeholder has been invited to engage. • A paper has been produced which evidences the number of historical clinical sessions required to complete the role of a DoLS Signatory. The responsibility of the Signatory Role was previously held by the Office of the Medical Director. This responsibility has now moved to the Office of the Nurse Director and a discussion is to take place to transfer the use of this clinical time to support the development of the proposed roles for the Named/Lead Doctors for Adults at Risk of Harm. A meeting has been arranged for 9th September 2019 with the Executive Medical Director and Associate Director of Safeguarding. • An evaluation of new working practices will be carried out which includes the Mental Capacity Documentation Pilot activity and the Signatories training package. This will be reported to the Safeguarding Performance Group (SGPG) on 16th October, and QSG in November 2019. • The one remaining vacant Best Interest Assessor (BIA) post is to be advertised which is the result of the outcome of the revised job descriptions and banding process. This will have a financial impact but the strengthened job descriptions recognise the expertise and enhance the Adult at Risk resource. It should be noted that DoLS has a Tier 2 entry on the Corporate Risk Register with a Risk Rating of 16 and states that: *BCUHB is at risk of unlawfully depriving adults of their liberty due to the Case Law of Cheshire West, which widened the parameters based on the acid test. The results extended the definition of the Deprivation of Liberty legislation and how it applies to vulnerable adults.* BCUHB has seen a continuous increase in complex activity and in specific Court of Protection Activity (COP). The DoLS activity described above is reflected on the Risk Register as the Corporate Safeguarding team progress work to reduce the DoLS Risk Rating from 16 to 12 by Jan 2020.	The implementation of a revised DoLS structure, due to the recognition of the organisational demands and the required service delivery based upon the annual data of applications, training statistics, and findings within reviews will have a cost pressure as the service is under resourced. The current resource cannot maintain the demand, high risk and complexity of cases.
HASCAS 14: Care Advance Directives Operational Lead: Dr Melanie Maxwell, Associate Medical Director		• The monitoring process commenced November 2018 is ongoing to continue to capture data on End of Life paperwork for inpatient deaths, this includes 'What Matters', future care plans, Advance Care Plans (ACP), treatment escalation plans (TEP), care decisions, DNACPR etc. This will provide baseline data for improvement work and also enable the identification of patients for more in-depth review.	Staff are unable to commit to additional data collection in a timely way.

HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
BCUHB will conduct an audit to establish how many patients and their families have advance directive documentation within their clinical records together with care plans in relation to choice and preference about end of life care		• End of life case note reviews for inpatient notes were held in April and May with clinical staff from palliative care and mental health teams, based on the 5 priorities of care for the dying person. Results have been analysed and an audit report is being finalised. Initial findings demonstrated that documentation of care was poor and difficult to follow. However, there was some evidence of good care and anticipatory prescribing but the need for end of life conversations to be held earlier. There was no evidence of obvious inequity of care between patients with or without a diagnosis of dementia. There was evidence that the involvement of specialist palliative care appeared to lead to earlier implementation of appropriate end of life care (EoLC). • The Audit Team agreed amendments to the audit pro-forma in light of some outcomes of this baseline review and a repeat audit will be undertaken in June 2020. • Two members from the Stakeholder Group were invited and keen to take part in the audit but were unfortunately unable to do so. • Discussions were held with the stakeholder group members at the HASCAS EoLC Task & Finish Group Meeting (held 14th May 2019) to share early findings of the case note review and determine what further actions are required to support delivery of the recommendations. The final case note review report will be discussed again at the next Task & Finish Group (which is being arranged for Autumn 2019)	
HASCAS 15: End of Life Care Environment Operational Lead: Dr Melanie Maxwell, Associate Medical Director *Improve end of life environment on OPMH wards and associated guidance training*		• The End of Life (EoL) / OPMH pathway has been developed alongside a standard operating procedure (SOP), an MDT / relatives joint risk assessment and a dedicated training module. The draft SOP was presented to Stakeholder Group in January 2019 for their input and minor amendments made from stakeholder feedback. Further changes were made following discussion at the HASCAS EoLC Task & Finish Group which included valuable comments from two members of the stakeholder group who are also members of the Task & Finish Group. The SOP includes real time audit of the process. The low number of deaths on an OPMH ward makes this realistic. The SOP identifies when DATIX is to be used. • Relative rooms have been developed on each OPMH 'organic' ward. Two members from the Stakeholder Group visited end of life care facilities on Bryn Hesketh and Cefni in July, and their feedback from the visit provided a number of positive comments in relation to improvements noted within these environments and the importance of these facilities. They also made a number of observations and suggestions which were appreciated and are being actioned. • A bespoke EoLC training programme developed for all older person Registered Nurses commenced 6th December 2018 and has run consistently from December 2018 to June 2019. An evaluation report is being completed but overall feedback has been very positive and staff have engaged well. A further session will be held in September for OPMH medical staff – details are currently being agreed prior to training being advertised. • Work in relation to EoLC has been presented to a number of groups and committees across BCUHB and identified some minor changes to the SOP and a gap in knowledge to access community stores at weekends. • A proposal for Strategic and Operational Delivery Groups for Palliative and EoLC has been developed and approved by EMG on 3rd July 2019. Draft Terms of Reference have been prepared and the first meeting is due to be held on 30th September 2019. • Interviews have been held for a dementia specialist Admiral Nurse post, which was successfully recruited to and will provide expert practical, clinical and emotional support to families living with dementia. This role is being progressed in partnership with St Kentigerns' Hospice for End of Life care and will be joint funded by MH&LD / Area and the Hospice for 2 years.	Staff not being released for training. • Training is mandated on OPMH wards for Registered Nurses.

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 2a: Quality Impact Assessment Operational Lead: Dawn Sharp, Deputy Board Secretary *QIAs (where the clinical implication of financial savings plans are assessed by Executive members of the BCUHB board) were 'still in the process of refinement' (as of Spring 2017). Evidence is required of focussed Board attention going forward.*	Expected to be fully implemented by November 2019	• An update to HASCAS/Ockenden Improvement Group in January confirmed that a system is in place for Quality Impact Assessment (QIA) of savings schemes and progress will be measured from samples of completed QIAs and a record of outcomes. Monitoring will also take place as part of the internal audit programme 2019/20. The audit is timetabled for Q1-2 in the draft Internal Audit plan for next year which was approved by the Audit Committee on 14th March 2019. • Due to staff absences within the Internal Audit team this audit is now likely to commence in September 2019, the audit brief is currently being finalised.	
Ockenden 2b: Integrated Reporting Operational Lead: Dawn Sharp, Deputy Board Secretary *There is a need for further urgent and sustained Board attention to full integration of the systems, structures and processes underpinning financial, corporate and clinical governance and the Board will need to assure itself that it has effective integration and timely oversight and scrutiny of workforce planning, financial planning, performance and quality going forward.*		• Two cycles of the new health economy process were undertaken during February from which learning resulted in an amendment of the process for the second cycle undertaken in June 2019. Outcomes of the review were fed back in the form of notes, action log, decision tracker and risk log. • Q1 2019/20 review took place at the beginning of August 2019 with the mechanism expanded to include both the 3 health economy reviews and reviews for the pan-BCU services of Women's, North Wales Managed Clinical Services and review of the work on the clinical services strategy. The effectiveness of the interim accountability framework will be required post the quarter 3 reviews set for February 2020 with an intent to formalise the Performance Framework from 2020-2023 planning cycle. • The annual operating plan actions are being monitored with progress reported to committees of the Board using the peer reviewed self-assessments. On a quarterly basis a random sample of the underpinning evidence takes place to ensure consistency in rating between the Executive Lead for each Action. This was completed at the end of June 2019 and included in the July Annual Plan Monitoring Report presented to the Finance and Performance Committee for scrutiny.	
Ockenden 3: Policy Review Operational Lead: Dawn Sharp, Deputy Board Secretary *Ensure a review of all clinical policies within all BCUHB divisions to include quality checks on how the policies and guidelines were ratified, their due date of review and a full understanding of those policies that are overdue for review.* *This review will need to be undertaken of all BCUHB policies held on the intranet and a BCUHB Board 'amnesty' announced for submission of all paper copies of policies and guidance held within individual clinical areas in hospitals and across the community. Once an appropriate archive of these policies are created they should be destroyed so that they cannot be returned to clinical practice as a 'work around solution' to lack of access to policies and guidance electronically.* *BCUHB should then undertake a comprehensive review of all existing BCUHB policies to ensure the needs of older adults are specifically considered within all relevant policies.*	Expected to be fully implemented by December 2019	• This recommendation dovetails with HASCAS Recommendation 11 (above) and will be progressed in tandem with the other recommendations in the report relating to corporate governance. • Under the sponsorship of the Executive Director of Nursing and Midwifery, and with the Deputy Board Secretary acting as the operational lead, a programme of work commenced in July 2017 to review existing arrangements for the creation, cascade, access and storage of policies, guidance documents, protocols, and other written control documents. • The breadth, volume and complexity of the work was recognised and it was agreed that in order to progress the work successfully, governance/policy leads would need to be identified in each Directorate. This was achieved in Autumn 2017 and an initial training session was held with the leads in November 2017 to outline the requirements to review all policies and procedures both clinical and non-clinical within their remit and bring them up to date, or confirm that they remained extant. In doing so leads were asked to identify current locations of all policies to be removed both, in paper copy or online, on the Health Board's intranet pages. • In relation of BCU wide clinical policies the Corporate Nursing Team have undertaken a clinical policies mapping exercise to determine the location and current status of all clinical policies. These clinical policies have been risk assessed in terms of prioritising those that require urgent review under the direction of the Executive Clinical Directors. In line with the existing policy on policies the Quality, Safety and Experience Committee of the Board must approve clinical policies. From August 2018 an additional step has been added to the ratification and approval process with all new or refreshed clinical polices being scrutinised by the Quality and Safety Group to ensure they are fit for purpose and are evidence based.	Clinical staff not being aware of the transfer of key policies to the new site • Targeted communication plan for each transfer to be agreed with the leads. Redirect system to be in place (from existing location) where possible Resources to review policies and bring them up to date (across the wider organisation) • Meetings continue to take place with leads to agree the programme of transfer of documentation to the new site and to prepare communication plans and identify any issues

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 2c Workforce Development Operational Lead: Sue Green, Executive Director of Workforce & Organisational Development *BCUHB will need to provide significant amounts of targeted workforce and organisational development support in the form of extra team members to support the MH&LD and specifically OPMH with recruitment and retention expertise across medical, nursing and support services going forward. The MH&LD will need to utilise this support to creatively explore different ways of working and new and effective ways of recruiting and retaining staff. There will need to be efficient, timely and effective recruitment processes in place at all times to support MH&LD going forward.*		• The BCUHB Workforce strategy was approved by the Board in March 2019. Workforce objectives and actions to deliver year 1 of the Strategy are established. • MHLD Division has successfully appointed MHLD nursing students who will become eligible for registration and employment in September 2019 through the central recruitment campaign. Work continues to allocate students to preferences where possible into the available band 5 vacancies across the MHLD Division. This process will continue as the summer months progress • An Improvement Lead Programme Manager and four TODAY ICAN Change Facilitators commenced in roles within the MH&LD division and are working to support each of the triumvirate teams. • Tier 5 / 6 restructuring has been signed off by Divisional Directors, consultation process has now closed and themes are being developed from feedback. • A continued focus remains on engaging frontline staff and operational managers in training to develop skills and processes that are required to understand service demand and capacity, in order to improve flow within the Community Mental Health Teams (CMHT). Work continues to build on current learning and will be used to support further improvements in the delivery of care within the current system and also the work of our Quality & Workforce Group to redesign services. • Revised substantive clinical leadership and management structure is now in place within the MH&LD division with dedicated project management support to enable triumvirates to engage with the Quality Improvement Governance Plan and produce Divisional Action Plans. • Since the launch of the Together for Mental Health Strategy, Local Implementation Teams (LITs) have been established across the 6 counties supported by Quality & Workforce Groups that work collaboratively to ensure vertical read across, and understanding of how the work of the LITs and other organisations and networks impact on service provision across the whole system. The Quality & Workforce Groups are tasked with developing clinical service models across secondary care.	
Ockenden 4a: Staff Engagement Operational Lead: Sue Green, Executive Director of Workforce & Organisational Development *The BCUHB board and the MH&LD divisional senior management team is recommended first to ask front line staff 'what does the term 'staff engagement' mean to you, 'what would effective staff engagement look like for you?' and then to develop a system of bespoke meaningful and sustained staff engagement first across mental health and specifically older persons mental health. The Board may then wish to consider how effective their engagement is with staff across BCUHB and decide whether a new Board approach is required to staff engagement across the whole of BCUHB*		• The Board approved the Staff Engagement Strategy in August 2016. The strategy identified key activities and achievements required to successfully realise the strategy. The Board have received six monthly updates on progress and achievements since the launch of the strategy. One of the elements included in the strategy was the adoption of a tool which would give the Health Board the ability to measure staff engagement on an ongoing basis. • The 'Go Engage' tool developed by Wrightington, Wigan and Leigh NHS Foundation Trust has been rebranded and implemented for BCUHB as 'ByddwchynFalch / BeProud' in order to maintain consistency with the Proud of theme adopted as part of the staff engagement strategy. The tool offers: – a simple way to understand the science behind staff engagement in terms of cause and effect – Clear practical recommendations to improve staff engagement – Regular trend analysis – not a once a year/two years snapshot in time. – Ability to act quickly on data, two week turnaround from close of survey to presentation of results – Organisational and team level diagnosis of culture • The 'Be Proud' Pioneer Programme is specifically aimed at teams to improve and sustain staff engagement so that they can better understand challenges and barriers to engagement and provide support to build improved engagement behaviours. The	

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Recommendation	Current position	Progress update	Risks
		programme runs over a 26 week period and starts with a cultural team survey and comprises workshops for 2.5 days, 3 action learning sets and a celebration event. • As part of the ongoing priority work relating to the HASCAS / Ockenden recommendations and in an effort to support unscheduled care, teams were nominated from 10 priority areas to undertake the first Pioneer Team Programme which commenced in March 2019. Cohort 2 started their Pioneer journey on the 19th June 2019 and will run until 12th December 2019 and cohort 3 is being planned for October start date and teams have been identified for this cohort which includes a number of teams from the MHLD division. • The Pioneers have used the 3D model to carry out listening events with their team to gain buy-in to the programme and clarify priorities going forward. They are in the process of gathering feedback which will inform their 'you said we did'. Example case studies are available which highlight what the Pioneers did and the reasons why they felt it was important. • The Pioneer teams have commenced several initiatives to engage teams and celebrate success. Noticeboards have been created to share Be Proud news and positive staff stories as well as highlight staff recognition. Many have also started the 'You've been Mugged' campaign, which involves someone who has gone the extra mile being awarded a mug filled with treats at the end of the week which has been well received. • There has been positive engagement with the Action Learning Sets within which the Pioneers have been taught the process of action learning and recognise the benefits of using it collectively to solve problems and remove barriers. These sessions are also an opportunity to update their peers on their progress so far, and gain useful feedback.	
Ockenden 4d: Clinical Engagement Operational Lead: Sue Green, Executive Director of Workforce & Organisational Development *BCUHB must take urgent and sustained steps to ensure the continued involvement of all clinical colleagues in the leadership and management of BCUHB*		• The 3D (Discover, Debate, Deliver) Framework has evolved into a flexible staff listening methodology widely used throughout the Health Board by Staff Engagement Ambassadors and anyone who wishes to access the comprehensive and interactive toolkit, which is available on-line and bilingually on request. The toolkit includes flowcharts, question banks, templates and all relevant information for utilising 3D. • A range of resources are available via a webpage as well as induction sessions to learn about staff engagement and the 3D framework. • Collating case studies and outcomes, using the 'You Said, We Did / What Happened Next' approach, forms an integral part of the 3D toolkit for feedback and to also capture progress and impact during and after any event. To promote organisational learning these case studies and outcomes can be found on the intranet pages – there are currently 39 either in progress or complete. The case studies emphasise how flexible 3D can be to fit around specific service needs. • The promotion of 3D has been undertaken widely across Senior Leadership Teams as well as holding roadshows, team away days, site visits and was included as part of the first BCUHB Annual Medical and Dental Conference held in partnership with NHS Wales Confederation and BMA Wales. The toolkit is also integrated into Leadership & Management Programmes, included in relevant Senior Leadership Masterclasses as well as being included in the Quality Improvement (QI) Hub. • Close links continue to be made with other initiatives across the Health Board such as Mental Health & Well-being Champions, Today ICAN and the Improving Quality Together team. The aim is to build better relationships and become better connected with colleagues from across the Health Board to bring about positive change and increase staff satisfaction, which in-turn has a direct impact on our patients • 3D (as well as other internal engagement tools) is also an integral part of the Be Proud Pioneer team toolkit.	

Recommendation	Current position	Progress update	Risks
		• The Generation 15 Ward Manager programme was designed in 2015 to develop management and leadership skills and competencies to enable individuals to build effective capability within their roles as clinical leaders. It provides practical skills and tools which enables the Ward Manager to manage and lead their team effectively in order to improve patient outcomes. This programme, is now called the **Ward Managers Development Programme** and has been refreshed following feedback and consultation with the Executive Director of Nursing, Deputy Director of Nursing and the corporate nursing team. The new programme commenced in March 2019 with 19 delegates attending. A further cohort commenced July 2019. • Building on the Ward Manager Leadership Development Programme the first cohort of matrons will commence the **Matron Leadership Development programme** in November 2019. • A bespoke leadership development programme 'Leading for Transformation' has been developed in partnership with our external provider Carter Corson Business Psychologists. The programme supports the ambition to develop an engaging, inclusive and compassionate leadership style across the organisation through enhancing the capability of leaders to deliver results, by better engaging with their staff at an individual and team level, as well as with partners and stakeholders across sites, sectors and services. • Carter Corson hosted a pre-programme session with the Executive team on the 27th March 2019. This session introduced some of the key components of the programme and provided an opportunity for Executive directors to ask questions and clarify expectations. This also ensured alignment of the programme to key priorities and the need for executive sponsorship to drive leadership behaviour and improvement.	
Ockenden 13: Culture Change Operational Lead: Sue Green, Executive Director of Workforce & Organisational Development *There will need to be sustained, visible (in clinical areas), stable leadership within MH&LD division over a longer period of time to ensure that the culture within mental health and specifically OPMH continues to develop in a positive way.* *The cultural change that is necessary towards dementia needs to happen across BCUHB and to happen from Board to Ward. This cultural change needs to happen not just within MH&LD but everywhere within BCUHB where care and treatment may be provided to persons with dementia, their families and friends.*		• The national Staff Survey Project Group is leading on implementing approaches which develop and build an "in-house" ongoing sustainable approach to measuring colleague experiences which was agreed by the Welsh Partnership Forum in November 2018, in line with Welsh Government strategies. The new approach will help develop the NHS Wales culture so that colleagues regularly give and receive feedback. • The Organisational Improvement Plan has been developed following a number of staff engagement events held during December 2018 as well as drawing on data from the qualitative element of the staff survey. The Improvement Plan was approved by Board in March 2019 and a number of improvement actions have since been met. As the organisation approaches the end of the first quarter, a process is in place to feedback these outcomes to our staff through as many communication channels as possible. The Organisational Development team have worked closely with the Communications team to develop a Communication Strategy to support this. • Furthermore, the Organisational Development team engaged with and supported divisional managers to ensure divisional improvement plans are drafted and discussed with staff locally and worked up into final plans. Staff engagement events were held locally to further inform and develop local plans. All divisions are progressing their improvement plans and developing their communication approach to ensure staff receive feedback on local actions. The '*You Said, We Did*' template has been shared with divisions but any local communications channels can be used to update staff. The Workforce Improvement Group will monitor progress against the Divisional Improvement plans. • As part of the Quality Improvement and Governance Programme (QIGP), a Quality Improvement Strategy will be developed through an established collaborative task & finish group in consultation with staff, partners and people with lived experience of using our services which will continue to meet monthly to ensure the production of an MHLD Quality	

Recommendation	Current position	Progress update	Risks
		Strategy. The 10 themes of the QIGP have been fully mapped out for actions which are reviewed in 90 day cycle meetings. • The Strategy aims to provide assurance to stakeholders of our continued determination to focus on delivering high quality patient care and challenging ourselves to achieve the highest of standards. • The Health Board is strengthening its offer of skilled level dementia training for clinical staff. Current training is aligned to the 'Good Work' framework and we are developing our modules further by placing additional emphasis on the important role of the carer. To support this work is underway with TIDE, an involvement network for carers of people living with dementia, hosted by the Life Story Network CIC. Its mission is to be the voice, friend and future of all carers and former carers of people with dementia. TIDE is supporting carers to share their experiences by training them to acquire appropriate skills and competencies in delivering training. The project is overseen by the Consultant Nurse for dementia. • As part of the celebrations for the 70th anniversary of the NHS last year, all members of the Executive Team participated in a 'Back to the Floor' initiative to celebrate with staff, families and volunteers the incredible work conducted by our staff and volunteers on a daily basis. Further to this, a proposal has been made to continue with a rolling programme of a refreshed approach 'Walk in my Shoes' for all Executives and Senior Leaders. This will involve each member of the Executive Team undertaking a 'shift' of a minimum half day within a range of services, both patient facing and non-patient facing such as catering, estates and administrative services. The aim is to undertake a shift which presents an opportunity for high visibility or within hard to reach/remote areas such as community teams. The whole ethos of the shift will be to integrate with the team and undertake tasks that the team would normally perform on a day to day basis. This will not only improve visibility but will also allow staff to get to know Executives/Senior leaders on a more personal level.	
Ockenden 5: Partnership Working Operational Lead: Sally Baxter, Assistant Director Health Strategy *BCUHB needs to work effectively at a strategic level with the voluntary sector and a wide range of multi-agency partners to develop, provide and sustain services to older people and older people with mental health needs and dementia across North Wales.*		• The Executive Management Team at the meeting on 5th June supported the proposal to devolve the centrally held Voluntary Organisation budget and establish a commissioning forum, which is expected to be implemented in September 2019. This will support local ownership, management and decision-making in relation to these budgets and services and increase assurance and governance in relation to service expectation and outcomes for the relevant population across all such grants and contracts. There has been some initial positive recognition in respect of this proposal from some representatives of the third sector, raised during discussions on the refresh and review of strategic working with the sector which are currently underway. A designated MH commissioning post has been appointed to and is expected to start in post in September 2019. • A number of network events have taken place in recent months across each area. Themes arising from these events will be summarised and drafted into a paper for circulation with sectors for comment by end of August. A follow up session on collaboration with Housing Associations held on 29th July where a series of themes were agreed and will be presented to a future Board workshop. • Draft principles have been presented to Health Board meeting in July within the refreshed 3 year outlook and annual plan. • Draft strategic framework is planned to be presented to the Strategy, Partnerships & Population Health Committee of the Health Board in September.	Complexity of the Health Board presents challenges in developing a fully embedded approach – Develop a set of principles to be adopted across the Health Board Partnership approaches differ across the 6 counties – Ensure corporate arrangements are supportive of and link closely with county based arrangements Objectives need review and refresh to reflect the wider strategic approach – Include wider strategic development within objectives

HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 7: Concerns Management Operational Lead: Deborah Carter, Associate Director Quality Assurance *Whilst it is acknowledged that on many occasions since 2009, BCUHB has made an effort to improve the timeliness of responses to concerns in line with the requirement of Putting Things Right (2011) this has not yet been sustained on an ongoing and long term basis.* *It is clear that the BCUHB Board have very little knowledge of the **actual** everyday experience of families, service users and service user representatives who try to make complaints to BCUHB as an organisation. Service user representatives also raised the reluctance of families and service users to complain and the fear they have of complaining.*		• Work continues to progress to respond to the actions identified to better manage concerns in a timely and effective manner. • Revised trajectories that have been to deliver real time management of complaints and incidents continue to be monitored via weekly incident review meetings. The current position against trajectories is as follows; – No WG incidents overdue by end of June 2019 – 74 as at 21st August – No complaints graded as 1 or 2 overdue – 118 overdue as at 19th August – No more than 15 complaints graded as level 3 overdue – 89 overdue at 19th August – No more than 30 complaints graded as 4/5 overdue – 22 overdue at 19th August – No more than 5 complaints overdue by over 6 months and must be grade 5 – 1 overdue as at 21st August • The number of open and overdue incidents has decreased from 5,575 in March 2019 of which 3,508 were overdue to 4,680 in July 2019, of which 2,718 are overdue. • There has also been a decrease in the number of open Welsh Government closure forms from 419 in March 2019, of which 345 were overdue to 160 in July 2019 (of which 85 are overdue). • A revised approach to weekly scrutiny of all complaints has been implemented, led by a single lead for corporate complaints with each division including all complaints over 2 months as well as open AM / MP complaints. • Putting Things Right (PTR) 1 revised policy has been approved by QSE committee. • PTR1a procedure for staff has been developed to simplify the process for staff and will be presented to Quality Safety Experience Committee. • The PTR Annual Report was approved by the May QSE committee and presented to the Health Board meeting in July. • A Standard Operating Procedure (SOP) to support staff in writing a complaint letter was launched on 1st July 2019 and a training programme has been developed with dates being organised across BCUHB • The Patient & Service User Experience Improvement Strategy 2019-2020 has been approved at QSG & QSE July 2019. It has been shared with CHC for comment feedback. The draft Patient Advice and Liaison Support officers' operational model is currently in circulation for comment and feedback. Recruitment process for the appointment of Patient Advice & Liaison Service (PALS) officers is now complete with all vacancies appointed to. • Customer care training and recording of patient stories is being delivered across BCUHB with excellent participation evaluation feedback. Quality Safety meetings have introduced patient stories as an opening agenda to address key learning, for example, staff arranging referrals for interpretation services for patients and service users. The revised patient story policy was approved at Quality & Safety Group in June 2019. A patient story library will be developed on the BCUHB website accommodating varying methods including audio, video and narrative. • Listening and Learning Report was presented at QSE 16th July 2019 and further improvements are required to ensure that the patients and service users experience align with quality improvements.	Capacity within divisions to prioritise investigation and report writing for Concerns (against operational priorities) – Trajectories developed by division to deliver required deadlines by week commencing June 17th Quality of historic information to support robust learning – Training and support in place for investigation of new cases. Corporate team offering support to divisions to review historic cases, identify learning and move to closure

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 11: Estates OPMH Operational Lead: Rod Taylor, Director of Estates & Facilities *BCUHB should prepare a detailed estates inventory across the care settings for all of older people including but not limited to OPMH. Firstly this should include clarity and specificity of all outstanding estates issues including outstanding repairs and estates issues raised as concerns with internal audits and external reviews and inspections.* *The estates inventory should be prepared for each ward, clinic, department, inpatient unit and hospital department where care is provided to older people and older people with mental health issues. This includes where care is provided to people with dementia.* *The estates inventory should include for each area an audit based on the work for Enhancing the Healing Environment.*		A number of actions have been completed for Work stream 1, which is as follows; • A multi Directorate/Divisional working group that includes Operational Estates, Estate Development and Mental Health and Learning Disabilities is established with agreed Terms of Reference which will be updated as the work streams progress. • A site-by-site schedule (inventory) of outstanding repairs and maintenance work for MH&LD buildings has been completed. Work is progressing through Operational Estates to complete any outstanding jobs and the schedule is updated monthly to monitor progress and report to the group. • A detailed inventory of previous External Audits and Inspections by HIW & CHC relating to MH&LD OPMH facilities has been prepared and all outstanding actions are now completed. • Funding of £200k has been identified in the 2019/20 Revenue budget setting process to undertake additional repairs and maintenance in MH&LD establishments and to commence the assessment of a Safe Healing Environment. Procurement and planning will now be undertaken for this work to support work stream 2. • As part of Estates and Facilities budget setting process for 2019/20, bids have been submitted for an additional £200k of recurring revenue funding to address any remaining outstanding repair / planned maintenance work within MH&LD buildings. • The project group have identified the requirement for Project Management capacity to support the project and actions required in Work stream 2 – funding has been agreed by the Executive Team for this additional resource. Work stream 2 commenced in April 2019 and is tasked with developing the Enhancing the Healing Environment (EHE) assessment across all wards within MH&LD OPMH facilities. In order to undertaken the ward assessment and additional repairs and maintenance, additional revenue funding is sought for project management capacity. • Presentation was made to the Stakeholder Group held on 30th July, which provided an overview of the progress to date for the recommendation including anti-ligature and environmental improvements as well as the redevelopment of the Ablett Unit.	Project management capacity – Paper to go to executive team for review of resources required Capital and Revenue funding to undertake identified works – Revenue funding bids have been included within Estates and Facilities budget cost pressures for 2019/20

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendations that have been signed off by the HASCAS & Ockenden Improvement Group as being fully implemented in response to required actions taken and agreed address the requirements of the recommendation as set out in the either the HASCAS or Ockdenden reports.

Recommendation	Current position	Progress update	Risks
HASCAS 3: Care Homes and Service Integration Operational Lead: Reena Cartmell Associate Director of Nursing *The current Care Home workstreams need to be incorporated into a single action plan, which in turn should dovetail into the pre-existing BCUHB mental health and dementia strategies.*	Fully Implemented	The Improvement Group for the HASCAS & Ockenden recommendations held on 31st July 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. The following activity has been undertaken to ensure that this recommendation has been fulfilled. • ***Logic Model:*** The logic model for HASCAS recommendation 3 has been refined with clearer outcomes, measurable outputs and a list of activities required to achieve the overall desired impact. The former implementation plan has therefore been translated into this logic model, and is now used as our baseline. There are three main outputs to be achieved within the programme of work, these include: 1. Action plans based on engagement with the care home sector. 2. A single care home action plan that supports the implementation of the BCUHB Dementia Strategy and pre-existing BCUHB 'Together for Mental Health' Strategy. 3. Integrated Training programmes for BCUHB to include Care Home Staff. • ***Care Home Event***: A series of 4 hour 'getting to know you' events with care home and clinical health board staff were held on four days throughout March 2019 across West, Central and East areas. BCUHB hosted the event, supported by the CEO of Care Forum Wales, which were delivered within a world café approach to generate ideas on how to improve working partnerships for patient centred care and to discuss ways to improve relations, safer discharges, and celebrating successes in older person's services. Area Nurse Directors have reviewed the recommendations provided and considered how to develop (both immediately and long term) action plans for their local regions. Feedback to all partners who attended the events have been provided, and the programme manager for this work stream has co-ordinated all responses and shared with Care Inspectorate Wales (CIW) in March 2019. • ***Single Care Home Action Plan:*** The 'BCUHB Single Care Home Action Plan' was launched in July 2019 in order to incorporate all current care home work-streams into a single plan, which in turn will dovetail into other pre-existing BCUHB Mental Health and Dementia Strategies. The action plan has been developed as a direct response to the following requirements: – CIW / HIW Review of healthcare support provided by BCUHB for older people living in care homes in North Wales (November 2018). – Independent Investigation into the Care and Treatment Provided on Tawel Fan Ward: a Lessons for Learning Report, HASCAS (May 2018), (Recommendation 3). – Review of the Governance Arrangements relating to the care of patients on Tawel Fan ward prior to its closure on 20th December 2013 and governance arrangements in Older People's Mental Health at Betsi Cadwaladr University Health Board (BCUHB) from December 2013 to the current time, Donna Ockenden (June 2018). – BCUHB's Living Healthier, Staying Well Draft Framework for Care Closer to Home. – North Wales Social Care and Wellbeing Service Improvement Collaborative, Market Shaping Statement; Care Homes for Older People in North Wales (2018). – BCUHB Care Home Partnership Event (March 2019). The '*BCUHB Single Care Home Action Plan'* will be overseen by BCUHB's Corporate Nursing Department. Progress will be monitored and updates requested on a quarterly basis. Any new and emerging BCUHB care home work-streams will be added to, and form part of this integrated process at a local level. The aim of the action plan is to bring	Timescales pose a rise to delivery in respect of achieving such a broad range of service reviews. - Joint and clear action plans including milestones and timelines will be developed through logic models and KPIs with progress regularly reported to Improvement Group Workforce capacity and resource for transformation (reducing duplication / conflicting agendas). - Ensure joint responsibility of translating strategy into action via an improvement 'working group' and map out all forums/groups involved. Sustainability and differing standards of quality and safety of services (across health, social care, third sector and commissioned services). - Design a set of agreed principles in partnership along with quality and safety standards to inform the model of care and strategy.

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Recommendation	Current position	Progress update	Risks
		together all ongoing service re-design initiatives, and to capture evidence of improvements through a single framework of governance. Local area teams are responsible for updating the action plans, providing evidence of achievements with actions that are relative to local needs. Area Nurse Directors will therefore assume overall responsibility for the delivery of action plans. The drafted BCUHB priorities for the older persons have also been incorporated and mapped through a consultation process to help drive forward the older person's agenda for the health board. The priorities are based on the IPOP (Integrated Pathways for Older Persons) initiative with 7 key themes. Output measures are also identified with desired outcomes made clear. It is expected that each action will evidence the application of the following factors: - Stakeholder's engagement / service user involvement in the design of all action plans. - Key practice issues that relate to the workforce. - Timescales for completion. - Lead person(s) for management and delivery. - Quality Impact Assessments. A strategic review of progress and completion date is aimed for April 2020. The above achievements were presented to the HASCAS Improvement group meeting held on 28th July 2019 where it was approved that the requirements of the recommendation is fully implemented. However it is acknowledged that there is considerable progress required to implement the actions across Health Board in the forthcoming months. The stakeholder group have also been sighted on the development of the single care home action plan. • ***Integrated Training Programme***: A long-term training schedule for BCUHB to include Care Home staff in its design and delivery, in relation to the care of older person and those with Dementia remains under development. This work stream will be completed within the remit of Ockenden recommendation 12; Long Term Clinical Plan. The improvement lead has met with Bangor University and recent undertook a scoping exercise, which identified opportunities for BCUHB to work with the University to develop specific training and education. • ***Presentations***: The Programme Manager for this work stream delivered a successful presentation to the East, Central and West Partnership Forums to raise awareness of BCUHB's progress made against HASCAS recommendation 3. The partnership forums have provided the opportunity to move action plans forward, restoring confidence with wider stakeholders in relation to BCUHB supporting North Wales care homes (with nursing) and in doing so illustrating the consultation process and benefits of working in partnership. The Flintshire's 50+ Action Group also warmly received the same presentation in June 2019 and a further presentation will be offered to the Carer's Strategy Group in September 2019.	
HASCAS 4 Safeguarding Training Operational Lead: Michelle Denwood, Associate Director Safeguarding *BCUHB will revise its safeguarding training programme to ensure it is up to date and fit for purpose. The updated training programme will*	Fully Implemented	• The Improvement Group for the HASCAS & Ockenden recommendations held on 28th May 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. • The following activity has been undertaken to ensure that this recommendation has been fulfilled:	

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Recommendation	Current position	Progress update	Risks
incorporate all relevant legislation and national guidance *BCUHB will engage with all prior safeguarding course attendees to ensure that they are in receipt if the correct and updated guidance. The responsibility for this will be overseen by the relevant BCUHB Executive Director with responsibility placed on all clinical service managers from all of the clinical divisions within the organisation* *BCUHB has not been able to ensure staff attend safeguarding training sessions in the numbers required. there are multiple factors involved which will require a detailed and timed action plan with external oversight.*		– All existing safeguarding training packages have been refreshed and updated to ensure that packages are in line with current legislation. – National recognition has been received for the Ask and Act Training - VAWDASV (Domestic Abuse) which has been accepted as a National Training package for Wales. – A learning environment has been led and embedded by Corporate Safeguarding, through the Safeguarding Bulletin, which targets education, learning and updates relating to legislation, policy and procedures. – A robust analysis of Training compliance occurs through the refreshed Safeguarding Reporting Framework and into Area/Secondary Care /Divisional governance forums. – Training Reports are undertaken and areas of low compliance within Safeguarding Training are identified and scrutinised. Underperforming areas are reported via the Safeguarding Reporting Framework and into Area / Secondary Care / Divisional governance forums. • Whilst this recommendation has been recognised as implemented, the important role of Training in embedding good safeguarding practice is recognised, and activity will continue in this high priority area.	
HASCAS 5 Safeguarding Informatics and Documentation Operational Lead: Michelle Denwood, Associate Director Safeguarding *BCUHB has conducted an audit on the compliance of filing safeguarding information in patients' casenotes. BCUHB will ensure that the consequent recommendations it set in relation to informatics in its BCUHB Corporate Safeguarding Team Safeguarding and Protections of People at Risk of Harm Annual Report 2017-18 are implemented namely;* • *The use of the dividers to be re-iterated in safeguarding training, briefings, and other communication activities and a key annual audit activity;* • *Process of secure storage of strategy minutes of strategy meetings and outcomes of referrals to be revisited at safeguarding forums with legislative guidance from Information Governance;* • *Team and ward managers to continue to include safeguarding documentation in team meetings and safety briefs.* *BCUHB will reconsider how clinical teams should record safeguarding information and the quality of the information provided.*	Fully implemented	• The Improvement Group for the HASCAS & Ockenden recommendations held on 28th May 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. • The following activity has been undertaken to ensure that this recommendation has been fulfilled: – The Health Records department has worked alongside the Associate Director of Safeguarding to support the review and amendment of the safe storage of safeguarding information in clinical records in line with the Social Services & Well-Being Wales Act and GDPR. – Good Record Keeping (GRK) training has been delivered, which incorporates a sign off element for safeguarding to ensure that records are correct. – Initial scoping work has been completed to review the approach for the transition to digitalisation system from paper records by the Health Records Department. – The Health Records Service have completed actions with the following deliverables: (i) Good Record Keeping Training explicitly includes a section on filing safeguarding information; (ii) Communications cascaded on Things You Need To Know (TYNTK) to remind staff of the importance of appropriately filing 'safeguarding' information; (iii) Supplier of the safeguarding divider (for the casenote folders) are being updated to reference updated Safeguarding terminology, and to include the Harm agenda. A list of documents which are to be included behind the divider has been set out. • The GRK Training and communications from the action above are being used to strengthen the HR1 Policy for appropriate filing of safeguarding information – this is being prepared in line with a full review of HR1 in light of GDPR. Work has been undertaken with MHLD colleagues to ascertain their use of the safeguarding divider, remind them of their responsibilities in its use, and ask for assurance of appropriate use. • In order to assure progress in this area, internal audit are scheduled to undertake a records management audit and a review of the implementation of safeguarding documentation. This has been included within the planned works for 2019-20. • Level 3 Record Management training is included within the Safeguarding Training portfolio. This package incorporates the safe storage of safeguarding information.	Digital informatics and the management of clinical records is an organisational risk based upon the challenges relating to the availability of different systems of which do not support the identification of risk or sharing of information.

Recommendation	Current position	Progress update	Risks
		• When areas / departments identify high levels of safeguarding activity, a review of record management takes place, this also includes where cases are discussed and supervision and support is provided. • The Safeguarding Bulletin has a 'Learning' theme once a quarter and these Bulletins specifically highlight education, legislation and policy and procedure updates. • The monthly Safeguarding Bulletins provide reference, advice and guidance relating to records management and remains a key activity of dissemination of information by Teams and Ward managers. • Whilst this recommendation has been recognised as implemented, the important role of Good Record Management in embedding good safeguarding practice is recognised, and activity will continue in this high priority area.	
HASCAS 6 Safeguarding Policies & Procedures Operational Lead: Michelle Denwood, Associate Director Safeguarding *The BCUHB Corporate Safeguarding Team Safeguarding and Protection of People at Risk of Harm Annual Report 2017-2018 identified that there were priority actions required in relation to safeguarding policies and procedures. This investigation recommends that these priority actions are incorporated into the action plan consequent to the publication of this report. The actions are;* • *To identify those policies, procedures and SOPs that firmly sit within the Safeguarding remit and those that should be the responsibility with internal and external partners* • *Agree a priority list and activity timeframe to review documents within the parameters of corporate safeguarding* • *Provide safeguarding expert advice to internal and external partners in order that those documents are reviewed appropriately and in line with local and national policy band legislative safeguarding frameworks;* • *Agree a governance structure and reporting framework for all safeguarding policies, procedures and SOPs;* • *Update and maintain the Safeguarding Policy webpage;* • *Continue to actively participate in the Policy and Procedure sub group of the Regional Safeguarding Boards*	Fully Implemented	• The Improvement Group for the HASCAS & Ockenden recommendations held on 28th May 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. • The following activity has been undertaken to ensure that this recommendation has been fulfilled: – Good progress has been made in the management and control of Safeguarding policies. All policies and procedures within Corporate Safeguarding have been identified and a register has been implemented which manages version control and the publishing of policies in a timely and accurate way. – To ensure the governance structure is in place and in accordance with organisational procedure the Safeguarding Business Manager is linking in with the Board Secretary and the Policy on Policies (PoP) and their work on developing a central repository as part of this process. – A priority list has been identified with a full review of Phase 1 completed. The following procedures and guidance were requested for approval at QSG following ratification at the Safeguarding Governance and Performance Group on 31 January 2019. ▪ The Adult at Risk Procedure – ratified for publication and builds on the guidance issued by Welsh Government. (HASCAS 8.3) ▪ Safeguarding Supervision Procedure – BCUHB Supervision ▪ Female Genital Mutilation (FGM) Standard Operating Procedure ▪ Best Interest Meeting Guidance – Deprivation of Liberty Safeguards (DoLS) • In addition, to the above policies, the following processes were approved at Safeguarding Governance and Performance Group in January 2019 and subsequently implemented: – Procedural Response to Unexpected Death in Childhood (PRUDIC) which have been published in line with National guidance. – Safeguarding Team; Area Domestic Abuse Workplace Safety Group. Terms of Reference (ToR) – Safeguarding Supervision Procedure – Safeguarding Only Supervision • Full engagement takes place across the organisation and with participation at the North Wales Safeguarding Adult Training Sub Group, this ensures internal and external expertise to be captured.	

HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
HASCAS 7: Tracking of Adults at Risk across North Wales Operational Lead: Michelle Denwood, Associate Director of Safeguarding *BCUHB will work with multi-agency partners through the North Wales Adult Safeguarding Board, to determine and make recommendations regarding the development of local safeguarding systems to track an individual's safeguarding history as they move through health and social care services across North Wales in order to ensure ongoing continuity of protection for that individual.*	Fully implemented	• The Improvement Group for the HASCAS & Ockenden recommendations held on 28th May 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. • The following activity has been undertaken to ensure that this recommendation has been fulfilled: – BCUHB worked in collaboration with North Wales Safeguarding Adult Board to coordinate a Task and Finish Group for shared learning with regard documentation and communication. – This Task and Finish Group has now been disbanded due to completion as agreed by the North Wales Safeguarding Adult Board. – The Lead Practitioner programme has been developed in collaboration with the North Wales Safeguarding Adults Board (NWSAB). Over 70 key BCUHB staff have been identified to participate in the pilot and undertake the Lead Practitioner training, which will be implemented by July 2019. – This programme represents a major change in how Adults at Risk are coordinated and managed across the Health Board and will result in a more individualised and improved experience for the patient. • The programme will continue to be rolled out, implementation is a priority for 2019-20.	
HASCAS 13: Restrictive Practice Guidance Operational Lead: Steve Forsyth Director of Nursing MH&LD *BCUHB will provide assurance that all older adults and those with dementia are in receipt of lawful and safe interventions in relation to restrictive practice management across all care and treatment settings within the BCUHB provision.*	Fully Implemented	The Improvement Group for the HASCAS & Ockenden recommendations held 28th May 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. The following activity has been undertaken to ensure that this recommendation has been fulfilled: • The 2 recently developed policies relating to the positive reduction of challenging behaviours and physical restraint, have both been subject to governance scrutiny and review and are fully ratified and operational. • Training in proactive approaches has begun in earnest with a full schedule of training dates available for all clinical areas where a training need has been identified. Moreover, the corporate training team are receiving ongoing support from the Positive Interventions Clinical Support Service (PICSS) team and are on track to being able to independently to deliver this training to the wider organisation by the end of the calendar year. • Training in the use of Datix to report incidents of restrictive physical intervention is included. • Within the MHLD division, BCUHB PICU staff (Tryweryn) together with Caniad recently showcased to the Leaders Collaborative conference a number of initiatives being introduced to the wards – these included new ideas and approaches in reducing restrictive practices, improved co-production and a revised all Wales training syllabus in the prevention and management of behaviours which challenge. Furthermore, the excellent work being carried out by Tryweryn staff and Caniad has been shortlisted for the 2019 Nursing Times Awards'.	

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 2d: Appointment of a second Consultant Nurse in Dementia Operational Lead: Chris Lynes, Area Nurse Director (West) *There is currently only one Consultant Nurse in Dementia for the whole of BCUHB. With the currently extensive work plan this single post-holder is already likely to be stretched very thinly. Going forward there will not be sufficient Consultant Nurse resource to even begin to get to grips with the recommendations arising from this review and the HASCAS investigation. BCUHB should take active steps to appoint a second Consultant Nurse in Dementia.*	Fully Implemented	• Recruitment process for the second Consultant Nurse in Dementia post has been successful and the candidate Suzie Southey commenced in post on 1st July, this role will include a focus on Acute Care, End of Life Care and Primary Care.	
Ockenden 4b & 4c: Staff Surveys Operational Lead: Sue Green, Executive Director of Workforce & Organisational Development *The Ockenden review team was informed that the NHS staff survey across Wales is completed every 3 years and is next due in 2019. WG may wish to consider an annual staff survey in line with that carried out in England.* *Aside from any potential decision by WG, the BCUHB Board should commence a formal annual BCUHB staff survey starting with the all Wales staff survey at BCUHB on an annual basis from 2020.*	Fully Implemented	The Improvement Group for the HASCAS & Ockenden recommendations held on 31st July 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. The following activity has been undertaken to ensure that this recommendation has been fulfilled: • The 2018 NHS Wales annual staff survey has been undertaken and the results revealed a number of positive improvements since the 2013 and 2016 survey. • The Organisational Survey has been redesigned and tailored to the Health Board's needs with additional Wellbeing and Equality & Diversity questions. The results of the first BeProud organisational engagement survey report saw a 20.29% response rate, which equates to 1400 individuals from a range of disciplines across the Health Board. These results from the first quarterly survey were presented to the Executive Team on 31st July. Plans are in place to carry out 4 surveys a year with a different random sample each time. • Draft organisational and divisional plans were approved at the Health Board meeting on 28th March 2019. Monitoring progress against the organisational improvement plan and divisional improvement plans will take place through the Workforce Improvement Group. • It is important to note that the survey content, administration and execution is under complete review nationally. The Cabinet Secretary has been clear of the expectation that staff locally need to be involved in driving the change and improvements required to improve experiences at work. NHS Wales has historically facilitated pan-organisational surveys bi-annually. These have been contracted out to organisations who have provided pan-NHS Wales and organisational reports. There has also been access to the results database to allow more localised interrogation of the data, but this has not allowed organisations to drill down fully to team and departmental level in a meaningful way. It has been confirmed that a national NHS Staff Survey will next take place in 2020. • In addition, as part of the 'Be Proud' Pioneer Programme, surveys are undertaken locally in teams to establish an engagement baseline measure which the pioneers are working on to develop local improvement plans that focus on the three lowest scores within their survey. Each team takes ownership to agree which engagement tools they will use to make improvements. At the end of 26 weeks another team survey is undertaken and comparisons are made against the first survey. All ten teams have fully engaged with the programme and the response to the programme by the Pioneers and their teams has been excellent and very encouraging.	

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HASCAS & Ockenden Recommendations – update report for Health Board meeting, 5th September 2019

Recommendation	Current position	Progress update	Risks
Ockenden 10: Reviewing external reviews Operational Lead: Dawn Sharp, Deputy Board Secretary *BCUHB needs to undertake a review of all external reviews (including those by HIW, the NHS Delivery Unit and others) where any findings, recommendations and requirement may have concerned older people and specifically the care of older people with mental health concerns.* *The exercise needs to be completed across all Divisions and all sites by the end of the second quarter 2018/2019, (the end of September 2018) and reported to the BCUHB Board by November 2018.*	Fully Implemented	The Improvement Group for the HASCAS & Ockenden recommendations held on 31st July 2019 formally approved that this recommendation was fully implemented, with the agreement that the identified actions have been delivered to address the objectives set out in the HASCAS report as previously reported. The following activity has been undertaken to ensure that this recommendation has been fulfilled; • Following the review undertaken by the Corporate Nursing Team to strengthen assurances, the BCU / HIW management plan was introduced to provide additional assurance processes continues to be implemented. • All open / outstanding actions arising from these inspection reports continue to be monitored/managed on a monthly basis by the Quality and Safety Group.	
Ockenden 14: Board Development Operational Lead: Dawn Sharp, Deputy Board Secretary *The work of Swaffer and the WHO/ United Nations should be introduced to the Board in a Board seminar/ Development day in the second quarter of 2018-19 and a programme of introduction to the whole of BCUHB should commence in the third quarter of 2018- 19 with reports to the Board on the introduction and utilisation of 'Prescribed Dis-engagement' every quarter.*	Fully Implemented	• The Executive Director of Nursing and Midwifery determined that this ambition would be best met by the full Board participating within a dementia friendly awareness session which was delivered on 10th January 2019. • At the Improvement Group meeting held on 29th January it was formally approved that this recommendation was fully implemented as the action has been completed for required Board members. Following on from this, the Executive Director of workforce & Organisational Development agreed to take forward an action to consider how to incorporate dementia awareness sessions into the Health Board's induction programme. • A dementia friendly awareness session for senior managers as members of the Executive Management Group took place on 3rd July.	

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Health Board **5.9.19**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board ***To improve health and provide excellent care***

Report Title:	Re-location of Services from Mount Street Clinic, Ruthin.
Report Authors:	Mr Gareth Evans, Clinical Director Therapy Servies Mrs Jane Jones, Planning & Commissioning Manager (Central) Mr Ian Howard, Assistant Director - Strategic And Business Analysis, Planning Mrs Bethan Jones, Responsible Officer
Responsible Director:	Dr Chris Stockport, Executive Director Primary & Community Services
Public or In Committee	Public
Purpose of Report:	This Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary. The Business Case is presented to the Board as part of the scrutiny and approval process for major capital projects seeking funding from the Welsh Government "Primary & Community Health and Care Infrastructure Pipeline Funding."
Approval / Scrutiny Route Prior to Presentation:	The Business Case has been approved by the following scrutiny route: • Project Board – 9th July 2019 • Central Area Senior Leadership Team – 6th August 2019 • Executive Management Team – 14th August 2019 • Finance & Performance Committee – 22 August 2019.
Governance issues / risks:	The proposals support the delivery of the Welsh Government's plan 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care, and contributes to delivering the Health Board's strategic direction 'Living Healthier, Staying Well.' The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks to the Health Board of maintaining an unsuitable, structurally deficient building at Mount Street, including the cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients. The most significant risk identified in the Risk Register is that The Clinic building will become unfit for continued use, prior to the project

	implementation, which would provide a threat to the continuity of primary and community services and the location of staff. The Health Board has agreement in principle from WAST to re-locate from The Clinic, and from Denbighshire County Council to progress with the land transfer.
Financial Implications:	The Business Case is being progressed through the Welsh Government "Primary & Community Health and Care Infrastructure Pipeline Funding." The Re-location of Services from Mount Street Clinic, Ruthin, was identified as a priority by the Cabinet Secretary for Health and Social Services in November 2017. The total works costs for the entire scheme is £3,142,119. There are no additional revenue costs arising from the Re-location of Services from Mount Street Clinic, Ruthin.
Recommendation:	The Board is asked to approve the Business Case to enable progress to the Welsh Government.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper • Strategic and service planning			

• Mental health • Primary care including out of hours services
Equality Impact Assessment • EQIA Screening is attached at appendix 1 • Health Impact Assessment has been undertaken and the report is attached at appendx 2

Disclosure: Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Project Name

Re-location of Services from Mount Street Clinic, Ruthin.

Document Name

Business Justification Case

Document Identifier

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Authorities

Author: **Gareth Evans, Jane Jones, Ian Howard**

Owner: **Bethan Jones, Area Director, Central Area Team, BCUHB**

Client: **Central Area Team, BCUHB**

Identifier	BJC
Title	Re-location of Services from Mount Street Clinic, Ruthin.
Purpose	This Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary.

The Investment Proposal	**Executive Summary** This Single Stage Business Case is based on the 'Five Facet Model', and sets out the proposals to re-locate services from Mount Street Clinic, Ruthin to Ruthin Community Hospital and Denbigh Infirmary. The **Strategic Case** describes how the scheme fits within the existing policy and strategic framework for Health and Social Care in Wales, and will meet existing and future demands. The Strategic Case also sets out the investment aims & objectives. Ruthin is a market town, serving a rural population of scattered, sparsely populated villages in the Central and South Denbighshire Locality area. Access times to GP and Pharmacy are double the Wales average. Life expectancy is higher than the Wales average, the number of unpaid carers is above the Welsh average, and the number of people in care homes is double the Wales average. The scheme will support the Welsh Government's Primary Care Strategy (2018), and the BCUHB's strategy 'Living Healthier, Staying Well' (2019 - 2022), through investment in integration of community and primary care teams and co-location of teams and services. The Model of Care will be concentrated around a 'Health and Wellbeing Centre', based at Ruthin Community Hospital, as described in the 'Care Closer to Home' section of 'Living Healthier, Staying Well.' It will be underpinned by the Welsh Government's 'Strategic Programme for Primary Care' (2018), which focusses on Primary Care as the first point of contact for patients and close working with partners. The scheme will contribute to GP sustainability, which is at the heart of the 'Principles of Primary and Community Care Transformation.' The re-location of services from Mount Street Clinic, will deliver: **Service Integration** from a **Fit for Purpose Estate**. Services are currently fragmented across 4 sites in Ruthin, with patients and staff travelling frequently between sites for appointments and diagnostics. Mount Street Clinic is owned by BCUHB. Welsh Ambulance Service Trust (WAST), occupy the lower ground floor, the GMS Practice and BCUHB services, including Community Dental Services (CDS) are provided from the ground floor. The upper floor is used as BCUHB office accommodation. WAST will re-locate to the North Wales Fire and Rescue site in Ruthin. The Clinic GMS practice is one of two in Ruthin, with 2 GP Partners, and a list of 2,847 patients. The practice is unable to expand or develop due to the limitations of the estate.

Mount Street Clinic is owned by BCUHB, and was opened in 1965. It is of timber framed construction and single glazed. It has 8 car parking spaces for staff, and none for patients or visitors. Both the Lambert, Smith & Hampson (2016) and Opus (2018) surveys concluded that the estate is not fit for purpose. The Opus survey revealed that the concentration of filing cabinets on the first floor was outside the loadbearing qualities of the timber frame.

Ruthin Community Hospital provides a range of outpatient services, treatment and diagnostics. The 27 inpatient beds are managed by the two GP practices in Ruthin.

The Hospital was built in 1914, and has a small car park on site, providing 37 patient/visitor spaces. Access is poor, in particular for large wagons, and people wishing to visit the site on foot or bicycle. The site does not meet the Kings Fund standards for dementia.

The **Economic Case** sets out the available options, and identifies the preferred investment option, which optimises value for money.

The Project Board has undertaken significant stakeholder engagement throughout the process of developing this Business Case, and identifying the preferred option, including:

- Meetings with the Community Health Council
- League of Friends
- Local Councillors
- Stakeholder Workshop (May 2018)
- Health Impact Assessment (September 2018)
- Engagement Week with Patients & Service Users at the Clinic (December 2018)
- Third Sector Drop-In Event (April 2019).

Feedback and response has been positive for the proposed developments.
Four Potential Options were identified and a preferred option was selected from the long-list.

The Preferred Option is to re-locate services from **The Clinic to Ruthin Community Hospital.** However, Building for Smiles, the CDS Strategy, describes a two site model within Central and South Denbighshire, ie, Denbigh Infirmary and Corwen Health Centre, with an additional (ie, third), surgery and de-contamination facilities at Denbigh Infirmary.

Denbighshire County Council has agreed in principle to a 'land swap' with BCUHB. By releasing land adjacent to the hospital to create circa an additional 35 car parking spaces, more than doubling the current provision to circa 70 – 75 spaces. Improved pedestrian access and footpath linking into the main bus routes will be created. DCC wishes to acquire The Clinic site from BCUHB to develop Extra Care Housing. This

would incur a one-off cost of £10,000, which will be included within the Capital bid to Welsh Government.

The Mount Street Clinic site does not allow for future demand or expansion of services. DCC's Local Development Plan (2006 – 2021) proposes an additional 692 houses within The Clinic's catchment area, ie, a potential increase of 1658 people.

The preferred option would include a new build extension at Ruthin Community Hospital, on the site of the existing physiotherapy unit for the GMS practice, with space to support Locality working, multi-disciplinary working and training, including Medical Students.

The design includes an additional clinical room which would enable the GMS practice to take on Medical Students, and extend their range of Enhanced Services, such as Minor Surgery and Contraception, which will contribute to the sustainability of the practice.

The scheme focusses on promoting wellbeing and reducing social isolation, it includes re-locating the League of Friends' Tea Bar to the main corridor, and a Third Sector room, created by re-commissioning a disused boiler room. The existing Relatives Room will re-locate closer to the inpatient ward, and also provide a multi-faith space. The League of Friends has indicated that they will contribute to the cost of re-furbishing the Tea Bar and the Relatives Room.

A partnership between The League of Friends and Denbighshire Voluntary Services Council (DVSC), will increase its volunteer membership and provide training opportunities, in areas such as food hygiene and customer service. This will enable the Tea Bar to open 7 days per week, instead of the current 3 days.

The Community Resource Team has already re-located to County Hall, which releases space to re-locate and expand the Physiotherapy department. This will enable physiotherapy services to take a further cohort of students from Cardiff and Wrexham Universities, and provide a training experience in specialist services, such as neuro-rehab, pulmonary rehabilitation and paediatric physiotherapy.

Mental Health Services for Older People will re-locate to a dedicated, quiet area of the hospital, and the entire development will meet the standards for Design for People with Dementia.

Health Visitors will re-locate to the Ruthin Community Hospital from Mount Street.

The scheme aims to deliver the Welsh Government recommendations for Multi-Professional Roles within Transforming Care (2018). In particular providing a training experience for medical students within both community and inpatient setting is invaluable. There is anecdotal evidence that GP trainees tend to remain in the area that they train in, and this "Grow your Own" approach is at the heart of succession planning.

The re-development at Ruthin Community Hospital includes a Locality Training Room, with enhanced IT, including Video Conferencing and Skype, which will enable medical and nursing students to maintain contact with Universities and neighbouring rural localities.

The **Commercial Case** sets out the scope and structure of the Scheme, and how the required assets will be acquired.

NHS Shared Services have managed the procurement of the capital works via the Local Framework Agreement. The closing date for bids is 8th August 2019.

The Health Board's Cost Advisors, WYG, have indicated that the total cost of the re-location of services from Mount Street Clinic and the re-development of Ruthin Community Hospital and Denbigh Infirmary (to provide a third surgery and de-contamination facilities), is £3.1million (July 2019). This includes an estimate of £212,000 to upgrade dental facilities at Denbigh Infirmary.

North Wales Shared Services managed the procurement process on behalf of BCUHB. Four bids were returned on 8th August 2019, and the Contractor providing the best value for money has tendered the works costs at £2,023,305. The total works costs for the entire scheme is £3,142,119.

The **Financial Case** demonstrates that the preferred option is affordable.

Backlog Maintenance at The Clinic is currently in the region of £250,000, and increasing. On disposal of The Clinic site, the financial burden of maintaining an obsolete building will cease.

The Health Board's **net** expenditure on Estates and Utilities in 2018-19 was £13,751. There may be a small increase in facilities services, following the transfer of services, in the region of £4,500 per annum, which will be absorbed within the existing service budget, and will be offset by a reduction in utility costs, as a result of improved energy efficiency on the re-developed Ruthin Hospital site.

WAST and the GMS Practice are re-charged an agreed percentage for their usage of utilities. BCUHB does not generate a rental income from WAST. BCUHB will re-charge the GMS Practice an agreed percentage (based on occupancy by m^2) for Utilities, facilities and estates costs.

Health Visiting services predict that travel costs will reduce, due to the availability of MDT facilities within South Denbighshire, the cost of hiring external facilities for breast feeding groups will cease.

The CDS preferred option,i.e. a three surgery model in Denbigh will provide the community dental service with an opportunity to change its skill mix within its current workforce and maximise service productivity. In addition it will provide a more

attractive model to recruit to current vacant posts within the budget. The proposal will re-design the workforce to better meet the demands of a changing and evolving market, providing new clinical and administrative roles within the service. The new roles associated with this project sit within the existed staffing complement for the CDS service, and are accounted for within the current CDS revenue budget.

This model will meet the future needs and ability to deliver a service for local communities.

The **Management Case** sets out the planning arrangements required to ensure successful delivery and to manage project risks.

The Senior Responsible Officer, is the Area Director, Central Area Team.

A Project Board has been established and is chaired by the Assistant Area Director, Central Area Team.

Risks and Co-Dependencies

The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks to the Health Board of maintaining an unsuitable, structurally deficient building at Mount Street, including the cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients.

The most significant risk identified in the Risk Register is that The Clinic building will become unfit for continued use, prior to the project implementation, which would provide a threat to the continuity of primary and community services and the location of staff.

The Health Board has agreement in principle from WAST to re-locate from The Clinic, and from Denbighshire County Council to progress with the land transfer.

An application for Planning Permission for the Ruthin Hospital site has been submitted to Denbighshire County Council.

Strategic Case

The **Strategic Case** describes how the scheme fits within the existing policy and strategic framework for Health and Social Care in Wales, and will meet existing and future demands.

Demographic Profile

There are 14 Combined Health & Social Care Localities (formerly 'Primary Care Clusters') within the Betsi Cadwaladr University Health Board (BCUHB) area; of which Central and South Denbighshire is one of 4 Localities located within the Central Area Team (see Figure 1 below). A locality is described as *"bringing together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*[1]

According to the Public Health Wales GP Cluster Profiles (2013) and the Community Insight database (2017), the two key demographic factors within the Central and South Denbighshire Locality, and specifically the Ruthin area are Rurality and Life Expectancy.

Figure 1- BCUHB Locality Areas

Rurality

Ruthin is a market town serving a rural community of scattered, sparsely populated villages in the Central and South Denbighshire Locality. The Locality is classed as the third most rural locality within the Health Board area with 97% of patients classed as living in a rural area, and 25% of the overall population being Welsh speakers.

The area is sparsely populated, and access times to GP and Pharmacy are double the Wales average. (see Table 1 below).

Table 1 – OCSI Comparative Data – Rurality

Rurality	Ruthin	Wales Average	Social Housing Area

Access to GP (Walking or public transport)	58.9 minutes	26.6 minutes	
Access to Pharmacy	57.1 minutes	26.7 minutes	
Rural Residents (Population density = persons / hectare)	0.7	1.5	
Rural Residents (percentage of residents living in sparely populated areas)	65.9%	19.4%	5%

Life Expectancy

Life expectancy in Ruthin is higher than the Wales average, the number of unpaid carers is also above the Wales average, and the percentage of people living in Care Homes is double the Wales average.

Table 2 – OCSI Comparative Data – Life Expectancy

Life Expectancy	Ruthin	Wales Average	Social Housing Area
Aged 65+	27.3%	20.2%	
Pensioner Households	27.1%	22.9%	
People providing unpaid care	12.1%	10.4%	9.2%
Life Expectancy	81	78	78
Healthy Life Expectancy (expected years in "good health").	75	69	68
Residents in Medical and Care establishments (including residential and nursing care homes, managed by the NHS, Local Authority or private organisation)	1.6% (169)	0.8%	

Strategic Context

The Welsh Government's Primary Care Strategy, March 2018, proposes action across five key areas:

- Planning care locally
- Improving access and quality

[1] Strategic Programme for Primary Care (Welsh Government) 2018

- Equitable access
- A skilled local workforce
- Strong leadership

These five key areas have been absorbed into the Welsh Government's plan for Health and Social Care.

'A Healthier Wales (2018)', promotes new models of seamless, integrated health and social care in which services delivered by different providers are co-ordinated seamlessly for and around the individual.

'Living Healthier, Staying Well' (2018), sets out BCUHB's proposals to deliver A Healthier Wales, sets out a new model of care in the community, focussing on the development of Health and Wellbeing campuses and investment in:

- Community Resource Teams
- integration between community and primary care teams
- co-location of teams and services.

This model of care will be delivered via a network of Health and Wellbeing Centres, based around existing Primary Care practices, Health Centres or Community Hospitals.

Central Area Team's Strategy, '**Stryd Ni (2016-19)'**, sets out the operational requirements for delivering Living Healthier, Staying Well, through strengthening Primary and Community Care, with an emphasis on working with Local Government and third sector partners to provide more integrated care, closer to people's homes.

Central and South Denbighshire Locality Action Plan (2018-2021) prioritises the sustainability of Primary Care, through improving the Estate and developing a skilled workforce. The Locality has already invested funds in Primary Care Counselling, an Advanced Nurse Practitioner supporting Care Homes and the Falls Prevention Service.

Following the publication of 'A Healthier Wales' the Welsh Government published its **'Strategic Programme for Primary Care' (2018),** describing Primary Care as *"those services which provide the first point of contact, day or night, for more than 90% of people's contact with the NHS in Wales…. co-ordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs."*

The programme focusses on Primary Care as the first point of contact; working closely with partners, including community nursing, mental health, health promotion, therapists, paramedics, local authority staff and the third sector.

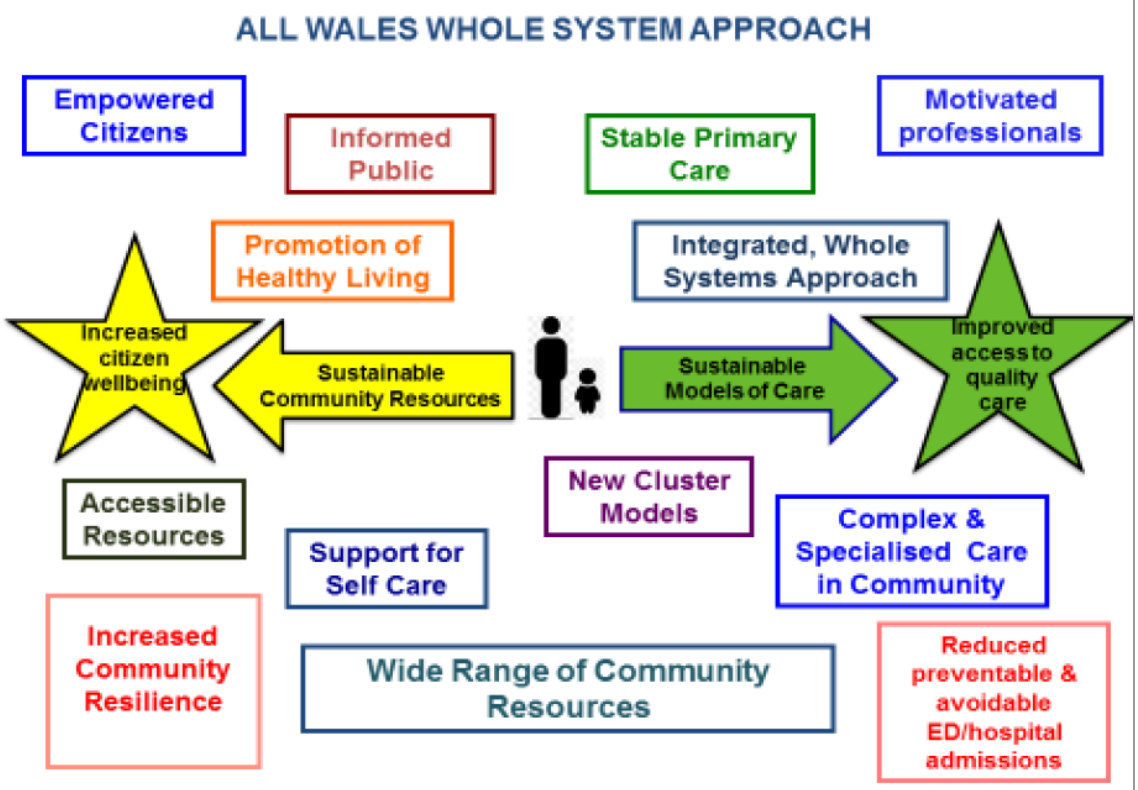
General Practice stability is at the heart of the '**Principles of Primary and Community Care Transformational Model (2018)'**[2] The model describes more proactive and

[2] Components of a Transformation Model for Primary and Community Care. Primary Care Hub. (2018).

preventative approach, with healthcare professionals in general practice being able to refer to a greater range of community services. An emphasis on Locality working increases efficiency and ensures that Primary Care has good access to clinical, social and managerial expertise.

The Whole Systems Approach is shown in Figure 2 below.

Figure 2 - The Primary Care Model for Wales - Whole Systems Approach



Case for Change

The aim of this Business Case is to deliver **Service Integration** from a **Fit for Purpose Estate**, achieving these objectives would address the two key challenges in Central and South Denbighshire which are described below:

i. **Service fragmentation -** current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patients
ii. **Estate is not fit for purpose –** insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency

The aims of the Business Case will be delivered by the following six investment objectives: to –

1. Support the delivery of Care Closer to Home in Central and South Denbighshire
2. Provide high quality, primary and community services for Ruthin and surrounding areas
3. Support sustainable Primary Care services in Ruthin and surrounding areas
4. Provide a safe, modern working environment for Health Board staff and partners
5. Remove backlog maintenance
6. Improve access to car parking for staff, patients and visitors.

The benefits of delivering the investment objectives above are described fully in the Benefits Appraisal. (see Appendix 5).

The risks associated with not delivering the Business Case and the critical co-dependencies are described in more detail in the Economic Case.

Service Fragmentation

Primary and Community Services are provided from a number of sites across Ruthin, notably, two GMS practices, Ruthin Community Hospital and County Hall (owned by Denbighshire County Council).

This results in fragmentation for health and social care staff, and a lack of integration between services and teams.

Patients are travelling between The Clinic and Ruthin Community Hospital to attend appointments for primary, community and outpatient services. This is particularly onerous on patients with long term conditions or co-morbidities, who report making anything up to 5 separate journeys per week, to see their GP, Practice Nurse or collect a prescription at The Clinic, and then attending the hospital for blood tests, diagnostics, physiotherapy, mental health and outpatient appointments.

One couple aged over 65 years, cited two appointments at The Clinic, one with the GP and one with the Practice Nurse, and three further appointments with the Memory Clinic, Phlebotomy and Audiology at RCH during a single week. This was fairly typical of the responses from the engagement week in December 2018.

The percentage of people attending two or more appointments per week (at The Clinic and/or Ruthin Community Hospital), increases exponentially with age and co-morbidities or chronic conditions.

The Community Resource Team has already moved to County Hall, with Ruthin Community Nurses sharing accommodation with the Adult Social Care Team.

Services are duplicated across the sites, eg, Health Visitors and Midwives see patients on three sites, at The Clinic, Plas Meddyg and Ruthin Hospital. Primary Care Mental Health and Physiotherapy are also provided on all three sites.

The District Nurses and outpatient staff at Ruthin Hospital both undertake wound care and dressings.

Current Service Delivery

Mount Street Clinic is located in the centre of Ruthin town. The building consists of three floors, with Welsh Ambulance Service Trust (WAST) located on the lower ground floor, the GMS Practice, Dispensary, Community Dental, Health Visitors, Mental Health counselling, a large waiting room and toilets, being located on the ground floor, and office accommodation for the Health Visitors and School Nurses on the first floor.

The GMS practices:

There are two GMS Practices in Ruthin, of which only The Clinic will re-locate to Ruthin Hospital. However, Plas Meddyg GMS practice also uses, and provides, services at Ruthin Hospital and is therefore a key stakeholder in the re-development.

Service information for both practices (April 2018) is provided below.

The Clinic GMS Practice

The Clinic GMS practice has 2,931 patients on its list, of which its dispensing list is 1,549. Following a period of instability, the Practice has now recruited a second partner, and also employs a salaried GP. The Practice has 1.88 WTE GPs, with an average list size, per WTE of 1,559.

The Clinic provides 156 routine GP appointments per week, and 24 urgent appointments. The Practice Nurse provides 113 routine patient appointments per week, with support from the Health Care Support Worker, who provides 16 appointments per week. The Counsellor, who is employed by the practice, has a case load of circa 5 – 8 patients of the practice, usually about 3 hours per week on a Thursday morning. Tim Dyffryn Clwyd (TDC), the Community Mental Health Team also provide services once a week (mainly for depot injections) from The Clinic, usually on a Thursday afternoon.

The BCUHB Advanced Scope Physiotherapist provides circa 8 appointments per week, on one morning per week.

The Clinic aspires to become a training practice, and has taken its first 5th year medical student on an 8 week placement in 2019. The Clinic also takes nursing students from Bangor University, and currently provides a 9 month placement for a trainee Practice Nurse.

The Clinic delivers services under the GMS Contract. The practice does not claim the full range of available Enhanced Services, they are contracted to deliver the following Enhanced Services –

- Care Homes (8 residents)
- Learning Disabilities
- Homeless
- Contraceptives (Depo Injections only)
- Gonadorelins (4 week and 12 week intervals)
- INR ((Level 2a)
- Warfarin DES (Level A)
- Near Patient Testing (NPS)

The Clinic also provides childhood immunisations.

The Clinic has recently been approved to provide minor surgery for joint injections and excisions.

The Clinic does not maximise its potential income from Enhanced Services, mainly due to the constraints of the current estate. The Clinic currently generates £4.52 per patient from Enhanced Service income, in comparison to similar practices within the Locality which generate £10.30 per patient.

Plas Meddyg GMS Practice

The partners at Plas Meddyg practice own their own premises in Ruthin. The practice has 10,305 patients on its list, of which its dispensing list is 5,310. The Practice has 9 GPS, equating to 7.5 WTEs. The average list size per WTE is 1,374.

Plas Meddyg is registered as a GP training practice, offering placements to trainees from Cardiff, on ST2, 3 and 4.

Plas Meddyg delivers the full range of services under the GMS Contract and in addition, they are contracted to provide the following Enhanced Services –

- Care Homes
- Learning Disabilities

- Minor Surgery
- Contraceptives (full range)
- Gonadorelins
- INR (level 2)
- Warfarin DES
- Near Patient Testing (NPT)

In addition, Plas Meddyg has the services of the BCUHB Pharmacist on two days per week and the BCUHB extended scope Physiotherapist twice a week.

Tim Dyffryn Clwyd (TDC), provide mental health services on 3 days a week, and the Midwives provide services as required over 5 days Monday – Friday.

Community Dental Services

The Community Dental Services (CDS) provide dental services for vulnerable people who are unable or unlikely to access General Dental Services (GDS) or a "High Street" dental surgery including:

- Children and adults with learning disabilities
- Patients who are medically compromised
- People who have mental health problems
- Children and adults with physical disabilities
- Children and adults with dental anxiety
- People with complex social problems and who can't obtain dental care
- People who can't receive dental care due to geographical isolation
- People who are unable to leave their homes to seek care
- People in rehabilitation and secure units.

The Welsh Government Circular (2016/005)3 identifies the role of the Community Dental Service as:

- Provision of a range of treatment services for children and vulnerable adults
- Domiciliary service provision (including Care Homes)
- Training and development
- Oral health education
- Dental epidemiology
- Oral health assessments

[3] Services for Smiles: A Strategy for the Development of Community Dental Services in North Wales (2017- 2022)

Community Dental Services (CDS) are provided from The Clinic on two days per week (Tuesday and Thursday), and used as a base for Domiciliary visits on a Wednesday. Approximately 16 patients are seen per day on site, ie, 32 per week, with an additional 6 domiciliary patients seen within their home setting. The service is provided by a Community Dentist and Dental Nurse.

The League of Friends at Ruthin and Denbigh Hospitals funded the purchase of domiciliary dental equipment for CDS. The size of a suitcase, this equipment enables the CDS to set up a dental surgery in any location and provide a full range of treatments. Initially, this was used to provide dental services to inpatients in both community hospitals, but is also used to provide services to patients who are house-bound.

CDS services are provided from three permanent locations in Central and South Denbighshire, a brand new 2 surgery facility in Corwen, a single surgery at Ruthin and a 2 surgery unit in Denbigh. The workforce is dispersed across 3 permanent sites, a mobile schools unit, and also provides a domiciliary service and service to inpatients at Ruthin and Denbigh Community Hospitals. There are few opportunities to maximise skill mix or deliver economy of scale. There is no staffed reception at either Ruthin or Denbigh clinics.

Services for Smiles (2017 – 2022), the Health Board's Strategy for the Development of Community Dental Services in North Wales, acknowledges the challenges of providing and sustaining General Dental Services (GDS) in some rural areas in North Wales. Where there is insufficient access to GDS or challenges in recruitment, a Personal Dental Service (PDS) arrangement operates, which provides a salaried service under GDS arrangements. This CDS/PDS service is provided in both Corwen and Denbigh.

Health Visitors and School Nursing

A team of four Health Visitors and two School Nurses are based on the first floor of The Clinic. The Health Visitors hold clinics on the ground floor of The Clinic on Monday, Tuesday and Wednesday. Speech and Language Therapists (SALT) use a BCUHB ground floor room on a Thursday and Friday. Parents and children waiting to see the Health Visitors or SALT utilise the shared waiting room and toilets.

The Health Visitors undertake a range of baby and toddler assessments from the age of 8 weeks to 3.5 years, on average undertaking around 26 mum and baby assessments per week.

The Health Visitors also use the main waiting room, for a post-natal group and baby massage on a Thursday. The courses run over 6 weeks, with an average of 12 mums and babies attending each session. There is no confidentiality in this space, as Mount Street Clinic patients access the reception and dispensary via the main waiting room.

Welsh Ambulance Service Trust

Welsh Ambulance Service Trust (WAST) occupies the lower ground floor of The Clinic. The site has space to garage three vehicles and accommodation for WAST Staff.

One rapid response vehicle is currently located at The Clinic, serving the South Denbighshire area.

Ruthin Community Hospital

Ruthin Community Hospital provides both inpatient and outpatient services. From April 2018, the inpatient beds at Ruthin Community Hospital were increased from 22 to 27, and are managed by the two Ruthin GP Practices.

Therapy services are provided for both inpatients and outpatients, including physiotherapy, podiatry and biomechanics, occupational therapy, Speech and Language Therapy (SALT) and dietetics.

Phlebotomy, ear syringing, leg ulcer, wound care, liquid nitrogen therapy and lymphoedema services are also provided on the Hospital site for patients of both the Ruthin GP Practices.

Visiting outpatient clinics include: Parkinson's clinic, eye clinic, orthoptics, audiology, continence support, midwifery, CAMHS and general surgery.

Screening and diagnostic services include: diabetic retinopathy, Aortic Aneurism, Doppler, ECG and bladder flow.

Adult mental health services, including Primary Care counselling are provided at the hospital, CAMHS attend on a monthly basis, and the Primary Care Memory Service is based on the hospital site. The Primary Care Memory Clinic Service undertakes initial assessments and follow up reviews of both inpatients and outpatients and domiciliary visits to individuals' homes and care homes. The service also provides 6 week Cognitive Stimulation Groups for individuals in the early stage of memory decline. The service is currently failing to meet the Welsh Government Standards for Referral to Assessment (28 days) and Referral to Diagnosis (12 weeks), in reality this is closer to 19 weeks for Referral to Assessment, with a further wait of circa 6 – 8 weeks to Diagnosis.

Health Visitors hold monthly clinics on the hospital site.

Service mapping undertaken as part of the review of services reveals good occupancy of current accommodation. However, in reality, there are at least 4 separate booking systems, held completely independently, with no consistent overview of room occupancy.

Services block book rooms, to maintain their rights to occupancy, an example of this is the two outpatient clinic rooms, the booking calendar for these two clinical rooms

shows that there are only 3 vacant slots from a potential 20 sessions per week (85% occupancy), however, screening services book out both clinic rooms, but will only utilise one. A similar pattern is repeated throughout the hospital site.

Whilst this enables services to offer patients flexible appointments at short notice, the available space could be utilised more efficiently.

The key challenges of service fragmentation and the inability to expand and develop, identified above, are mainly due to the condition of the current estate and the restrictions of the current sites in Ruthin. These are explored in more detail below.

CURRENT ESTATE

Clinical services are currently provided on three sites in Ruthin, with health and community services located on four sites.

BCUHB owns The Clinic and Ruthin Community Hospital. Plas Meddyg is a 1980's building, owned by the partners of the GMS practice.

Ruthin Community Hospital

Ruthin Community Hospital was built in 1914, as a Poor Law Infirmary. During the First World War it was used as a convalescent home for injured soldiers. Between the two World Wars it was a busy general hospital, admitting patients requiring skilled nursing care and carrying out surgical operations. Upon the introduction of the National Health Service in 1948, Ruthin Hospital became a General Practitioner hospital and in the 1980s it became a Community Hospital.

The hospital is built of brick under a slate roof and has been extended over the years. The League of Friends contributes to the maintenance and upkeep of the grounds.

Ruthin Community Hospital is now owned by BCUHB and provides a range of inpatient and outpatient services to the Community of Ruthin and surrounding areas. The hospital is located just off Llanrhydd Road, on the outskirts of the main town of Ruthin.

Car Parking is insufficient on site with small car parks providing 37 patient/visitor spaces, of which 5 are dedicated Disabled and 16 staff parking spaces. Vehicles are frequently parked along the access road and onto Llanrhydd Street public highway, obstructing visibility and posing a hazard to pedestrians. Access to the rear of the hospital, as required by service vehicles, such as clinical waste and deliveries, is via a series of narrow, single tracks, with a number of blind and very tight corners.

There is no scope to extend the current car parking within the current site to meet current demand and provide for future development of services, and the re-development of the hospital is dependent on the acquisition of additional adjacent land from Denbighshire County Council, following the re-location of two primary schools.

There is no safe footpath or cycle path to access the hospital site. Pedestrians are required to walk on the main hospital access road, sharing space with vehicles both entering and exiting the hospital site. The nearest bus stop is on Wrexham Road and requires pedestrians to cross the busy A525 at the pedestrian lights and walk along Llanrhydd Street to the hospital.

The site does not meet the standards for all new developments within the Local Development Plan (LDP) (2016 – 2021),[4] which requires safe access for all users, including cyclists, pedestrians and the mobility impaired, and reduce CO2 emissions and air & noise pollutants which have a negative impact on health and wellbeing.

The hospital does not meet the Kings Fund standards for supportive design for people with dementia.[5] The Primary Care Memory Service shares a generic waiting area with other services on a busy thoroughfare in the hospital, with community services accessing storage cupboards and transporting equipment through the waiting area. Noise levels and sensory stimulation is high, increasing stress and anxiety in patients and carers prior to appointments. The clinical rooms face onto the car park, and conversations can be over-heard, especially if windows are opened during the summer months. Confidentiality is poor throughout. Clinical rooms also double-up as offices, and are cluttered with administrative paraphernalia, including IT equipment, stationery and leaflets, resulting in excessive visual stimulation, which can be detrimental to the patient's ability to concentrate and focus.

There are no Third Sector Services on site, and no suitable space to provide Third Sector support, groups or information. The League of Friends Tea Bar is not visible from

[4] Denbighshire County Council Local Development Plan 2006 - 2021

[5] https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

the main corridor, and only has space for 4 chairs, located on the corridor to the wards. It is too far away from the outpatient and therapy clinics for patients to use. It is currently only open for 6 hours per week.

Mount Street Clinic

The Clinic is a Betsi Cadwaladr Health Board (BCUHB) owned property in shared use, including: GMS services, Community Dental Service (CDS), Health Visitors, School Nurses, Community Mental Health Services and the WAST Ambulance Station.
The building was opened on 18th November, 1965, and is timber framed pre-fabricated building, with softwood single glazed windows and a felt-covered flat roof. It is a 3 storey building, on a split-level site, with WAST being located on the lower ground floor, GMS, Dental and Health Visitors being located on the ground floor (which is directly accessible from Mount Street), and Health Visitors (staff only), being located on the first floor. Parking is limited, circa 8 spaces (reserved for staff), of which 1 is dedicated disabled.

Confidentiality throughout the site is poor, confidential conversations with reception or dispensary can be over-heard in the main waiting room. A radio is on during surgery times in the waiting room, to provide some confidentiality. The waiting room is under-utilised, and would be ideal for groups, such as breast feeding, however, it is the main thoroughfare to the reception and dispensary, and is completely unsuitable.

The Clinic has 8 car parking places. From the engagement week in December 2018, the lack of car parking at The Clinic was a major concern for patients and staff.

The Mount Street Clinic has a single CDS clinic room, with no separate decontamination room. It has experienced extremes of temperature in winter and summer. There is a small dedicated CDS waiting area, and unstaffed reception.

According to **Building for Smiles (2018 – 2023), the Health Board's Strategy for Community Dental Assets and Facilities**, the Mount Street Clinic is one of 14 in North Wales, which meets the Silver Standard Silver, ie, *"good overall standard, but still scope for significant improvement."* Building for Smiles provides a baseline of the current

Health Board estate and facilities, and recognizes that major refurbishment works are required at Mount Street Clinic.

The Clinic building is in a poor state of repair. The **Lambert, Smith & Hampton (LSH) Primary Care Estates Report (2016) i**dentified a range of backlog maintenance issues, including floorings, internal decoration and power assisted doors. The LSH report also identified that the roof coverings are in need of renovation. The flat roof leaks, with water ingress into the building, which results in pools of water in patient and clinical areas. Water frequently blows into the building around the poorly sealed window frames. The building does not meet modern standards for insulation, and loses heat through the roof, walls and windows. The LSH Report of 2016 identified a backlog maintenance mainly due to the cost of renewing roof coverings on the flat roof, which the report identifies as a "Significant Risk." The Fire Officer subsequently attended the building on 28th February 2017, and identified a number of areas of concern.
In January 2017, BCUHB's Capital and Estates officers identified the priorities for essential maintenance as:

1. preventing water ingress via the flat roof
2. providing additional insulation, on the roof and external walls, where possible
3. replacing the timber framed windows
4. improving heat efficiency, eg, thermostats and better insulation on the existing system
5. restorative decoration
6. maintenance to external fire escape routes

Opus was commissioned to undertake a structural survey of The Clinic in September 2017, this revealed that the current concentration of filing cabinets on the first floor was outside of the assessed structural loadbearing qualities of The Clinic's timber frame and recommendations were made to strengthen the structure or to reduce the concentration of weight by spreading the load or removing some, or all, of the cabinets.

The Opus Survey concluded that the external paint is flaking and external timbers and cladding are rotten, with isolated areas of cracking to the masonry section of the building that will require further attention.

The fire escape was in a fair condition but has generally suffered from lack of maintenance, resulting in paint flaking and the exposed steelwork below suffering from surface corrosion. No significant loss of section had occurred and the stairs appeared to be sturdy enough for its ongoing use.

The flat roof construction was found to be retaining water at the time of the inspection and following reports of water tightness issues to the building this could be the root cause, particularly given the condition of the windows and flashing details.

Internally the building was found to be in a good condition with only very minor defects observed.

The assessment of the first floor loading confirmed that the floor construction is not be suitable for supporting filing and storage as it is currently doing so without any further investigation or strengthening works being undertaken. The floor is however suitable for use as general office accommodation providing that concentrated loading of the floor is avoided by large static equipment.

The Opus Survey made the following recommendations:

- Refurbishment of the wall cladding and windows would address the defects identified, and would not have any implications to the loadbearing capacity of the structure.
- The flat roof areas should be re-covered with a suitable waterproofing system to prevent the ingress of water into the building. The flashing should be replaced, and the roof should be inspected further for isolated patch repairs.
- The isolated areas of cracking to the brickwork should be repaired with a suitable proprietary crack repair system.
- The fire escape stairs should be cleaned and re-painted and a suitable maintenance regime implemented to prevent any further degradation and ensure the fire escapes ongoing use.
- The fire escape should also be assessed to ensure that it complies with current building
- regulation guidance.
- Handrails to the flat roof area adjacent to the main entrance should be cleaned and re-painted.
- Further consideration should be undertaken to the suitability of the floor to support file
- storage which may involve:
    - Further investigation into the construction of the floor joists
    - Removal of file storage altogether
    - Strengthening works to the existing floor structure to allow for file storage
    - A timber specialist is appointed during any refurbishment works to undertake a condition survey of the exposed timbers and to advise if any member replacement is required.

BCUHB's Central Area Senior Leadership Team considered options to refurbish The Clinic during 2017, however, the SLT concluded that the most cost effective medium – long term option was to develop a Health and Well-being Centre based at Ruthin Community Hospital and re-locate services from The Clinic.

Future Proofing – Demand and Capacity

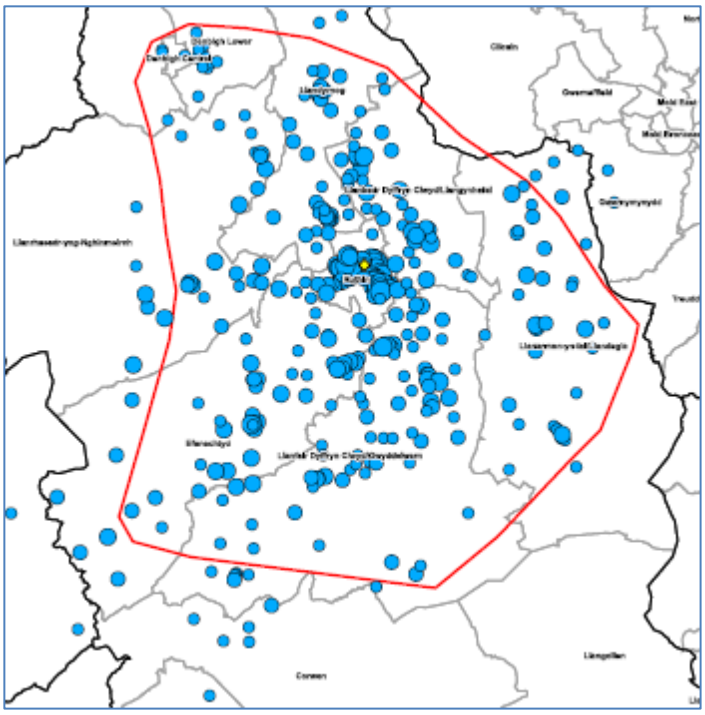
The current estate does not allow for the development or expansion of current services. Future demand for primary and community services is predicted to increase, due to the rise in older adults within the County (Central and South Denbighshire already has a higher than average life expectancy), and the increase in housing provision within the Locality Area.

StatsWales[6] projections show that the number of over 65's living in Wales will rise by 27% over the next 20 years. It is anticipated that Denbighshire's overall population will increase by 2.7% by 2039. The population aged 75 years and over is projected to increase by 7,500 and the population aged 18 – 74 years is projected to decrease by 4,800.[7]

Denbighshire County Council's Local Development Plan (LDP) 2006 – 2021 sets the local planning policy, which sits within the framework of national policies set out by the Welsh Government. The LDP identifies a number of proposed housing developments within the Locality area, which will have an impact on the number of patients looking to register with a GP, and use community services.

The Clinic practice boundaries are shown below in Figure 3. The proposed number of new houses within The Clinic's practice boundaries are show below in Table 3.

Figure 3 - The Clinic's Practice Boundaries



[6] https://gov.wales/statistics-and-research/welsh-index-multipe-deprivation/?lang=en

[7] North Wales population assessment Draft 0.1 November 2016

Table 3 - LDP – Potential Population Increase

Community	Number of New Houses Proposed	Potential Population Increase (assumed 2.4 residents per dwelling)
Ruthin	236	566
Denbigh (Lower Denbigh and Ruthin Road)	174	417
Graigfechan	10	24
Gwyddelwern	48	115
Llanarmon yn Ial	12	28
Llanbedr DC	70	168
Llandyrnog	25	60
Llanfair DC	84	201
Llanrhaeadr	33	79
Total	**692**	**1658**

Assuming an average of 2.4 residents per dwelling, this population increase would amount to circa 1,658 new residents within The Clinic's practice boundary area. Whilst it is likely that this increase will be dispersed amongst the Central and South Denbighshire practices, a significant proportion will look to register with The Clinic.

The Clinic currently provides a high quality service to its patients, (as evidenced from the engagement week in December 2018), with excellent access to a health care professional. The Clinic does not have space within the current estate to enable the practice to expand and flex its clinical workforce to meet the increasing demand, The Clinic will not be able to maintain its current high standards, that are valued so highly by its patients.

Economic Case	The **Economic Case** sets out the available options, and identifies the preferred investment option which optimises value for money. A preferred option is identified, on the basis that this optimises value for money, achieving both quantitative and qualitative criteria, over the medium and long term. The options have been developed through a process of stakeholder engagement, which has identified and refined the options, and the rationale for the preferred option. Set out below is a summary of the engagement process and the key outcomes from each event or discussion. **Community Health Council** A number of meetings have been held with the Community Health Council (CHC), including the presentation of a "Service Change Protocol" to the joint CHC and BCUHB Strategic Planning Meeting on 23rd October 2018. The CHC advised BCUHB that they were supportive of the proposals in principle, and did not require BCUHB to undertake formal consultation, although they recommended discussion with key stakeholders, including patients and service users attending The Clinic. Members of the Project Board have attended the local Denbighshire CHC Committee, to provide an update on 12th December 2018 and 6th March 2019. **League of Friends** Ruthin Community Hospital has an active League of Friends, and they have indicated their support for the proposed re-development. A number of meetings have taken place with the League of Friends, and they are members of the Design Team. **Local Councillors** The Lead Member for Health, Wellbeing and Independence attended the HIA, and members of the Project Board attended a meeting with the Ruthin Area Members Group on 18th January 2019. Members of the Town Council have also attended the League of Friends Meetings and Third Sector Events. **Stakeholder Workshop - 6th May 2018** A stakeholder workshop was held on 6th May 2018 in Awelon Community Centre, Ruthin. The aim of the Workshop was to receive information about the proposed development, to comment on the proposals, and to define and agree the Investment Objectives, which are described in Section 5 above. The workshop was attended by 30 representatives of local services, including Primary and Community Care, Social Services, WAST, CDS and Third Sector. **Health Impact Assessment – 26th September 2018** A Health Impact Assessment (HIA) was held on 26th September 2018 in Canolfan Naylor Leyland, Denbighshire Voluntary Services Council (DVSC) offices, Ruthin. A Health Impact Assessment is defined as *'...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to*

understand and anticipate the effects of change on health and health inequalities in a given population' (Elliot et al 2010).

The Wales Health Impact Assessment Support Unit (WHIASU) and Public Health Wales (PHW) facilitated the event, which was attended by approximately 20 representatives of local services and organisation, including the Community Health Council (CHC), League of Friends, Social Services, Third Sector, WAST, and Lead Council Member for Health, Wellbeing and Independence.

The key findings are summarised below (See Appendix 2).

- The proposals are mainly positive for all population groups
- There is a need to understand the impact of the changes on people currently accessing CDS in Ruthin.
- Improved car parking and access are positive, however, increased traffic and footfall to the site during construction and on transfer of services needs to be managed carefully.
- The design needs to meet the needs of children, young people and people with memory issues.
- The development needs to be "future proof", ie, able to manage future population growth, eg, local housing development, and deliver a model of care based on a multi-professional and multi-skilled workforce across primary and community services.
- Extend the range of services, including primary care, through enhanced services, third sector and Tea/Coffee Bar.
- Seamless working – and better communication between inpatient and community services; health, social care and third sector.

The Clinic Patient & Service User Engagement – 3rd – 6th December 2018

Members of the Central Area Team (BCUHB) and The Clinic Practice attended The Clinic between 8.30 am – 6 pm, from 3rd – 6th December 2018. A stand in the foyer displayed the draft floor and site plans (including car parking). A bilingual questionnaire was available and over 80 questionnaires were completed and returned. A copy of the questionnaire is available at Appendix 3.

This followed the recommendations of the HIA and the CHC, to identify any unintended consequences of the proposed re-development, eg, access by public transport, and positive aspects which should be retained and any potential opportunities to expand or develop services.

Responses were overwhelmingly positive for the quality of the current services provided at The Clinic, including GMS, Health Visitors and CDS, citing friendliness of staff, flexibility and speed in obtaining appointments, with comments including: *"lovely practice …. Very friendly …. Wonderful …. Family doctors … immediate access to appointments and physiotherapist … collecting prescriptions …. The reception staff … I can get an appointment when I want one."*

Opportunities for development included:

"One Stop Shop" – everything on one site. Patients are already attending the hospital for blood tests, physiotherapy, ear syringing, audiology, midwifery, screening, outpatients, and visiting family and friends on the inpatient ward. Comments included *"I'm already attending for physio and bloods …. I go to the hospital to see the midwife, it would be better if everything was on one site…. It would be better if the doctors were on the same site… all on one site for activities for mum and baby … I've come here today (The Clinic) to see the doctor, now I've got to go down to the hospital to book an appointment for ear syringing ….I'm backwards and forwards for bloods and ears, etc …. I already go to the hospital for diabetic retinopathy and footcare … I've been to the hospital for an ECG, and now I've had to come here to see the doctor and he's sent me back to the hospital for blood tests."*

- Better/more/additional car parking
- Able to walk to hospital site
- Contraception and Coils
- Minor injuries/Minor Surgery
- X-Rays
- More screening, eg, breast and cervical cancer
- Longer opening hours of café/League of Friends/drinks & refreshments
- Space for more groups, eg, mother and baby groups

Figure 4- Reason for Visit

The majority of patients were attending the GP practice, either to see a health care professional, or for prescriptions – as shown below.

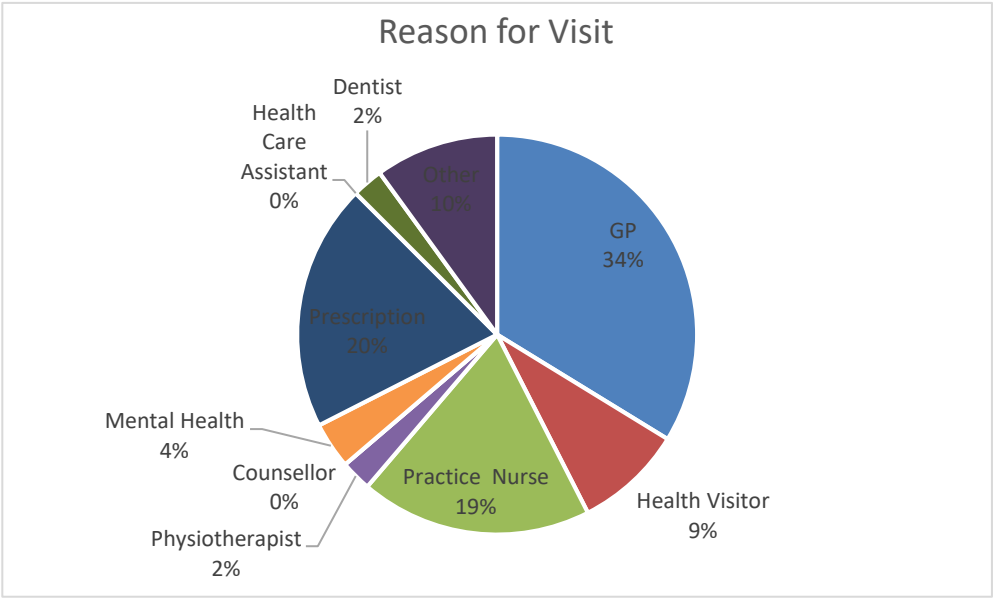
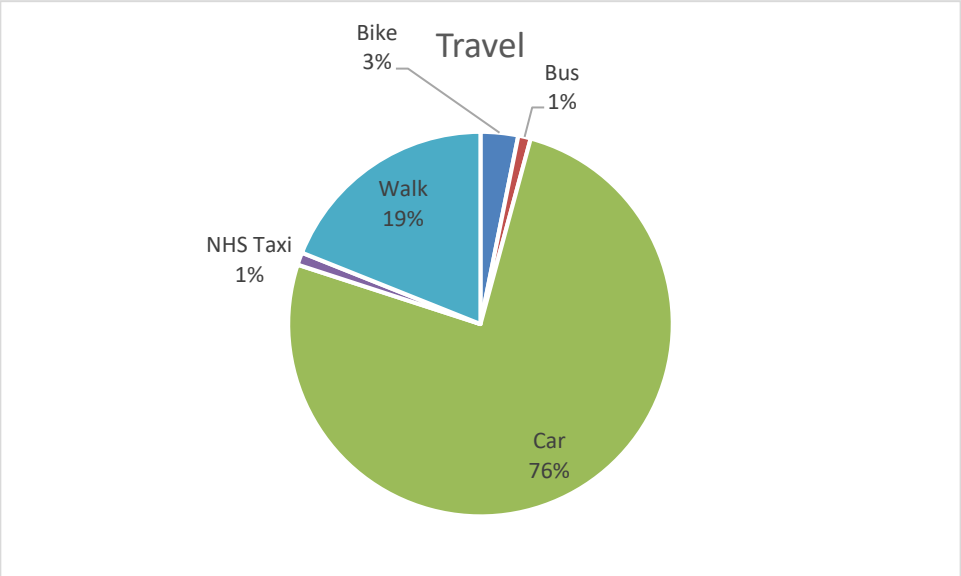


Figure 5 – Travel to The Clinic

The HIA had highlighted concerns that a move to the RCH site may disadvantage patients who access services by public transport. However, during the consultation week, only one patient had come by bus, with the majority using a car (77%) or walking (16%) (see Figure 5 below).. Patients who are attending CDS are able to access Non-Emergency Patient Transport (NEPT), to attend appointments.
Patients travelling by car cited the lack of car parking at The Clinic as a cause for concern, comments included: *"I get anxious because I don't know where I will be able to park … I can't walk far … I worry about the time on my parking ticket."*



The Clinic has 8 car parking spaces, of which one is dedicated disabled, the remainder are reserved for staff. Comments from staff include *"we're always blocking each other in and have to go out to move our cars … I don't mind walking, but it's too far to carry all my kit."*

In reality, there is no patient car parking on The Clinic site, and as The Clinic is at the top of a hill, it can be prohibitive to walk to the site. *"Patients live nearer the hospital and could walk to the hospital, but they can't walk up the hill to The Clinic, it puts people off walking into town."*

Ruthin Community Hospital is located at the heart of several large housing estates and a number of patients commented that they currently walk to the hospital site for blood tests, and would therefore walk to appointments with the GP, instead of getting in the car to drive to The Clinic.

Demographic Data

Respondents were also asked to provide some self-reported information, to help understand the demographic profile of the patients attending The Clinic. This is summarised in Tables 4 and 5 below.

Table 4 - Age Profile

Age Profile		
0 – 18 Years	19 – 65 Years	66 + Years
2%	49%	49%

Table 5 - Other Demographic Information

	Yes	No
Are you attending with a Child?	11%	89%
Are you a Carer?	87%	13%
Do you have a long term condition?	36%	64%

During the engagement week, patients were asked if they were interested in joining a Patient Participation Group, this will be followed up during 2019.

Third Sector Drop-In Event 17th April 2019

Over 20 representatives of Third Sector, Community Groups and the Town Council attended a Drop-In Event on 17th April 2019 from 5.30 – 6.30 pm. This provided an opportunity to find out more about the proposals and explore how the re-development could provide opportunities to add value to existing services and partnership working.

Below is a summary of the feedback, the full report is provided at Appendix 4.

- No Third Sector services on site, apart from the League of Friends Tea Bar
- Insufficient space for groups on site at the moment, or even for an information stand
- Numerous groups in the community, although suitable venues are scare
- Opportunity to promote health and wellbeing
- Groups are available, often about 20 – 30 miles away, with people travelling from Ruthin area
- There is a real demand for suitable rooms for groups, British Red Cross, Crossroads, Vale of Clwyd Mind, Chronic Pain, Macmillan, Stroke Association, Epilepsy Action Cymru and Bereavement support were all interested in accessing a bookable Third Sector Room if it was available in Ruthin Community Hospital
- Transport and access from the villages can be an issue, is there an opportunity to link with Community Transport Schemes?
- Third Sector organisations welcome the opportunity to work more closely together and with the statutory sector
- Informal space for one-to-one conversations, utilising the Tea Bar

- Opportunities to utilise Information Technology, signposting to groups in the Community
- Space for multi-faith and spiritual or bereavement support
- Understand what are the implications for Ruthin patients currently accessing CDS.

Available Options

Four potential options have been identified, the relative advantages and disadvantages of each option are outlined below. The options are compared for their ability to deliver the investment objectives. A preferred option is identified and an assessment of its ability to deliver the Strategic Case, via the Health Board's strategy 'Living Healthier; Staying well,' is included at Table 10.

The four options are:

1. Do nothing
2. Do Minimum, ie, refurbish The Clinic
3. Re-location of Services from The Clinic to Ruthin Community Hospital and / or Denbigh Infirmary
4. New Build on Out of Town site

Table 6 - Option 1 - Do Nothing.
This option has been rejected as not viable in light of The Lambert, Smith & Hampson report and subsequent Opus structural survey on the condition of The Clinic.

Option 1 – Do Nothing	
Advantages	**Disadvantages**
No significant capital investment incurred.	Does not address risks identified in Lambert, Smith & Hampson & structural survey.
	Does not address risks to staff and patient safety (BCUHB).
	Will require ongoing maintenance of outdated building, including heating, insulation, windows, etc.
	Does not address co-location.
	Does not address current parking problems.
	Does not allow for expansion of services.
	Does not address concerns regarding temperature extremes in CDS clinic.

Table 7 - Option 2 – Do Minimum

Refurbish the existing clinic. This option does not represent value for money in the medium or long term, or deliver the benefits of co-location. Car parking would not be improved.

Option 2 – Do Minimum	
Advantages	**Disadvantages**
No significant capital investment incurred.	Would require capital investment to address immediate maintenance issues to address risks identified in Lambert, Smith & Hampson Report and Opus Structural Survey.
	Will require ongoing maintenance of outdated building, including heating, roofing, insulation, windows, etc.
	Does not address co-location & integration of services.
	Does not address current parking problems.
	Does not allow for expansion of services, thereby supporting Primary Care Sustainability.

Option 3 – Re-locate Services from The Clinic to Ruthin Community Hospital and Denbigh Infirmary

Under Option 3, services would re-locate from The Clinic to Ruthin Community Hospital with a new build extension, replacing the existing Physiotherapy Wing, to accommodate Primary Care Services. This would ensure that the provision meets the requirements of the Welsh Health Circular guidance on Primary Care facilities.

Denbighshire County Council (DCC) has confirmed in principle that they are interested in a "land swap," under the Welsh Government Estates Coordination and Land Transfer Protocol, ie, DCC would release land adjacent to the hospital site to improve car parking, in exchange for The Clinic site. The Clinic is adjacent to DCC's Extra Care Housing facility in Ruthin.

The District Valuer (DV) was instructed in November 2018 and provided a valuation of both The Clinic site and the identified area to be used as additional Car Parking on behalf of BCUHB and DCC.

The following agreed special assumptions have been applied:

a) Both sites are freehold with vacant possession

b) Planning permission will be forthcoming for demolition of The Clinic and Ambulance Depot building and development of an eight unit building for social housing and/or 10 general housing units.
c) Planning permission will be forthcoming for Betsi Cadwaladr University Health Board's proposed use as improved access and additional car parking to Ruthin Community Hospital.
d) There will be no substantial development costs associated with providing this additional area of car parking.

The Valuations were provided in December 2018. The car parking land is valued at £70,000 and the Health Board's land (The Clinic site) is valued at £60,000. Resulting in a net cost to the Health Board of £10,000.

BCUHB has an agreement in principle from the Welsh Ambulance Service Trust (WAST) that they will vacate the Mount Street Clinic site, to co-locate with North Wales Fire and Rescue Service, on Park Road, Ruthin. This maintains their service provision in Central and South Denbighshire, from an accessible site located on the edge of the town.

Community Dental Services would re-locate to Denbigh Infirmary, which would also provide some additional capacity during the development of the new North Denbighshire Hospital on the Royal Alexandra Hospital site in Rhyl, and will be an integral part of the support mechanisms for maintaining CDS services during the re-development of the RAH to ensure that existing services are maintained and access doesn't fall below current levels.

Table 8 – Option 3 Re-location of Services

Option 3 – Re-location of Services from The Clinic	
Advantages	**Disadvantages**
Supports delivery of the Health Board's Strategies: Living Healthier: Staying Well; the Primary Care Strategy and Care Closer to Home.	Re-locates services away from the town centre site & public transport links.
Articulates the Health Board's commitment to delivering services Care Closer to Home, and secures the long term future of Ruthin Community Hospital as a Wellbeing Centre.	Requires capital investment to re-develop the Ruthin Community Hospital site.
Has Stakeholder support, including both GP Practices in Ruthin, Local elected councillors, (county and town), and support of AMs and MPs.	Replaces permanent CDS surgery in Ruthin with expanded service in Denbigh and Corwen, and mobile provision in Ruthin.

Removes the maintenance, statutory compliance and access issues associated with the current building, thereby removing significant Estates risks for the Health Board as both Landlord and part-Tennant.	Requires capital investment in De-contamination room and third surgery at Denbigh infirmary site.
The re-development would be compliant with Welsh Health Circular (WHC) (2008) 055 Guidance on Accommodation Schedules for GMS Space in New Builds, which sets the standards for clinical, support, public and administrative spaces.	Requires the re-location of WAST from Mount Street Clinic site.
Removes burden of ongoing maintenance of outdated building, (The Clinic) including heating, insulation, windows, etc.	
Dental services would be delivered from two modern sites; one at DI and a new build at Corwen.	
Rationalises Health Board estate onto existing Community Hospital sites.	
Enables co-location of Community Resource Teams within the Central and South Locality area.	
Enables closer working between statutory and third sector services, and increase of third sector provision on site.	
Enables better integration of Community Hospital inpatient beds and community services, reducing ALOS and demand on secondary care, through better utilisation of Step-Up and Step-Down beds.	
Enables expansion of Primary and Community services, and closer working between services and teams, eg, GPs, WAST (Advanced Practice Paramedics), Community Nursing & Social Services	
Supports sustainability of Primary Care, through the development of the rural GP training offer.	

Supports sustainability of Primary Care, through the extension of Enhanced Services and taking medical students.	
Increases car parking provision on Ruthin Community Hospital site from 37 to 71.	
Provides modern facilities for staff and patients, improving staff morale and recruitment and retention.	
Releases land in town centre to increase housing provision for older people.	

Option 4 – New Build on New Site

Completely new build on a new site: This option has been discounted, in that it does not deliver the investment objectives of this business case; ie, service integration, through co-location, and estates rationalisation.

Table 9 - Investment Objectives - Comparison of Options

The **Investment Objectives**, which are repeated below, incorporate both quantitative and qualitative benefits.

1. Care Closer to Home
2. High Quality Primary and Community Services
3. Sustainable Primary Care
4. Safe Modern Working Environment
5. Remove backlog maintenance
6. Improve access to car parking

The original long-list of 4 potential options has been reduced to a short-list of 3 possible options. The three short-listed options are compared for their ability to deliver the investment objectives, shown below in Table 9.

Table 9 – Comparison of Options against Investment Objectives

Investment Objectives	**Option 1**	**Option 2**	**Option 3**
	Do Nothing	Do Minimum – Refurbishme	Re-develop Ruthin Hospital: to enable

		nt of The Clinic	co-location of services
1. Care Closer to Home	✓	✓	✓
2. High Quality Primary and Community Services	✓	✓	✓
3. Support Sustainable Primary Care	×	×	✓
4. Safe modern working environment	×	×	✓
5. Remove backlog maintenance	×	✓	✓
6. Improve access to car parking for staff & patients	×	×	✓

From Table 9 above, it is clear that of the 3 Options, only Option 3 can deliver all the Investment Objectives. Therefore Option 3, re-development of Ruthin Community Hospital to enable co-location of services, is the preferred option.

How Option 3, Re-development of Ruthin Community Hospital, will deliver all the Investment Objectives is outlined below. A detailed description of the service model follows.

Investment Objective 1 – Care Closer to Home

This Business Case is predicated on its ability to deliver the Health Board's strategy, 'Living Healthier, Staying Well', (2019 – 2022) in particular delivering the aspirations of Care Closer to Home, ie, providing more care closer to people's homes in local communities by expanding the range of services in communities.

Over the next three years, the Health Board's focus is to:

1. work with partners to support people to make healthier choices and intervening early to help manage health conditions;
2. provide more care closer to people's homes in local communities, by expanding the range of services in our communities; and
3. ensure the best results for patients, who need hospital care.

The Health Board aims to provide care and support to people as close to their home as possible. Its priorities for 2019 -2022 are:

- giving people the right information, when they need it, how they want it;
- letting people know about what care and support are available, including self-care;

- improving access to primary care services, like GPs;
- diagnosing and treating early, so people have better results;
- using good quality research and best practice to improve services; and
- keeping people safe from avoidable harm while in our care.

How Option 3 will contribute to delivering the Care Closer to Home priorities, is described in more detail in Table 10 below.

Table 10 – Care Closer to Home - Health and Wellbeing Centre

Health & Wellbeing Centre (Care Closer to Home) - Our priorities 2019 - 2022.	
Priority	**Re-location of The Clinic Services and Re-development of Ruthin Community Hospital**
Giving people the right information, when they need it, how they want it;	A dedicated Third Sector Room has been included within the development, which will provide access to information leaflets, including third sector and displays/stands on a rotational or thematic basis, eg, Carers Week, World Mental Health Week, etc. Television screens in waiting rooms, will provide information about Health Promotion, immunisations (eg flu campaigns), oral health, Common Ailments schemes, etc.
Letting people know what care and support are available, including self-care:	Smoking Cessation sessions will be delivered. The Third Sector Room will enable Third Sector Organisations to establish a regular pattern of supportive groups on site. Inter-active information screens will also signpost to local community groups. The League of Friends at Ruthin Hospital, will work closely with DVSC to increase its membership and provide enhanced volunteering opportunities. The re-development will build on existing networks, by providing space for Third Sector organisations, and making vital links, eg, information screens, with the community based Talking Points.
Improving access to primary care services, like GPs;	The Clinic GP Practice will re-locate to Ruthin Hospital, providing a full range of GMS services and dispensary. An improved Treatment Room will enable The Clinic to increase its provision of Enhanced Services, improving access and choice for patients, including Minor Surgery. An additional Consulting Room has been included in the design to enable The Clinic to become a training practice, providing placements for medical students and GP Registrars.
Diagnosing and treating early, so	Screening and diagnostics provided at the Health and Wellbeing Centre will include: Phlebotomy, AAA screening, Doppler, bladder scanning.

people have better results;	Outpatient services will include: Pain Clinic, Continence support, Bladder function, Parkinsons, ENT, Ophthalmology, General & Colorectal Surgery. Treatments provided will include: Leg Ulcer, Lymphoedema and Wound Care services. Therapy services will include: general and specialist physiotherapy services, podiatry, Speech and Language Therapy (SALT) & Occupational Therapy. Older People's Mental Health Services will re-locate to a discrete, area, The Clinic will to re-locate its counselling service, closer working and improved integration will contribute to reducing waiting times. CDS will re-locate to an expanded provision on Denbigh Infirmary site.
Using good quality research and best practice to improve services;	The Community Resource Team will re-locate to County Hall, bringing together District Nurses and Social Services on a single site. The re-development provides a Centre for GP education, with a multi-purpose Locality Training Room, with enhanced IT provision, including wi-fi & SKYPE. This will provide a facility for shared learning across the Locality and between services. The 27 inpatient beds at Ruthin Community Hospital, will be managed by the two Ruthin GP Practices. Where possible 'Step-up' admissions will be utilised to avoid unnecessary admissions to DGHs. Locating primary care services on site will improve the integration between primary, community and inpatient services, and facilitate appropriate discharges and transfers between services.
Keeping people safe from avoidable harm while in our care.	Provision of GP Notes at the bedside will provide immediate access to information for inpatients on the ward. Therapy Manager will be accessible at all physiotherapy plinths.

From the analysis shown in Table 10 above, it is clear that Option 3 will deliver all priorities outlined in the Investment Objective 1, 'Care Closer to Home.'

Investment Objective 2 - High Quality Primary and Community Services for Ruthin and Surrounding Area

The service developments required to deliver the Principles of Primary and Community Care Transformational Model, are described in more detail below.

The service model will deliver a whole system approach, which places the citizen at the centre.

Engagement undertaken throughout the process of developing this Business Case have supported the re-location of services to Ruthin Hospital and re-development of the hospital site; citing the benefits of a "one-stop shop" approach for primary and community health services.

GMS Services, Health Visitors, School Nurses, Mental Health Counselling will re-locate from The Clinic to RCH enabling a closer working relationship between services, and providing a greater range of services on a single site, ie, "One-Stop-Shop" approach.

This will provide patients with multiple services on a single site. Engagement with users of The Clinic during December 2018, elicited an enthusiasm for services on a single site, ie, Ruthin Community Hospital, with numerous examples of patients who are already attending the hospital for multiple appointments and to visits to the inpatient ward.

Wellbeing and Reducing Social Isolation – provision has been made within the scheme for a re-located and accessible League of Friends Tea Bar. This is seen as under-pinning the focus on reducing social isolation, by providing a welcoming venue for patients, carers, staff and visitors to meet informally.

An under-utilised meeting room will be opened up, with WI-FI access and a quiet breakfast bar area, along with improved kitchen and storage facility. A new welcoming seating area, with access from the main entrance, off the main corridor, will increase visibility, footfall and utilisation of the Tea Bar.

The Breakfast Bar area has been designed for those wishing to work quietly or to hold an informal one-to-one conversation in a safe quiet space.

A partnership between The League of Friends and Denbighshire Voluntary Services Council will enable the League of Friends to extend its volunteer base, and provide training in areas such as Food Hygiene and Customer Services. Working with organisations such as Vale of Clwyd Mind, will help individuals gain confidence, through volunteering, and valuable workplace skills and experience.

These partnerships will enable the League of Friends to extend the opening hours of the Tea Bar from 6 hours per week to 7 days a week.

The League of Friends has indicated that they will provide new furnishings for the Tea Bar, including seating and tables.

The scheme also includes opening up a disused boiler room, located at the heart of the hospital. New access will be created from the corridor between the inpatient ward and outpatient clinics and Therapy Unit. This space will be available for Third Sector organisations, on a bookable basis, and is of a sufficient size to facilitate groups of up to

12 – 15 people. Engagement with the Third Sector reveals a demand for space for groups and organisations such as Macmillan, Crossroads, Carers Outreach, Vale of Clwyd Mind, British Red Cross, Epilepsy Action Cymru, Chronic Pain have already expressed an interest in providing groups on the hospital site.

Wellbeing services, such as Smoking Cessation will be available onsite, groups will be provided from the Third Sector room.

The room will also be bookable for one-off events, such as Carers Week and World Mental Health Day.

The design is deliberately flexible and will also be available for accessible ground floor meetings, on a bookable basis.

Multi-faith, Bereavement and Quiet Space - The existing Relatives Room will re-locate, from its current location, closer to the inpatient ward. The newly refurbished Relatives Room will have natural light, and views overlooking the gardens. This quiet room will also be available for anyone wishing to take quiet time out, or practise their faith. Local Ministers currently visit the inpatient ward on a regular basis. BCUHB Chaplaincy will provide leaflets and information available within the quiet room. Palliative and end of life care are provided on the inpatient ward, and the quiet room will be available for anyone requiring support before or after bereavement.

The League of Friends have indicated that they will also provide new furnishings for the Relativities Room

Shared Care in the Community - Ruthin community Hospital has 27 inpatient GP beds, all of which are managed by the two practices in Ruthin. These provide both Step-Up and Step-Down Beds, with two specialist orthopaedic rehabilitation beds.

The scheme aims to address one of the challenges to integrated care, ie, the lack of access to GP IT systems on the inpatient ward, by providing a terminal on the inpatient ward, to enable the on-call GP to access patient notes.

The virtual ward model of closer working with Social Services and therapy services will enable faster and appropriate discharge of inpatients to community or their place of residence, reducing the length of stay and reducing pressure on acute DGH and community hospital beds.

Community Resource Teams (CRTs) - The establishment of the Central and South Denbighshire CRT has enabled the District Nurses to co-locate on a single site, at County Hall, with social services colleagues, This enables closer working between services, improving efficiencies and reducing duplication, with better outcomes for patients and carers. County Hall is centrally located in Ruthin town, adjacent to Plas Meddyg GP practice and has adequate parking to meet the needs of the CRT. Locating

the CRT at County Hall, releases space on the hospital site for the expansion of clinical services.

Therapy Services - The scheme provide the re-location of the existing Therapies services to the opposite side of the hospital into a newly re-furbished dedicated Therapy Suite.

The re-location provides a dedicated Therapy Zone, which provides improved waiting areas and accessible toilet facilities for patients. It also sees the co-location of all therapy services, including physiotherapy, occupational therapy, podiatry and associated services, such as lymphedema, within a dedicated area, and improved access to and from the inpatient ward.

Improved access to IT will provide "Therapy Manager" at all "plinths" or couches. The number of useable plinths will increase from 4 in the existing area to 5, providing 3 plinths & 2 private treatment rooms, with a single cubicle within the gym.

The increased space at Ruthin, will enable more flexible use of staff between the Ruthin and Denbigh sites, providing a greater range of services for patients at both Ruthin and Denbigh.

The re-design and additional capacity will enable the service to take Physiotherapy students on the Ruthin site, meeting the demand from Cardiff University for increased student placements. The Central Area of the Health Board currently provides 48 placements per annum. Cardiff University has indicated that, following the release of a bursary to students who work in Wales for 2 years post qualifying, they will require an extra 32 placements.

Glyndwr University in Wrexham, North Wales, is also understood to be commencing a Physiotherapy Course in 2019/2020, which will increase demand for student placements.

With the increased availability of plinths, confidential treatment rooms, and greater flexibility in the workforce, ie, Band 6 supervisors, the service will be able to offer muscular-skeletal (MSK) and inpatient placements at Ruthin Community Hospital.

The re-development enables students to attend specialist clinical sessions, working with complex patients as part of their placements, including MSK services, Women's Health, Neurology Rheumatology and Paediatrics.

Podiatry are currently sharing space within the Physiotherapy department for two sessions a week, and will re-locate to a new clinical room closer to Lymphoedema services, this enables closer working and will release two sessions, thereby increasing the provision of specialist therapies, such as Neurology. There is also a desire to work more closely with the Third Sector, such as Epilepsy Action Cymru to facilitate referrals

to peer support groups for ongoing support, advice and information, following neurological diagnosis.

The scheme will also enable the development of specialist services, such as Pulmonary Rehabilitation. Patients are currently travelling to Rhyl for services. It is envisaged that an 8 week Pulmonary Rehabilitation programme, encompassing 1:1 support and group work, could be delivered by the additional students, under supervision of existing Band 6 supervisors.

There are multiple access points and pathways into physiotherapy services, with First Contact Physiotherapy provided from The Clinic one day per week, mainly doing assessments. The scheme will enable a review of the access pathways, including self-referral, and a review will be undertaken to describe the service model, ensuring equity and best use of resources, and closer working across inpatient and community physiotherapy services.

Primary Care Mental Health Services - including counselling will be available on the hospital site, rationalising services provided at The Clinic and the hospital, and improving communication and joint working.

The scheme provides for the re-location of Memory Services to a dedicated quiet suite of rooms with a discrete waiting room away from the main thoroughfare, which will improve confidentiality and reduce external stimulation and distraction. The design will incorporate the standards recommended in the Kings Fund guidance "Developing Supportive Design for People with Dementia."[8] Reducing fear and anxiety will improve the quality of assessments undertaken by the Clinical Team.

Dedicated clinical rooms will ensure a clutter free environment, conducive to working with patients and their families. The separate office space will provide sufficient space for filing cabinets, desks for permanent staff and hot desking for visiting staff from other bases.

Waiting times for the Memory Service in Ruthin are currently 19 weeks for referral to assessment and a further 6 – 8 weeks for diagnosis, exceeding the Welsh Government target of 28 days from Referral to Assessment, and 12 weeks from Referral to Diagnosis. The service currently has 320 open patients, however The NICE Guidelines for 2018,[9] now recommends that dementia patients who are stable on medication are transferred back to their GP for follow up and review. The Memory Service will develop an action plan to transfer those stable patients back to their GP, which will provide additional capacity to reduce waiting times for new patients.
The service currently delivers a 6 week Cognitive Stimulation Group 8 - 10 for individuals recently diagnosed with dementia from 3 times a year. The new group room will enable to service to extend this to a continual rolling programme, increasing from 18 weeks per annum to 48 weeks per annum, increasing the number of patients accessing the service from circa 27 to 72. The service also aims to deliver the

[8] https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

[9] https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109

programme through the medium of Welsh. The Dementia Specialist Support Service provided by jointly by Carers Outreach and Crossroads, offers a home based assessment for all patients and their carers following a diagnosis of dementia. The Service has indicated their preference to move towards undertaking assessments, where possible, within the Ruthin Hospital Memory Clinic area. Patients will be familiar with the environment, and it will enable the service to see more patients and reduce backlog waiting lists. They will also access "Hot desks" within the Memory Service offices, which will improve joint working and information sharing. The Dementia Specialist Support Service is also considering providing groups, utilising the Third Sector room.

The enhanced office facilities will also provide a base for mental health services working in the South of the County, providing hot desking for specialist peripatetic staff, eg, visiting Care Homes, thus reducing travel times and cost.

The memory service in Ruthin provides a two week experience of working in a rural team for 2nd year nursing students from Bangor and Wrexham. Traditionally, patients present much later in their dementia journey from rural communities, with a stronger family and community network having maintained the patient within their own community for longer, and therefore with more complex mental and physical needs.

The Hub and Spoke model of nurse training currently offers a two week placement for nursing students with the Ruthin memory service, as part of a 12 week placement with the Rhyl or Colwyn Bay service. This will be expanded to offer one 2nd year nursing student, at any one time, a 12 week placement in the Ruthin team, with a the option of a two week placement in an urban team.

This will provide experience of working in a rural setting, with first language Welsh speaking patients and families, working closely with Primary and Community Services, including Palliative Care and across inpatient, community, domiciliary and care home settings.

Health Visitors - currently provide groups, such as Baby Massage, from a number of venues, including The Clinic, utilising the waiting room, and external venues.

The scheme will enable the Health Visitors to book the Locality Room, to maintain and develop group activities for mother and baby/toddler, including regular Baby Massage sessions. Health Visitors will also deliver Breast Feeding Groups at Ruthin Community Hospital, rather than paying for external bookings for local venues.

Health Visiting and School Nursing Teams are configured on a Denbighshire wide basis, however, however, services are managed by separate North and South Denbighshire service managers. This enables the South Denbighshire team to focus on rural priorities. Facilities included within the scheme, such as the Locality Room, will be available for the South Denbighshire Health Visitor and School Nursing Teams for

regular Team Meetings and Core Group meetings, thus reducing travel from the South of the County, ie, Llangollen and Corwen.

Community Dental Services (CDS)

The CDS' preferred option is to provide services from two sites in Central and South Denbighshire, ie, Denbigh Infirmary and Corwen Health Centre.

The scheme includes the provision of a third surgery and de-contamination facilities on the Denbigh Infirmary site, and associated works necessary to maintain, or re-provide, existing community services, such as Podiatry, District Nursing and Mental Health on the Denbigh site.

Investment Objective 3 - Sustainable Primary Care

The scheme aims to deliver the Vision for Transformation, outlined in the Primary Care Model for Wales, focussing on the sustainability of primary care, and its ability to respond to future demands. The vision describes general practice as the heart of an integrated, holistic, primary and community service.

This scheme makes provision for medical student and GP registrar trainees, developing a multi-disciplinary workforce and providing additional enhanced services. The co-location enables closer collaboration between primary care, community and inpatient services, by adopting a "Virtual Ward" model, integrating clinical teams, primary care, social care, pharmacy, and older persons' mental health services.

The Welsh Government report on Multi-Professional Roles within the Transforming Primary Care Model (2018) identifies the potential for the wider multi-disciplinary team to transform care, treatment and access to services within primary and community care, thereby improving experience and outcomes for service users, carers and the public.

The shift towards a multi-professional workforce, attempts to mitigate the critical shortfall in the number of family doctors in rural Wales, to serve the increasing patient demand generated by a growing and ageing population.[10] The proposed re-development supports the Locality to build the skills and competences necessary to meet population needs, and focus on roles that relieve current workload pressures, improving access to clinical and non-clinical services, and seeking to embed behaviour change in the population.

There is anecdotal evidence that GPs who train in a particular area remain in that area once qualified. The "Grow Your Own" model is at the heart of succession planning and would help to sustain Primary Care in rural Central & South Denbighshire.

Plas Meddyg Practice, Ruthin, is a training practice, providing placements for circa 4 undergraduate medical students and 2 – 4 3rd year medical students per annum from Cardiff University. The Clinic aspires to become a training practice following the re-development. The Locality is currently exploring short and longer term options, to

[10] Creating a medical workforce to serve communities across Wales – Cardiff University (September 2017).

provide low cost accommodation for medical students in the community, including working with the local Private School.

The CARER (Community and Rural Education Route), programme, run by Cardiff University in partnership with Bangor and Aberystwyth, will provide Cardiff medical students the opportunity to have a year of their education delivered in GP practices in North Wales, providing an invaluable experience of working closely with clinicians and patients in community settings.

This complements the Welsh Government's plan to expand medical education across Wales, through a collaboration between Bangor and Cardiff Universities, which aims to enable students to study all of their medical degree in North Wales in the near future.

Ruthin Community Hospital serves a predominantly rural community. It provides step up beds for patients from the community often preventing acute admissions and also step down beds for patients after secondary care, keeping patients closer to home and under General Practice care. District nursing, physiotherapy, lymphoedema, outpatients and memory clinic are also based in the hospital, and is therefore, an ideal environment to base medical student teaching. It provides easy access and links to multidisciplinary working and community medicine. It enables follow up of patients from acute medicine into their homes and allows for review and management of patients with multiple comorbidities.

From a General Practice perspective having student training facilities has a positive effect upon sustainability in a rural area. Providing good training opportunities makes the area more attractive to students and in turn future doctors. Involvement in training improves job satisfaction for GPs and quality of care for patients. Sustainability of general practice is a key issue in northwales and it is envisaged that by providing facilities in Ruthin hospital for the training of medical students this will encourage future doctors into the south Clwyd and North Wales region as well as boost the current GP work force.

The Ruthin GPs are ideally placed to offer a full and varied rural primary and community experience to students. Both practices provide additionality to a placement, through their responsibility for the 27 inpatient beds at Ruthin Community Hospital, which enables students to follow patients through clinical, domiciliary and inpatient care, working closely in partnership with other community services.

It is expected that improved facilities for The Clinic GMS practice, and modern working environment will aid recruitment and retention of staff. An additional clinical room has been provided, within the GMS area, which will enable The Clinic to take medical students, and GP Registrars. An additional treatment room will also enable The Clinic to shift towards a sustainable model of primary care, based on a multi-profession workforce, including Nurse Practitioners.

The large Locality Room, accessible from both the GMS area, and the main hospital corridor, could also provide an over-flow waiting area for The Clinic, for example, for weekend and out of hours Flu Clinics, etc.

The dispensary will re-locate with the Practice, subject to the approval of an application for re-location of the dispensing licence.

From the engagement week in December 2018, feedback was overwhelmingly positive for the culture of flexibility and support from both clinical and non-clinical staff at The Clinic. Fundamental to the scheme is to preserve this high quality GMS service for its patients.

Locality Working - The Primary Care Model for Wales describes a vision of sustainable primary care, supported by effective Locality working, which builds the skills and competences necessary to meet population needs and focuses on roles that relive current workload pressures, and improve access to good clinical, social and managerial expertise.

To support the Locality to deliver these functions, the scheme includes for the existing physiotherapy gym, previously the hospital Chapel, to be converted into a Locality Meeting/Training Room with beverage facilities. The flexible layout provides a meeting/training room for up to 16 people board room style, and 20 – 30 people theatre style.

Enhanced IT facilities, such as video conferencing and SKYPE, computer terminals and Powerpoint will be available. This will also benefit of medical and nursing students on placement within the Locality, and the neighbouring rural Locality, including Conwy West and Meirionydd, enabling them to maintain virtual contact with peer groups and the Universities.

The Locality Training Room will be utilised by GP Practices within the Locality Area to share training, thus reducing costs, increasing peer support and experiential learning.

The Locality Room will also be available for Multi-disciplinary Meetings, such as Palliative Care Meetings, enabling attendance from inpatient, primary care and community services.

Ruthin Community Hospital is ideally located within the Central and South Denbighshire Locality, and is also central to the rural hinterland between the Conwy West, Central and South Denbighshire and Meirionydd Localities. This provides an ideal opportunity to support cross-Locality working, building resilience within the rural Localities.

Table 11 – Locality Priorities

An extract from the Central and South Denbighshire Locality Action Plan 2018 – 2021 is shown below. Table 11 below, shows how the scheme will contribute to delivering the Central and South Denbighshire Locality priorities for 2018 – 2021.

Central and South Denbighshire Locality Action Plan 2018 - 2021		
Number	**Objective**	**Ruthin Hospital Re-development Scheme**
A5, A6 & A7	Practice sustainability & Workforce – developing the Primary Care Workforce across the Locality, local workforce planning and training across practices	Provide shared space to enable Practices within the Locality to jointly commission experiential and skills based training, through learning together & boosting peer support, eg, Workflow Optimisation, Dispensary training, IT/Clinical Systems training, including E-consult self-triage system and Clinical Coding. Reduce costs to Practices of individual training. Cross-Locality working, supporting building resilience across rural localities.
Inconsistencies & Ambition	Ability to take Medical Students	Provide dedicated training facilities with IT within Primary and Community setting.
A10	Planning and Development of Community Resource Teams	Enable Multi-disciplinary meetings, including: Virtual Ward Round, Palliative Care Meetings, Discharge Planning
B6	Improving Primary and Secondary Care Interface	Enable Multi-disciplinary Locality meetings, including Shared care meetings, eg, with COTE Consultants. Health Visitor sessions, eg, mum & toddler group, baby massage.
B9	Social Prescribing	Provide space for third sector organisations
B1, B7, C4, C1	Expert Patient Programme	Enable delivery of Expert Patient groups for chronic, or long-term conditions, such as the Diabetes Programme, Looking After Me, Introduction to Self-Management, Emotional Resilience, and Chronic Pain.
C3	Lifestyle Management, eg, Smoking Cessation, Obesity	Support Smoking Cessation Groups
C2, C11	Flu Planning and immunisations	Be utilised as additional waiting room for out of hours, (evening and weekend) flu vaccination sessions.

Investment Objective 4 - Safe Modern Working Environment

The proposed scheme will see all staff re-located from The Clinic building to a modern working environment, removing the risks associated with the existing building identified by the Opus structural survey and LSH Primary Care Estates report.

Welsh Ambulance Services Trust (WAST), have confirmed that re-location to the hospital site is not a viable option, because of poor access at the A525 junction. They

have agreed in principle, that they will re-locate from The Clinic to the North Wales Fire and Rescue site on Park Road, Ruthin. This enables WAST to maintain its existing service in Central and South Denbighshire.

The NHS Wales BREEAM policy does not apply to this development, as the total floor area is 880m^2 and below the minimum threshold of 1000m^2. However, the design will achieve best practice in sustainable design, and national performance indicators for statutory compliance, suitability and energy performance.

The new build GMS area will meet modern energy efficiency standards, with double glazing, insulation and thermostatically controlled heating.

The scheme will ensure that all areas are fully accessible, with adequately sized corridors and doorways, and correctly graded ramps. The main hospital reception will be re-furbished to ensure compliance with DDA standards.

The scheme will ensure compliance with infection control standards.

The whole scheme will meet key dementia design criteria, and the Mental Health Services will re-locate to a quiet, calm area of the hospital, away from the main thoroughfare, and with its own discrete waiting area.

The CDS services will be re-located to a modern clinical area, with de-contamination facilities.

The Relatives Room will be re-located closer to the ward and re-furbished.

The League of Friends Tea Bar will re-locate to a re-furbished and extended space, which provides separate food preparation areas and fridges and storage, meeting infection control standards.

Investment Objective 5 - Remove Backlog Maintenance

The Clinic site will be disposed of as part of the Land Transfer arrangement with Denbighshire Council. The Health Board is required to make a payment of £10,000 to DCC based on the District Valuer's valuations of both sites.

The site will be utilised for housing, building on the Extra Care Housing site adjacent to Mount Street.

The burden of backlog maintenance, circa £250,000, associated with The Clinic, and ongoing Utilities and Estate revenue costs associated with the upkeep of an obsolete building will cease immediately in completion of the disposal.

Investment Objective 6 - Car Parking and Safer Access

The Land Transfer arrangement with DCC will provide an additional 35 spaces, almost doubling the current provision of 37 spaces at Ruthin Community Hospital. The Clinic currently has 8 spaces of which one is disabled. This will relieve the burden on the current car parking and provide for the additional services brought onto the site as a result of the re-development.

Safer pedestrian walkways and pavements will be created from Llanrhydd Street, (off the A525 Wrexham Road), the scheme makes provision to widen the access road onto the hospital site and provide a pedestrian pavement.

The proposals also includes the provision of a new bus stop and shelter on the main A494, (Mold Road) and safe pedestrian walkway onto the hospital site, reducing dependence on cars for staff, patients and visitors.

A partnership bid will be explored with Community Transport Wales and DVSC.

Widening the main site access road and the access to the rear of the hospital, will also improve access for larger vehicles, such as waste collection and delivery wagons, removing blind corners and improving visibility for vehicles and pedestrians.

COMMERCIAL CASE

The **Commerical Case** sets out the scope and structure of the Scheme, and how the required assets will be acquired.

WYG, the Health Board's cost advisors, estimated in July 2019, that the total cost of the scheme will be in the region of £3.1million. This includes £212,371 for upgrading Denbigh Infirmary to accommodate a third dental suite, de-contamination facilities and re-provision of treatment rooms for Podiatry, District Nursing and Mental Health on the ground floor at The Clinic, on the Denbigh Infirmary site.

NHS Shared Services have managed the procurement of the capital works, on behalf of BCUHB, via the Local Framework Agreement. The closing date for bids was 8th August 2019. Four completed bids were returned, and were scored on the basis of 60/40 Technical and Commercial elements. The Contractor providing the best value for money has tendered the works costs at £2,023,305. The total works costs for the entire scheme is £3,142,119.

FINANCIAL CASE

The **Financial Case** demonstrates that the preferred option is affordable.

Table 12 below, provides an assessment of the ability of each of the options against the critical success factors. From this analysis, only the preferred option, Option 3, delivers all the Critical Success Factors or Five Facets of the Business Case.

Table 12 - Critical Success Factors

Critical Success Factor	Option 1 Do Nothing	Option 2 Do Minimum – Refurbishment of The Clinic	Option 3 Re-develop Ruthin Hospital: to enable co-location of services
1. Strategic Case	✗	✗	✓
2. Economic Case	✗	✗	✓

(Value for Money)			
3. Commercial Case	✖	✓	✓
4. Financial Case (Affordability)	✓	✓	✓
5. Project Management Case	✓	✓	✓

The Revenue implications are described in more detail below.

The Health Board Estates revenue budget is small for this site, (£1,043), and reflects the lack of long-term commitment to the site. In 2018-19, the Health Board revenue expenditure was £7,868, which included the provision of a new central heating boiler, resulting in a cost pressure of £6,825 on the estates budget. However, this was offset by an underspend on the Utilities budget of £6,108, resulting in a net overspend in Utilities and Estates of £717. Expenditure on Utilities in 2018-19 was £5,883.

WAST and the GMS Practice are re-charged an agreed percentage for their usage of utilities. BCUHB does not generate a rental income from WAST.

Ongoing maintenance revenue costs associated with The Clinic will cease. Domestic services will transfer to Ruthin Community Hospital. It is estimated that there may be a small increase in Portering (2.5 hours per week), and Domestic Services (5 hours per week) following the transfer, due to the increase in floor space in the GMS area, which incurs and additional cost of £4,525 per annum. This revenue cost will be absorbed within the existing service budget, and will be offset by savings in estates and utilities at The Clinic.

The GMS practice will contribute towards facilities and utilities, and a percentage (based on occupancy and floor space) will be re-charged to The Clinic Practice.

The Business Case is based on the assumption that existing services will re-locate to alternative sites, and there are no additional revenue demands from Therapies, Mental Health, Health Visiting, School Nursing and the Community Resource Teams. In contrast, some existing revenue costs will cease or reduce, ie, hiring external venues for breast-feeding will cease and travel costs will reduce as a result of MDT facilities being available in the South of the County. The existing workforce will be utilised more effectively, with additional capacity through student placements.

Delivering the CDS preferred option based on a 3 surgery model at Denbigh will require additional staffing, based on a phased implementation to allow for recruitment.
The proposal will re-design the workforce to better meet the demands of a changing and evolving market, providing new clinical and administrative roles within the service. The new roles associated with this project sit within the existed staffing complement for the CDS service, and are accounted for within the current CDS revenue budget.

Management Case

The **Management Case** sets out the planning arrangements required to ensure successful delivery and to manage project risks.

The Senior Responsible Officer (SRO) is Bethan Jones, Central Area Team Director.

A Project Board has been established and oversees the development of the Project.

The Project Board membership is:

- Gareth Evans, Assistant Director, Central Area Team (Chair & Project Director);
- Finance Lead - Nigel McCann, Chief Finance Officer, Central Area Team.
- Project Manager – Iolo Jones, Senior Project Manager, Capital and Estates,
- Senior Supplier - Jane Jones, Planning and Commissioning Manager, Central Area Team
- Senior User/s –
    - Drs Leatt & Newton, The Clinic, Ruthin
    - Drs Kneale & Buckle, Plas Meddyg, Ruthin
    - Dr Sandra Sandham, Community Dental Services
    - Wendy Tee, Matron BCUHB
    - Mary Cottrill – Children and Families Services
    - Dilys Percival – Therapy Services
    - Service Manager - Mental Health
    - Phil Gilroy, DCC Social Services
    - Operational Manager – WAST

A Project/Design Team has been established to work on the detail of the design, membership includes representatives of the service areas, including both The Clinic and Plas Meddyg GP Practices, Admin staff, Health Visitors, District Nursing, Physiotherapy, Podiatry, Lymphoedema, Community Dental Services, Mental Health, Operational Estates, Inpatient Services, DCC, the League of Friends and Patient Representatives, along with TACP Architects.

The Project Board will oversee the delivery of the re-development. It is envisaged that work will commence on the Ruthin Hospital site early in 2020, with a Phased approach to ensure that services can be maintained during construction. Mount Street Clinic services will be maintained on the Mount Street site until handover is complete.

Risks and Co-Dependencies

The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks associated with maintaining an unsuitable, structurally deficient building at Mount Street, including the

cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients.

The Project Board has maintained a Risk Register and this is updated at each Project Board meeting. The Project Board is responsible for managing and mitigating against the risks, associated with delivering the preferred Option 3.

The most significant risks identified in the Risk Register are that The Clinic building will become unfit for continued use, prior to the project implementation. There would be significant risk to the continuity of primary and community services and the location of staff.

Other co-dependencies which the Project Board is managing and could impact on the timescales or success of the scheme are the re-location of WAST from The Clinic building, and the land transfer with Denbighshire County Council, both of these have been agreed in principle.

An application for Planning Permission for the Ruthin Hospital site has been submitted to Denbighshire County Council.

Appendices

Appendix 1 – Equality Impact Assessment (Screening)

Appendix 2 – Health Impact Assessment

Appendix 3 – Copy of Questionnaire (December 2018) (Welsh & English Versions)

Appendix 4 – Third Sector Feedback (April 2019)

Appendix 5 – Benefits Appraisal

Document History

Document This document is only valid on the day it was printed.

Revision History

Version Number	Revision date	Summary of Changes
V1.0	14 05 19	Original document. JJ
V1.1	08 07 19	IH & JJ
V1.2	16 07 19	JJ. After Project Board (09 07 19) & Following meeting with IH & MW (15 07 19).
V1.3	22 07 19	JJ. Incorporating Dr Chris Stockport's comments (19 07 19).
V1.4	05 08 19	JJ. Incorporating Gareth Evans' comments. (02 08 19).
V1.5	12 08 19	JJ. Revisions following Central Area Senior Leadership Team (SLT). (06 08 19). JJ. Revisions requested by BJ, Senior Responsible Officer/Area Director. JJ. Revisions following meeting with MB re CDS-confirmed by Dr SS. (12 08 19).
Final for F&P.	13 08 19	JJ. Updated to include Capital Costs (Following discussion with NB). (13 08 19).
Final for Board	22 08 19	Following F&P (22 08 19).

Approvals This document requires the following approvals.

Name	Signature	Title	Date Approved	Version
Senior Leadership Team, Central Area		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	06 08 19	1.4
Executive Management Team		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	14 08 19	1.5

Finance and Performance		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	22 08 19	Final for F&P.
BCUHB Board		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	05 09 19	Final

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

EQUALITY IMPACT ASSESSMENT FORMS
PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:
These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:
You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.

You may also need to complete **Part C** (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.

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Part A

Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Re-location of Services from The Clinic, Mount Street, Ruthin.
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary. The scheme aims to address the following key objectives – i. **Service fragmentation -** current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patients ii. **Estate is not fit for purpose –** insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Senior Responsible Officer, Bethan Jones, Central Area Director. Executive Director for Primary Care, Dr Chris Stockport. Project Board – Chair Gareth Evans, Assistant Area Director, Central Area. Executive Management Team Finance & Performance Health Board
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	Welsh Government's Primary Care Strategy (2018) BCUHB's strategy 'Living Healthier, Staying Well' (2019 - 2022), Care Closer to Home Workstream

		Stryd Ni – Central Area Leadership Team (2016 – 2019) Central and South Denbighshire Locality Action Plan (2018-2021)
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	Patients of The Clinic Users of Services at The Clinic and their Carers Patients and their families who use services at Ruthin Community Hospital BCUHB Staff working from The Clinic BCUHB Staff working at Ruthin Hospital and Denbigh Infirmary The Clinic GMS Practice and their staff
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Extensive engagement with key stakeholders including regular meetings with – • Staff • Patients & Families • Local Area Members Group (Elected Councillors) • Community Health Council • League of Friends • Denbighshire County Council, (DCC) Asset Management & Highways • Central and South Denbighshire Locality. In addition the following events were hosted by the Project Board - • Stakeholder Workshop (May 2018) • Health Impact Assessment (September 2018) • Engagement Week with Patients & Service Users at the Clinic (December 2018) • Third Sector Drop-In Event (April 2019). Multi-agency Project Board including – • BCUHB Service Managers • League of Friends • DCC – Social Services • Welsh Ambulance Service Trust (WAST) • The Clinic GMS Practice

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, for each characteristic listed on the left:- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (**-**) Neutral (**N**) No Impact/Not applicable (**N/a**)	High Medium or Low	
Age	N		Feedback from the Engagement Week in December, identified that older people attend more healthcare appointments at different locations across Ruthin town. Co-locating services at Ruthin Community Hospital would provide a "One-Stop Shop" and reduce attendances at multiple sites.
Disability	+		As above for services re-locating to Ruthin Hospital. Parking would be increased at Ruthin Community Hospital, with improved disabled spaces and access.
Gender Reassignment	N		
Marriage & Civil Partnership	N		
Pregnancy & Maternity	+		Co-locating services on Ruthin Community Hospital site would reduce attendances at multiple-sites.
Race / Ethnicity	N		
Religion or Belief	N		
Sex	N		
Sexual Orientation	N		
Welsh Language	+		The enhanced focus on providing local training for health care professionals (including medical students, physiotherapy and mental health), in a rural Welsh speaking environment would be attractive to fluent Welsh speakers and learners, with the aim of retaining students to work in

			permanent positions the area.
Human Rights	N		

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use your judgement to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:- • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The proposed scheme will not unlawfully discriminate, harass or victimise people.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	The proposed scheme will provide improved access for people who use health services, in particular those with long term conditions and/or disabilities, by providing a "one-stop-shop" approach to provision of services and diagnostics. The scheme includes the provision of enhanced training opportunities for health care professionals, which will advance equal opportunities.

3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	The proposals focus on reducing social isolation and improving connections between agencies and services. The scheme includes the provision of an improved and accessible League of Friends Tea Bar. A partnership between the League of Friends and DVSC will provide new opportunities for volunteering and training, in areas such as Food Hygiene and customer services. The partnership will work closely with agencies such as Vale of Clwyd Mind to provide opportunities for people who have mental and physical health problems. The scheme also includes the provision of a Third Sector Room, which will be available to book for activities and groups, such as Smoking Cessation, Chronic Pain, Carers, Alzheimer's and Mind. Health Visitors will bring their Breast Feeding groups onto site, instead of being located remotely in numerous community facilities across the area.

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD

1. What is being assessed? (Copy from Form 1)	Re-location of Services from The Clinic, Mount Street, Ruthin.

2. Brief Aims and Objectives: (Copy from Form 1)	The Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary. The scheme aims to address the following key objectives – i. **Service fragmentation -** current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patients ii. **Estate is not fit for purpose –** insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency

3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes	No ✓
3b. Could any of the protected groups be negatively affected?	Yes	No ✓
3c. Is your decision or policy of high significance?	Yes ✓	No

4. Did the decision	Yes	No ✓

scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?	
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes ✓	
	Community Dental Services will re-locate from Mount Street Clinic, Ruthin to the Infirmary, Denbigh. The provision of a third surgery will potentially increase the range of treatments provided and improve recruitment to a three-surgery site. Access and capacity will increase within the Central and South Denbighshire Locality. For patients who are currently eligible to access WAST Non-Essential Patient Transport (NEPT) to Ruthin, this will continue to be available for patients travelling to Denbigh or Corwen. There are good Public Transport links between Ruthin, Denbigh and Corwen, with regular buses and bus stops outside The Infirmary, Denbigh and Corwen Health Centre. For patients who are unable to access Denbigh or Corwen, a mobile unit will provide services in Ruthin. The Domiciliary Dental Service will continue to be provided for patients who are house-bound or inpatients at Ruthin and Denbigh hospitals.	
6. Are monitoring arrangements in place so that you can measure what actually happens after	Yes ✓	No
	How is it being monitored?	The Project Board will oversee the arrangements and monitor any potential impact.
	Who is responsible?	The Chair of the Project Board.
	What information is being used?	Baseline information and data is available. The Project Board will gather data from both the CDS service and patients feedback.

you implement your document or proposal?	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EQIA will be reviewed once the service changes have become operational.

7. Where will your decision or policy be forwarded for approval?	Project Board and Central Area Senior Leadership Team.

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Extensive engagement with key stakeholders including regular meetings with – • Staff • Patients & Families • Local Area Members Group (Elected Councillors) • Community Health Council • League of Friends • Denbighshire County Council, (DCC) Asset Management & Highways • Central and South Denbighshire Locality. In addition the following events were hosted by the Project Board - • Stakeholder Workshop (May 2018) • Health Impact Assessment (September 2018) • Engagement Week with Patients & Service Users at the Clinic (December 2018) • Third Sector Drop-In Event (April 2019). Multi-agency Project Board including – • BCUHB Service Managers • League of Friends • DCC – Social Services • Welsh Ambulance Service Trust (WAST) • The Clinic GMS Practice

9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Jane Jones	Planning and Commissioning Manager, Central Area Team
	Gareth Evans	Chair - Project Board
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan
This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	No negative impacts identified.		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	No negative impacts identified.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	Monitor impact on all patients and service users, including those with protected characteristics.	Project Board	Once Services have become operational.

Appendix 2

HIA Workshop Evaluation Results

1. What did you learn during the workshop?

1 Plans proposed. Time span moving forward.
2 About how the project has developed. The process of a HIA.
3 Understanding how the wider determinants impact on the population. Insight into the positive and negative impacts on the proposed project.
4 What is being planned for the move from Mount St Clinic to Ruthin Hospital. Benefits/ positives and negatives. Completing an HIA.
5 No comment
6 Useful discussions from cross working agencies.
7 HIA process.
8 Learned about the different sectors that will use the building, interesting to get different viewpoints on how they want it to work.
9 Already familiar with project but useful to consider wider population and GP requirements.
10 Possible plans to redevelop part of the hospital.
11 Very interesting – good agenda.
12 How impact assessment works.
13 Was already aware of being involved in HIAs previously, but it was great to see the new plans for the development and all the different opinions and considerations raised.
14 History of site/plans for new clinic.

2. What do you feel were the positive outcomes resulting from this workshop?

1 Wellbeing hub. Using space to maximise potential.
2 Opportunities to ensure stakeholders have input. Raising the profile of engagement with local community
3 Opportunity to learn and understand different perspectives in relation to positive and negative impacts.
4 Plenty of input from attendees. Positivity of the outcome of the move for citizens and staff working there.
5 Better integration of services.
6 Overall positive feedback for plan to move within the hospital for the clinic surgery.
7 Joint working and planning to best effect.
8 What will the issues be for the public/community? The need to engage with them and inform.
9 Discussions between key stakeholders.
10 Good discussion.
11 Excellent discussion. Seeing plans interesting.
12 Very good feedback and lots of good ideas.
13 Having all the different services and agencies opinions considered and great discussion.
14 Positive future for hospital site and S.P. Provision.

3. What do you think worked and what didn't?

1 Services in one place in the community. Engaging in the community. Securing the community hospital.

2 Would have appreciated seeing the plan before the HIA. Local knowledge and input really important.
3 Bringing different services and organisations together in one room – providing opportunities to discuss issues from different perspectives.
4 Having a facilitator. Mix of attendees from different professions/areas. Several conversations going on at once was a negative.
5 All worked well.
6 Group discussions and brainstorming.
7 Engagement worked well.
8 All worked, good session.
9 Not all stakeholders represented?
10 Open discussion, everyone's opinion.
11 Worked well; interesting to hear other people's ideas.
12 It all worked
13 See above, nothing didn't work.
14 Worked well.

4. What were your expectations prior to the session? Did the session meet them? (Please rate from 1-10 where 1 = not at all, 10 = very much met them.)

1. 8
2. 9
3. 10
4. 8
5. 9. Improved understanding of project overall.
6. 10
7. 7
8. No expectation, first meeting.
9. 7, useful.
10. 8
11. 9 – very good.
12. 9.75
13. 10
14. 8

5. Any other comments you wish to make?

1 No comment
2 Really well facilitated, thank you.
3 No comment
4 Feel this project is going to be beneficial for the citizens of Ruthin and for joint working health and social care.
5 Think we need to look in detail at traffic flow and local residents, input etc. what will happen when GP surgery has 30-35 patients in morning and OPD clinic has 20-25 plus staff?
6 Helpful to meet with other parties and users for services provided within the community hospital. More understanding of services utilised at the hospital.
7 No comment
8 No comment
9 No comment

10 Need public consultation before concrete plans made. Need more parking, look to increase footfall in the future.
11 Exciting project. Wanted more parking in the hospital for a long time.
12 No Chair of Project board and managers on ball.
13 No comment
14 I look forward to the project conclusion in 20/21.

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Creating Opportunities for Primary and Community Health Services in Ruthin

December 2018

BCUHB is looking at how primary and community services can be provided in Ruthin in the future. The Health Board is considering a redevelopment of the Hospital site. This would enable most of the services which are currently provided from The Clinic, Mount Street to move to the hospital site.

It is possible that the Community Dental Service will be provided from permanent sites at Corwen and Denbigh, with a regular mobile service in Ruthin.

The Health Board is working closely with Denbighshire Council to improve car parking and access to the hospital site.

A Business Case will be presented to a meeting of the Health Board in March 2019, and will then be submitted to the Welsh Government. Subject to WG's approval and confirmation of funding – work is likely to commence on the hospital site in summer 2019.

We want to talk to you about our ideas, answer your questions and listen to what you have to say. As we prepare for the future we have an opportunity to listen to you about the services we offer and to look for ways we can develop and improve.

We would like to invite you to take part in this anonymous questionnaire to help us to develop our plans. Whilst completion of this questionnaire is optional, we are looking for volunteers to participate in a patients group and will therefore require contact details if this is something you decide you would like to be involved in. Your information will be stored confidentially in line with Data Protection legislation at all times and will be retained for 12 months.

Please ensure that when you complete the free text fields, you do not enter any information which may potentially identify you or any other individual.

Our questions

Who have you come to see today?

Prefer not to say	☐	Health Visitor	☐
GP	☐	Practice Nurse	☐
Physiotherapist	☐	Counsellor	☐
Mental Health Service	☐	Prescription	☐
Health Care Assistant	☐	Dentist	☐

Other, please say .....

Where have you travelled from today? (Place, town, village)

.....

How did you get here?

Prefer not to say	☐	By car	☐
Bus	☐	Bus number	
Walked	☐	Bike	☐

About how often do you visit the Clinic?

.....

Please tell us what you like about Mount Street Clinic.

.....

.....

The new location for our services could be an opportunity for us to develop and grow to meet more of your needs. Please share your ideas here.

.....

.....

About you

This information helps us to understand more about your responses and about how our services can better meet your needs.

Which age group do you belong to?

0 – 18 ☐ 19 – 65 ☐ 66 plus ☐ Prefer not to say ☐

Are you here for an appointment with a child?

Yes / No Prefer not to say ☐

Do you care for someone, does someone rely on you for help? Yes / No

Yes / No Prefer not to say ☐

Do you have a long term condition that has an effect on your daily life?

Yes / No Prefer not to say ☐

And finally

If you would like to be involved in discussion regarding this re-development opportunity, by joining us for meetings and to review information, please select your preferred contact option, by completing the relevant options below:

I / We would like to join the Patients Group Yes / no

Name .....

Email .....

Phone .....

Following completion of this questionnaire please hand it in to the receptionist.

Appendix 4

The Clinic, Ruthin – Re-location of Services and Re-development of Ruthin Hospital

Third Sector Stakeholder Network

17th April 2019 5.30 – 6.30 pm

Canolfan Naylor Leyland, Well Street, Ruthin

1. Representation

Representatives of the following organisations, attended:

BCUHB; BCUHB Stakeholder Group; Red Cross; Epilepsy Action Cymru; Macmillan; Carers Trust (North Wales) Dementia Services; Ruthin Hospital League of Friends; Nurses in the Community; Citizens Advice Bureau; Community Health Council; Integrated Autism; Vale of Clwyd Stroke Communication Support; Ruthin Town Council; Vale of Clwyd Mind; Denbighshire Social Services; North Wales Citizens Panel.

People with a specific interest in Chronic Pain, Parenting, Families and Children and Dental Services also attended.

2. Introduction

Representatives of third sector organisations were invited via DVSC and BCUHB Engagement Networks and social media and bilingual posters in various local public venues.

Light refreshments were provided and delegates worked around tables, with a BCUHB representative on each table to facilitate the discussion. Copies of the site plans were available for viewing.

The site plan now includes the potential to provide a dedicated space for Third Sector services as part of the Ruthin Hospital re-development.

The session aimed to gather the following information -

- What is happening in the Community currently?
- Where is it happening?
- How could we connect?
- What are the opportunities at the new development?
- What's the extra value?
- Who are the partners?
- What do we need to take this forward?

Delegates were also offered the opportunity to record any further suggestions, or comments and other ideas, utilising Post-it notes on a flipchart.

3. Current Situation

A previous audit revealed that there are no Third Sector services presently provided at Ruthin Hospital, apart from the League of Friends Tea Bar. There is insufficient space for groups on site at the moment, or even for an information stand.

However, there are numerous active groups within the Ruthin area, although access to suitable venues can prohibit the development or expansion of local services.

4. Summary Feedback

4.1 Health and Wellbeing

The re-development provides an opportunity to promote health and wellbeing. Examples included the provision of oral health education, community champions and navigators, and public health messages, such as seasonal flu campaigns, and breast and bowel screening. Also working with initiatives such as the Farming Community Network (FCN), targeting both physical and mental health of the farming community, e.g, offering blood pressure checks and the opportunity for a supportive conversation about mental health.

There is also an opportunity to develop alternative therapies and arts and crafts working in partnership with existing organisations in the community, such as Vale of Clwyd Mind.

4.2 Groups

Groups such as dementia support, Vale of Clwyd Stroke Association and Chronic Pain Groups are provided in Denbigh, Mold or Connah's Quay, but not currently in Ruthin, mainly due to a lack of suitable accommodation, which means that patients and families are travelling considerable distances. These groups are regularly attracting between 10 – 50 people.

There is a real demand for bookable rooms for informal support groups for patients and families, particularly carers and those with chronic mental and physical health conditions. British Red Cross, Crossroads, Carers Trust, Epilepsy Action Cymru, Chronic Pain, Macmillan, Stroke Association and Bereavement Support were all examples of groups looking for accessible venues to set up groups in the Ruthin area.

4.3 Access and Travel

Transport, especially from the villages and surrounding rural areas can also be a barrier to people accessing services.

Several organisations reflected that they are currently taking services out to patients own homes, because of a lack of suitable venues, but would prefer to provide services from a central site, where possible, which is more time-efficient and builds independence and reduces social isolation.

There is an opportunity to link with the Community Car Scheme, and the Open Doors group, has already made links with the Community Car Scheme in Corwen. Public transport is particularly important, and the proposed bus stop and footpath from Rhos Street is welcomed, although the preferred option is that the buses come onto the hospital site.

4.4 Working Together

This provides an opportunity to work more closely with the Community Resource Teams (CRTs), for Ruthin and surrounding area. The CRT provides care closer to home, and

integrates Community Nursing, Therapies, Social Care, Mental Health and Primary Care. The CRT for Ruthin is located at County Hall.

The re-location of one of the GP practices from the Town Centre to the Hospital site, provides an opportunity for “wrap around services” and closer working between primary care and the Third Sector, for example, Macmillan has an education programme for Primary Care, which could be delivered to the GP Cluster, but could also provide specific support for GP trainees, based at the hospital site.

The event also provided the opportunity for representatives to find out about other services in their area, and how to work together. A common theme was that people and families are not “diagnosis specific”, e.g, families may be caring for a grandparent newly diagnosed with dementia, another family member undergoing treatment for cancer, and a child with epilepsy, all of which has an impact on the mental health and wellbeing of the entire family.

A common theme was that Third Sector groups could work more closely together, and with statutory services. For example, the Dementia Co-ordinator for the Carers Trust, visits patients referred by the Older People’s Memory Service with a recent diagnosis of dementia. However, sharing facilities with the Older People’s Memory Service in the re-development would enable the service liaise more closely with BCUHB services, see patients in a familiar setting in the hospital, and develop a hub within Ruthin.

With the expansion of the physiotherapy service in Ruthin Hospital, to include specialisms such as neuro-physiotherapy, there is an opportunity for organisations such as Epilepsy Action Cymru to facilitate neuro-rehabilitation groups to support patients and families in managing their condition and accessing information and support, the nearest groups are currently in Holywell and Abergele.

Denbighshire Voluntary Services Council (DVSC) is ideally placed to support organisations in their training and development and networking. DVSC holds a quarterly health and social care Network meeting in Ruthin.

4.5 Informal Contacts and One-to-One Working

Several organisations cited the need for a safe space for a one-to-one conversation with a patient or carer. For example, Macmillan would utilise space for a display stand on a regular basis, but would also welcome the accessible Tea Bar to provide an informal space for a “chat” with an individual who may be concerned about themselves or a family member.

The League of Friends Tea Bar is seen as essential to underpinning the Third Sector services on site, and in particular reducing social isolation and loneliness, providing a focal point for people attending the hospital for appointments themselves, or as a carer or visitor.

4.6 Information, Technology and Signposting

It was agreed that not all groups need to be located within the hospital – the re-development provides an opportunity to provide information about services and sign-posting to wider services and support within the community. Information should be available in a variety of formats, including leaflets, interactive screens and TV screens.

Online support via Social Media is increasingly important to people seeking information and peer support.

The re-development provides an opportunity to ensure that the site is “dementia friendly”, with improved signage and reception facilities.

Patients and visitors to the site need a single, accessible, clearly identified, reception point, with information and knowledge about all services on site, including peripatetic services, Third Sector groups and visiting specialists/outpatients.

One delegate asked if there would be a cash machine on site. Cash machines on hospital sites are provided by a private company, and need to be commercially viable.

4.7 Multi-Faith Provision, Spiritual and Bereavement Support

The inpatient ward has 27 beds, and provides palliative and end of life care for patients. Spiritual support is provided by local religious organisations, and visiting Ministers. There is no dedicated Chapel or Quiet Room on site for patients, families or staff. However, there are a number of small rooms that could be booked, or shared, such as the Relatives Room, close to the inpatient ward.

There is no dedicated Bereavement Support Service on site. The re-development provides an opportunity for organisations such as Cruse, to provide support to individuals and sign-post to other agencies providing longer term support on site or within the locality.

5.0 Next Steps

There was some concern that Community Dental Services (CDS), may not be available from a permanent site in Ruthin, and consideration needs to be given as to how patients from Ruthin access CDS services.

Further / ongoing engagement is needed, including attendance at events such as Ruthin Flower Show in August, and ongoing liaison with North Wales Community Health Council (CHC).

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**1. To support the delivery of Care Closer to Home in Central and South Denbighshire;** **i. Working with partners to support people to make healthier choices & intervening early to help manage health conditions;** **ii. providing care closer to people's homes in local communities;** **iii. making sure we achieve the best results for patients.**					
AIM – To Support the Delivery of Care Closer to Home		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
	Action	**Quantifiable**	**Qualitative**	**Resource /Financial**			
1.1	Provide information on Health Promotion & Social Prescribing. Interactive Information screens & TV Screens, & signposting to local third sector organisations.	✓			On completion of Project	Project Director / DVSC	
1.2	Third Sector Room will be utilised for specific events, eg, Carers Week, World Mental Health Day	✓			On completion of Project	DVSC/ Project Director	
1.3	League of Friends will extend their membership and volunteer base,	✓			On completion of Project	Project Director / League of Friends / DVSC	

	training will be offered to volunteers, through a partnership with DVSC.						
1.4	Extend opening League of Friends Café opening hours (currently 6 per week on 3 days per week), to 7 days per week.	✓	✓		On completion of the Project	Project Director / League of Friends / DVSC	
1.5	Consolidate current multiple booking systems into a single point for management of Room Bookings at hospital.	✓			On completion of the Project	Wendy Tee (Matron)	
1.6	Locality Training Room will support shared training and Locality Model.	✓			On completion of the Project	Project Director	
1.7	Deliver one session per week of Smoking Cessation advice for 8 patients per week for a 7 week programme, over 40 weeks per annum (circa 45	✓	✓	✓	On completion of the Project.	Stop Smoking Wales.	

	patients per annum). A mix of 1:1 and group work. With 40% quit rate at 7 weeks.						
1.8	Re-establish Pulmonary Rehab. To deliver an 8 week programme twice a week group and 1:1 assessments. Reducing travel times for staff and patients to current service Rhyl.	✓	✓	✓	On completion of Project	Head of Therapy Services	
1.9	Podiatry will move to dedicated space, and will free up 2 sessions per week in Physio suite, which will be utilised for specialist services; including Neurology Clinical Specialist – 1 session per week: Paediatrics – 1 session: Rheumatology ad-hoc, and other	✓	✓		On completion of Project	Head of Therapy Services	

	specialisms on a bookable basis.						

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**2. To provide high quality, primary and community services for Ruthin and surrounding areas.**					
Aim: To Support Collaborative and Seamless Working		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
	Action	**Quantifiable**	**Qualitative**	**Resource /Financial**			
2.1	Establish "Virtual Ward Model" integrating clinical teams, primary care, social care, pharmacy, and older persons' mental health services.		✓		On completion of Project	Dr Stephen Newton / Project Director / Wendy Tee	
2.2	To provide "One-Stop Shop" for primary, community, outpatient, inpatient & diagnostic services, including GP, phlebotomy, ECG, etc		✓		On completion of Project	Dr Stephen Newton / Project Director / Wendy Tee	
2.3	District Nurses to re-locate to County Hall as part of CRT development.	✓			End of January 2019	Clare Hughes, Project Manager CRT	

2.4	District Nurses will provide 2 days a week of clinical activity at RCH.	✓			On completion of Project.	Wendy Tee	
2.5	Closer MDT working for palliative care in RCH, Care Homes and Domiciliary settings. Establish Quarterly MDT meetings with GPs, DNs and third sector, to support experiential learning.	✓	✓		On completion of the Project	Dr Stephen Newton/Wendy Tee	
2.6	Co-ordinated Clinical Care & timely discharge, and case appropriate ALOS.	✓	✓		On completion of Project.	Dr Stephen Newton.	
2.7	Improved IT within new Physio Area, ie, access to Therapy Manager "at the bedside" will enable access to clinical notes in all areas.	✓		✓	On completion of Project	Head of Therapy Services	
2.8	Useable plinths will increase from 4 – 5, in	✓			On completion of Project	Head of Therapy Services	

	addition to 2 private treatment rooms & 1 cubicle within the Gym.						
2.9	Rationalisation of workforce across Ruthin and Denbigh sites will increase flexibility and cover for leave, etc		✓		On completion of Project	Head of Therapy Services	
2.10	The number of Physio Student placements from Cardiff University will increase from 48 In Central Area. (Cardiff University have indicated that they require an additional 32 per annum).	✓		✓	On completion of Project	Head of Therapy Services	
2.11	The number of Physio Students from Salford will increase.	✓		✓	On completion of Project	Head of Therapy Services	
2.12	Following recruitment of Band 6 Therapist to enable supervision & training, MSK and inpatients placements will be offered.	✓	✓		On completion of Project	Head of Therapy Services	

2.14	Additional Plinth will enable students to attend with the Clinical Specialist in MSK to see complex patients	✓	✓		On completion of Project	Head of Therapy Services	
2.15	Additional Plinth will enable students to attend with the Clinical Specialist in Women's Health to see complex patients	✓	✓		On completion of Project	Head of Therapy Services	
2.16	Improve equity of access and provision to physiotherapy services, streamlining and closer working with First Contact Physios in Primary Care.		✓				
2.17	Provide a geographically central base for Health Visitors & School Nurses and a central venue for Team & Core Meetings for	✓		✓	On completion of Project	Head of Childrens Services	

	South Denbighshire Team, thereby reducing Travel Times & Costs.						
2.18	Mum and Toddler/Baby Groups will be provided utilising the Locality Room.	✓	✓		On completion of Project	Head of Childrens Services	
2.19	Breast Feeding Groups will re-locate from external venues – removing revenue costs of room hire.	✓		✓	On completion of Project	Head of Childrens Services	
2.20	Memory Services to achieve Welsh Government Targets for Referral to Assessment of 28 days.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.21	Memory Services to achieve Welsh Government Targets for Referral to Diagnosis of 12 weeks.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.22	Memory services to increase 2nd year Student Nurse	✓	✓		On completion of Project	Community Service Manager, Mental Health	

	placement from 12 weeks to 48 weeks.						
2.23	Memory Services to reduce travel times by utilising hot desking & IT connectivity.	✓	✓	✓	On completion of Project	Community Service Manager, Mental Health	
2.24	Memory services to increase Cognitive Stimulation Groups provision from 18 weeks per annum to 48 weeks per annum.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.25	Memory services to deliver Welsh Language Cognitive Stimulation Groups.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.26	Memory services to contribute to Palliative Care Groups and meetings	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.27	Community Dental Services – provided from modern facilities within the locality & modern hook up point at RCH for mobile provision.	✓			On completion of Project	Clinical Director, Dental Services.	
2.28	CDS Waiting lists will reduce from 12 weeks	✓			On completion of Project	Clinical Director, Dental Services.	

	at Ruthin and 8 weeks at Denbigh.						
2.29	CDS contacts in C&S Denbighshire will increase by 600 – 1000 per annum	✓			On completion of Project	Clinical Director, Dental Services.	

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**3. To support sustainable Primary Care services in Ruthin and surrounding areas.**					
Aim: Sustainable Primary Care Services		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
	Action	**Quantifiable**	**Qualitative**	**Resource /Financial**			
3.1	The Clinic at RCH will submit an application to become a training practice for GP Registrars from Cardiff.	✓			On confirmation of approval of Business Case	Dr Stephen Newton	
3.2	The Clinic will commence placements for 5th Year Medical Students from 2019.	✓			2019 – 2020	Dr Stephen Newton	
3.3	The Clinic at RCH will provide a placement for one GP Registrar at a time over a 12 month period.	✓			On completion of successful application to become a training practice and re-location to RCH.	Dr Stephen Newton	
3.4	The Clinic will provide a placement for a	✓			2019 – 2020		

	Practice Nurse trainee.						
3.4	Multi-purpose Centre/training room will be provided with IT facilities, including SKYPE, VC and Desk Top PCs, to support Medical Students in their placements & maintain contact with Medical Schools, Universities, etc.	✓			On completion of project	Project Director	
3.5	Placements for Medical Students as part of the CARER (Community & Rural Education Route) programme (WG Sept 2018).	✓	✓		ASAP	Dr Tom Kneale	
3.6	The Clinic at RCH will provide additional Enhanced Services • Contraception • Diabetes (Level 1)	✓			On completion of project	Dr Peter Leatt/Dr Stephen Newton	

	The Clinic at RCH will explore the possibility of providing the following Enhanced Services – • Minor Injuries • Diabetes Level 2	✓			On confirmation of Welsh Government funding for project	Dr Peter Leatt/Dr Stephen Newton	
3.7	The Clinic at RCH will maintain or increase its current patient list size (2,862) at 01 10 18.						
3.8	The Clinic at RCH will maintain its dispensing licence & maintain, or increase, its dispensing list size (1456) at 01 10 18.						

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**4. To provide a safe, modern working environment for Health Board Staff, partners and patients.**					
Aim: To provide a safe, modern working environment.		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
	Action	**Quantifiable**	**Qualitative**	**Resource /Financial**			
4.1	All staff re-located from The Clinic	✓			On completion of Project	Project Director	
4.2	Achieve best practice in sustainable building design.	✓			On completion of Project	Project Director	
4.3	Meet national performance indicators for physical condition, statutory compliance, fire safety compliance, functional suitability, space utilisation and energy performance - achieve category B in the Estates condition	✓			On completion of Project	Project Director	

Investment Objectives		**4. To provide a safe, modern working environment for Health Board Staff, partners and patients.**					
	and performance report						
4.4	Provide a building which is fully accessible with adequately sized corridors, automated doors, correctly graded ramps	✓			On completion of Project	Project Director	
4.5	Provide a building which meets key HTM and HBN requirements, including those related to infection control	✓			On completion of Project	Project Director	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**4. To provide a safe, modern working environment for Health Board Staff, partners and patients.**					
4.6	Provide a building which meets key dementia design criteria including provision of contrasting WC seats and colour coded doors	✓	✓		On completion of Project	Project Director	
4.7	Provide a calm environment for mental health patients, families and staff	✓	✓		On completion of Project	Mental Health Service Manager	
4.8	Provide a separate De-contamination room for CDS Services at Denbigh Infirmary	✓	✓		On completion of Project	Dental Services, Clinical Director	
4.9	Re-locate the League of Friends Tea Bar to a prominent location on the main corridor, with improved access, increased visibility and seating area.	✓	✓		On completion of Project	League of Friends/Project Director	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**4. To provide a safe, modern working environment for Health Board Staff, partners and patients.**					
4.10	Re-locate & re-furbish the Relatives Room closer to the inpatient ward.	✓	✓		On completion of Project	League of Friends/Project Director	
4.11	Provide a bookable Third Sector Space for multi-disciplinary and team use.	✓	✓		On completion of Project	Project Director/DVSC	

Investment Objectives		5. To reduce backlog maintenance.					
Aim: Remove Clinic maintenance liability.		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
	Action	**Quantifiable**	**Qualitative**	**Resource /Financial**			
5.1	The Clinic will be disposed of, and the site utilised for complementary development.	✓		✓	On completion of Project	Chris Wilcock	
5.2	Remove backlog Maintenance (circa £250,000)	✓		✓	On completion of Project	Chris Wilcock	

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		**6. To improve access to car parking for staff and patients in Ruthin.**					
Aim: Improve car parking and access.		**TYPE**			**TIMESCALE**	**LEAD RESPONSIBILITY**	**STATUS RAG**
		Quantifiable	**Qualitative**	**Resource /Financial**			
6.1	Car Parking Spaces at Ruthin Community Hospital will increase by circa 35 spaces. (from 8 at GP Practice and 37 at RCH) to circa 70 at RCH.	✓			On completion of Project	Project Director	
6.2	Safer Pedestrian Walkways & Pavements will be created.	✓	✓		On completion of Project	Project Director	
6.3	Public transport – Bus Shelters / Stops on Rhos Street.	✓	✓		On completion of Project	DCC	
6.4	Consider Partnership Bid for Community Car Scheme with Community Transport Wales.	✓			On completion of Project	Community Transport Wales	

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Wrexham Maelor Hospital – Continuity Programme Business Case
Report Author:	Mr Rod Taylor – Director of Estates and Facilities Mr Ian Howard – Assistant Director, Strategic and Business Analysis
Responsible Director:	Mr Mark Wilkinson - Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The Programme Business Case (PBC) is presented to the Board as part of the scrutiny and approval process for major capital projects seeking funding from the all-Wales Capital Programme.
Approval / Scrutiny Route Prior to Presentation:	In line with the organisation's Procedure for Managing Capital Projects the PBC has been endorsed by the Wrexham Maelor Hospital Management Team, the Wrexham Maelor Redevelopment Programme Group, the Project Board, the Executive Team and the Finance and Performance Committee (F&P).
Governance issues / risks:	The purpose of this Programme Business Case is to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects between now and 2024, at a total capital cost of between £50 million and £60 million. There is a clear short and long term need to ensure clinical service continuity on the Wrexham Maelor site. Wrexham Maelor is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function. There have already been various infrastructure issues on the site - affecting power, water supply, heating and medical gasses. Of particular concern in 2017 problems with the roof and failures of the ventilation system in the day surgery and endoscopy unit resulted in an emergency closure of the unit - affecting close to 2,000 patients, causing months of disruption and costing millions of pounds of capital and revenue to resolve. In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis, including one which caused significant disruption to clinical services. As time

	passes, the likelihood of more, and more significant, failures will only increase without substantial investment. A recent Health and Safety audit carried out by the Corporate Occupational Health and Safety team has identified a number of non-conformity areas within the Wrexham campus and this programme will support mitigating those identified risks. This Programme Business Case recommends that seven individual project business cases are now developed. It is proposed that these cases are phased in priority order, with the work being completed over the next four-to-five years to strengthen service resilience on site.
Financial Implications:	The precise total capital figure of £54.3 million contained in the table within the continuity programme business case is a coherent professional estimate based on a specific set of assumptions. However, as is appropriate at Programme Business Case stage, it is not yet possible to give a precise figure with a high level of confidence. It would be more informative to regard the likely capital cost as being in a range of between £50 million and £60 million. It is proposed, as part of the next stage of developing business cases for the individual projects, that further survey work is undertaken to give greater cost certainty. From a revenue perspective, the programme is broadly revenue-neutral as it is mainly like-for-like replacement. There will be a small revenue saving, and a positive environmental impact, from the plan to replace part of the heating systems.
Recommendation:	The Board is asked to approve the Programme Business Case for submission to Welsh Government.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service planning			
Equality Impact Assessment An Equality Impact Assessment will be undertaken within each subsequent business case submission as part of the pipeline of projects.			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Wrexham Maelor Hospital

Continuity Programme Business Case

BCUHB Board September 2019

V1.8 28 August 2019

Version History

Version	Date	Purpose	Change	Originator
0.1-0.3	March-May 2019	Development drafts		PF (MM)
0.4	12/6/19	Draft	Executive Summary added	PF (MM)
0.5	13/6/19	Draft	Initial risk based cost estimating added	PF (MM)
0.6	13/6/19	Draft	Development of all chapters	PF (MM)
0.7	14/6/19	Draft	Management Case development	PF (MM)
0.8	18/6/19	Incorporating Estates comments	Risk re-assessment	PF (MM)
1.0	18/6/19	Draft	Minor text changes	PF (MM)
1.1	11/07/19	Internal Review & EMG	Redraft	IH (BCU)
1.2	15/07/19	Internal Review	Redraft	IH (BCU)
1.3	17/07/19	Programme Group	Amendments	IH/RT (BCU)
1.4	19/07/19	Executive Team	Amendments post Programme Group 18/7/19	IH
1.5	22/07/19	Executive Team	Minor changes	IH
1.6	22/07/19	Executive Team	Minor changes	IH
1.7	12/08/19	F&P following Executive Team approval	Minor changes from ET	IH
1.8	23/08/19	Board following F&P approval	Version update and minor changes following F&P	IH

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1 Executive Summary

Introduction

The purpose of this Programme Business Case is: to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects between now and 2024, at a total capital cost of between £50 million and £60 million.

Summary of the Case

There is a clear short- and long- term need to ensure clinical service continuity on the Wrexham Maelor site. Wrexham Maelor is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function. In the longer term, there is also a clear strategic commitment to retaining 3 major acute hospitals in North Wales, and the Health Board is developing strategic plans to transform and integrate its services. This includes the development of a separate Programme Business Case to transform services provided on the Maelor Campus, and local primary and community services.

However, these long-term plans may take 10 years or more to develop and implement, and the state of the infrastructure is such that substantial investment is needed now to mitigate the immediate risk of further service failure. There have already been various infrastructure issues on the site - affecting power, water supply, heating and medical gasses. Of particular concern in 2017 problems with the roof and failures of the ventilation system in the day surgery and endoscopy unit resulted in an emergency closure of the unit - affecting close to 2,000 patients, causing months of disruption and costing millions of pounds of capital and revenue to resolve. In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis – including one which caused significant disruption to clinical services. As time passes the likelihood of more, and more significant, failures will only increase without substantial investment.

Work has been undertaken - supported by NHS Wales Shared Services Partnership and Mott Macdonald - to review, prioritise and cost the work needed to reduce the infrastructure risks to an acceptable level. This includes addressing the risks identified in the site-based health and safety audit, which was undertaken in August 2019 by Corporate Health and Safety. The outcome is a proposal to undertake work in seven areas to address the most severe infrastructure risks on the site. The following table: lists the proposed areas of work in priority order; describes the nature of the risk; outlines the mitigation proposed; summarises the anticipated reduction in the severity of the risk; and shows estimated capital costs.

Area	Risk and Mitigation	Average Risk Score Reduction[1]	Estimated Capital Costs £ Millions
1. Utilities & Electrical Services Infrastructure	There is a significant risk to the continuity of supply to the site. It is proposed to replace the electrical intake mains substation, 4 electrical substations and the main electrical ring main.	From 20 to 7	14.1
2. Heating Systems in the EMS part of the site	The heating system to this part of the site is likely to fail. It is proposed to provide a separate heating and domestic hot water supply to this part of the site.	From 20 to 4	5.8
3. Medical Gas Supplies and Distribution Pipework	The current system is obsolete, prone to failure and has no resilience if it fails. The plan is to replace most of the system.	From 17 to 7	2.2
4. Fire Detection Upgrade L1 and Fire Alarm Panels	The existing system does not meet current standards. The plans is to upgrade or replace elements of the existing system, and install additional fire panels.	From 20 to 8	3.1
5. Nurse Call (inc. emergency & panic alarms)	The current system is obsolete and cannot be maintained. The proposal is to replace the system with one that meets modern standards.	From 20 to 8	3.1
6. Heating Calorifiers and Roofing Works	Elements of the current heating system are likely to fail due to age and need to be replaced with a more efficient system. Many of the roof coverings on the site are failing due to age, and need to be replaced.	From 18 to 6	2.6
7. Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 + Main kitchen Ventilation system upgrade	The Theatre air handling plant is at high risk of failure, and does not meet current standards. The proposal is to refurbish and upgrade the facilities. The catering ventilation system is similarly in need of replacement.	From 16 to 8	23.4
Total			**54.3**

[1] This is the average level of risk reduction of the specific schemes that are proposed in each area of work. The individual scheme risk reduction is set out in full in Appendix F.

Having made the point that this investment cannot wait for the transformation case to come to fruition, it is clearly important that account is taken of the potential future development of the site. This will give an understanding of how much of this investment, though essential to maintain services over the next decade, may have a limited lifespan. Based on some preliminary work that has been undertaken on the potential redesign of the campus, it has been estimated that approximately £41.4 million (77%) of the proposed investment will be transferrable to a reconfigured campus.

The precise total capital figure of £54.3 million contained in the table above is a coherent professional estimate based on a specific set of assumptions. However, as is appropriate at Programme Business Case stage, it is not yet possible to give a precise figure with a high level of confidence. It would be more informative to regard the likely capital cost as being in a range of between £50 million and £60 million. It is proposed, as part of the next stage of developing business cases for the individual projects, that further survey work is undertaken to give greater cost certainty.

As regards revenue: in terms of routine budget expenditure the programme is broadly revenue-neutral as it is mainly like-for-like replacement, with a small saving (and a positive environmental impact) from the plan to replace part of the heating system. There is also likely to be significant cost-avoidance given the historical revenue (and capital) costs associated with infrastructure failure, and the increasing likelihood of those failures occurring in the future without this investment.

This Programme Business Case recommends that seven individual project business cases should now be developed. The exact nature of each case – a single stage Business Justification Cases or a two stage process of an Outline Business Case followed by a Full Business Case – will be discussed further with Welsh Government. It is proposed that these cases are phased in priority order, with the work being completed over the next four-to-five years.

2 Structure and Contents of the Document

A Programme Business Case (PBC) proposes a series of specific inter-related projects, and ensures that these projects are "properly scoped, planned and cost-justified from the outset."[2]

This PBC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This format is the *Five Case Model,* and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case** - this explores the suggested way forward – including what project business cases should be developed to deliver the objectives of the scheme;
- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;
- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability.

[2] Guide to Developing the Programme Business Case – Better Business Cases: for better outcomes HM Treasury, Welsh Government 2018

3 The Strategic Case

Introduction

The purposes of this section are: to explain how the scope of the proposed scheme fits within the existing strategies of the Health Board; and to provide a compelling case for change, in terms of the existing and future operational needs of the service.

Organisational overview

Betsi Cadwaladr University Health Board (BCUHB) provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and 3 acute hospitals.

BCUHB employs 16,500 staff and has an annual revenue budget of approximately £1.45 billion.

Current Arrangements and Alignment to Existing Policies and Strategies

This case is fundamentally about ensuring clinical service continuity on the Wrexham Maelor site over the next decade. The purpose of this section is to demonstrate why this is a strategic priority for the Health Board. The argument consists of the following elements:

- The scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function
- The Health Board has a clear strategic commitment to retaining 3 major acute hospitals in North Wales
- The Health Board is developing plans to transform services, including those provided on the Maelor Campus. The length of time it will take to develop and implement these plans means that there needs to be a substantial short-term investment to ensure service continuity over the next 10 years.

The need for this investment is articulated in the Health Board's 3 Year Outlook and 2019/20 Operational Plan, and its Estates Strategy (both published in March 2019, with the relevant extract from the 3 Year Outlook enclosed as Appendix A and the Estates Strategy enclosed as Appendix B.). As part of developing its Estates Strategy, the Health Board has undertaken an exercise to estimate the cost of bringing its existing Estate up to modern standards. Wrexham Maelor has the highest figure, at £284 million, with the equivalent figures for Bangor and Glan Clwyd being £209 million and £86 million. The judgement has been made that the infrastructure issues are the most pressing at Wrexham, and therefore this case has been produced first. Work is about to begin on

developing similar cases relating to Bangor (next), followed by the elements of Glan Clwyd that have not been affected by the recent major refurbishment programme.

The scale and range of activity on the site

The Wrexham Maelor Hospital is one of three medium-sized acute hospitals in North Wales, and primarily serves the Health Board's Eastern population. It has a full 24/7 Emergency Department, and a comprehensive range of inpatient, day case and outpatient services. It also houses an acute inpatient mental health unit, and various rehabilitation facilities. The following figures give a sense of the scale of the hospital (activity rounded to the nearest 1,000):

Number of Acute Inpatient Beds	494
Number of Inpatient Rehabilitation Beds	49
Inpatients Treated in 2018/19	35,000
Day cases Treated in 2018/19	12,000
Outpatients Treated in 2018/19	262,000
Number of Older People's Mental Health Beds	27
Number of Adult Mental Health Beds	54
Mental Health Inpatients Treated in 2018/19	1,000

The hospital is running at full capacity – for example average midnight bed occupancy on the Acute wards is 94%, well above the 85% recommended by the Welsh Audit Office. This is also true of the neighbouring hospitals, and there is no significant scope to transfer services from the Maelor site in the event of major infrastructure failure.

Strategic Commitment to Three Main Hospitals in North Wales

The configuration of Acute services has been reviewed several times in recent years - including the 2009/10 North Wales Clinical Strategy, 2012/13's Healthcare in North Wales is Changing, and 2017/18's Living Healthier Staying Well (LHSW). These reviews have entailed in-depth explorations of the evidence base for the best configuration of acute hospitals, and various alternative models have been evaluated - including reducing the number of Acute hospitals and having a differentiated emergency take for some or all of the sites. The conclusion reached on each occasion has been in line with the one articulated in LHSW in 2018, as follows:

"In order to deliver services to meet future needs we will ensure that our three main hospitals at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital provide core services to meet the needs of the population.
Each hospital will continue to have:

- A 24 / 7 emergency department
- Consultant-led maternity and children's services
- A wide range of medical and surgical care, both for planned care and emergencies

- Day case surgery, diagnostic tests and outpatient clinics

The Living Healthier Staying Well strategy is enclosed as Appendix C.

Transformation of Services across North Wales

Within the context of the strategic decision to retain 3 major acute hospitals, the Health Board will work with partners to transform services in line with Welsh Government's A Healthier Wales: our Plan for Health and Social Care[3]. This will entail both a shift in emphasis towards community-based services and a greater specialisation of services between the Acute hospitals. This is articulated in A Healthier Wales as follows:

"Over the next decade we will see a shift of services from large general hospitals to regional and local centres. Routine diagnostics, outpatient services, day-case treatments, minor surgery and injury services can all be delivered safely and to high quality in smaller centres. Clinical expertise and specialisation can be shared through hub and spoke models. These changes will help to modernise services, allowing them to use new technologies and share good practice nationally, so that services are equally high quality across the whole of Wales."

Across North Wales the same direction of travel is described in LHSW:

"Where clinics (and some diagnostic services) do not need to be at one of the main hospital sites, we will increasingly provide them more locally in our communities.
When people need emergency care, they will be able to be assessed at any of our Emergency Departments and most will be treated at the hospital they go to. Some might need to be transferred to another hospital for more specialised care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our aspiration is that we will widen the range of specialist care we provide in North Wales so that in ten years' time people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals. We are already working to develop some services like this – such as the new Sub-regional Neonatal Intensive Care Centre, and robotic assisted surgery.

Sometimes people will still have to travel outside North Wales to get very specialised care which is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue to do so in the future."[4]

As part of the next stage of progressing the Health Board's services strategy the organisation will develop specific plans which describe and quantify the shape of services across North Wales. For Wrexham, a programme business case is being developed which will propose how acute, community and primary care services will be transformed for the Central Wrexham locality and for the services provided on the Maelor site. While it has not yet been definitively concluded, it is highly likely that this will entail the redevelopment of the Wrexham Maelor campus, rather than developing on a brown/greenfield site. The

[3] A Healthier Wales: our Plan for Health and Social Care – Welsh Government [2018]
[4] Living Healthier Staying Well Our Strategy for the Future [March 2018]

case will explore the potential to co-locate some primary, social and third sector services on the same campus. Given the scale of transformation and capital investment required this is likely to be a 10-15 year programme of work.

Business Needs – the Case for Change

This section of the case outlines what the problems are with the current situation, and why investment is required to resolve or mitigate these problems.

The fundamental issue which this case seeks to address is as follows: there is a high and increasing risk of physical infrastructure failure at the Wrexham Maelor Hospital, which could have an adverse impact on patient care.

The underlying cause of this risk is the age and condition of the Estate. As outlined earlier, of all of the Health Board's estate, the Wrexham Maelor Campus will take the most investment to bring it up to modern standards. The overall poor condition of the site includes major engineering obsolescence, which is now resulting in frequent breakdowns. For instance, the site has experienced three complete power-outages due to High Voltage (HV) cable failures since 2017. The tap-water supply has failed. Heating has failed. Medical gases supplies have failed.

The Health Board's Estates and Facilities Division has in place extensive 24/7 business continuity arrangements to ensure that clinical services, patients and staff are safe should a failure or breakdown occur. The site has a network of backup generators which provide essential supplies to key identified services. The Estates and Facilities team work with all utilities suppliers when dealing with business continuity issues to ensure service failures are managed safely. The Health Board also spends approximately £700,000 per annum on maintaining the campus from its discretionary capital allocation.[5] However, the risks associated with these failures are growing, and cannot be mitigated through discretionary capital. The events that have had the biggest impact so far relate to the day surgery and endoscopy unit. This unit has experienced problems with a leaking roof and failures to the ventilation system/air handling unit. These culminated in September 2017 in the unit being shut down. It is estimated that this resulted in a loss of 250 day case lists, affecting 866 patients, and 156 Endoscopy lists, affecting 844 patients. The loss of activity would have been substantially greater if the Health Board had not rented theatre capacity in England and hired two mobile theatres, at a total cost of £1.6 million. The capital cost of reinstating the capacity on the site was £5.2 million.

The diagram on the next page shows the various sections of the site. Following the failure events outlined above, the Emergency and Medical Services (EMS) quadrant of the campus has been investigated for resilience and risk of failure. This work has been undertaken with the support of the Shared Services Partnership – Specialist Estates Services, whose advice on what action should be taken has informed this business case. Their 2017 analysis of is enclosed as Appendix D. The following aspects of the quadrant were found to be particularly vulnerable:

- Electrical infrastructure (low voltage only)

[5] The Health Board receives a capital allocation of approximately £14 million per annum to address routine estates maintenance, equipment replacement and investment in IT.

- Mechanical services (critical plant – high level risk systems around patient safety e.g. ventilation)
- Mains services (water, oxygen, medical gases, drainage)

In addition, the fabric of several buildings was found to be failing and some urgent minor works have been instigated.

The risks associated with the site are fully articulated in the Health Board's risk register. One of the 20 risks held at the Corporate ("Tier 1") level in the Health Board states that:

"There is a risk that the Health Board fails to provide a safe and compliant built environment. This may be due to insufficient financial investment and estates rationalisation. This could result in avoidable harm to patient, staff, public, reputational damage and litigation."

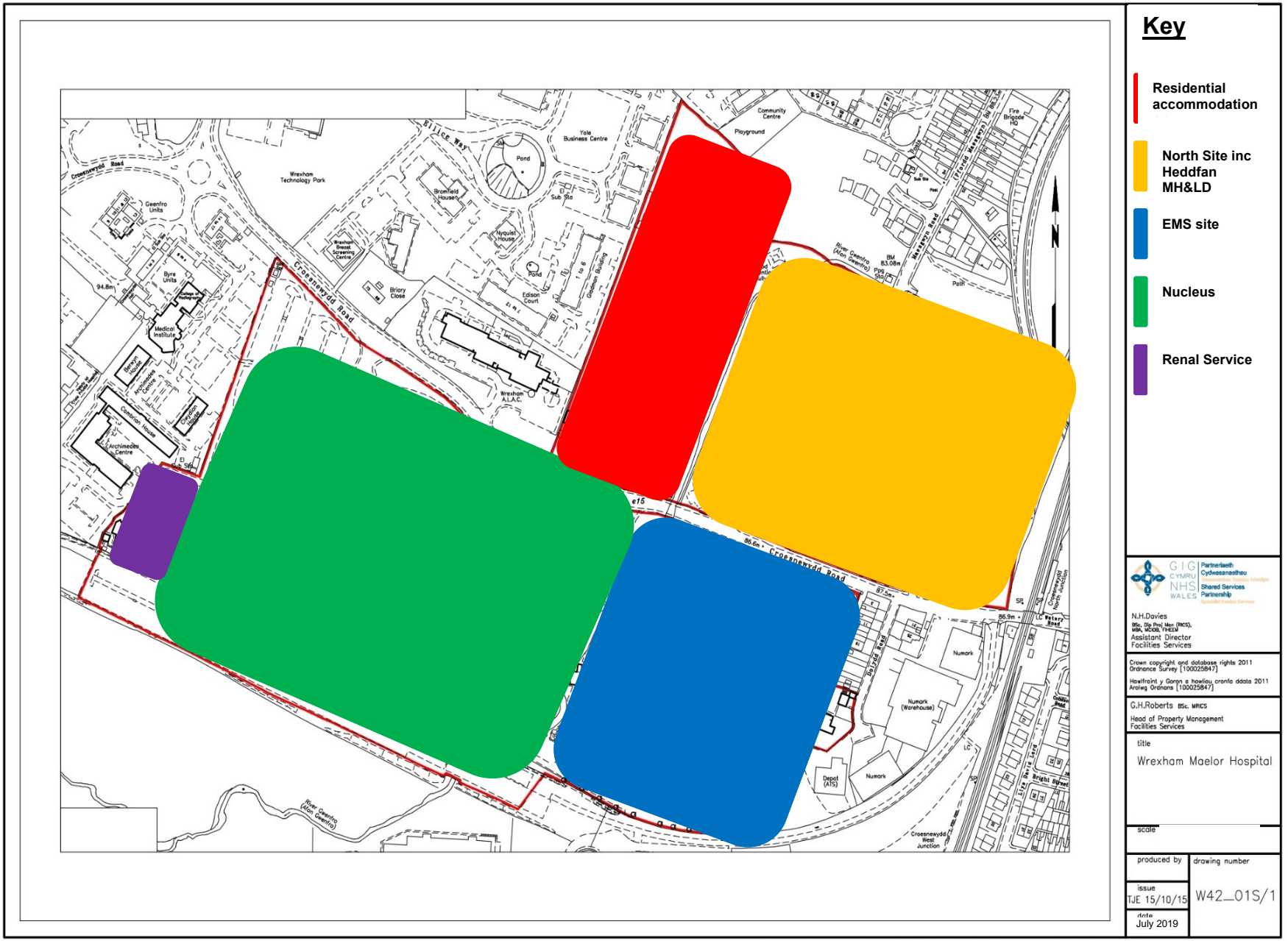
This is supplemented by the following Tier 2 (Directorate level) risk, specifically addressing the Maelor site:

"There is a risk that the Health Board fails to provide for the delivery of services on the Wrexham Maelor site. This could be due to an electrical outage on the ring main, hot water, heating. This may impact on the safety of &/or service delivery to patients including those within Pathology, Children's Ward, ENT and Stores."

Overall, the BCUHB corporate and Maelor Hospital risk registers contain more than 40 "red risks" relating to service continuity.

In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis – including one which caused significant disruption to a large number of patients and cost millions of pounds to resolve. As time passes the likelihood of more, and more significant, failures will only increase without substantial investment.

Zonal Map of the Wrexham Maelor Site



File Ref: G:\LAPP (PDF)\0_RED LINE PLANS\Betsi Cadwaladr UHB\East\Hospitals\Wrexham Maelor Hospital_01S

Investment Objectives

The fundamental objective of this case is: to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital, and the consequential impact on patient care.

In addition to increasing the resilience of the site, the proposed solution will improve the level of statutory compliance on the site. There will also be benefits in terms of a reduction in energy consumption and carbon emissions.

The specific, measurable objectives which underpin these overall objectives will be developed in the project business cases that arise from this programme case. These business cases will also fully articulate how the benefits from the investment will be realised and measured.

Scope of the Programme

The primary objective – i.e. reducing the risk of infrastructure failure - is what determines the scope of this case. Which specific risks should be mitigated, and to what extent, are essentially value-for-money questions. This is addressed in the options appraisal in the Economic section of this case.

It is important to be clear about the relationship between the scope of this case and that of the longer-term case to modernise services in Central Wrexham which was referred to earlier [p.10]. The focus of the longer-term case is service transformation, including creating fit-for-purpose accommodation that supports modern pathways of care. The transformation case will explore the potential to co-locate acute, community, primary and third sector services on the same site. Experience elsewhere suggests that a transformational programme such as this could take 10 years or more to come to fruition. The risk of infrastructure failure articulated above is too great for the organisation to delay action until it can fully integrate the infrastructure works with the transformational change. The intention of this case is therefore to ensure that the Wrexham Maelor has a robust infrastructure for the next decade, while the transformational plan is developed and delivered.

Having made the point that this investment cannot wait for the transformation case to come to fruition, it is clearly important that the investment in the infrastructure takes account of the potential future development of the site. This will give an understanding of how much of this investment, though essential to maintain services over the next decade, may have a limited lifespan. The option appraisal outlined in the Economic section [p.16 onwards] therefore takes account of whether specific investments are likely to be incorporated into the long-term plan.

Constraints to the Programme

The Continuity Programme will need to be delivered under certain operational constraints. The Maelor Hospital is a fully operational hospital campus, with no vacant spaces of significant size. Continuity works will therefore need to be sensitive to ongoing functions,

minimize disruption to services and recognise the Board's land ownership curtilage and the impact of works on the Board's neighbours.

Risk to Programme Delivery

The Continuity Programme itself inevitably carries risk, as with all significant programmes of work.

However these risks are manageable and are proportionate to the expected benefits of operational risk reduction. The Programme will be set up to manage its risks from the outset, including:

- Budget over-runs
- Ineffective interventions
- Insufficient intervention
- Failing to integrate with the Re-provision Programme

Risk Management will operate at both Programme and Project levels. The Continuity Programme will report risk exposure monthly, compiling and synthesising project level risk returns.

4 The Economic Case

Introduction

The purposes of the Economic Case are to identify and appraise the options for the delivery of the programme, and to recommend the option which is likely to offer the best Value for Money (VfM). It concludes by recommending a pipeline of individual business cases through which the programme should be developed and delivered.

Critical success factors

The critical success factors for the project are as follows:

- CSF1: business needs – how well the option satisfies the existing and future business needs of the organisation.
- CSF2: strategic fit – how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- CSF3: benefits optimisation – how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy, efficiency and effectiveness).
- CSF4: potential achievability – the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also the organisation's ability to engender acceptance by staff.
- CSF5: supply side capacity and capability – the ability of the market place and potential suppliers to deliver the required services and deliverables.
- CSF6: potential affordability – the organisation's ability to fund the required level of expenditure – namely, the capital and revenue consequences associated with the proposed investment.

The long-listed options

The long list of options was generated using the Treasury's options framework, which systematically works through the available choices for what (scope), who (service delivery), when (implementation), and funding.

This process results in options being discounted, carried forward for further consideration in the short list or identified as a preferred choice.

The options framework for this project is as follows:

Options	Finding
1.0 Scope	
1.1 'Business as usual' – i.e. continue with current arrangements, with the current levels of incremental investment to reduce the speed of deterioration of the estate	Discounted – because it would not address the serious risk issues outlined in the strategic case – but retained as a comparator against which to assess whether other options offer value for money

1.2 Minimum – address the most critical and immediate risks – i.e. those with a score of 20 on the risk register	Possible – because it would mitigate the most serious risks
1.3 Intermediate – address all red risks on the risk register – i.e. 16 and above.	Preferred – because all red risks are mitigated
1.4 Maximum – comprehensive risk reduction	Possible – but unlikely to represent value for money
2.0 Service delivery	
2.1 In-house	Discounted – the in-house estates team do not have the capacity or the full skill set to undertake the scale of work proposed.
2.2 Existing National NHS Frameworks for individual elements of work	Preferred - the Board can call upon the current NHS contractor frameworks as appropriate for the scale of each individual business case arising from the programme business case.
2.3 Single-supplier	Possible - rather than a series of 'lots' or specialisms, the Board could appoint, via competitive tendering, a single-supplier to provide all continuity services. This is possible and may appeal to larger contractors. However, this approach is more complicated and may slow down the implementation of the early, urgent, works.
3.0 Implementation	
3.1 "Big bang" or single phase implementation	Discounted – it would be disruptive to undertake work on a wide range of areas at the same time, and would stretch internal management resources.
3.2 Phased	Preferred – the sequencing of projects allows the prioritisation of urgent schemes, is manageable from the client's perspective and spreads the capital costs over a few years.
4.0 Funding	
4.1 Private Funding	Discounted as unaffordable
4.2 Public Funding	Preferred

The short-listed options

The long-listing exercise concludes that the preferred option should be undertaken on a phased basis, and funded from public capital. The two issues to be considered further as part of creating and appraising the short-list are the scope of the proposed works, and how the work should be tendered.

Scope

The Health Board has adopted a risk-based approach to determining the scope of the project. Risks are scored in the Health Board using the following scores for probability and impact:

PROBABILITY	SCORE	IMPACT	SCORE
rare	1	negligible	1
unlikely	2	minor	2
possible	3	moderate	3
likely	4	major	4
almost certain	5	catastrophic	5

This results in the following matrix of scores, and Red/Amber/Green ratings:

	Consequence (Impact)				
Likelihood	**Negligible (Very Low)**	**Minor (Low)**	**Moderate**	**Major (High)**	**Catastrophic (Very High)**
Will undoubtedly happen / recur, possibly frequently	**5**	**10**	**15**	**20**	**25**
Will probably happen / recur, but is not a persisting issue	**4**	**8**	**12**	**16**	**20**
Might happen or recur occasionally	**3**	**6**	**9**	**12**	**15**
Do not expect it to happen / recur but it is possible it may do so	**2**	**4**	**6**	**8**	**10**
This will probably never happen / recur	**1**	**2**	**3**	**4**	**5**

An exercise has been undertaken, supported by Mott Macdonald, to prioritise the resolution of issues on the Wrexham Estates risk register. This involved a review by BCUHB's Estates team, with the outcome being validated by the site's management and the Programme Board.

The exercise:

- reviewed the current risk scores;
- estimated the cost of risk reduction - based on local knowledge and the view of Mott Macdonald's Quantity Surveyors, informed by experience of work undertaken elsewhere. It is important to note that these costs are high level approximations. As part of the business case, funding of £250,000 is being sought to undertake survey work to ensure that the costs of the individual business cases are robust (the specifics of this by project are outlined in Appendix E);
- estimated the risk scores after mitigation;
- took a view as to whether the investment was "transferrable" – i.e. would be largely unaffected by the transformation programme;
- explored the revenue implications.

The full results of this exercise are enclosed in Appendix F. In summary, the cost of risk reduction by risk points is as follows:

		20 point Risk	16 point Risk	15 point Risk	12 point Risk	10-5 point Risk	ALL RISKS
WORKS VALUE		**£15,200,000**	**£14,900,000**	**£8,575,000**	**£2,435,000**	**£3,990,000**	**£45,400,000**
Provisional allowance for non contract works, decanting costs and equipment associated with the above	10%	£1,520,000	£1,490,000	£857,500	£243,500	£399,000	£4,540,000
		£16,720,000	£16,390,000	£9,432,500	£2,678,500	£4,389,000	£49,940,000
Fees	15%	£2,508,000	£2,458,500	£1,414,875	£401,775	£658,350	£7,491,000
		£19,228,000	£18,848,500	£10,847,375	£3,080,275	£5,047,350	£57,431,000
Contingency	10%	£1,922,800	£1,884,850	£1,084,738	£308,028	£504,735	£5,743,100
		£21,150,800	£20,733,350	£11,932,113	£3,388,303	£5,552,085	£63,174,100
Inflation allowance to end 2022 (mid-point)	10%	£2,115,080	£2,073,335	£1,193,211	£338,830	£555,209	£6,317,410
		£23,265,880	£22,806,685	£13,125,324	£3,727,133	£6,107,294	£69,491,510
VAT @ 20% to all excluding fees (excludes potential VAT recovery)		£4,151,576	£4,069,637	£2,342,090	£665,072	£1,089,789	£12,400,102
ESTIMATED VALUE		**£27,417,456**	**£26,876,322**	**£15,467,414**	**£4,392,204**	**£7,197,082**	**£81,350,478**

CUMULATIVE			**£54,293,778**	**£69,761,192**	**£74,153,396**	**£81,350,478**	

It is clearly a matter of judgement as to which risks should be mitigated through this case – i.e. in advance of the Wrexham Redevelopment Project. On balance, the preferred option is to mitigate the risks with scores of 20 and 16 at an estimated budget cost of £54,293,778. This obviously leaves a number of risks that will not be mitigated through this case - including road resurfacing, car parking, some work on the fabric of buildings, flood alleviation, and some work on utilities and fire precautions. A full list is included in Appendix F. In the long term these issues will be addressed as part of the Wrexham Redevelopment Project. In the short term, the risks will continue to be managed, including

in part through the use of discretionary capital. It is possible that a change in circumstances may result in future bids for all-Wales capital funding to mitigate these risks in advance of the Wrexham Redevelopment Project.

The work that is in the proposed scope is outlined fully in Appendix G. The following table summarises the areas covered, in priority order, describes the degree of risk mitigation, and gives an estimate of the costs:

Area	**Risk and Mitigation**	**Average Risk Score Reduc-tion[6]**	**Estimated Capital Costs £ Millions**
1. Utilities & Electrical Services Infrastructure	There is a significant risk to the continuity of supply to the site. It is proposed to replace the electrical intake mains substation, 4 electrical substations and the main electrical ring main.	From 20 to 7	14.1
2. Heating Systems in the EMS part of the site	The heating system to this part of the site is likely to fail. It is proposed to provide a separate heating and domestic hot water supply to this part of the site.	From 20 to 4	5.8
3. Medical Gas Supplies and Distribution Pipework	The current system is obsolete, prone to failure and has no resilience if it fails. The plan is to replace most of the system.	From 17 to 7	2.2
4. Fire Detection Upgrade L1 and Fire Alarm Panels	The existing system does not meet current standards. The plans is to upgrade or replace elements of the existing system, and install additional fire panels.	From 20 to 8	3.1
5. Nurse Call (inc. emergency & panic alarms)	The current system is obsolete and cannot be maintained. The proposal is to replace the system with one that meets modern standards.	From 20 to 8	3.1
6. Heating Calorifiers and Roofing Works	Elements of the current heating system are likely to fail due to age and need to be replaced with a more efficient system. Many of the roof coverings on the site are failing due to age, and need to be replaced.	From 18 to 6	2.6
7. Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen	The Theatre air handling plant is at high risk of failure, and does not meet current standards. The proposal is to refurbish and upgrade the facilities. The catering ventilation system is similarly in need of replacement.	From 16 to 8	23.4

[6] This is the average level of risk reduction of the specific schemes that are proposed in each area of work. The individual scheme risk reduction is set out in full in Appendix F.

Ventilation system upgrade			
Total			**54.3**

The proposed phasing of the projects, based on a judgement about priority and the likely time required to undertake the work is as follows:

Project Plan and Spend Profile

Prioritised Phasing	Pipeline Project	Project Budget Cost Estimate	2019/ 2020	2020/21 - Year 1				2021/22 - Year 2				2022/23 - Year 3				2023/24 - Year 4				2024/25 - Year 5
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1	Utilities & Electrical Services Infrastructure	**£14.1m**	Surveys/ Specification/ Tender & Business Case		HB/WG Approval	Project Delivery														
2	Heating Systems EMS	**£5.8m**		Spec/ Tend & BC	HB/WG Approval	Project Delivery														
3	Medical Gas Supplies and Distribution	**£2.2m**			Spec/ Tend & BC	HB/WG Approval	Project Delivery													
4	Fire Detection Upgrade L1 & Fire Alarm Panels	**£3.1m**				Surveys/ Spec/ Tender & BC		HB/WG Approval	Project Delivery											
5	Nurse Call (including emergency & panic alarms)	**£3.1m**				Surveys/ Spec/ Tender & BC		HB/WG Approval	Project Delivery											
6	Calorifiers and Roofing Works	**£2.6m**							Spec/ Tender & BC	HB/WG Approval	Project Delivery									
7	Critical Ventilation Systems & Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	**£23.4m**								Surveys/ Spec/ Tender & BC		HB/WG Approval	Project Delivery							

Consideration has been given as to how transferable the investment would be when plans to redevelop the Wrexham Maelor Campus have been completed. The PBC assumes that the campus will remain fundamentally unchanged with the exception of the EMS and significant elements of the original North Site which has the oldest building dating back to the 1930's (see map on p.13). The PBC assumes that buildings located within these templates would not be retained in the longer term as part of the redevelopment and therefore any investment within these locations is solely for the purpose of delivering essential clinical services in the shorter term and therefore not transferable.

A large proportion of the pipeline projects propose investment within the Nucleus template, including electrical infrastructure upgrades, medical gas supplies improvements, fire detection and nurse call replacement, and refurbishment of the theatre plant and ventilation. It is assumed that these investments would be retained within the overall campus redevelopment. The Business Continuity Workbook [Appendix F] indicates those projects that have the potential to be either transferable in totally, partly or not at all. In summary it is estimated that £41.4 million (77%) of the proposed investment of £54.3 million is transferrable.

Service delivery

As outlined in the options grid, there appear to be two realistic options: to let each of the 7 element of work as separate contracts, or to appoint a single supplier to provide all elements. The current view is that having 7 separate contracts is preferred, as it is simpler and quicker to achieve, and there is an urgent need to start this work.

Conclusion and pipeline of projects

This economic evaluation concludes that the preferred option is a programme of work addressing the red infrastructure risks on the Maelor site. It should consist of 7 phased elements, let as 7 separate contracts and funded from the all-Wales capital programme.

There are two possible approaches to developing the business cases for these individual projects. One is to produce an OBC, informed by the survey work to give greater cost certainty. The other is to do a single stage BJC, with the cost envelope agreed with Welsh Government after the survey work is complete. It may be appropriate to have different approaches to different projects, depending on their value and complexity. It should be noted that the indicative phasing of the project outlined above assumes a single stage BJC for each scheme. It is suggested that further discussions should be held with Welsh Government to agree the approach.

5 The Commercial Case

Introduction

The Commercial Case outlines how the preferred way forward can be purchased from the market.

Required Services and Procurement Strategy

The preferred option proposes letting 7 separate contracts, with a capital cost ranging between £2.2 million and £23.4 million. They are therefore likely to be procured through a combination of national and local frameworks. The specific procurement route will be determined as part of the development of each individual project business case.

Risk Allocation

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor.

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk			✓
3. Transition and implementation risk			✓
4. Availability and performance risk			✓
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks	✓		
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓		

5.4 Personnel implications (including TUPE)

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 – will not apply to this investment.

6 The Financial Case

Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section). The detailed analysis of the financial case will be undertaken as part of the individual business cases that make up the programme.

Capital Costs

As outlined in the Economic Case, the estimated cost of the preferred option is £54.3 million, made up of 7 projects as follows:

Prioritised Phasing	Pipeline Project	Project Budget Cost Estimate
1	Utilities & Electrical Services Infrastructure	**£14.1m**
2	Heating Systems EMS	**£5.8m**
3	Medical Gas Supplies and Distribution	**£2.2m**
4	Fire Detection Upgrade L1 and Fire Alarm Panels	**£3.1m**
5	Nurse Call (including emergency & panic alarms)	**£3.1m**
6	Calorifiers and Roofing Works	**£2.6m**
7	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	**£23.4m**
Total		**£54.3m**

As noted earlier, and as is appropriate at the Programme Business Case stage, this is a high level estimate. It is based on local knowledge, and the view of Mott Macdonald's Quantity Surveyors - informed by experience of work undertaken elsewhere. As part of the business case, funding of £250,000 is being sought to undertake survey work to ensure

that the costs of the individual business cases are robust (the specifics of this by project are outlined in Appendix G). The costs are also based on certain key assumptions. For example there has been no estimate of VAT recovery at this stage. Also if the assumed timing of the work over the next 5 years varies, this will impact on the total cost. The capital cost estimate has been presented as a single figure - £54.3 million – but is best considered to be in a range between £50 million and £60 million.

Revenue consequences

In terms of routine budget expenditure the programme is broadly revenue-neutral as it is mainly like-for-like replacement. There will be a small revenue saving from the plan to replace part of the heating system, which will be quantified as part of the relevant business case.

There is also likely to be significant cost-avoidance given the historical revenue (and capital) costs associated with infrastructure failure, and the increasing likelihood of those failures occurring in the future without this investment.

7 The Management Case

Introduction

This section of the PBC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

Programme management arrangements

The management arrangements for capital programmes and projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The programme will be managed in accordance with PRINCE 2 programme management methodology.

There is a single Programme Board overseeing both this Programme and the Wrexham Redevelopment Programme, to ensure full integration. The joint Senior Responsible Owners for both programmes are the Executive Director of Planning and Performance, and the Executive Director of Nursing and Midwifery.

Target Milestones

The target milestones for the individual projects are as outlined in the project plan and spend profile on page 22.

Use of special advisers

Special advisers will be used as required, procured via the Designed for Life framework.

8 Conclusion and Recommendation

This Business Case is recommended for approval.

Appendices

A	BCUHB 3 Year Outlook and 2019/20 Operational Plan [copy available on request]
B	BCUHB Estates Strategy [copy available on request]
C	Living Healthier, Staying Well [copy available on request]
D	Electrical Infrastructure Resilience – Shared Services [copy available on request]
E	Proposed Survey Work
F	Business Continuity Risk Workbook
G	Prioritised Pipeline Projects

Appendix E

Specialist Survey Work to support Specification and Design Programme

			2019/20	2020/21 - Year 1				2021/22 - Year 2	
Prioritised Phasing	**Pipeline Project**	**Project Budget Cost Estimate**	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Utilities & Electrical Services Infrastructure	**£120k**	Surveys/ Spec/Tend & BC						
2	Heating Systems EMS	**£15k**		Spec/Tend & BC					
3	Medical Gas Supplies and Distribution	**£30k**			Spec/Tend & BC				
4	Fire Detection Upgrade L1 and Fire Alarm Panels	**£25k**				Surveys/ Spec/Tend & BC			
5	Nurse Call (including emergency & panic alarms)	**£25k**				Surveys/ Spec/Tend & BC			
6	Calorifiers and Roofing Works	**£0.0k**							
7	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system	**£35k**							Surveys/ Spec/Tend & BC
Total		**£250k**							

Appendix F Business Continuity Risk Workbook

WREXHAM MAELOR HOSPITAL
COSTINGS FOR CPBC Update 25th June 2019
BUSINESS CONTINUITY RISK WORKBOOK

						CURRENT			POST MITIGATION			TRANSFERABLE INVESTMENT	REVENUE IMPLICATIONS	RATIONAL	IN SCOPE
REF	**ELEMENT**	**Condition**	**Basis of Estimate**	**Budget Cost Estimate £**	**Section Totals £**	**Priority/Risk**	**Priority/Risk**	**Priority/Risk**	**Priority/Risk**	**Priority/Risk**	**Priority/Risk**	**YES/NO**	**YES/NO**		**YES/NO**
						Probability	**impact**	**Score**	**Probability**	**impact**	**Score**				
1	**Heating**														
1a	Nucleus	boilers have been replaced and should last for next ten years.	no cost included	£0	£0	2	4	8	N/A	N/A	N/A	N/A	N/A	N/A	N
1b	EMS	Decentralisation of the heating system is considered by BCUHB as a feasible solution to mitigate the potential risk of failure due to the poor condition of the existing system.	EMS heating and domestic hot water decentralisation Feasibility Overview dated 22nd March 2019 plus allowance for premium and nightwork, builder's works, replacement of finishes and decorations; strip out existing	£2,200,000		5	4	20	1	4	4	P	N	New Energy Efficient Services	Y
			Allowance for decant space to enable works to be undertaken in phases	£1,000,000		5	4	20	1	4	4	P	Y	New space	Y
1c	North Site	Maintain existing for 10 years;													
	Estates	boiler replaced in last ten years													
	Childrens	boiler replaced last year; include allowance for repair/replacement of radiators	Allowance for replacement of cast iron radiators	£125,000		3	2	6							
	Trust HQ	Boilers need replacing	Replace boiler	£200,000		3	2	6	N/A	N/A	N/A	N/A	N/A	N/A	N
	Medical records	heating ok													
	Heddfan	new complex - no requirements													
	Residencies	boilers changed in 2004; original HW cylinders may need replacing	Allowance for replacing hot water cylinders to approximately 100 properties	£75,000		3	2	6	N/A	N/A	N/A	N/A	N/A	N/A	N
	Artificial Limb	boilers considered OK	no cost included												
1d	HSDU	out of scope													
1e	Renal	out of scope													
					£3,200,000										
2	**Medigases**														
2a	Oxygen storage	2 VIE storage at present but on same plinth so no resilience; need to separate by relocating or replacing one with modifications to feeds; replace pipework between VIE and site in ducts or overground to enable access	Re-position second VIE tank, alterations to pipework and provision of accessible ducts	£300,000		4	5	20	1	4	4	Y	Y	Additional capacity	Y
2b	Medical gases	EMS pipework/system is old and vulnerable	Re-design and replace pipework to EMS; allowance for premium and night working; allowance for builders works, replacement of finishes and decorations; strip out existing	£1,500,000		3	5	15	1	4	4	N	N	Like for like	N
2c	Medigas alarms	Existing alarms not fully functioning and total replacement and upgrade is required	Replacement of system as Mott Macdonald specification dated 26th July 2018	£200,000		5	4	20	1	4	4	P	N	Like for like	Y
2d	AVSU's/terminal units	allowance required to upgrade	Replace AVSU's and terminal units to nucleus (EMS covered in 2b)	£120,000		4	4	16	1	4	4	N	N	Like for like	Y
2e	Manifolds	main and reserve manifolds need attention/replacing; bottles possibly not required if VIE works done	Replace 8 no. manifolds	£240,000		4	4	16	2	4	8	N	N	Like for like	Y
2f	Nitrous oxide	3 no. manifolds need attention/replacing	Replace 2 no. manifolds	£90,000		4	4	16	2	4	8	N	N	Like for like	Y
2g	Medical Air	phase 1 replaced; phase 2 replace 2 compressors with 4 units including capacity for servicing; emergency manifolds need replacing	Replace emergency manifolds	£60,000		4	4	16	2	4	8	N	N	Like for like	Y
			Replace compressors	£100,000		4	4	16	2	4	8	N	N	Like for like	Y
2h	Medical Vac	2 no. manifold needs attention/replacing	Replace 2 no. manifolds	£60,000		4	4	16	2	4	8	N	N	Like for like	Y
2i	Entonox	1 no. manifold needs attention/replacing	Replace 1 no. manifold	£30,000		4	4	16	2	4	8	N	N	Like for like	Y
					£1,200,000										
3	**Other systems**														
3a	Nurse call (including emergency/panic alarm)	Part replaced; remainder required to be upgraded	Based on all wards and departments not yet done as per Courtney Thorne list	£1,500,000		5	4	20	2	4	8	P	Y	Annual Maintenmance	Y
		Follow me lights should be installed; not done in works to date so need to include cost to add in all areas	Retro install follow me lights to areas where nurse call previously installed	£250,000		5	4	20	2	4	8	P	Y	Annual Maintenmance	Y
3b	Access control	nothing to be included as will be developed out of revenue funding	outside of scope			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
3c	Heddfan	access control needs replacing throughout	outside of scope			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N

PROBABILITY	SCORE	IMPACT	SCORE
rare	1	negligible	1
unlikely	2	minor	2
possible	3	moderate	3
likely	4	major	4
almost certain	5	catastrophic	5

3d	CCTV	virtual complete replacement site wide required; 35 systems	Replace all CCTV systems	£600,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
3e	Telecom	outside of scope	excluded			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
3f	Intruder alarm	outside of scope	excluded			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
					£1,750,000										
4	**Flood Alleviation**	Potential for river bank to burst and residences know to have flooded in last 10 years; measures have been taken but risk of further flooding.	MM Environmental Engineer has carried out initial desktop review which has confirmed the areas at risk; further studies are needed to assess the extent of the risk and provide possible solutions. A cost allowance has been included within the section 10 for the further studies and a provisional sum included here for any potential works that may be undertaken	£1,500,000		3	3	9	N/A	N/A	N/A	N/A	N/A	N/A	N
5	**Utilities**														
5a	Water	Whole site upgrade of water distribution including new service into site	Allowance for upgrade of mains water distribution around the site but excluding within the buildings	£500,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water mapping	Survey specified and to be undertaken	£50,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water storage to be at low level with tanks and booster sets	new storage tanks	£575,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water tower should be demolished	Demolish	£50,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
5b	Electric	Main intake substation has 60 year old swtichgear and is vulnerable	Replace main substation	£1,000,000		4	5	20	2	4	8	Y	N	N	Y
		4 other substations also may need replacing; nucleus 1, nucleus 2, EMS, and Renal	Replace 4 no substations	£6,000,000		4	5	20	1	4	4	P	N	N	Y
		Ring main is also a risk	Replace remaining HV cabling around the site	£800,000		4	5	20	2	4	8	p	N	N	Y
5c	Gas	pressure drop at maximum; review of gas network/loads/consumption/usage required Dual fuel capacity to be considered; no resilience if gas supply lost but risk of this happening considered low	Allowance to survey and report; upgrade not envisaged	£25,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
					£7,800,000										
6	**Fire**														
6a	Fire detection upgrade	On going programme of upgrade being undertaken to achieve L1 standard	Nucleus - upgrade/replace all systems not yet done	£700,000		5	4	20	2	4	8	N	N	Auto testing	Y
			EMS - upgrade/replace all systems not yet done	£360,000		5	4	20	2	4	8	N	Y	Auto testing	Y
			North site -allowance to upgrade or replace to make 100% compliance	£440,000		5	4	20	2	4	8	N	Y	Auto testing	Y
6b	Compartmentation	condition not known; survey/strategy required	Provisional allowance including survey	£500,000		3	4	12	2	3	6	Y	N	N/A	N
6c	Fire doors	condition not known; survey/strategy required	Survey sample of fire doors; assumed 30% of all doors need replacing	£1,900,000		5	3	15	2	4	8	N	N	N/A	N
6d	Fire panels	Installation of additional fire panel; need to allow for specific panels linked back to main panel where necessary so each building can be stand alone	Allow for upgrade to 4 no. buildings	£200,000		5	4	20	2	3	6	P	Y	Stat Testing	Y
					£1,700,000										
7	**Domestic hot and Cold water**														
7a	Calorifiers	half replaced; 5 no. need replacing in nucleus		£250,000		5	4	20	2	3	6	N	Y	Inc in existing Testing and Maint	Y
7b	legionella upgrades	removal of dead legs has been done but a small number may still be required Insulation considered OK	Provisional allowance	£75,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
7c	Cold water storage	Some header tanks have been by passed and should be removed; others need to be by passed and removed	Provisional allowance for alterations to tanks	£100,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
		Redundant fire hose reels to be removed	Allowance	£25,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
					£250,000										
8	**Fabric**														
8a	Roofing	EMS flat roofing needs replacing; part may be done with day case theatres project	Allowance for re-covering of flat roofs to EMS site	£1,200,000		4	4	16	2	3	6	Y	N	Inc existing Budgets	Y
		Childrens roof is poor and needs recovering with allowance for replacement of rotten timbers/supports; soffits are asbestos board Estates building roof is poor and needs recovering with allowance for replacement of rotten timbers/supports; soffits are asbestos board	Allowance for re-covering of flat roofs to North Site and allowance for repairs to pitched roofs	£2,250,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N

8b	Windows	Old buildings on north site have poor windows - allow for repair or replacement; windows to EMS and nucleus are single glazed but considered would last albeit that some will need to be replaced	Allowance for replacement of 50% of windows to North Site as and when required; and replacement of other areas as and when required (assumed 10%)	£700,000		4	2	8	N/A	N/A	N/A	N/A	N/A	N/A	N
8c	Structure	Groundsman building unsafe and cracking	Repair if possible otherwise make safe or remove	£200,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
		Cracks in walls of sewing building	Repair if possible otherwise make safe or remove	£50,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
		HQ building cracking at high level	Needs to be investigated but provisional allowance included for possible repairs	£250,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
		Training building - external walls are in poor condition and leaking	Allowance to weatherproof and/or overclad as necessary in order to maintain integrity of the structure	£275,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
		Ty Madog mobile S42 - unsafe and not usable	Repair if possible otherwise make safe or remove	£35,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Mezzanine to workshops containing medical records is unsafe and currently has temporary propping	outside of scope												
8d	Fire escape	Fire escape to rear of childrens OPD is enclosed in rotting timber enclosure and needs replacing	Replace	£200,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
8E	Road surfacing	roads worn and potholes need attention; car parks considered OK	As marked up plan; assumed done in stages	£440,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Additional 250 car park spaces required	Provisional allowance as location not determined - in scope	£1,500,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
8F	Roof valleys	Roof valleys to nucleus have perishing lead and need replacing	Allow for replacement of valleys	£60,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
8G	Drainage	Condition not known but no major issues currently being experienced	Allow for camera survey of site	£25,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
8H	Kitchen	Replace dishwasher flooring	Kitchen refurbishment needed including replacement of old equipment	£15,000		5	2	10	N/A	N/A	N/A	N/A	N/A	N/A	N
					£1,200,000										
9	**Fuel supplies**	As discussed under Gas utility (refer paragraph 5c)													
10	**Ventilation**														
10a	Plant replacement	Like for like replacement required; not anticipated to replace ductwork but noted this may result in a functioning but not fully HTM compliant installation; BMS upgrades will be required	Ultraclean theatres; 2 AHU and dirty extract	£800,000		4	4	16	2	5	10	y	y	Maintenance and Validation	Y
			General theatres; 2 AHU and dirty extract; replacementof 8 air mixing boxes	£1,000,000		4	4	16	2	4	8	N	y	Maintenance and Validation	Y
			Allowance for 2 no. temporary modular theatres to enable works to be carried out	£6,000,000		4	4	16	2	4	8	Y	y	Maintenance and Validation	Y
			Other areas; 9 AHU's and 1 chiller plant	£3,800,000		4	4	16	2	4	8	N	y	Maintenance and Validation	Y
			Catering ventilation and cooker hoods	£1,100,000		4	4	16	2	4	8	N	y	Maintenance and Validation	Y
			Allowance for temporary kitchens to facilitate works	£300,000		4	4	16	2	4	8	N	y	Maintenance and Validation	Y
					£13,000,000										
11	**Lifts**	Overhaul, refurbish and maintain all lifts to nucleus		£1,200,000	£1,200,000	5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
		WORKS VALUE		**£45,100,000**	**£30,100,000**										
		Provisional allowance for non contract works, decanting costs and equipment associated with the above		£4,510,000	£3,010,000										
				£49,610,000	£33,110,000										
		Fees		£7,441,500	£4,966,500										
				£57,051,500	£38,076,500										
		Contingency		£5,705,150	£3,807,650										
				£62,756,650	£41,884,150										
		Inflation allowance to end 2022 (mid-point)		£6,275,665	£4,188,415										
				£69,032,315	£46,072,565										
		VAT @ 20% (excludes potential VAT recovery)	20% to all except fees	£12,318,163	£8,221,213										

		ESTIMATED VALUE		**£81,350,478**	**£54,293,778**										

Appendix G

Wrexham Maelor Hospital

Continuity Programme Business Case - Prioritised Pipeline Projects

Rev 0.9

Project Priority Rating	Log Sheet Ref	Element	Project Description	Proposed Mitigation works	Total Projects Cost Estimates Including Provisional Allowance/Fees/Contingency/Inflation & VAT	Total Project Cost Estimates Including Provisional Allowance /Fees/Contingency /Inflation & VAT (excluding Fees)	Current Risk Score	Post Mitigation Risk Score	Revenue Assumptions	Budget Estimates For Revenue Consequences
1	5	Utilities & Electrical Services Infrastructure to the Main Site	The main site electrical intake substation has 60 year old switchgear and is vulnerable to failure. This could result in a total loss of power to the Wrexham Maelor Campus.	The project would see the replacement of the electrical intake mains substation to provide greater resilience on site.	£ 1,000,000.00		20	8	The will be no impact on revenue expenditure	£ -
			There are 4 No remaining electrical substations on site and due to age also require replacing. These are located at Nucleus 1, Nucleus 2, EMS, and Renal.	The project would see the replacement of 4No electrical electrical substation to provide resilience on site.	£ 6,000,000.00		20	4	The will be no impact on revenue expenditure	£ -
			The site ring main has experienced a number of failures and power outages in the last 36 months. The remaining ring main now requires replacement due to age and possible under ground damage.	The project would see the remainder of the site electrical ring main replace to current standards and compliance.	£ 800,000.00		20	8	The will be no impact on revenue expenditure	
						£ 14,068,500.00				**£ -**
2	1	Heating Systems EMS	The current heating system serving the EMS part of the Wrexham Maelor site has reached a point where significant failures are highly likely. The Boiler plant and pipe work are old and heavily corroded and located in a subterranean ducks which have asbestos containing material debris present. The project proposes a decentralisation of the heating system as the only feasible solution to mitigate the potential risk of failure due to the poor condition of the existing system. The clinical and support services which are located in the EMS phase include Pathology, Childrens Ward, ENT, Paster Ward, Endoscopy and Stores/Printing	The proposed EMS heating and domestic hot water decentralisation feasibility overview was undertaken in March 2019 and the scheme has made allowances for premium and night work, builder's works, replacement of finishes and decorations.	£ 2,200,000.00		20	4	The will be no impact on revenue expenditure due the the installation of new energy efficient boilers and distribution systems.	£ -
				The project has considered allowances for clinical decant space to enable works to be undertaken in phases as all clinical areas are currently operational. All non-clinical services will be relocated .	£ 1,000,000.00				The budget implications will be explored as part of the Business Case and are estimated to be in a range between £20k to £50k	**£20k to £50k**
						£ 5,776,400.00				
3	2	Medical Gas Supplies and Distribution Pipework	Currently there are 2No VIE storage vessels on site but both are located on the same plinth so there is no resilience for the campus. The solution is to separate both vessels and relocate/renew with new modifications to feeds and replacement pipework between VIE in ducts or over ground to enable access to services.	The proposal is to re-position the second VIE tank, including alterations to pipework and provision of accessible ducts	£ 300,000.00		20	4	The will be no impact on revenue expenditure	£ -
			The existing medical gas monitoring alarms system is not fully functional and total replacement is now required.	The proposal is to replace the current medical gas alarm system as per an agreed specification which was produced previously to achieve compliance	£ 200,000.00		20	4	The will be no impact on revenue expenditure	£ -
			To upgrade existing obsolete AVSU's and terminal units to the Nucleus (EMS covered in 2b)	The proposal is to replace the current AVSU's and terminal units to nucleus (EMS covered in 2b)	£ 120,000.00		16	4	The will be no impact on revenue expenditure	£ -
			The existing main and reserve gas manifolds require replacing to support bottled oxygen distribution	The proposal is to replace 8 no. existing oxygen manifolds	£ 240,000.00		16	8	The will boeno impact on revenue expenditure	£ -
			The existing main and reserve gas manifolds require replacing to support bottled oxygen distribution	The proposal is to replace 8 no. existing oxygen manifolds	£ 90,000.00		16	8	The will be no impact on revenue expenditure	£ -
			The existing Phase 1, Phase 2, and compressors with 4 units / manifolds require replacing due to obsoleses.	The proposal is to replace all emergency manifolds as detailed.	£ 60,000.00		16	8	The will be no impact on revenue expenditure	£ -
			As above	The proposal is to replace the current compressors	£ 100,000.00		16	8	The will be no impact on revenue expenditure	£ -
			2 no. manifold needs attention/replacing	Replace 2 no. manifolds	£ 60,000.00		16	8	The will be no impact on revenue expenditure	£ -
			1 no. manifold needs attention/replacing	Replace 1 no. manifold	£ 30,000.00		16	8	The will be no impact on revenue expenditure	
						£ 2,163,850.00				£ -
4	6	Fire Detection Upgrade to L1 Compliance	A programme of upgrading work has taken place to achieve L1 standard, however there are other clinical and and operational areas which also require upgrading to L1 standard for Fire Detection	Nucleus - upgrade/replace all systems not yet done to L1 Standard	£ 700,000.00		20	8	The will be no impact on revenue expenditure	£ -
				EMS - upgrade/replace all systems not yet done to L1 standard	£ 360,000.00		20	8	The will be no impact on revenue expenditure	£ -
				North site -allowance to upgrade or replace to make 100% compliance to L1 standard.	£ 440,000.00		20	8	The will be no impact on revenue expenditure	£ -
		Fire Reporting Panels	A programme of new fire panels are required to meet current Fire Safety Standards and increase reporting and Fire Management across the Campus.	Installation of additional fire panels with specific panels linked back to main control panel.	£ 200,000.00		20	6	The will be no impact on revenue expenditure	
						£ 3,065,450.00				£ -

5	3	Nurse call system (including emergency/panic alarm)	The current nurse call system is becoming obsolete and require replacement. Some parts of the system have been replaced however there is a significant number of Wards that require upgrading.	Based on all wards and departments not yet addressed as per Courtney Thorne schedule, all remaining will be replaced and upgraded.	£ 1,500,000.00		20	8	The will be no impact on revenue expenditure	£ -
			The Wards do not currently have "follow me lights" to assist with the nurse call system.	It is proposed to retro fit these lights to new and existing ward areas where new nurse call previously installed	£ 250,000.00	**£ 3,156,578.00**	20	8	The will be no impact on revenue expenditure	£ -
6	7a + 8	Heating Calorifiers	There are currently 5 no existing Hot Water Clarifiers within the main campus which require urgent replacement due to age and non compliance	The proposal is to replace 5no units	£ 250,000.00		20	6	The will be no impact on revenue expenditure	£ -
		Re- Roofing Work	The older roof coverings both flat and pitched on the Maelor site now require urgent attention and replacement. The areas most effected include the EMS block, tiling and valleys on the North Site and a mixture of both flat and pitched on the Nucleus blocks.	The proposal is to undertake a programme of reroofing works across the sight with specific focus on EMS,North Site and Nucleus blocks.	£ 1,200,000.00	**£ 2,614,000.00**	16	6	The will be no impact on revenue expenditure	£ -
7	10	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	Due to the overall age and condition of the Theatres the infrastructure and air handling plant (AHU) require major investment and upgrading to improve resilience and overall compliance. The scope of work is detailed in the next column and assumes that temporary theatres will be required on site to enable the work to proceed and retain clinical activity.	The proposal is to undertake a programme of works to refurbish the Ultraclean theatres; 2 Air Handling Units (AHU) and replace the dirty extract system	£ 800,000.00				The will be no impact on revenue expenditure	£ -
				The proposal is to upgrade the general theatres; 2 AHU and dirty extract; and replacement of 8 air mixing boxes.	£ 1,000,000.00				The will be no impact on revenue expenditure	£ -
				Allowance for 2 no. temporary modular theatres to enable works to be carried out	£ 6,000,000.00				The will be no impact on revenue expenditure	£ -
				Other theatre areas include ; 9 AHU's and 1 chiller plant	£ 3,800,000.00				The will be no impact on revenue expenditure	£ -
			The catering ventilation system and canopy above the catering range in the main kitchen requires replacing following a recent EHO inspections. The project includes an allowance for temporary kitchens to enable the work to commence.	The proposal is to replace the catering ventilation system and cooker hoods to the main kitchen	£ 1,100,000.00				The will be no impact on revenue expenditure	£ -
				Allowance for temporary kitchens to facilitate works	£ 300,000.00	**£ 23,449,000.00**			The will be no impact on revenue expenditure	£ -
					£ 30,100,000.00	**£ 54,293,778.00**				
			Provisional allowance for non contract works, decanting costs and equipment associated with the above	10%	£ 3,010,000.00					
			Fees	15%	£ 4,966,500.00					
			Contingency	10%	£ 3,807,650.00					
			Inflation allowance to end 2022 (mid-point)	10%	£ 4,188,415.00					
			VAT @ 20% to all excluding fees (excludes potential VAT recovery)	20%	£ 8,221,213.00					
			CUMULATIVE TOTAL COST ESTIMATE		**£ 54,293,778.00**					

Health Board **5.9.19**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board ***To improve health and provide excellent care***

Report Title:	Development of New isolation Facilities – Critical Care Unit Wrexham Maelor Hospital
Report Author:	Mr Graham Alexander – Project Director
Responsible Director:	Mark Wilkinson- Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This business case addresses the issue of lack of adequate isolation facilities within the Critical Care unit of Wrexham Maelor Hospital. The unit's current layout and inability to adequately isolate patients has severely detracted from the quality of patient care currently being delivered. The major risk issues that prevail are fully set out in the document. In particular the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, within the two rented Isopods the unit. These Isopods are the only means of segregation/isolation on the unit and were introduced circa 10 years ago. The business case outlines two viable options to provide significantly improved facilities together with the recommendation of a preferred option which achieves compliance against modern isolation suite technical standards at a capital cost of £1,744,000 inclusive of vat and fees.
Approval / Scrutiny Route Prior to Presentation:	The creation of improved isolation facilities at Wrexham Maelor Hospital was approved as part of the discretionary capital programme for this year. However the increase in complexity and the associated uplift in the projected capital cost above the £1m threshold requires approval by the Finance & Performance (F&P) Committee and the Health Board. The business case is fully supported by the Executive Team, conditional that the scheme remains revenue neutral. Albeit the opportunity for faster repatriation of patients from Tertiary Centres in England (as outlined later) is deemed a cashable financial benefit further strengthening the financial case. Wrexham Maelor Hospital Management Team and the Secondary Care Services Development Group are also likewise supportive. The business case was approved by the F&P Committee at its meeting on 22nd August 2019.
Governance issues / risks:	The business case outlines the significant inadequacies with the current rented Isopods. There are no handwashing facilities inside them

	meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination which adversely contravenes nationally recognised infection, prevention and control standards. Patients with infectious organisms cannot be dialysed in these units as there are no water points. Finally the doors are defective and no longer close, therefore only specific infections such as colonised wounds or other contact transmitted infection can be nursed in them. Airborne, droplet and spore generating pathogens are not suitable to be managed in the Isopods (eg Clostridium difficle and many respiratory related infections)
Financial Implications:	The preferred option has been calculated at a capital cost of £1,744,000 inclusive of vat and fees albeit spread over 2 financial years. This would provide 2 isolation suites which achieve technical compliance in terms of layout and ventilation systems and thus patients with both air borne and non air borne pathogens could be safely and appropriately cared for within this environment. Some additional running costs of £17k for the Estates & Facilities Division are offset by a saving of £30k per annum on the current rental costs for both Isopods. Furthermore there is a cost avoidance of circa £50k per annum associated with repatriation levels and a projected reduction in extended bed days at Tertiary Centres. This is in circumstances where senior intensivists firmly believe that the lack of compliant isolation facilities in the Wrexham Maelor Critical Care unit is having a significant adverse impact on overall levels of patient repatriations and other transfers into the unit. Evidence to support this is set out in the business case together with some further savings attributable to a reduction in projected deep clean costs.
Recommendation:	To approve the preferred option which is the provision of 2 isolation suites which meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who can be cared for within that environment.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Strategic and service planning

Equality Impact Assessment

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)

DEVELOPMENT OF NEW ISOLATION FACILITIES

CRITICAL CARE UNIT

WREXHAM MAELOR HOSPITAL

BUSINESS CASE FOR LARGER VALUE CAPITAL PROJECTS

PREPARED BY
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AUGUST 2019

1. Executive Summary

This business case addresses the issue of lack of adequate isolation facilities within the Critical Care unit of Wrexham Maelor Hospital. The unit's current layout and inability to adequately isolate patients has severely detracted from the quality of the patient care currently being delivered as set out in the tabular analysis in section 2.2.4 which shows infection incidents and near misses over the last 12 months on the unit. Also to the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, particularly within the two rented Isopods on the unit. These Isopods are the only means of segregation/isolation rooms on the unit and were introduced circa 10 years ago. They have inadequate space, ventilation and do not have windows. There are no handwashing facilities inside them meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination which adversely contravenes nationally recognised infection, prevention and control standards. Patients with infectious organisms cannot be dialysed in these units as there are no water points. Finally the doors are defective and no longer close, therefore only specific infections such as colonised wounds or other contact transmitted infection can be nursed in them. Airborne, droplet and spore generating pathogens are not suitable to be managed in the Isopods (e.g. Clostridium difficile and many respiratory related infections).

The provision of appropriate and compliant isolation facilities (to replace the Isopods) has been deemed a priority by the Health Board with discretionary capital funding identified within both this and the subsequent financial year..

1.1 The objectives of the scheme are as follows:

1. To create a Critical Care environment that is fit for purpose, safe and humane; for patients, staff and the public

2. To provide services which meet the criteria outlined within the Core Standards for Intensive Care Units

3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care

4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery as per the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.

The business case outlines various options which have been tested against the above core objectives. Only the 'possible' options identified in the options framework were carried forward for further appraisal and analysis as follows:

- Business as usual (option 1) i.e. continue with current arrangements thereby utilising/ renting the existing Isopods. Whilst not deemed viable given the clinical risk this was simply retained as a comparator against which to assess whether 2 other options offer value for money

- Provide 2 isolation suites but with limited ventilation provision (option 2). Thus only patients with non-airborne pathogens could use such facilities. Patients with airborne pathogens would have to be transferred to other sites in BCU which have fully compliant isolation suites. . This option also supports any future expansion in Critical Care bed numbers as set out within the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.

- Provide 2 fully compliant isolation suites which meet all modern standards (option 3). Thus patients with either airborne or non-airborne pathogens could be appropriately cared for. This option also supports any future expansion in critical care bed numbers as set out within the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.

1.2 Outcome of Evaluation

At a multi-disciplinary evaluation workshop held on the 24th July 2019, attended by the Consultant Microbiologist, senior infection control matron, senior intensivists and operational services colleagues option 3 was selected as the preferred option with a projected capital cost of £1,744,000 (inclusive of VAT and fees), with the spend profile as follows:

Financial Year	**Spend**
2019/20	£347,285
2020/21	£1,396,715

As part of this option, given the requirement for extra building space, there is a need to relocate the Medical Day Unit (MDU) which since May 2016 (for business continuity reasons) has utilised an adjoining template formally used by Critical Care. Clinical agreement has been reached on the relocation of MDU to elsewhere in Wrexham Maelor hospital with all such relocation/remodelling costs included in the above forecast.

The current critical care medical and nursing establishment supports the delivery of the preferred option so no further investment is required unless we commission more beds which is not part of this project. Some increase in the projected estates and facilities running costs of £17k per annum will be mitigated by the £30k per annum saving associated with the rental of the two Isopods. Furthermore there is a cost avoidance of circa £50k per annum associated with repatriation levels and a

projected reduction in extended bed days in Tertiary Centres. This is in circumstances where senior intensivists firmly believe that the lack of compliant isolation facilities in the Wrexham Maelor Critical Care unit is having a significant adverse impact on overall levels of patient repatriations and transfers in with the numbers set out below:

Dates	Repats	Transfers in
1st January – 31st December 2015	11	6
1st June 2018 – 31st May 2019	2	5

Repatriations apply to Wrexham and Flintshire patients where the improvement in their condition does not warrant the specialist care provided by Tertiary Centres and in normal circumstances they would be returned to our local unit. Transfers in relate to non Wrexham and Flintshire residents who need to be admitted to our critical care unit given some specialist services we provide eg North Wales Upper GI cancer centre patients. The projected cost avoidance figure of £50k per annum is an estimate and anticipates that the lack of isolation facilities is the predominant factor affecting repatriation/transfers in levels and recognises that Tertiary Centres charge a different tariff and obviously length of stay for every patient will vary based on severity of illness.

In addition there is a further projected cost avoidance figure of £5k per annum associated with the current “deep clean” costs incurred by the Estates and Facilites Division. This is in circumstances where the current inadequate isolation of patients on the unit sometimes requires entire bays to be deep cleaned rather than individual rooms.

Subject to all necessary approvals, the project will commence in January 2020 with a projected completion date of December 2020.

2. The Strategic Case

This document will set out the strong case to undertake a capital investment of £1,744,000 Inclusive of vat and fees within the Critical Care unit of Wrexham Maelor District General Hospital to significantly improve infection, prevention and control.

The main driver for the investment derives from the Guidelines for the Provision of Intensive Care Services and specifically how Intensive Care facilities should comply with Health Building Note (HBN) 04-01 Supplement 2 Negative Pressure Suites,

Technical Guidance in support of Welsh Health Circular WHC (2018) 033 Airborne Isolation Room Requirements.

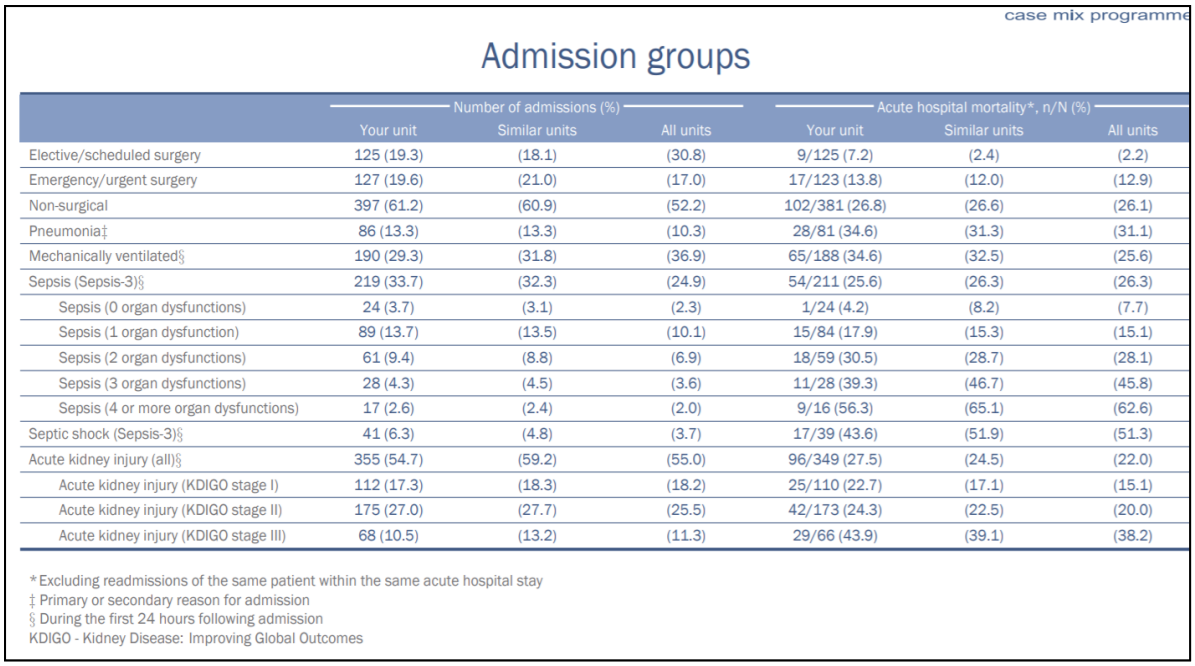
The objectives are to establish a programme of work to meet the above national standards which set out in detail the requirements for isolation rooms. The underpinning priority of isolation is to prevent the spread within critically ill patients of infection and protect immune-suppressed patients. It has been established that critical care at the Wrexham Maelor hospital has inadequate single room facilities for reducing hospital acquired infections with significant consequential risks being generated.

2.1 The Current Service

The Critical Care Unit was established in 1998 and is located on the first floor of the nucleus hospital. It consists of 12 funded beds but with current space for up to 13 patients. Of that figure, five are Level 3 beds. These are primarily utilised for critically ill patients with multi-organ failure or those who require invasive ventilation. The remaining seven beds are Level 2 beds, which are used for the care of those patients that require single organ support or higher levels of monitoring and nursing care. In the current critical care footprint, these bed spaces are separated into two rooms of four beds.

Clinically, the unit admits a mixed and unselected take of adult general surgical and medical patients, excluding neuro and cardiac patients. In exceptional circumstances there is a recognition that the unit would accept paediatric patients. The hospital also has high care areas for coronary care and non-invasive ventilation, but these frequently overspill in to critical care.

Last year 662 patients were admitted to the unit and of those 662 admissions 135 patients (20%) needed to be isolated for infection reasons. Unfortunately, we were not able to meet this criteria at times. Table 1: More than 60% of patients were from mixed medical emergencies (20%) needed to be isolated for infection reasons.



case mix programme

Admission groups

	Number of admissions (%)			Acute hospital mortality*, n/N (%)		
	Your unit	Similar units	All units	Your unit	Similar units	All units
Elective/scheduled surgery	125 (19.3)	(18.1)	(30.8)	9/125 (7.2)	(2.4)	(2.2)
Emergency/urgent surgery	127 (19.6)	(21.0)	(17.0)	17/123 (13.8)	(12.0)	(12.9)
Non-surgical	397 (61.2)	(60.9)	(52.2)	102/381 (26.8)	(26.6)	(26.1)
Pneumonia‡	86 (13.3)	(13.3)	(10.3)	28/81 (34.6)	(31.3)	(31.1)
Mechanically ventilated§	190 (29.3)	(31.8)	(36.9)	65/188 (34.6)	(32.5)	(25.6)
Sepsis (Sepsis-3)§	219 (33.7)	(32.3)	(24.9)	54/211 (25.6)	(26.3)	(26.3)
Sepsis (0 organ dysfunctions)	24 (3.7)	(3.1)	(2.3)	1/24 (4.2)	(8.2)	(7.7)
Sepsis (1 organ dysfunction)	89 (13.7)	(13.5)	(10.1)	15/84 (17.9)	(15.3)	(15.1)
Sepsis (2 organ dysfunctions)	61 (9.4)	(8.8)	(6.9)	18/59 (30.5)	(28.7)	(28.1)
Sepsis (3 organ dysfunctions)	28 (4.3)	(4.5)	(3.6)	11/28 (39.3)	(46.7)	(45.8)
Sepsis (4 or more organ dysfunctions)	17 (2.6)	(2.4)	(2.0)	9/16 (56.3)	(65.1)	(62.6)
Septic shock (Sepsis-3)§	41 (6.3)	(4.8)	(3.7)	17/39 (43.6)	(51.9)	(51.3)
Acute kidney injury (all)§	355 (54.7)	(59.2)	(55.0)	96/349 (27.5)	(24.5)	(22.0)
Acute kidney injury (KDIGO stage I)	112 (17.3)	(18.3)	(18.2)	25/110 (22.7)	(17.1)	(15.1)
Acute kidney injury (KDIGO stage II)	175 (27.0)	(27.7)	(25.5)	42/173 (24.3)	(22.5)	(20.0)
Acute kidney injury (KDIGO stage III)	68 (10.5)	(13.2)	(11.3)	29/66 (43.9)	(39.1)	(38.2)

*Excluding readmissions of the same patient within the same acute hospital stay
‡ Primary or secondary reason for admission
§ During the first 24 hours following admission
KDIGO - Kidney Disease: Improving Global Outcomes

In addition to this, neutropenic patients (at high risk of infection due to low white cell count) and patients that have been swabbed for potential flu also require isolation.

Protective Isolation aims to protect immunocompromised patients (20% of our admitted patients) who are at high risk of acquiring micro-organisms from either the environment or from other patients, staff or visitors.

Within the whole hospital context and not just appertaining to critical care it is important that standard Infection Prevention Control (IPC) precautions are implemented at all times and all patients must be assessed on admission to ensure that they are placed in appropriate isolation if necessary. Patients with certain conditions must be isolated immediately for example:

- Diarrhoea and/or vomiting
- Undiagnosed rashes and fevers
- Known Carbapenemase Producing Enterobacteriaceae (CPE) patients/carriers
- Suspected or confirmed Group A streptococcal infection (i.e. necrotizing fasciitis)
- Patients shedding Methicillin-resistant staphylococcus aureus (MRSA), Glycopeptide-resistant enterococci (GRE)
- Patients admitted from other hospitals who may be infected/colonised with resistant micro-organisms
- Bacterial meningitis

Table 2: High-risk patients (Patients on high dose steroid therapy, chemotherapy, radiotherapy, congenital or acquired immune deficiency state or AIDS %) who are at

high risk of acquiring micro-organisms from either the environment or from other patients, staff or visitors. Unfortunately, we were not able to isolate them

Wrexham Maelor Hospital, Intensive Care Unit

case mix programme

Case mix (i)

	Your unit	Similar units	All units
Age (years), mean (SD)	61.0 (17.7)	61.6 (18.1)	61.0 (17.4)
Male, n (%)	338 (52.1)	(53.8)	(57.2)
Severe conditions in past medical history, n (%)			
Severe liver disease	17 (2.6)	(2.3)	(2.3)
Severe respiratory disease or home ventilation	46 (7.1)	(3.6)	(2.5)
Haematological malignancy	12 (1.8)	(1.7)	(1.8)
Metastatic disease	13 (2.0)	(2.5)	(3.6)
Immunocompromise*	81 (12.5)	(6.4)	(7.2)
Prior dependency, n (%)			
Able to live without assistance with daily activities	459 (70.7)	(73.8)	(77.5)
Some (minor/major) assistance with daily activities	174 (26.8)	(24.9)	(21.4)
Total assistance with all daily activities	16 (2.5)	(1.4)	(1.1)
CPR within 24 hours prior to admission, n (%)			
Community CPR	15 (2.3)	(2.9)	(3.0)
In-hospital CPR	19 (2.9)	(2.5)	(2.3)

*Daily high-dose steroid treatment, chemotherapy, radiotherapy, congenital immunohumoral or cellular immune deficiency state or AIDS

2.1.1 The existing isopods

These were introduced over 10 years ago, and given the major space constraints within the unit, a decision was made to introduce isopods for two cubicles. Illustrated below is a photograph of an isopod which clearly demonstrates their space limitation and other issues.

At the time these were considered an optimum way of creating appropriate segregation facilities on the unit given no other such facilities existed, they are the only segregation facilities on the unit. However, over time these have become discredited, with a clear directive from the Executive Nurse Director to remove them from the site given that clinicians are not able to safely isolate level 3 patients. The isopods are now deemed not fit for purpose for a number of reasons as set out in the next section.

2.2 The Case for Change

2.2.1 Investment Objectives

The investment objectives for this project are as follows:

1. To create a critical care environment that is fit for purpose, safe and humane; for patients, staff and the public

2. To provide services which meet the criteria outlined within the Core Standards for Intensive Care Units

3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care

4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery as per the Strategic All Wales Critical Care and Future Demand (Task and Finish Group Review) July 2019

2.2.2 Overview of Infection Prevention Position – Wrexham Maelor

Wrexham Maelor Hospital is a busy DGH which delivers the secondary healthcare needs of the population of Wrexham and a part of Flintshire.

Infection prevention is fundamental to providing better care for critically ill patients. Critically ill patients are very vulnerable to infection. This is not only because of the severity of a patient's illness, but also the combination of multiple risk factors such as intubation, insertion of lines and catheters and the nature of the patients themselves, so that it is not unexpected that the highest infection rates are in Intensive Care Unit (ICU) patients. Hospital Acquired Infection (HAI) rates in adult and paediatric ICUs are approximately three times higher than elsewhere in hospitals *Weinstein RA. Nosocomial infection update. Emerg Infect Dis 1998 July-September;4:416–20*

The location of the hospital on the border possesses a unique threat to the prevention and control of Infection. Most of our patients requiring tertiary care are repatriated from big centres in Manchester and Liverpool whom have now been declared as CPE endemic. CPE or *carbapenemase producing enterobacteraicia (CPE) are* antibiotic resistant bacteria that are resistant to the most effective antibiotics, spread rapidly in the health care facility

It has been estimated that a recent CPE outbreak in the Central Manchester University Hospital cost the trust £5.2 million due to lost productivity as a result of bed closures, enhanced screening and cleaning requirements.

An outbreak of CPE in the Arrowe park hospital has been estimated to cost the trust hundreds of bed days lost associated with a patient mortality of 60-80 percent. Wrexham Maelor Hospital regularly receives patients from the above hospitals.

Currently Wrexham Maelor ITU/HDU does not have a single isolation room with en-suite facility.

The existing Wrexham critical care isopods do not have the appropriate facilities to contain and prevent the spread of infection. They lack anterooms - a much needed design feature of any isolation room.

Why anterooms are needed?

- Provides an additional set of doors and space to contain infection. The Health Technical Memoranda states that the positive pressure in an anteroom prevents dust and air particles containing infectious organisms from entering the ward.
- It allows staff and visitors to gown and glove outside of the clinical space.
- It allows hand washing facilities, which are essential for isolation.

2.2.3 The existing Isopods are not fit for purpose

They do not have hand washing facilities inside them meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination to other patients.
The doors on the isopods no longer close defeating the purpose of these rooms. Airborne, droplet and spore generating transmitted pathogens are not suitable to be managed in the isopods (e.g. Clostridium difficile and many respiratory related infections) as they no longer prevent the spread into the wider environment. It also means that a clean of the whole bay is required, rather than limiting it to the room, which is inconvenient and poor use of resource.

With any infection (including the advent of CPE cases) in critical care it is increasingly becoming a problem that is impacting on patient outcome, length of stay, increased ICU cost and bed availability. Without adequate isolation facilities on the unit, such risks will simply multiply. There is an increasing flow of patients between hospitals and repatriations from local hospitals. Therefore the risk of transmission of these types of infections has dramatically increased. In order for us to safely accept such repatriations we have to be able to provide adequate isolation facilities if we are to protect other critically unwell patients currently on the unit. Delay in repatriation leads to an increase in length of stay for patients, an increase in critical care costs, greater than before likelihood of morbidity and mortality, a reduction in bed availability and therefore an increase of overall cost to the Health Board.

Number of requests for screening of infectious organisms from ITU from January to June 2019

MRSA SCREEN	452 (6 Positive)

VRE	9
C DIFF	28
INFLUENZA	27
Carbarpenemase producing organism (CPE)	54
TB	10

2.2.4 Need for Improved ventilation

The existing infrastructure of the hospital has only ever allowed us to adequately manage organisms transmitted via the airborne route (e.g. tuberculosis TB, avian influenza and even measles) throughout the hospital in segregation rooms with critical care being no exception. Current HBN-04-01 Supplement 2 recommends that Critical care should have 10 air changes an hour; currently we have 2-3 air changes an hour. In doing so, clear Standard Operating Procedures are required for staff to follow, to further mitigate any risk of transmission. In the event of a multi-drug resistant TB, measles, MDR Acinetobacter or Avian Influenza and SARS for example, these patients would need to be transferred to the nearest negative pressure facility e.g. Ysbyty Glan Clwyd GC or Liverpool. Recent events have shown that this solution is not viable in critical care because of the severity of illness of the patients, pressures being faced by accepting units and the regularity at which these facilities are now needed. This poses a severe threat to the wellbeing of patients, visitors and staff who perform high risk aerosol generating procedures that disseminate infectious particles in the air for rapid dissemination. Investing in additional air handing units to provide negative pressure in the isolation rooms will allow recruitment of air to the rest of the unit leading to improved compliance with the Welsh Health Building Note (WHBN).
Current NICE guidelines recommend all patients with suspected or confirmed MDR TB should be nursed in negative pressure rooms.
Patients with reduced immunity are occasionally nursed in open bays where the acquisition of unit infections could be fatal. Likewise patients who are identified as having highly virulent and contagious infections are not always isolated in a timely manner which increase the risk of unit spread. Resulting in closure of the unit and a lack of level 3 capacity on site. The issue in critical care has been the lack of segregation to allow effective isolation of the most commonly seen organisms – effective isolation can still be achieved with the brief proposed

In addition to the chief concern of preventing the spread of infection, the current isopods are non-compliant for other reasons. Each isolating room is supposed to have a level 3 bed inside, but in reality they are not adequately sized as there is not enough space for ventilation or for haemofiltration. In order to give dialysis to a patient, the doors would actually need to be opened and the bed pulled out, wholly defeating the

object of segregation. Crucially there is not enough space to deliver emergency care, if a patient went in to cardiac arrest, the crash team would not have enough space to perform lifesaving treatment on that patient.

The unit's current layout and inability to adequately segregate patients has severely detracted from the quality of the patient care currently being delivered and also to the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, particularly within the Isopods. The rooms have inadequate ventilation and do not have windows. This compromises both staff and patient comfort. The temperature can reach extreme levels, especially in the summer, and the small size makes them extremely claustrophobic, (a point often included in feedback from patients and families). This is detrimental to patient's comfort but also has concerning negative clinical ramifications.

These facilities are also expensive with the current annual rental cost for both pods being £30,000 per year

Finally as part of this business case senior colleagues in the Infection, Prevention and Control Team have provided the following analysis showing incidents and near misses over the last 12 months on the unit. The table below reflects the nature of the incident, recommendations/ standards that should be in place for such organisms, the situation on the unit prevailing at the time and finally the serious consequential risk that presented. This evidence further supports the compelling case for change and that compliant isolation facilities are much needed.

Date	Incident	Recommendations	Situation	Risk
2018	Pt transferred to HDU from Spanish ITU colonised with MDR- CPE Acinetobacter	PHE cpe toolkit Patients with confirmed or suspected CPE should be nursed in isolation rooms with ensuite facilities	No en-suite facilities available currently on HDU/ITU	Bay closure to mitigate risk of spread to other patients Requirement to decant and clean entire bay leading to bed days lost and expensive technology clean of ward Additional screening of patients due to lack of effective isolation Potential scope of CPE outbreak costing millions of pounds

June 2019	Pt with suspected MDR TB	Nice recommendation- Pt with suspected or confirmed MDR TB should be nursed in negative pressure ventilation	Pt too unwell to transfer. No bed available in local hospital (YGC or regional centre Liverpool)	Risk of transmission to staff and patient of potentially untreatable TB Public health emergency
2017-18	147 patients (out of 662) admitted to Unit with isolation requirements	Pt with diarrhoea should be isolated in single room ideally with en-suite facilities to minimise environmental contamination by gram negative organisms		High rates of VAP compared to similar units in Wales
2018-19	C DIFF	2 patients with toxin positive C diff	Suboptimal ventilation and inability to close doors of isopod and no en-suite facilities on the unit	Patient 22 years of age once mobile was expected to use a commode at the bedside. Nursing staff then required to walk carrying the contents of the bedpan to the only sluice on critical care (shared by ITU and HDU). Hand wash sink in the patient's room used by both patient/visitors and staff. The lack of suitable isolation facilities when nursing patients with enteric organisms significantly increasing the risk of transmission directly or indirectly via a contaminated environment. Optimal isolation is required particularly in ITU/HDU due to the inability to effectively deep

				clean the unit. Due to the nature of the patients decanting to HPV clean the unit is not possible
	Infections due to Pseudomonas aeruginosa are high risk in critical care units and MDR Pseudomonas is on the increase	Recent environmental sampling has identified Ps. aeruginosa in critical care – this may be related to the water source but may have been transmitted into the environment from a patient with Ps.aeruginosa.	In the last 12 months, 14 clinical infections due to Pseudomonas aeruginosa have been reported in critical care. 8 of these have been from respiratory samples and such patients require droplet isolation.	Repeated water failures in last 12 months leading to bed days lost and 14 clinical infections

2.3 Potential Scope

This section describes the potential scope for the project, which follows from the previous analysis. There is an urgent requirement to significantly improve infection, prevention and control on the Wrexham Hospital Critical Care unit. Given the very specific issues related to clinical service delivery and the estate, the project focuses on the following:

1. Removal of the 2 sub-optimal Isopods and replacement with 2 number non isolation bed spaces
2. Relocate the Medical Day Unit (MDU) from a template adjoining critical care (prior to May 2016 critical care did utilise this adjoining template. However, for business continuity reasons the MDU has been temporarily located there). This adjoining template is required given extra space is needed for the critical care development. Clinical agreement has been attained on the relocation elsewhere within the Maelor for the MDU.
3. Provide 2 number compliant isolation suites within part of the adjoining template. Within the option appraisal process we will examine whether such

facilities are designed to attain protection for both air borne and non airborne pathogens.

4. Carry out ancillary upgrade to any area within the Critical Care unit affected by this development and also attain additional electrical resilience.

The current configuration of the Critical Care unit doesn't allow the delivery of high quality care given major deficiencies surrounding isolation of infectious patients. The above scope would allow for significant improvements in care via the provision of compliant facilities which will ensure isolation for the majority of organisms that clinicians manage on the unit.

2.4 Benefits

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to clinical/business needs. Satisfying the potential scope for this investment will deliver the following high level strategic and operational benefits. By investment objectives, these are as follows:

Investment objectives	Main benefits criteria
1. create a critical care environment that is fit for purpose, safe and humane; for patients, staff and the public	• Allows for the required effective level of Infection prevention controls • Maintain and improve quality - Patients will experience higher quality care in the appropriate setting • To support more timely and appropriate earlier admission of those patients who require isolation in critical care. • Reduce the undesirable requirement to prematurely discharge patients from critical care before it is deemed clinically safe and appropriate to do so. • Ensuring patients are cared for in an appropriate environment. This will avoid non-clinical transfer and lead to an improving Standardised Mortality Ratio (SMR) • The opportunity to reduce the risk of death and serious harm, plus reduce non-clinical transfers • Facilitate the ability to individually provide deep cleaning of patient environments without impacting on the running of the unit • Enhanced air exchanges throughout the critical care unit will safeguard all patients with regards to nosocomial infections • Provide the expected standard of protection to healthcare professionals when dealing with highly transmittable infections such as multidrug-resistant TB

2. To provide services which meet the criteria within the Core Standards for Intensive Care Units	• Full isolation delivered in accordance with HBN 04-01:Supplement 2 Negative Pressure Suites, Technical Guidance in support of Welsh Health Circular (2018) 033 Airborne Isolation Room Requirements. • Adequate ventilation and temperature control • Allow for business continuity in the face of highly transmittable infections including elective surgical work
3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care	• Improved patient satisfaction • Improved outcomes and quality of service provided to patients, allowing treatment to be provided in appropriate care settings • Improved patient satisfaction with appropriate levels of patient comfort, privacy and dignity • Staff support and development • The ability to introduce a safer operating model that will reduce patient transfers, limit the number of inappropriate discharges and increase capacity so avoiding the cancellation of surgery
4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery; as per the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019	• Space is adaptable for future change in use dependant on the infection • Supportive of PACU developments • Addresses need for adapting to change in the way we manage increased antibiotic resistance

2.5 Main Risks

The main business and service risks associated with the scope for this project are:

- Unexpected changes in service capacity/demand which render providing only 2 isolation suites inadequate. It is fully recognised that providing only 2 isolation suites (based on capital availability) against current demand is not optimum given that in the recent financial year one third of patient bed days involved patients requiring isolation.
- Failure to comply with nursing infection, prevention and control protocols even though new facilities are available.
- Capital/revenue affordability

2.6 Constraints

The requirement to utilise the adjoining template for the development given existing space constraints within the current footprint and some limitations on design options.

2.7 Dependencies

As outlined earlier the delivery of the project objectives requires use of a template adjoining the critical care unit. This adjoining template was until May 2016 used by clinicians on critical care. It served to provide much needed additional storage and administrative space. However given a catastrophic infrastructure failure at that time elsewhere in the hospital, the Medical Day Unit (MDU) was transferred into this adjoining template for business continuity purposes. It has remained there ever since but with a recognition that at some point in the future the MDU would need to be relocated should any expansion be required for the Critical Care Unit. The project objectives fully embrace the relocation of the MDU with agreement reached on an alternative siting (within a part of the hospital which currently provides ambulatory care) and the cost schedules have included for such MDU reprovision.

3 Formulation and short listing of options

3.1 The long list of options

The long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding.

The process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice. The options framework for this project is as follows:

Options	Finding

1.0 Scope	
1,1' business as usual'- ie continue with current arrangements and simply carry on utilising/renting the existing Isopods	Discounted – this would not address the service and estates issues outlined in the strategic case. However this is retained as a comparator against which to assess whether options offer value for money
1.2 Minimum – seek to provide 2 segregation rooms rather than 2 isolation suites -no en-suites or lobby areas would be incorporated into the scheme. These would not meet Welsh Health Building Note (WHBN) or Welsh Health Technical Memorandum (WHTM) standards.	Discounted- as above this would not address the service and estate issues. Such rooms would not have en-suites or lobby areas and would have a very basic ventilation system, as such supply air would come from the corridor/ward adjacent. These rooms would in effect offer nothing greater in terms of protection than normal ward side rooms. In addition these 2 segregation rooms would be provided within the area of critical care currently used for the Isopods. Whist the segregation rooms would not achieve compliance they would require a bigger footprint than the Isopods and result in 2 other bed spaces being lost. Clinicians have completely rejected any bed reduction as the above option would take the unit from 13 to 11 bed spaces.
Intermediate- seek to provide 2 isolation suites but with limited ventilation provision and thus only patients with non airborne pathogens could use such facilities. Patients with airborne pathogens would have to be transferred to other sites in BCU who have fully compliant isolation suites.	Possible- this would address some of the estate and service issues albeit not achieve full compliance for patients who have airborne pathogens. Whilst this option would provide lobby areas and en-suites only a very basic extract ventilation system would be provided (wouldn't achieve target air changes per hour or positive pressure to lobby areas) and hence the non-suitability for patients with air borne pathogens. This would require a BCU network solution for such patients with air borne pathogens. This option would be delivered using part of the adjoining template to critical care (as outlined in the strategic case) and would not result in any decrease in bed spaces. Indeed with the removal of the Isopods and their replacement with 2 non isolation bed spaces plus the 2 new isolation suites, the overall future capacity/ bed spaces in the unit increases from 13 to 15. This would support any future expansion in critical care bed numbers as set out within the Strategic

	All Wales Critical Care and future demand (Task & Finish Group review) July 2019.
1.3 Maximum- provide 2 fully compliant isolation suites which meet WHBN and WHTM standards.	Possible- this would address all of the estate and service issues and not require any BCU network solution for patients with air borne pathogens. This would provide for lobby areas and en-suites together with a full air handling unit. This would ensure the required 10 air changes per hour (as per the standards) to the 2 bedrooms and en-suites and ensure positive pressure to the required target in the lobby areas. Thus patients with either air borne or non air borne pathogens could be appropriately cared for under this option. This option would be delivered using part of the adjoining template as outlined in the strategic case. The consequential bed future spaces/capacity would also result in an increase from 13 to 15 spaces.. This would support any future increase in critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.
2.0 Service solutions	
2.1 The scheme will be delivered within an extended critical care footprint and involve refurbishment of existing facilities.	
3.0 Service delivery	
This will follow normal tendering procedures but have in house project management.	
4.0 Implementation	
This will be phased in terms of the works contract.	The relocation of the MDU is required as the 1st phase. Once this is achieved the removal of the Isopods and their replacement with 2 non isolation bed spaces will be phase 2. Phase 3 will then follow involving the provision of the 2 isolation suites themselves within the extended footprint as outlined in the strategic case. This scheme will now straddle 2 separate financial years.
5.0 Funding	

5.1 Private Funding	Discounted as unaffordable
5.2 Public Funding	Preferred

3.2 Shortlisted Options

The' possible' options identified in the table were carried forward into the shortlist for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

On this basis the following options were examined as part of a multi-disciplinary option appraisal workshop held on the 24th July, 2019:

Option 1. Business as usual: ie continue to rent the 2 existing Isopods (circa £30k per annum for both)

This will simply maintain current infection, prevention and control arrangements. Whilst not deemed viable because of the clinical risk it is included as a baseline to compare the value for money of other options.

Option 2. Provide 2 isolation suites (non air borne pathogens only) within part of a template adjacent to the critical care unit.

Whilst historically this adjoining template had been utilised by critical care, since May 2016 it has been used as a Medical Day Unit given some previous business continuity issues. Agreement has been reached with clinicians that the Medical Day Unit can be transferred elsewhere in the hospital given extra space is needed to support the critical care development.

This option would provide lobby areas and en-suites and be fully compliant in that respect albeit only a very basic extract/air change system would be provided. This is fundamental in terms of WHTM standards for isolation facilities. Supply air would come from the corridor/ward adjacent and hence neither the target air changes per hour for the 2 bedrooms or en-suites (10) or positive pressure for lobby areas at the designated level would not be attained. Such rooms would therefore be designated as simply segregation facilities and would only be appropriate for patients with non air borne pathogens. For patients with air borne pathogens a BCU network solution would be required involving transfer of such patients to other hospitals in BCU who have fully compliant facilities.

This option would support in space terms any future projected expansion of critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.

The main benefits of this option are as follows:

- En-suite segregation room for patients with suspected infection with non airborne infections
- Anteroom for applying and removing personal protective equipment

- Bespoke handwashing facilities to contain spread of infection
- Privacy and dignity for patients and relatives
- Ability to increase critical care bed capacity

The projected out turn cost inclusive of the relocation of the MDU, vat and fees is £1,175,129.59.

Option 3. Provide 2 isolation suites (both air borne and non airborne pathogens) within part of a template adjacent to the critical care unit.
Same rationale for utilising adjacent template as described in option 2 likewise applies to this option.

Within this proposal the requisite lobby areas and en-suites are provided but together with a full air handling unit. This would achieve the required WHTM standard of 10 air changes per hour for the bedrooms and en-suites and positive pressure in the lobby areas to the required level. This building and engineering infrastructure would allow the isolation of patients with both air borne and non airborne pathogens. It would achieve full compliance with WHBN/WHTM requirements and thus no BCU network solution would be required for any category of isolation patient.

This option would likewise support in space terms any future projected expansion of critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.

The main benefits of this are as follows:

- Isolation room compliant with Welsh technical standards for patients with suspected airborne and non-airborne infection
- Anteroom for applying and removing personal protective equipment
- Bespoke handwashing facilities to contain spread of infection
- Improvement of ventilation in entire unit. Allowing compliance with Health Building Note (HBN) 04-01 Supplement 2 Negative Pressure Suites, Technical Guidance in support of Welsh Health Circular WHC (2018) 033 Airborne Isolation Room Requirements
- Compliance with NICE recommendations by achieving pressure gradient and airchanges on the unit
- Privacy, comfort and dignity for patients and relatives

The projected outturn cost inclusive of the relocation of the MDU, vat and fees is £1,744,000.

3.3 Option Appraisal outcome

As part of a multi-discplinary workshop the following weighted criteria were agreed to facilitate the consideration and evaluation of the above options. This workshop held on the 24th July 2019, was attended by the Consultant Microbiolgist, senior infection control matron, senior intensivists and other colleagues from operational services. Both the evaluation criteria and associated weighting were fully agreed by colleagues as part of the workshop process.

Agreed evaluation criteria	**Allocated evaluation criteria weighting (out of 100)**
Patient quality and safety	40
Acceptability to patients and staff	20
Accessibility	20
Effectiveness	20

Scoring rating of 1-5 was utilised per weighted criteria and applied to each option with a score of 1 being lowest and 5 highest rating.

Shown below is the outcome of the weighted evaluation scoring exercise reflecting that option 3 is the preferred option.

Option	**Agreed Score (as per weighted evaluation criteria above)**
1 – business as usual	140
2 – isolation suites (non airborne pathogens	300
3 – isolation suites (both airborne and non air borne pathogens)	460

In summary this is preferred for the following reasons:

There is an absolute recognition that the current Isopods are a sub-optimal means of ensuring isolation for the majority of organisms that clinicans need to currently manage on the unit. The score reflects their defectiveness, lack of handwashing, lobby and ventilation provision that are now fundamental to modern technical standards. The multi-disciplinary clinicans who undertook the scoring exercise also reflected on the level of patient and staff risk (as per the Strategic Case) the retention of the Isopods represented. This option did not achieve a score above 2 on any of the criteria clearly showing its unacceptability in clinical terms.

The evaluation process surrounding options 2 and 3 fully recognised that in terms of technical standards and compliance there was a great deal of uniformity. The obvious difference being the significantly enhanced level of ventilation provision with option 3 giving full compliance with HBN 04-01 in terms of air borne isolation room requirements. The clinicians in scoring option 2 did not believe that a network

solution for patients with airborne pathogens (which this option would require) has been even currently demonstrated to work. Examples were cited of requested patient transfers where lack of capacity at the other sites prevented this happening. There was a major concern that to select this as the preferred option would still present risks that any air borne pathogens would need to be managed locally but with an option that has not been designed to afford protection to staff or offer the highest quality of care to patients.

The scoring of option 3 clearly demonstrated the alignment of technical standard compliance, mitigation of patient and staff risk and the avoidance of any network solution with the inherent capacity risks that would present. The participants in the workshop fully considered the incidents and near misses over the last 12 months on the unit as outlined in section 2.2.4. There was a unanimous view that only option 3 resolved these issues and it emerged by a significant margin as the highest score.

The formal summation of the workshop was that given the mitigation of all the problems, risks and issues associated with options 1&2 the multidisciplinary workshop clearly in discussions/scoring deemed option 3 to be the optimal solution.

4. The Financial Case

4.1 Introduction

The purpose of this section us to highlight the financial implications of the preferred option.

4.2 Capital Costs

As outlined earlier, the capital costs of the scheme have been identified based on the preferred solution, option 3 (2 isolation suites for both air borne and non air borne pathogens also including the relocation of the MDU). The estimated total cost of the solution is £1,744,000 inclusive of vat and fees. The cost forms and Management Control Programme are attached at Appendices 1 and 2, and listed below is the capital spend profile.

Financial Year	**Spend**
2019/20	£347,285
2020/21	£1,396,715

4.3 Impact on the organisation's income and expenditure account

In the context of the preferred option the provision of the 2 new isolation suites (in the adjoining template) replaces the existing sub optimal isopods albeit providing much superior isolation facilities. The space released by the isopods would be available for any future expansion in Critical Care as set out within the Strategic All

Wales Critical Care and future demand (Task & Finish Group review) July 2019. However within this project the result will still be the retention of the existing 12 staffed beds which the current staffing establishment supports.

4.3.1 Estates and Facilities

Given the preferred option provides additional engineering infrastructure and the isolation rooms themselves require more intense cleaning regimes outlined below are the projected estates and facilities costs.

Estates costs	Facilities costs	Total
£12,000 per annum	£5,000 per annum	£17,000 per annum

However, these are mitigated given a saving of £30k per annum which is the current rental cost of both the isopods. The increased running costs for Estates & Facilities will be a straight transfer from the Surgical & Anaesthetic budget.

4.4 Value for money test

As outlined in the Strategic Case with the advent of antibiotic resistant bacteria this results in rapid spread within health care facilities and is associated with significant mortality (65-80%). Without adequate isolation facilities on the critical care unit such risks will simply increase impacting not only on patient outcome, but length of stay, increased costs and bed availability. In particular given the increasing flow of patients between hospitals and repatriations from local hospitals we have to be able to provide compliant facilities. Any failure to do so will continue to result in delay to such repatriations causing increased length of stay for patients, an increase in critical care costs, greater than before likelihood of morbidity and mortality, a reduction in bed availability and therefore an increase of overall cost to the Health Board.
The delivery of option 3 will significantly mitigate the above risks and result in better value for money across the Health Board.

In preparing this business case we have undertaken an analysis on any changes in repatriation levels or ‘transfers in’ patient numbers for the Wrexham Critical Care Unit. Repatriation is where patients from Wrexham and Flintshire because of the severity of their illness have needed to be transferred to Tertiary centres for part of their care and then returned to the Wrexham unit. Transfers in relate to non Wrexham and Flintshire patients who require admission to the Wrexham Critical Care Unit by nature of any specific expertise provided in the unit eg. Upper GI North Wales cancer centre patients. The change in numbers for the above is illustrated below.

Dates	Repats	Transfers in
1st January – 31st December 2015	11	6
1st June 2018 – 31st May 2019	2	5

As outlined in the Strategic Case there are now increasing major restrictions on the type of pathogens that can be adequately managed within the sub-optimal Isopods. The senior intensivists firmly believe that the reduction figures quoted above for Wrexham reflects the consequential increased duration of wait for compliant isolation facilities. For some pathogens in many instances transfer would be required to the nearest negative pressure facility eg Glan Clwyd Hospital. Recent events have shown that this solution is not viable in critical care because of the severity of illness, pressures being faced by accepting units and the regularity at which these facilities are now needed. It has been estimated that the financial implications of the above are a projected circa £50k per annum cost pressure in terms of extended bed days at Tertiary Centres. The provision of local compliant facilities will significantly mitigate this situation and achieve a circa £50k per annum cost avoidance albeit demand and overall capacity for isolation facilities will obviously always be a factor. The projected cost avoidance figure of £50k is an estimate and anticipates that the lack of isolation facilities is the predominant factor affecting repatriation/transfers in levels and recognises that Tertiary Centres charge a different tariff and obviously length of stay for every patient will vary based on severity of illness.

In addition and as set out in section 2.2.4 there are some instances quoted of entire Wrexham Critical Care bays needing a deep clean as a consequence of inadequate isolation of patients. It has been calculated that such deep cleaning costs are in the order of £5k per annum and would be avoided with compliant negative facilities being available in the Wrexham unit.

5 Project Management

The project management arrangements for the project will be in line with the Procedure Manual for Managing Capital Projects, which was adopted by the health Board in May 2015. The PRINCE 2 methodology will be adopted with a strong focus on the delivery of the objectives and benefits.

The Project Director has experience of delivering complex capital projects.

5.1 Target milestones

Milestones	Target Date
Business case completion	August 2019
Health Board approval	September 2019
Ministerial approval	November/December 2019
Start of site (phased works)	January 2020
Completion and commissioning	December 2020

6. Critical Assumptions, Risks and Issues

6.1 Introduction

This section outlines the proposed procurement route for the project and the envisaged risk distribution.

6.2 Required services

Given the estimated capital spend of £1,744,000, the scheme will be procured on an open tender basis through NWSSP Procurement via Sell2Wales.

6.3 Potential for risk transfer

The analysis below provides an assessment of how the associated risks might be apportioned between the Health Board and the contractor.

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk	✓		
2. Construction and development risk			✓
3. Transition and implementation risk	✓		
4. Availability and performance risk	✓		
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks			✓
8. Technology and obsolescence risks	✓		

9. Control risks			✓
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓		

6.4 Personnel implications

The project does not require the recruitment of any additional nursing staff as the number of staffed critical care beds will remain at 12 subsequent to the opening of the 2 new isolation suites. These will simply replace the existing sub-optimal isopods. As outlined in the Strategic Case the project does provide space for any future expansion but the overall project does not present any staffing risks.

6.5 Finance risks

As outlined in the Financial Case there is no affordability gap/risk given the projected increases in Estates & Facilities costs are mitigated by the saving of the annual £30k isopods rental costs.

7 Conclusions and Recommendations

This business case sets out a compelling case for change given the current sub optimal arrangements to clinically manage infectious patients on the Critical Care unit within Wrexham Maelor Hospital. There has been a robust process to develop and evaluate options to provide compliant facilities within the unit. Option 3 sets out a proposed way forward which will achieve significant improvements in care and ensure isolation for the majority of organisms that clinicians manage on the unit. In addition there will be some direct savings associated with the cessation of the rental costs of the current isopods. Furthermore, there is projected cost avoidance of circa £50k per annum in terms of a reduction in extended bed days in Tertiary centres and a decrease in deep clean requirements of circa £5k per annum on the Wrexham Critical Care Unit.

8 Evaluation Post Project

The post project evaluation arrangements will follow guidance as per the Procedure Manual for Managing Capital Projects.

Appendix 1

17.7.19 SAW

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Capital Development Team

Critical Care - Option 3 - Budget Costings to Provide Isolation Facilities in HDU suitable for Airborne and Non Airborne pathogens. **Revision 4 - Costs Confirmed by Gleeds Cost Advisor and Refined Following Detailed Review by the HDU and MDU Teams. Rev 4 - Fees errors corrected**

Indicative budget costings to:

Phase 1 - Relocate the Medical Day Unit (MDU) to the Rehab Template.

Phase 2 - Provide 2no isolation suites to the Intensive Care Unit (in MDU), remove the 2no isopods from HDU Room 2 and replace them with 2no bed spaces. This equates to a nett increase of 2 beds taking the unit from 13 to 15 beds. Carry out ancillary upgrades as required in the ITU/ HDU unit. Phase 3 - install UPS and IPS to the ITU and HDU. **Note: Isolation Suites are suitable for Airborne and for Non Airborne Pathogens.** **Revision 3 - Items in green added/ amended from Revision 2 PTE.**

Item	Description of Works	Quant'	Unit	Rate	Total
Phase 1 Works Costs - MDU into Rehab Area					
	IV Suite 1 to 7 Chair 1 Bed Bay				
	Repair floor joints in vinyl floor	1	item	350.00	£350.00
	Replace ceiling tiles - grid to remain as existing	59.5	m^2	32.00	£1,904.00
	Remove wall paper to 1no wall and make good	1	item	250.00	£250.00
	Replace IPS clinical WHB	1	item	2500.00	£2,500.00
	S&F new IPS clinical WHB adj. window	1	item	3500.00	£3,500.00
	Provide foul drain for IPS	1	item	3000.00	£3,000.00
	S&F 2no double power and 1no double data for new desk	3	item	395.00	£1,185.00
	Replace and reposition radiator	1	item	1500.00	£1,500.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	93	m^2	9.50	£883.50
	Decorate all doors	3	item	90.00	£270.00
	Decorate window boards	6	item	75.00	£450.00
	Side Room into Clean Utility				
	Remove wall paper and make good	1	item	125.00	£125.00
	Remove bedhead trunking	1	item	125.00	£125.00
	Remove door and frame and block up door opening	1	item	220.00	£220.00
	Remove vinyl flooring	10.85	m^2	7.50	£81.38

Note: It is possible to have only negative pressure and achieve isolation room status for airborne pathogens. However these rooms would not be suitable for patients who could be infected by air from the coridor/ main HDU area. Also negative pressure in HDU would not be possible as the supply air in HDU does not have the capacity to provide the make up air for the required 10 air changes. Therefore an AHU is required and therefore PPVL would be the approach to follow as this provides an isolation suite suitable for all pathogens and patients.

	Lay new vinyl flooring	10.85	m^2	45.00	£488.25
	Lay new ride up covings	13.2	m	18.00	£237.60
	Replace suspended ceiling tiles for	10.85	m^2	32.00	£347.20
	S&F new LED recessed lights	2	no	350.00	£700.00
	Replace supply and extract grilles	2	item	75.00	£150.00
	S&F new IPS clinical WHB	1	item	2500.00	£2,500.00
	Pendock boxings	3	m	45.00	£135.00
	S&F 2no double power and 2no double data	4	item	265.00	£1,060.00
	Replace and reposition radiator	1	item	800.00	£800.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	39.6	m^2	9.50	£376.20
	Decorate all doors	1.5	item	90.00	£135.00
	Decorate window boards	1	item	35.00	£35.00
	Full height medical cupboards to 1no wall	1	item	3500.00	£3,500.00
	Base units, wall units and worktop to 1no wall	1	item	4500.00	£4,500.00
	Controlled drugs cabinet with alarm	1	item	1500.00	£1,500.00
	Side Room into New Reception				
	Strip out sanitary fittings, strip back dead legs and prepare for fit out	1	item	650.00	£650.00
	Remove vinyl flooring	8.36	m^2	7.50	£62.70
	Lay new vinyl flooring	8.36	m^2	45.00	£376.20
	Lay new ride up covings	12	m	18.00	£216.00
	Replace suspended ceiling tiles with those from other areas above	8.36	m^2	12.00	£100.32
	S&F new LED recessed lights	2	no	350.00	£700.00
	Replace supply and extract grilles and modify ductwork	1	item	1500.00	£1,500.00
	Pendock boxings	3	m2	45.00	£135.00
	S&F 3no double power and 2no double data	5	item	395.00	£1,975.00
	New smoke detector	1	item	1250.00	£1,250.00
	Form new door/ screen opening	1	item	950.00	£950.00
	S&F new reception desk with roller shutter and side door/ hatch	1	item	3000.00	£3,000.00
	Decorate all walls	36	m^2	9.50	£342.00
	Decorate all doors	1	item	190.00	£190.00
	Tall Tamber Units	3	no	300.00	£900.00
	Ward Entrance				
	Remove window and stud up/ skim	1.5	m^2	185.00	£277.50
	S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
	Extend 100mm waste through office to sink drain and connect	1	item	750.00	£750.00

	Pendock boxings	6	m	45.00	£270.00
	TU Decoration	1	item	120.00	£120.00
	HDU 2 Bed Ward				
	Remove ceiling hoist system and make good to ceiling	1	item	750.00	£750.00
	Replace ceiling tiles - grid to remain as existing	68.4	m^2	32.00	£2,188.80
	Remove wall paper to 1no wall and make good	1	item	250.00	£250.00
	Replace IPS clinical WHB	1	item	2500.00	£2,500.00
	S&F new IPS clinical WHB adj. window	1	item	3500.00	£3,500.00
	Provide foul drain for IPS	1	item	3000.00	£3,000.00
	S&F 2no double power and 1no double data for new desk	3	item	395.00	£1,185.00
	Replace and reposition radiator	1	item	800.00	£800.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	99.6	m^2	9.50	£946.20
	Decorate all doors	3	item	90.00	£270.00
	Decorate window boards	1	item	75.00	£75.00
	Form new store in ward				
	Strip out bedhead trunking and medical gas outlets	1	item	750.00	£750.00
	New light and switch to new store	1	item	475.00	£475.00
	New stud walls, 15mm duraline plasterboard and skim both sides	44	m^2	65.00	£2,860.00
	New Gyproc MF plasterboard ceiling	7.5	m^2	85.00	£637.50
	New door and frame	1	item	850.00	£850.00
	New smoke detector	1	item	1250.00	£1,250.00
	Fit covings to new store (sit on)	22	m	18.00	£396.00
	Decorate all walls	49.5	m^2	9.50	£470.25
	Decorate all doors	1	item	90.00	£90.00
	S&F new spur shelving	30	item	60.00	£1,800.00
	New curtain tracks MDU only	8	m	70.00	£560.00
	New fire smoke dampers (assumed)	2	no	950.00	£1,900.00
	Move IT outlets	1	item	125.00	£125.00
	Plinth to floor under shelves	1	item	350.00	£350.00
	Fix window and add trickle vent	1	item	150.00	£150.00
	Existing Office				
	S&F 2no double power and 1no double data for new desk	3	item	265.00	£795.00
	Dirty Utility (split into 2no rooms)				
	Strip out sanitaryware and rationalise pipework	1	item	600.00	£600.00

	Move 2no sockets	1	item	265.00	£265.00
	New stud walls, 15mm duraline plasterboard and skim both sides	10.4	m^2	65.00	£676.00
	Replace suspended ceiling	10.66	m^2	60.00	£639.60
	Form new door opening	1	item	725.00	£725.00
	New door and frame	2	item	850.00	£1,700.00
	Lay new vinyl flooring	10.66	m^2	45.00	£479.70
	Lay new ride up covings	18.6	m	18.00	£334.80
	New smoke detector	1	item	1250.00	£1,250.00
	New fused spur for macerator	1	item	265.00	£265.00
	Full height medical cupboards to 1no wall	1	item	2800.00	£2,800.00
	Slophopper/ sink unit and IPS	1	item	5750.00	£5,750.00
	S&F new IPS clinical WHB	2	item	3500.00	£7,000.00
	Split ventilation system	1	item	1500.00	£1,500.00
	Pendock boxings	5	m	45.00	£225.00
	New FW drain	1	item	250.00	£250.00
	Decorate all walls	63.9	m^2	9.50	£607.05
	Decorate all doors	2	item	90.00	£180.00
	Re-use existing macerator	0	0	0.00	£0.00
	General Items:				
	Builders Works	1	item	2500.00	£2,500.00
	Signage	1	item	800.00	£800.00
	M&E Provisional Sum	1	item	5000.00	£5,000.00
	Alter nurse call to split to MDU and Rehab	1	item	4000.00	£4,000.00
	Plumbing and heating alterations	1	item	10000.00	£10,000.00
	Access Control - 4no swipe card and 1no proximity reader	5	no	1500.00	£7,500.00
	Curtain track alterations	1	item	1500.00	£1,500.00
	Phase 1 Total				**£136,443.75**

Phase 3 Works Costs - UPS/ IPS to ITU & HDU					
	S&F un-interupted and independant power supply to all bed spaces in ITU and HDU				
	S&F UPS system in isopod bay.	1	item	90000.00	£90,000.00
	S&F new cabling and containment to each bed in ITU and HDU	15	item	3000.00	£45,000.00
	S&F Earth reference bar system	15	item	800.00	£12,000.00
	New power supply to UPS	1	item	8000.00	£8,000.00
	Convert office next to staff kitchen into UPS room and include Air Conditioning	1	item	12000.00	£12,000.00
	Builders works to install system	1	item	5000.00	£5,000.00

WHBN 04-02 Critical Care Units

3.8 Since patients in a CCU are extremely vulnerable, and as the area falls under group 2 medical locations as defined in BS7671:2008 section 710, isolated power systems (IPS) shall be used for final circuits supplying medical equipment and systems intended for life support. The IPS system will consist of an uninterrupted power supply (UPS) and isolation transformer complete with insulation monitoring devices. The extent of this provision is discussed further in the IET Wiring Regulations BS7671:2008 section 710 and Guidance Note 7 on 'Special locations'. IPS sockets should be coloured blue to differentiate them. Additional switched and shuttered sockets, connected to ring circuits, may be provided at the bedhead for portable non-medical equipment. These should be labeled 'non-medical equipment use only' and be on the same phase for each patient location.

	Make good suspended ceilings and decoration	1	item	10000.00	£10,000.00
	Check floor will take load of UPS Batteries!				
	Phase 1 Total				**£182,000.00**

Phase 2 Works Costs - Convert MDU/ Samaritan into 2no Isolation Suites, Store, Training Room and Ancillary Works					
	New Small Store Off Corridor				
	Strip out WC/ Shower	1	item	400.00	£400.00
	Replace suspended ceiling with Gyproc MF ceiling	10.66	m^2	60.00	£639.60
	Form new door opening	1	item	725.00	£725.00
	New door and frame	2	item	850.00	£1,700.00
	Lay new vinyl flooring	10.66	m^2	45.00	£479.70
	Lay new ride up covings	13.4	m	18.00	£241.20
	New smoke detector	1	item	1250.00	£1,250.00
	New sockets	4	item	265.00	£1,060.00
	Full height shelving	23	m	60.00	£1,380.00
	Decorate all walls	22.2	m^2	9.50	£210.90
	Decorate all doors	1	item	90.00	£90.00
	Sisters Touch Down Area and Circulation Space				
	Strip out Nurses Station and services	1	item	650.00	£650.00
	Remove nib to store room	1	item	650.00	£650.00
	Form new wider door opening into Isolation 1	1	item	725.00	£725.00
	Form new window openings with intergal blinds	2	item	950.00	£1,900.00
	New stud walls, 15mm duraline	8	m^2	65.00	£520.00
	New internal windows	5.72	item	375.00	£2,145.00
	Adapt and Infill suspended ceiling with Gyproc MF ceiling	21	m^2	22.00	£462.00
	New double door and frame	1	item	1700.00	£1,700.00
	Lay new vinyl flooring	36	m^2	45.00	£1,620.00
	Lay new ride up covings	20	m	18.00	£360.00
	New sockets/ data	6	item	265.00	£1,590.00
	Re-wire and provide new patient monitoring system from nominated subcontractor - Phillips	1	item	30000.00	£30,000.00
	Reception desk - standard office desk only	1	item	2000.00	£2,000.00
	Replace suspended ceiling tiles throughout circulation area	37.8	m^2	32.00	£1,209.60
	Decorate all walls	42	m^2	9.50	£399.00

	Decorate all doors	4	item	90.00	£360.00
	Ancillary Works Around Circulation Space				
	New Ward entrance double door and frame	2	item	1700.00	£3,400.00
	Pairs of door detentes on fire alarm release	3	item	950.00	£2,850.00
	MG to walls	1	item	300.00	£300.00
	S&F new lights	4	no	350.00	£1,400.00
	Decorate circulation space	99.6	m^2	9.50	£946.20
	Decorate doors into ITU	3	item	90.00	£270.00
	Dirty Utility				
	Replace suspended ceiling	10.64	m^2	60.00	£638.40
	New door and frame	1	item	850.00	£850.00
	Lay new vinyl flooring	10.64	m^2	45.00	£478.80
	Lay new ride up covings	13.4	m	18.00	£241.20
	Relocate SD	1	item	250.00	£250.00
	New sockets	4	item	265.00	£1,060.00
	S&F new lights	2	no	350.00	£700.00
	Slophopper/ sink unit and IPS	1	item	5750.00	£5,750.00
	S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
	New hands free macerator - **Re-use**	0	item	4500.00	£0.00
	Split ventilation system	1	item	1500.00	£1,500.00
	Decorate all walls	39.6	m^2	9.50	£376.20
	Decorate all doors	1	item	90.00	£90.00
	Clean Utility - *room swopped with clean store*				
	Strip out all sanitaryware and strip back dead legs	1	item	600.00	£600.00
	Form opening into existing clean utility	1	item	725.00	£725.00
	Replace suspended ceiling	10	m^2	60.00	£600.00
	New fire door and frame	1	item	850.00	£850.00
	Lay new vinyl flooring	10	m^2	45.00	£450.00
	Lay new ride up covings	12.6	m	18.00	£226.80
	New smoke detector	1	item	1250.00	£1,250.00
	New sockets	4	item	265.00	£1,060.00
	S&F new lights	2	no	350.00	£700.00
	S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
	Full height medical cupboards to 1no wall	1	item	2800.00	£2,800.00
	Decorate all walls	40	m^2	9.50	£380.00
	Decorate all doors	2	item	90.00	£180.00
	Alter ventilation system	1	item	1500.00	£1,500.00
	New Gyproc MF ceiling	10	m^2	85.00	£850.00

	Extend walls to concrete floor above and fire stop	9	m	75.00	£675.00
	Clean Store				
	Strip out all sanitaryware and strip back dead legs	1	item	600.00	£600.00
	New suspended ceiling	9.2	m^2	60.00	£552.00
	Lay new vinyl flooring	9.2	m^2	45.00	£414.00
	Lay new ride up covings	12	m	18.00	£216.00
	New smoke detector	1	item	1250.00	£1,250.00
	S&F new lights	2	no	350.00	£700.00
	New sockets/ data	4	item	265.00	£1,060.00
	Shelving	1	item	1500.00	£1,500.00
	S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
	Decorate all walls	36	m^2	9.50	£342.00
	Decorate all doors	1	item	90.00	£90.00
	Convert Sisters Office into Equipment Bay				
	Demolish Wall and make good	1	item	725.00	£725.00
	Reposition sockets	3	item	265.00	£795.00
	S&F new lights	2	no	350.00	£700.00
	Decorate all walls	21	m^2	9.50	£199.50
	MG to ceiling	1	item	225.00	£225.00
	Create New Department Entrance Doors on Main Corridor from Hospital Street				
	New double door and frame and side panel	1	item	2500.00	£2,500.00
	Reposition Access Control & add Fire Alarm Link if not already present	1	item	2200.00	£2,200.00
	Intercom System to Nurses Station and Door Release and extra release for other nurse base	1	item	1900.00	£1,900.00
	Isolation Suite 1				
	Strip out bedhead trunking including medical gases and make good	1	item	2500.00	£2,500.00
	Strip out, store and then re-fit curtain tracks	1	item	400.00	£400.00
	New stud walls, 15mm duraline	96	m^2	65.00	£6,240.00
	Replace suspended ceiling with metal pan tiles and silicone joints	42.64	m^2	95.00	£4,050.80
	New door and frame	5	item	850.00	£4,250.00
	Lay new vinyl flooring	42.64	m^2	45.00	£1,918.80
	Lay new ride up covings	48	m	18.00	£864.00
	New smoke detector	3	item	1250.00	£3,750.00
	New pendant and steelwork	1	item	25000.00	£25,000.00

	New medical gases	1	item	6500.00	£6,500.00
	S&F new dimmable lights	6	no	350.00	£2,100.00
	New power sockets and data to pendant	28	no	265.00	£7,420.00
	Medical base and wall units HTM 63	0	item	240.00	£0.00
	Worktop HTM 63	0	m	395.00	£0.00
	S&F new IPS clinical WHB	2	item	3500.00	£7,000.00
	IPS side screen	1	item	400.00	£400.00
	En-suite WHB, Shower and WC	1	item	5500.00	£5,500.00
	Decorate all walls	167.4	m^2	9.50	£1,590.30
	Decorate all doors	2	item	90.00	£180.00
	Isolation Suite 2				
	Strip out bedhead trunking including medical gases and make good	1	item	2500.00	£2,500.00
	Strip out, store and then re-fit curtain tracks	1	item	400.00	£400.00
	New stud walls, 15mm duraline	96	m^2	65.00	£6,240.00
	Replace suspended ceiling with metal pan tiles and silicone joints	42.64	m^2	95.00	£4,050.80
	New door and frame	5	item	850.00	£4,250.00
	Lay new vinyl flooring	42.64	m^2	45.00	£1,918.80
	Lay new ride up covings	48	m	18.00	£864.00
	New smoke detector	3	item	1250.00	£3,750.00
	New pendant and steelwork	1	item	25000.00	£25,000.00
	New medical gases	1	item	6500.00	£6,500.00
	S&F new dimmable lights	6	no	350.00	£2,100.00
	New power sockets and data to pendant	28	no	265.00	£7,420.00
	Medical base and wall units HTM 63	0	item	240.00	£0.00
	Worktop HTM 63	0	m	395.00	£0.00
	S&F new IPS clinical WHB	2	item	3500.00	£7,000.00
	IPS side screen	1	item	400.00	£400.00
	En-suite WHB, Shower and WC	1	item	5500.00	£5,500.00
	Decorate all walls	167.4	m^2	9.50	£1,590.30
	Decorate all doors	2	item	90.00	£180.00
	Demolish WC for Training Room				
	Strip out sanitaryware and strip back dead legs	1	item	300.00	£300.00
	Demolish walls	1	item	350.00	£350.00
	Make good to ceiling	1	item	100.00	£100.00
	Alter light switching	1	item	150.00	£150.00
	Make good to floor	1	item	400.00	£400.00
	Training Room				
	New stud walls, 15mm duraline	26	m^2	65.00	£1,690.00
	Alter suspended ceiling at wall	1	item	750.00	£750.00

	Form new door opening	1	item	725.00	£725.00
	New door and frame	1	item	850.00	£850.00
	MG to vinyl flooring	1	item	400.00	£400.00
	Lay new ride up covings	13	m	18.00	£234.00
	New smoke detector	1	item	1250.00	£1,250.00
	New power and data	4	no	265.00	£1,060.00
	Overhead projector	0	item	1500.00	£0.00
	Decorate all walls	63	m^2	9.50	£598.50
	Decorate all doors	1	item	90.00	£90.00
	Large Store				
	Remove door and a half and stud up opening	1	item	330.00	£330.00
	Form new door opening	1	item	725.00	£725.00
	S&F new double fire doors and frame	1	item	1800.00	£1,800.00
	New power sockets	10	no	265.00	£2,650.00
	Decorate all walls	63	m^2	9.50	£598.50
	Decorate all doors	1	item	90.00	£90.00
	Ventilation to ITU/ HDU/ Isolation Suites				
	S&F New AHU system to serve new Isolation Suites	1	item	300000.00	£300,000.00
	New powrer and heaitng supplies to AHU	1	item	25000.00	£25,000.00
	Steel frame and platform with drop down ladder to house extract plant in loft void	1	item	20000.00	£20,000.00
	Re-balance existing supply and extract to increase A/C to some of the exisitng rooms in ITU/ HDU	1	item	5000.00	£5,000.00
	Strip Out Isopods from HDU Bay				
	Iosopod strip out - FOC from supplier	0	0	0.00	£0.00
	Replace vinyl flooring to half of the bay	55	m^2	45.00	£2,475.00
	Lay new ride up covings	20	m	18.00	£360.00
	Decorate all walls	120	m^2	9.50	£1,140.00
	Decorate all doors	2	item	90.00	£180.00
	Reprovide curtain tracks	15	m	25.00	£375.00
	General Items:				
	Independant Scaffold tower and hoist to HDU office and temporary doors to create transit route to Samaritan	1	item	3000.00	£3,000.00
	Builders Works	1	item	2500.00	£2,500.00
	Signage	1	item	800.00	£800.00
	Building Contingency Sum	1	item	5000.00	£5,000.00

Paul Jones power available? Confirmed Yes, plenty of spare in phase 2

	M&E Contingency Sum	1	item	5000.00	£5,000.00
	Alter nurse call to pick up new suites and connect all to ITU/ HDU system	1	item	12000.00	£12,000.00
	Access Control - 2no swipe cards for clena and dirty utility's	2	no	1500.00	£3,000.00
	Phase 3 Total				**£675,181.90**

	Phase Costs Preliminaries					
1	Works planned to be carried out in 3no phases. Phase 1 - Relocate MDU to Rehab, Phase 3 S&F UPS/ IPS to ITU and HDU, Phase 2 S&F Isolation Suties into MDU/ Samaritan.	22	weeks	4,000	£	88,000.00
	Preliminaries to Summary					**£88,000.00**

	Design Costs						
	Architects Fees					£77,444.40	Formula was incorrect, corrected 17.7.19
	Strucutral Survey				£	4,000.00	
	QS Fees					£14,061.13	Formula was incorrect, corrected 17.7.19
	PM Costs				£	21,416.19	Formula was incorrect, corrected 17.7.19
	Supervisor				£	16,224.38	Formula was incorrect, corrected 17.7.19
	Building Regulations				£	3,000.00	
	Asbestos Survey				£	4,000.00	
	Design Costs to Summary					**£140,146.10**	

	SUMMARY	
	Phase 1 Works Costs	£136,443.75
	Phase 2 Works Costs	£182,000.00
	Phase 3 Works Costs	£675,181.90
	Preliminaries Costs	£88,000.00
	Design Costs	£140,146.10
	Equipment (10% of Works Costs)	£99,362.56
	Sub Total	£1,321,134.31
	VAT @ 20%	£264,226.86
	Budget Costings Total	**£1,585,361.17**
	Contingency - 10%	**£158,536.12**
	Project Total Budget Costs	**£1,743,897.29**

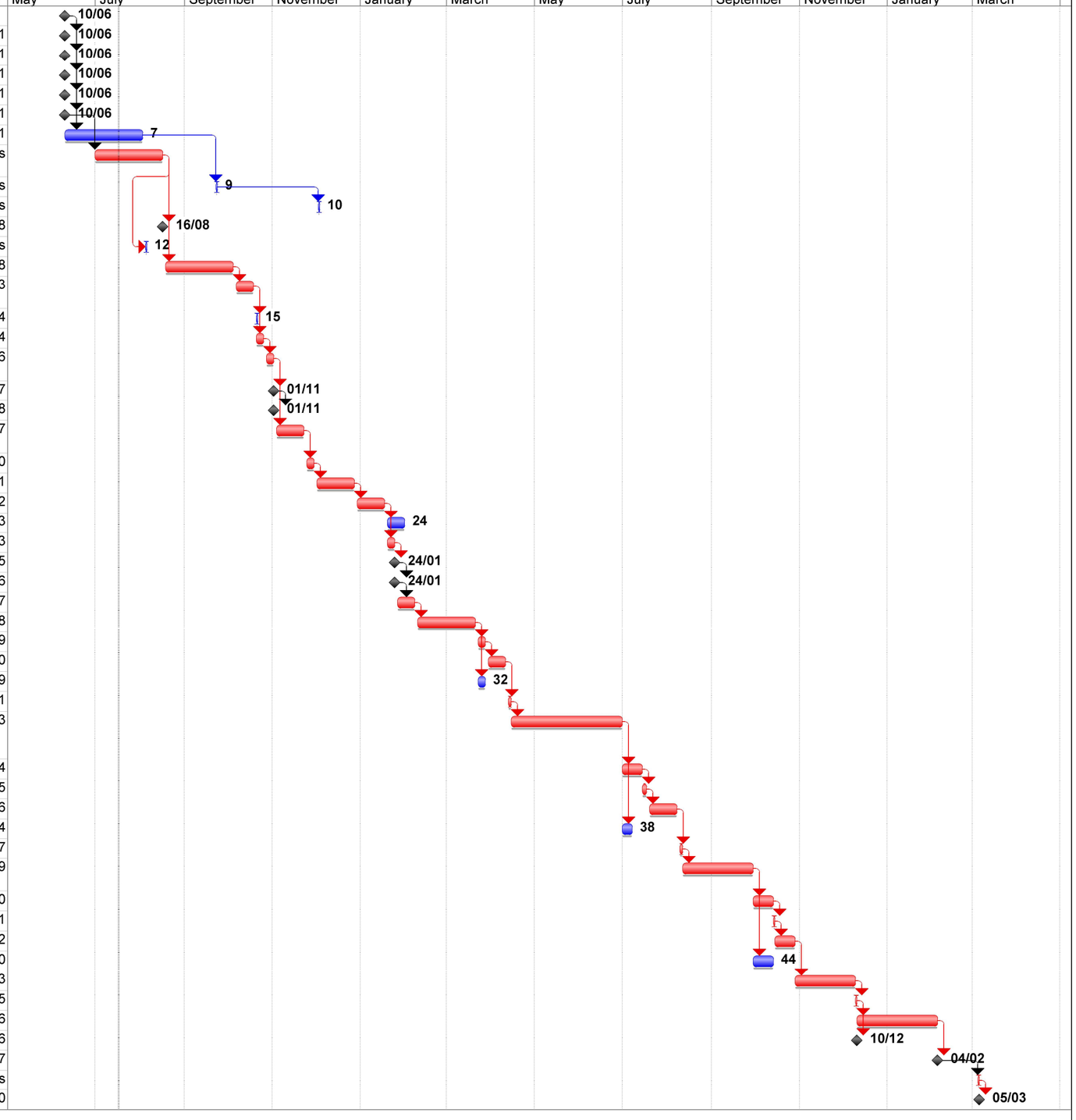
Rev 4 Project Total corrected 17.7.19

Notes:

1. These budget costings are based on a basic initial site survey and are purely indiciative. Actual tendered costs may be higher or lower dependant on market forces at the time of tendering.
2. The above works will not be fully WHTM/ WHBN compliant and will require derogations from the WHBN and WHTM's.
3. M&E costs have not been verified by Operational Estates and a detailed assessment has not been carried out to determine the availability of infrastructure services.
5. The existing ventilation system in the Rehab unit will be altered to provide supply and extract to each new room. However, the system will not be improved, as such flow rates and air changes may be less than the WHTM and as such derogations will be required from the Project Board.
6. No works included to Rehab WC's.
7. Curtain tracks will be repositioned as detailed above.
8. No decant faciltiies have been provided. It is assumed that patients will be relocated by clincial staff as required to provide the necessary room for the works to be carried out.
9. The works will be carried out during normal working hours. There will be disruptive noise, whilst this will be kept to a minimum staff must be aware that some noise will be generated. IPC need to agree to this philsoophy.
10. The budget costings have been assessed and verified by the Gleeds Consultant Cost Advisor on the 5th of July.

Critical Care Isolation Facilties Management Control Programme Version 2

ID	ID	Task Name	Start	Finish	Duration	Predecessors
1	1	Stage 1	Mon 10/06/19	Mon 10/06/19	0 days	
2	2	Project leads & project team	Mon 10/06/19	Mon 10/06/19	0 days	1
3	3	Project brief	Mon 10/06/19	Mon 10/06/19	0 days	1
4	4	Procure Ext advice	Mon 10/06/19	Mon 10/06/19	0 days	1
5	5	Sketch Design	Mon 10/06/19	Mon 10/06/19	0 days	1
6	6	Budget Cost	Mon 10/06/19	Mon 10/06/19	0 days	1
7	7	Prepare Business Case and Submit to F&P	Mon 10/06/19	Fri 02/08/19	40 days	1
8	8	Mott Mc Donald (MM) Carry out surveys of existing services - Delayed by 15 Days by Mott MacDonald	Mon 01/07/19	Fri 16/08/19	35 days	6FS+15 days
9	9	Formal Approval of Funding by F&P and Health Board	Mon 23/09/19	Mon 23/09/19	1 day	7FS+35 days
10	10	Formal Ministerial Approval of Project	Tue 03/12/19	Tue 03/12/19	1 day	9FS+50 days
11	11	Stage 2	Fri 16/08/19	Fri 16/08/19	0 days	8
12	12	Sign off 1:50 plans	Mon 05/08/19	Mon 05/08/19	1 day	8FS-10 days
13	13	Detailed Design TACP & MM & Lucion	Mon 19/08/19	Fri 04/10/19	35 days	8
14	14	SES & OE Design Review then Design Amendments by Mott MacDonald	Mon 07/10/19	Fri 18/10/19	10 days	13
15	15	Submit Building Control	Mon 21/10/19	Mon 21/10/19	1 day	14
16	16	Cost check	Mon 21/10/19	Fri 25/10/19	5 days	14
17	17	TACP/ MM Amend and then forward tender package to Gleeds	Mon 28/10/19	Fri 01/11/19	5 days	16
18	18	Sign off stage 2	Fri 01/11/19	Fri 01/11/19	0 days	17
19	19	Stage 3	Fri 01/11/19	Fri 01/11/19	0 days	18
20	20	Gleeds Complete Tender Package & Submit to Procurement	Mon 04/11/19	Fri 22/11/19	15 days	17
21	21	Procuerment Issue to Sell2Wales	Mon 25/11/19	Fri 29/11/19	5 days	20
22	22	Tender Period	Mon 02/12/19	Fri 27/12/19	20 days	21
23	23	Tender Analysis, Reports and Approval	Mon 30/12/19	Fri 17/01/20	15 days	22
24	24	Award Contracts	Mon 20/01/20	Fri 31/01/20	10 days	23
25	25	Raise PO	Mon 20/01/20	Fri 24/01/20	5 days	23
26	26	Sign off Stage 3	Fri 24/01/20	Fri 24/01/20	0 days	25
27	27	Stage 4 Construction	Fri 24/01/20	Fri 24/01/20	0 days	26
28	28	Contractor Mobilisation Period (Order AHU)	Mon 27/01/20	Fri 07/02/20	10 days	27
29	29	Phase 1 - Refurbish Rehab for MDU	Mon 10/02/20	Fri 20/03/20	30 days	28
30	30	Commissioning	Mon 23/03/20	Fri 27/03/20	5 days	29
31	31	Complete witness snags and Re-witness	Mon 30/03/20	Fri 10/04/20	10 days	30
32	32	Commission Data Systems and Equipment	Mon 23/03/20	Fri 27/03/20	5 days	29
33	33	Decant MDU into Rehab	Mon 13/04/20	Tue 14/04/20	2 days	31
34	34	Phase 2 - Construct Isolation Facilties in HDU & all ancillary works in Samaritan Area and Convert Office into UPS Room	Wed 15/04/20	Tue 30/06/20	55 days	33
35	35	Commissioning AHU and Services	Wed 01/07/20	Tue 14/07/20	10 days	34
36	36	SES Witness AHU and Services	Wed 15/07/20	Fri 17/07/20	3 days	35
37	37	Complete witness snags and Re-witness	Mon 20/07/20	Fri 07/08/20	15 days	36
38	38	Commission Data Systems and Equipment	Wed 01/07/20	Tue 07/07/20	5 days	34
39	39	Decant Isopod patients into isolation facilities	Mon 10/08/20	Tue 11/08/20	2 days	37
40	40	Phase 3 - linstall IPS and ERB to all 15no beds - 1no room at a time and install UPS (incl. decant time for each room)	Wed 12/08/20	Tue 29/09/20	35 days	39
41	41	Commissioning	Wed 30/09/20	Tue 13/10/20	10 days	40
42	42	SES Witnessing	Wed 14/10/20	Wed 14/10/20	1 day	41
43	43	Complete witness snags and Re-witness	Thu 15/10/20	Wed 28/10/20	10 days	42
44	44	Commission Data Systems and Equipment	Wed 30/09/20	Tue 13/10/20	10 days	40
45	45	Delay Float	Thu 29/10/20	Wed 09/12/20	30 days	43
46	46	Works Complete	Thu 10/12/20	Thu 10/12/20	1 day	45
47	47	Cost reports Final Account	Fri 11/12/20	Thu 04/02/21	40 days	46
48	48	Sign off Stage 4	Thu 10/12/20	Thu 10/12/20	0 days	46
49	49	Stage 5	Thu 04/02/21	Thu 04/02/21	0 days	47
50	50	Post project evaluaion	Fri 05/03/21	Fri 05/03/21	1 day	49FS+20 days
51	51	Sign off Stage 5	Fri 05/03/21	Fri 05/03/21	0 days	50



Date: 17.7.19

Task
Critical Task
Progress
Milestone
Summary
Rolled Up Task
Rolled Up Critical Task
Rolled Up Milestone
Rolled Up Progress
Split
External Tasks
Project Summary
Group By Summary
Deadline

V2 - Ministerial Approval Added and Health Board Approval date amended.

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Summary of In Committee Board business to be reported in public
Report Author:	Mrs Kate Dunn, Head of Corporate Affairs
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of Report:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session.
Approval / Scrutiny Route Prior to Presentation:	In Committee Health Board 25.7.19 considered: • Approval of minutes • Proposal for Outsourcing Elective Orthopaedic Work • BCUHB Single Cancer Pathway Programme Business Case
Governance issues / risks:	It is good governance, and in line with Standing Orders, to report on in-committee business at the next available meeting held in public.
Financial Implications:	None pertaining to this paper.
Recommendation:	The Board is asked to note this paper.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance			
Equality Impact Assessment No equality impact assessment is considered necessary for this paper.			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 26 MARCH AT THE NATIONAL IMAGING ACADEMY, PENCOED BUSINESS PARK, BRIDGEND CF35 5HY

PRESENT

Members	
Chris Turner	Independent Chair
Allison Williams	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB
Steve Moore	Chief Executive, Hywel Dda UHB
In Attendance:	
Meinir Williams	Managing Director, Ysbyty Gwynedd, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Clinical Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance WHSSC and EASC Joint Committees
Gwenan Roberts	Interim Board Secretary, Host Body
Hayley Thomas	Director of Planning, Powys Teaching LHB
Ross Whitehead	Assistant Chief Ambulance Services Commissioner

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 19/17	**WELCOME AND INTRODUCTIONS** Chris Turner welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	
EASC 19/18	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Tracy Myhill, Gary Doherty, Len Richards, Carol Shillabeer, Shane Mills, Steve Ham and Robert Williams.	
EASC 19/19	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	

EASC 19/20	**MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2019** The minutes were **confirmed** as an accurate record of the meeting held on 5 February 2019.	
EASC 19/21	**ACTION LOG** Members **received** the action log and **NOTED** progress as follows: **EASC16/43 & EASC18/05** **Sub Groups** Nominations had been requested from each health board in order that the first meeting could take place at the end of April. The Chair asked how the new sub groups would be evaluated and it was **AGREED** that this would be received in a year's time (**added to the forward look**), this would allow time to get the Terms of Reference approved and it was expected that each group would have a forward work plan which would be received by the Committee. **EASC17/44 & EASC17/73** **Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review** Members **NOTED** that the Chief Ambulance Services Commissioner (CASC) was waiting for a response from Swansea University. The CASC **AGREED** to arrange a meeting to resolve the matter and report back at a future meeting. **EASC 18/06 & EASC 18/65** **Integrated Performance Dashboard** Members **NOTED** that the work on the development of the dashboard was continuing. The Chief Executives had received a presentation on unscheduled care at a recent meeting; further work would now be undertaken on the creation of a template by the Director of the National Collaborative Commissioning Unit (NCCU) and Judith Paget had agreed to be the lead Chief Executive to finalise the work. **EASC 18/100** **Financial Consequences** Stuart Davies confirmed that a discussion had taken place with the Finance Directors and this action had been completed.	CASC CASC Dir NCCU

	EASC 18/107 **Expansion of EMRTS** Members **NOTED** that the expansion of EMRTS had been included in the Integrated Medium Term Plan (IMTP). The updates on progress would be provided and the change would take place in the last quarter and would align with the work in relation to the development of the major trauma centre, units and network by April 2020. A discussion took place in the relation to the progress made with the consultation on major trauma and Members **NOTED** that the Community Health Councils (CHCs) were writing to health boards regarding the outstanding issues for approval of the consultation outcome. The Welsh Health Specialised Services Committee (WHSSC) would lead on the work including the response on behalf of all health boards to the CHCs. Members **NOTED** that the CASC had discussed this with the Managing Director at WHSSC; the Minister for Health and Social Services had been briefed and the impact of the work on the Welsh Ambulance Services NHS Trust (WAST) would be included within the demand and capacity review. **EASC 18/110** **EASC IMTP** Members **NOTED** that the EASC IMTP had been shared with all health boards and NHS Trusts and had been submitted to the Welsh Government. **EASC18/101** **Amber Review** Members **NOTED** that the CASC had met with the CHCs and presented information on the ongoing AMBER Review. The response was positive and the CASC had agreed to keep the CHCs updated on progress. **EASC 19/08** **Mental Health Staff Clinical Desk** Members discussed the provision of mental health staff on the clinical desk and also the similar work by the Police forces. It was **AGREED** that Judith Paget would discuss the implications of providing mental health staff also with Gwent police.	Dir NCCU CASC Judith Paget

	The CASC also **AGREED** to raise the matter with the Welsh Government as it was felt that using scarce resources (mental health staff) more effectively across more than one 999 service was important and there was a potential to work together to provide population based services more effectively. Members felt that the Police forces would expect health services to fund the mental health staff at the end of the pilot programmes; however, working with key partners Members felt that clarity was required regarding meeting the need of the population which could be delivered either through the clinical desk approach or through NHS Direct in a 'Once for Wales' approach. It was felt that it would be important that any service was more open and easy for people, staff, police and other public services to access; avoiding differential approach in different areas was also felt to be important. Overall, Members felt it needed to be clear what the aim was and who would own the work going forward. Members **NOTED** that Police forces were liaising with health boards outside the normal commissioning process. Stephen Harrhy suggested that a report /position statement be developed by his team in relation to what was already available and what was working effectively. The issues in relation to access to data would also be captured; Members felt that the familiarity of local services was most valuable if there was also access to the right information. Consideration would also be given in the report as to whether a summit be held with all key partners and stakeholders about the best use of resources for the future. Members felt it would be important to link to the existing work of the mental health concordat. The CASC **AGREED** to discuss options with the Director General and Chief Executive of the NHS in Wales to obtain the Welsh Government's view of this matter. **EASC 19/08** **Cross Border** A meeting was planned to take place between the CASC and Powys Teaching Health Board on Non-Emergency Patient Transport Services (NEPTS) and cross border matters which would be reported at the next meeting. Members **RESOLVED** to: **NOTE** the action log.	CASC CASC CASC CASC
EASC 19/22	**MATTERS ARISING** There were no additional matters arising that had not been contained within the Action Log.	

EASC 19/23	**CHAIR'S REPORT** Members **NOTED** that a written report would be submitted by the Chair for future meetings. Chris Turner reported he had visited the WAST control room at Vantage Point House in Cwmbran; he visited the clinical desk and saw first-hand that, although the number and nature of the calls could be very demanding, patients were dealt with expertly and efficiently by the team. The Chair requested that his grateful thanks be made to the WAST staff who hosted his visit. Members **NOTED** that a meeting with the Minister for Health and Social Services had taken place which included the receipt of the Chair's Objectives as follows: • Oversee amber review actions and system implementation. • Support for WAST IMTP and plan for 2019-20 (to 2021-22). • Undertake demand and capacity assessment of WAST for system discussion and actions • Ensure collaborative governance in place and key collective decisions made. • Review and agree further EASC actions to underpin winter planning 2019-20. • Facilitate more of WAST options beyond 999 response as enablers for WAST role in community services and alternatives to hospital. • Align EASC with broader work on unscheduled care actions. The Chair requested that his objectives be sent to all Members of the Committee for information. Members also **NOTED** that the Chair had attended the all Wales Chair's meetings which he found instructive although not all items were relevant. Members **RESOLVED** to **NOTE** the Chair's Report.	Jason Killens CASC
EASC 19/24	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** The Chief Ambulance Services Commissioners report was **received** by the Committee. Members **NOTED** that an increase had been identified in the number of calls from primary care practitioners concerned that they were receiving a different level of service to other local areas; correspondence had also been received from local medical committees.	

	Members **NOTED** that across Wales everyone received the same service based on the information provided to the call handler and the responses to questions. Members **NOTED** that the CASC would be responding to the concerns raised in due course. Members received updates on the following items under the action log agenda item: • Update on Emergency Medical Retrieval Service (EMRTS) • Update on Non-Emergency Patient Transport Services (NEPTS) • AMBER implementation Members **RESOLVED** to: • **NOTE** the update and the actions agreed.	
EASC 19/25	**'A HEALTHIER WALES' COMMISSIONING ALLOCATION** The Report on 'A Healthier Wales' was presented for discussion by Julian Baker, Director of the National Collaborative Commissioning Unit (NCCU). Members **NOTED** that the 1% 'A Healthier Wales' funding was provided to support additionality as clarified by the Welsh Government in correspondence dated 18 January 2019, with their expectations that: • evidence was provided to demonstrate this additional allocation is used to secure further service provision • EASC discussed with the Welsh Ambulance Services NHS Trust (WAST) how this additional funding could be best utilised to further improve performance and outcomes • the Welsh Government are advised in due course on the detail of the additional service provision which has been funded. Commissioning Values • The total value of the 1% 'A Healthier Wales' commissioning allocation identified within the EASC IMTP 2019/22 was £1.477m for Emergency Ambulance Services and NEPTS. • The £0.036m for EMRTS was targeted within the EASC IMTP towards the EMRTS expansion plan. • A total of £1.513m 'A Healthier Wales' funding has been allocated through 2019/20 IMTPs. Discussion took place in relation to the funding for EMRTS and the ongoing costs and phases and the potential to prioritise the EMRTS expansion, although it was felt important to make sure that a balance was found to avoid the financial commitment without the resource.	

	Members felt that the principles proposed within the report were important and that the prioritisation should be distributed between the EMRT and NEPT services. Members discussed the connection to local plans within health boards which included specific investments in the development of advance paramedic roles and it was **NOTED** that the might be a requirement to pump prime developments on a non-recurrent basis. Specific areas had also been highlighted within the IMTP: • Compliance with HCP time requests to improve across each health board area. • Proportion of conveyance to locations other than major Emergency Departments to increase across each health board area. • Proportion of patients referred to alternative pathways / services to increase following 'hear and treat' and 'see and treat'. • Handover times to reduce across all health board areas. The importance of the assumptions of plans for the next 5 years was also discussed and the requirements to collect quality metrics. The WAST and health board joint improvements for the NEPT service were clarified and the importance of the evaluation of any service, including any exit strategy if required. The role of the management group was emphasised with the aim to ensure that evaluation would be a key component in any service development. The importance of the principles was highlighted in terms of the resource utilisation and it was important to emphasise the role of the additional funding. Members felt that a key principle would be that services were equitable for health boards, although the view was expressed that there remained an imbalance in the RED category and that this would need to be addressed, particularly in rural areas. Members discussed the importance of moving the service forward but also recognised that WAST provided a lot of non-core business and the consequent need to get the balance right. In terms of the AMBER review rural services appeared to compare well, although there was still variation across Wales and this would need to be captured and addressed.	

	Members felt the panel approach was correct although it was key to have the right representation from health boards in order to ensure equity across NHS Wales. Members **AGREED** that the Director of NCCU would request nominations likely to be Directors of Planning. The funding to be allocated would be non-recurrent funding for this year. Ongoing services provided by WAST was discussed including the "invest to save" initiatives. Members felt that the schemes related to "falls" during the winter had provided additionality although may be able to operate more effectively; ongoing work was continuing on the evaluation process. Jason Killens explained that the falls schemes would stop at the end of the month and requested that a further 3 months be supported on a non-recurrent basis in order that the evaluation could be completed as the evidence appeared to be good and supportive. Members felt that it would be beneficial to support the service and that this could occur on a non-recurrent basis. Members clarified that any recurrent allocation would need to be subject to evaluation and prioritisation of the available resources. Further discussion took place on recruitment and the requirements of the service. Health Boards indicated that they would need to recruit community paramedics and it was suggested that WAST may be able to over-recruit as the workforce model across the NHS in Wales was changing. Stephen Harrhy agreed to work with WAST in terms of a reasonable recruitment of staff and would also discuss the development of the advanced practitioner roles and where they could be deployed across NHS Wales with the aim to develop a comprehensive workforce plan. Members **RESOLVED** to: • **AGREE** to set up a panel to allocate non recurrent funding for the forthcoming year and receive an update at a future committee meeting • **NOTE** the discussions held in terms of the expectations and principles • **AGREE** that WAST continue with the falls services for 3 months and share the evaluation as soon as possible with the Members.	Julian Baker

EASC 19/26	**EASC FINANCE REPORT** The report was received by the Committee and presented by Stuart Davies. Members **NOTED** that the information was in line with the anticipated expectation of achieving breakeven at the end of the financial year. Stuart Davies explained that the ongoing work with the CASC would be helpful for the financial position in the forthcoming year. Members were alerted to an impending issue around the risk relating to the flow of patient identifiable information with and from NHS England which had been highlighted in a meeting of the Welsh Health Specialised Services Committee (WHSSC). The NHS Wales Informatics Service (NWIS) were involved in the work to avoid an impasse which related to the statutory regulations on handling data and the changes within the NHS Digital programme and the perceived gap within the legislative processes in Wales. It was anticipated that this could impact on the EAS Committee particularly on cross border flows. A temporary way forward was being developed as cessation would have a detrimental impact on patient care. Members **NOTED** that the Powys tHB were involved in the work and Stuart Davies would ensure that all Chief Executives in Wales would be aware of the work and the mitigations being made to manage the risks. A further update would be provided at the next meeting. Members **RESOLVED** to **NOTE** the report and the underspend position.	
EASC 19/26	**EASC GOVERNANCE UPDATE** The governance update report was received and presented by Gwenan Roberts. Members **NOTED** the following: The CASC was working with the EAS Team to develop the Annual Governance Statement which would be circulated to Members for comment once drafted. The list of nominated deputies for the Committee was received:	

	<table><tr><th>Organisation</th><th>Nominated Deputy</th></tr><tr><td>Abertawe Bro Morgannwg UHB</td><td>Sian Harrop Griffiths, Director of Strategy</td></tr><tr><td>Aneurin Bevan UHB</td><td>Glyn Jones, Deputy Chief Executive and Director of Finance</td></tr><tr><td>Betsi Cadwaladr</td><td>Gill Harris, Director of Nursing and Midwifery</td></tr><tr><td>Cardiff and Vale UHB</td><td>To be confirmed</td></tr><tr><td>Cwm Taf UHB</td><td>Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance</td></tr><tr><td>Hywel Dda</td><td>Karen Miles, Director of Planning and Commissioning</td></tr><tr><td>Powys Teaching Health Board</td><td>Patsy Roseblade, Director of Primary, Community Care and Mental Health</td></tr></table> Stephen Harrhy agreed to write to Cardiff and the Vale to request clarification on their nominated deputy. Members **RESOLVED** to: • **NOTE** the work on the Annual Governance Statement • Receive the list of Nominated Deputies.	
EASC 19/27	**EMERGENCY MEDICAL SERVICE-5 YEAR DEMAND & CAPACITY REVIEW - WELSH AMBULANCE SERVICES NHS TRUST (WAST)** The demand and capacity review was **received** by the Committee and presented by Jason Killens. In line with the Amber Review Implementation Programme and as agreed with the CASC, the report set out the intention for Health Boards and WAST to jointly commission a forward looking strategic Demand and Capacity Review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance for all categories of emergency calls against forecast demand for the next 5 years. Members **NOTED**: • The assumptions had been made for a 5 year period • Quality metrics related to patient experience • Plans for the review to take place in 3 phases Phase 1 – Demand & Capacity Review (WAST Lead) Phase 2 – Health Economic Case (EASC Lead) Phase 3 – Future Modelling & Expertise (EASC/WAST Joint Lead)	

There are seven main components:

1. Forecast all incident demand by type and location over the next 5 years
2. Agree the required levels of quality and time performance for each type of patient
3. Model the required resources to deliver 2. above by hour of day, day of week and geographical location
4. Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment
5. Identify and model unscheduled care system efficiencies
6. Model the impact of planned service changes affecting patient flows, and
7. Model required resources for Clinical Contact Centres including call handling and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements.

Members felt that locality baseline information would be really useful and would inform the work. It was felt that a reasonable strategy would be to undertake the work on a regular basis every 2 to 3 years. The importance of linking to the Welsh Government's Clinical Plan and strategic vision to transform clinical care was also discussed; Stephen Harrhy agreed to discuss with officials from the Welsh Government.

The Steering Group overseeing the work would include representatives from:

- Health Board Chief Executives – Steve Moore (Vice Chair of EASC has agreed to represent)
- Welsh Government
- The National Collaborative Commissioning Unit
- The Welsh Ambulance Services NHS Trust (WAST) to include the Medical Director, Director of Operations, Director of Planning & Performance and Trade Unions / staff side organisations.

Members **NOTED** that progress reports would be made to EASC from the Steering Group throughout the process. The review will aim to complete its work as quickly as possible with a formal report potentially available for discussion at the EAS Committee meeting on 10 September 2019, although final timescales will be confirmed once the contract had been placed.

	Members **RESOLVED** to: • **DISCUSS** and **NOTE** the commissioning of a collaborative, whole system 5 year strategic demand and capacity review for WAST emergency medical services • **NOTE** the establishment and membership of a steering group to oversee the review • Receive the findings of the Review at the earliest opportunity.	
EASC 19/30	**FORWARD PLAN OF BUSINESS** Members **received** the forward plan of business.	*ALL*

ANY OTHER BUSINESS		
EASC 19/31	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/32	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 14 May 2018 at the National Imaging Academy, Pencoed, Bridgend.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 14 MAY 2019 AT THE NATIONAL IMAGING ACADEMY, PENCOED BUSINESS PARK, BRIDGEND CF35 5HY

PRESENT

Members	
Chris Turner	Independent Chair
Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (Via VC)
Stephen Harrhy	Chief Ambulance Services Commissioner
Tracy Myhill	Chief Executive, Swansea Bay UHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB
Allison Williams	Chief Executive, Cwm Taf Morgannwg UHB
Glyn Jones	Director of Finance/Deputy CEO, Aneurin Bevan UHB
In Attendance:	
Julian Baker	Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Lee Davies	Operational Planning Director, Cardiff & Vale UHB
Rachel Marsh	Interim Director of Planning & Performance, Welsh Ambulance Services NHS Trust
Brendan Lloyd	Executive Medical Director, Welsh Ambulance Services NHS Trust
Shane Mills	Director Quality and Patient Experience, National Collaborative Commissioning Unit
Robert Williams	Director of Corporate Services and Governance / Board Secretary
James Rodaway	Head of Commissioning, EASC
Kathrine Davies	Interim Corporate Governance Support (Secretariat)

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 19/33	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. The Chair advised that the main business would be followed by a development session involving a presentation from Welsh Ambulance Services NHS Trust.	

	The presentation included the following aspects: 1. WAST's Long Term Strategic Framework ▪ Purpose is to engage with EASC on the framework and seek feedback to inform final document 2. Key Priorities for Development through IMTP 2019/22 3. Areas for Joint Working with Health Boards and others 4. Planning collaboratively for winter 2019/20.	
EASC 19/34	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Judith Paget, Len Richards, Jason Killens, Tracey Cooper, Steve Ham and Ross Whitehead.	
EASC 19/35	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	
EASC 19/36	**MINUTES OF THE MEETING HELD ON 26 MARCH 2019** The minutes were **confirmed** as an accurate record of the meeting held on 26 March 2019, subject to the following amendment: • Page 12 – Date and time of next Meeting should read "2019" and not "2018".	
EASC 19/37	**ACTION LOG** Members **RECEIVED** the action log and **NOTED** progress as follows: **EASC17/44 & 17/73 & 19/21** **Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review** Members **NOTED** the update from the Chief Ambulance Services Commissioner (CASC) in relation to the conversation with Swansea University and was awaiting firm information back from them. An update would be provided at the next meeting if available. **EASC 18/06 & 18/65 & 19/21** **Integrated Performance Dashboard** Members **NOTED** that the work on the development of the dashboard to provide bespoke health board reports was ongoing and moving in the right direction with the actions being taken forward.	CASC

	The CASC advised that he would need to have a conversation with the Welsh Ambulance Services NHS Trust (WAST) and the NHS Wales Informatics Service (NWIS) on linking the data to ensure the comparison between the local and national information was appropriate.	CASC
	EASC 18/46 & 18/65 **Clinical Risk Review**	
	Members **NOTED** that a meeting had been held last week to conclude the review; there were still some legacy issues outstanding. The report would be brought to the next meeting for further consideration if required and then closed.	Dir NCCU
	EASC 18/107 & 19/21 **Expansion of EMRTS**	
	Members **NOTED** that an update on progress, including the funding allocation for 'A Healthier Wales' would be included in the update on the Management Group within the CASC report.	
	EASC 19/08 & 19/21 **Mental Health Staff Clinical Desk**	
	Glyn Jones updated Members following the recent conversation between Judith Paget and Gwent Police. Members discussed ways of providing mental health support for police control, one option to be considered could be via the Police & Crime Commissioner. Carol Shillabeer advised that no date had been agreed for the Concordat as yet. Shane Mills would also be undertaking a review of mental health access over the next six months which would be looking at all the available data. Members **AGREED** to keep this matter on the action log. Members **NOTED** that there was an error on the wording of the log which should read as "Health Boards" and not "Health Education & Improvement Wales". This would be amended.	
	EASC 19/08, 19/21 & 19/23 **Cross Border and Regional Activity**	
	Members were updated on the recent discussion between the CASC and Powys Teaching Health Board and cross border activity, no specific issue was identified.	
	Stephen Harrhy advised that the Management Group had now received nominations from all HBs and they were in the process of setting up the first meeting which would hopefully be the first or second week of June.	

	The first meeting would be to go through the approach to the allocation and this would be reported at the July meeting and Members **NOTED** that the funding would be allocated on a recurrent basis. Julian Baker advised that a report on the 1% allocation related to 'A Healthier Wales' had been sent to the Directors of Planning and this would be shared with Members. Members **NOTED** that visits would also be arranged to all Health Boards alongside WAST to identify good practice. The new Management Group would be used to oversee this work; Tracy Myhill suggested that the Management Group needed to meet as a matter of urgency. **EASC 19/12** **EASC Risk Register** Members **NOTED** that this would be the subject of the next Development Session at the July meeting. Members **RESOLVED** to: **NOTE** the action log.	Dir NCCU CASC
EASC 19/38	**MATTERS ARISING** **EASC 19/25** – Tracy Myhill asked for an update on the "Falls" schemes. The CASC advised that the scheme had not been running long enough to carry out a thorough evaluation and would continue to run for a further 3 months. **EASC 19/25** – Brendan Lloyd referred to the 5th paragraph on page 8 and advised that they were trying to discourage the phrase "community paramedic". **EASC 19/27** – The Chair queried if the sub group had now been established to review demand and capacity for WAST Emergency Medical Services. Rachel Marsh confirmed that it had been established.	CASC
EASC 19/39	**CHAIR'S REPORT** The Chairs report was **received** by Members. The report included the following updates: • Meeting with the CASC regarding his objectives which were due to be finalised. • Martin Woodford had been appointed as substantive Chair for WAST.	

	• All Wales Chairs meeting with the Minister – Chris Turner gave a verbal update on the meeting which included discussions on maternity services, speaking up safely and the Transformation Fund. Chris Turner advised that the Minister raised concern at the meeting in regard to the Red performance and discussions had also been held in regard to the allocation of winter funding. Members **RESOLVED** to **NOTE** the Chair's Report.	
EASC 19/40	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** The Chief Ambulance Services Commissioners report was **received** by the Committee. Members **NOTED** that an update on the Management Group had been received earlier. **Amber Review** – Members were advised that the Minister would be making a statement on the 4 June 2019, following this he would ensure that members receive a copy of the statement. Members **NOTED** that the overall trend with regard to delays was a worsening position. However, there were variations across Wales with handover delays and other issues in regard to 'long waiters'. Stephen Harrhy advised that he had held discussions with WAST and there would be a refresh of the long wait reduction programme. The messages coming out of the second part of the Amber implementation programme would need to be clear with actions identified and a focus on progress being made. Members were advised that a formal report would be brought back to the Committee once this had been agreed. **Red Performance** - The CASC advised Members that the variation in performance across Wales was not going in the right direction and had been below 65% in Hywel Dda and Powys. Members **NOTED** the letter received from the Deputy Chief Executive of NHS Wales, Simon Dean raising concern about the disappointing figures. The CASC also expressed his concern and stated that the variation was unacceptable. Members were advised that the CASC had been holding weekly meetings with WAST to seek assurances of the measures being taken to improve on performance across Wales and also specifically targeting the areas that were below the required performance levels.	

	Brendan Lloyd advised that it was important to note that the running calls had now been removed and were not included in the figures. Members **NOTED** that the Red calls this morning were 5.4% of the total and were advised that WAST would be undertaking a piece of work to see if there was anything they could be doing to improve upon, such as early mobilisation and availability of resources. Following this a report would be provided to Simon Dean and Members would be updated at the next meeting. Rachel Marsh advised that she would share the letter that had been sent to Simon Dean. Members were advised that there was monitoring on a daily and weekly basis and action plans were being sent to the CASC. The Chair asked whether the May performance figures had been received. The CASC advised that two Health Boards were significantly under the target and averaging 65-68%. He stated that there would need to be continuous improvement across Wales to get over the 70% figure. The CASC advised that this was not good enough with the performance even worse than in 2016. He advised that sustainable changes must be made and the variation in terms of pathways needed to be improved. Members were advised that joint escalation plans between WAST and Health Boards should be considered. The CASC advised that he would be writing to Simon Dean next week and would share the draft letter for comments and agreement prior to sending. The Chair requested that given the seriousness of this matter it would be helpful if an update would be provided to Members in June. The CASC confirmed that he would do this. Members **NOTED** that a recurrent sum of circa £500k was available to EASC from the underspend related to the Band 6 paramedic business case. This had recently been identified by WAST. Members were advised that WASTs preferred option would be to recruit an additional 31 whole time equivalent core paramedic staff to provide the backfill to allow 36 staff to commence Advanced Paramedic Practitioner (APP) training. Members **NOTED** that the APPs would be geographically spread across all Health Board areas and would operate in the existing rotational model format. Members were advised that the option provides additionality to the unscheduled care system to support both winter 2019/2020 and 2020/2021 from which time the additional posts would be fully deployed as all educational requirements would have concluded. Members **NOTED** that the total recurrent annual cost of the additional 31WTE. Band 7 APPs, together with associated costs and programme support, equates to circa £2.2m.	

	Allison Williams advised that some exploratory work could be undertaken to look at different options, she added that it was unclear from the report what was being asked and if it was to support the £2.2m then this could not be done without a business case. Members discussed other options in terms of funding the APPs and where they could be used to support the system. Following discussion, Members **AGREED** that the next steps to look at were: • 3 or 4 general themes to capture moving forward • Clarity around what the APPs could be used for in the whole system • A letter would be sent to confirm the quality assurance process. Members **RESOLVED** to: • **NOTE** the update and the actions agreed.	
EASC 19/41	**EASC FINANCE REPORT** The report was received by the Committee and presented by Stuart Davies. Members **NOTED** that at Month 12 the forecast financial position of WAST was a £496k underspend as a result of slippage of the emergency services mobile communications programme (ESMCP) project costs and business case funding. Stuart Davies advised that following discussion at the last meeting options for managing the underspend were discussed with WAST but were declined, therefore the underspend had been returned to Health Boards in accordance with the standard risk sharing principle. Members **NOTED** that the funding for Renal Transport had now been separated from WAST and would be reported separately in future. Members were advised that funding allocation for Air Ambulance (EMRTS) had been transferred from WAST to the EAS Committee. Members **NOTED** that there was a break even position reported against the EMRTS baseline funding of £3.553m. Members **NOTED** the overview of key risks which were: • Optimising the delivery benefits from the 'A Healthier Wales' 1% allocation • APP Expansion Plan • Continuity risks re: 2018/19 winter management initiatives • Increases in employers contributions (not centrally funded) Members **RESOLVED** to **NOTE** the report and the underspend position.	

EASC 19/42	**AMBULANCE QUALITY INDICATORS** The Committee **received** the report which provided an overview of the most recent quarter data which was published on 24 April 2019 for the period 1 January – 31 March 2019. Members **NOTED** the narrative contained within the report which outlined the performance across the 5 step Ambulance Care Pathway: • Step One – Help Me Choose • Step Two – Answer My Call • Step Three – Come to See me • Step Four – Give Me Treatment • Step Five – Take Me To Hospital Members were advised that AQI 7ii was not contained within the table and will be presented in the next quarter report. Julian Baker advised that 3 years of data with regard to activity, performance and resources had now been collected and this would be discussed with WAST colleagues. Members **NOTED** an opportunity to use the resources to undertake more detailed trend analysis work on quality, performance and activity. Members **RESOLVED** to **NOTE** the report.	
EASC 19/43	**PROVIDER ISSUES BY EXCEPTION** There were no additional issues identified which had not already been discussed.	
EASC 19/44	**EASC GOVERNANCE UPDATE** The governance update report was **received** and presented by Robert Williams. Members **NOTED** that at the EAS Committee meeting in November, the governance update was inadvertently omitted in the approved minutes. Members were asked to approve the amended minutes which would then be shared with the Health Boards and updated on the EASC website. Members **NOTED** the current draft of the Annual Governance Statement which may be subject to final changes which would be shared with the Committee and due to timings may require the Chair to take action outside of the meeting for final sign off. The final version would be endorsed at the next meeting of the Committee.	

	Members **RECEIVED** and **NOTED** the Internal Audit Report on EASC Governance which was received by the Host Body's Audit Committee on 13 May 2019. Members **NOTED** that the report received a 'Reasonable' assurance rating and four medium priority recommendations had been made. The actions required would be factored into the forward work plan for the Committee with the majority to be delivered by the next meeting. Members **RESOLVED** to: • **APPROVE** the amendments to the minutes of the EAS Committee meeting in November 2018 • **APPROVE** the Annual Governance Statement • **NOTE** the report.	
EASC 19/45	**FORWARD PLAN OF BUSINESS** Members **received** the forward plan of business.	*ALL*

ANY OTHER BUSINESS		
EASC 19/46	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/47	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 23 July 2019 at the Education Centre, Llandough (Change of venue).	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 July 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. Health Courier Services (HCS) Deep Dive

Tony Chatfield, Head of Operations, provided an introduction to the services that HCS provide. Many of these are viewed as best practice across the UK and has earned HCS a place on the Department for Transport Emergency Driving Group. Examples were provided of the developments and initiatives being undertaken with various Health Boards and customer surveys highlighted a high level of satisfaction with the service provided. The presentation was well received by the Committee.

2. Laundry Business Case

A paper was tabled by the NWSSP Director of Workforce and OD on the proposals for consulting staff directly affected by the preferred option to reduce the number of laundries from five to three. The paper set out the basic principles on which NHS Wales Shared Services Partnership propose to engage with and manage the relationship with HBs and their staff affected by the proposals. There are three core principles as follows, supported by detailed actions:

- Effective staff communication;
- Collaborating throughout; and
- Caring for and looking after our staff during re-organisational change.

It was agreed that this process should commence with staff roadshows hosted by the relevant HBs, with local WOD, Staff side & Laundry representatives in attendance; facilitated by NWSSP WOD & Project staff.
The Committee fully endorsed the principles.

A separate paper was presented by the Director of Specialist Estates Services, on the actions required following the initial submission of the OBC to Welsh

Government. In order to ensure that those areas identified in the feedback were addressed in a timely manner the Committee agreed to the establishment of a new Programme Board, which would include representation from across NHS Wales. SSPC members were asked to consider identifying appropriate individuals from within their own organisations to participate in taking the project forward.

3. Managing Director's Report

The Managing Director updated the Committee on:

Medical Examiner Service - Andrew Evans, Deputy Director of Primary Care at Powys THB has now started in post as Project Manager, and Dr Jason Shannon has been appointed as the Lead Medical Examiner for Wales. The Lead Medical Examiner Officer role is current being advertised and the recruitment process will commence shortly for the Medical Examiners and Medical Examiner Officers that will be based out at Health Board sites. To progress this, NWSSP will need to work with Health Boards to secure appropriate office space, preferably close to Bereavement Services at main hospital sites.

Brexit/IP5 - Brexit preparations continue although some further work is still required on identifying current key non-stock requirements in the event of a no-deal Brexit. This will primarily involve working with the NHS Collaborative, various clinical networks and Medical in terms of finalising the lists of required items. Further testing on links to the national systems are currently being arranged to assess readiness should there be a no-deal Brexit. To ensure additional resilience the current smaller store in Cwmbran will also relocate to IP5, which will enable a seamless rotation of Brexit stock with normal operations to avoid any issues of out of date stock. Further work continues on developing options for the remaining space in IP5 with the intention of holding mini-workshops with relevant stakeholders over the next few weeks.

NHAIS Replacement – Following discussions with the Chief Executive of the Business Services Organisation in Northern Ireland, NWSSP have written to the Permanent Secretary covering the NI Health Department for permission to further explore the opportunities of using their GP Payments System to pay Primary Care Contractors in Wales. They are due to visit in late August to progress this issue.

Primary Care Sustainability - Working with Welsh Government, NWSSP Employment Services has established a number of key systems and processes advancing delivery of 'A Healthier Wales' and the Strategic Programme for Primary Care. These developments include the introduction of a single point website to advertise multi-disciplinary vacancies, Wales National Workforce and Reporting System capturing for the first time primary care workforce information and the All Wales Locum Register for Primary Care providing confirmation of Locum GPs registered on the Wales Scheme for General Medical Practice Indemnity. Maximising opportunities, these changes will remove current advertising costs for GP Practices, visibility of GP vacancies enabling GP Trainee Streamlining, improved quality and understanding of primary care multi-disciplinary workforce demographics to achieve greater workforce and cross-

cluster planning.

4. Items for Approval

The Committee reviewed and approved the following contract extensions for national support systems:

- Selenity (e-expenses)
- Trac (recruitment)
- Finance Procurement Enterprise Systems Contract (Oracle

In addition, the Committee discussed the recommendations of the Concerns Management System report. It was noted that the proposed new system had improved functionality over the current system however, it was more expensive. The Committee approved the awarding of the contract for the new system but proposed that the mechanism to recharge the costs should be reviewed and agreed by the Deputy Directors of Finance Group.

The Committee also noted and approved the progress and implementation of three primary care initiatives relating to:

- GP Wales Website;
- Wales National Workforce Reporting System; and
- All-Wales Locum Register.

The Committee also noted the Velindre Board agreement for NWSSP to proceed by the publication of a Voluntary Ex-ante Notice (VEAT) for the GP Wales website.

5. Items for Noting

- **Construction Industry Update -** The Director of Specialist Estates Services provided an update on the current position within the construction industry. The industry has not fully recovered since the financial crash of 2008, and while there are challenges in Wales, the use of framework arrangements has protected NHS Wales from some of the significant issues experienced by NHS organisations in England.
- **PMO Highlight Report -** The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **Finance & Workforce Report -** The Committee noted that NWSSP is currently reporting a small underspend but that a number of financial challenges remain. KPIs were generally noted as also being on track.
- **IMTP Quarterly Report** – The Committee reviewed and noted the report.
- **Blaenavon Data Centre Outage** – The Committee were provided with a summary of the reasons for, and the implication of, the recent outage. A report from NWIS on root cause analysis and required next steps was also reviewed.
- **Corporate Risk Register** – The Committee noted that two red risks remain and that updates on both had been provided as part of the MD's report. One risk relating to the Bridgend boundary change has now been

removed from the Register.

- **Gifts & Hospitality Report 2018/19** – The Committee noted the declarations and queried whether all of the entries required disclosure.
- **Complaints Annual Report 2018/19** – The Committee noted the increase in the number of complaints from the previous year, particularly relating to payroll and salary sacrifice, but that action was being taken to learn from these issues and address the root cause.
- **Audit Committee Annual Report 2018/19 and Terms of Reference** – The Committee noted the positive tone of the Annual Report and the minor changes to the Terms of Reference which have already been signed off at Audit Committee. The Committee noted that the report gave assurance that NWSSP were operating robust systems on behalf of NHS Wales. It was agreed that an Audit Committee Assurance Report would be developed and produced for Health Boards, Trusts and HEIW. It was agreed that the Director of Internal Audit services would also discuss with Audit Committee Chairs.
- **Audit Committee Highlight Report** – the report relating to the meeting held on 9 July was reviewed and the Committee noted that the reports taken to the meeting were positive in their assessment of controls and systems within NWSSP.

6. Items for Information

The following papers were provided for information:

- Months 2 & 3 Monitoring Return;
- Wales Audit Office Management Letter 2018/19;
- Wales Audit Office Report into Nationally Hosted Systems 2018/19;
- Counter Fraud Lessons Learned Report; and
- NHS Wales Fighting Fraud Strategy.

Matters requiring Board/Committee level consideration and/or approval	
• The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.	
Matters referred to other Committees	
N/A	
Date of next meeting	18 September 2019

Health Board

5.9.19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Annual Summary of Consultations
Report Author:	Mrs Fiona Lewis, Corporate Governance Officer
Responsible Director:	Mrs Grace Lewis-Parry, Board Secretary
Public or In Committee	Public
Purpose of Report:	The report provides the Health Board with a list of all consultation documents received between April 2018 and March 2019 and confirms whether the Health Board responded.
Approval / Scrutiny Route Prior to Presentation:	Consultation responses cleared via relevant Lead Executives
Governance issues / risks:	This process provides the Board with assurance that the organisation has a process for monitoring and responding to consultation documents.
Financial Implications:	*N/A*
Recommendation:	The Board is asked to **note** the external consultations responded to by the Health Board and the associated monitoring arrangements.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance Engagement			
Equality Impact Assessment Not applicable for a governance paper of this nature.			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Annual Summary of Consultations

1. Purpose of report

This paper is written to provide the Board with an overview of the consultation documents received by the Health Board between April 2018 and March 2019.

2. Introduction/Context

The Health Board receives a large number of formal consultations each year and has a system in place to monitor such consultation requests in order to track progress and ensure that they are responded to in a timely manner.

3. Main body of the report

The information contained in Annex 1 provides an overview of the consultations received by the organisation during the period in question. Consultation documents are received into the organisation via the Chief Executive, Board Secretary or the BCU information email. A Lead Executive is then assigned to determine whether a response is required and if so to co-ordinate that response. The monitoring arrangements are overseen by the Office of the Board Secretary. Copies of responses to formal consultations are routinely published by the relevant consultative body but are also available on request via the Office of the Board Secretary.

4. Conclusions

The Health Board has a robust process in place for logging and tracking consultations.

5. Recommendations

The Board is asked to **note** the external consultations responded to by the Health Board and the associated monitoring arrangements.

Annex 1

Consultation Topic	Response submitted	
	YES	NO
April-18		
General principles of the Childcare Funding (Wales) Bill		✓
Local toilets strategies: Statutory guidance for local authorities	✓	
National Development Framework: Issues, options and preferred option		✓
May-18		
Consultation for RCPCH Facing the Future: Standards for children in emergency care settings	✓	
Consultation: CP50,Positron Emission Tomography (PET) Commissioning Policy	✓	
Draft Planning Policy Wales: Edition 10	✓	
Inquiry into preparations for replacing EU funding for Wales	✓	
Jun-18		
Consultation: Refugee and asylum seeker health	✓	
Consultation: Eculizumab for Paroxysmal Nocturnal Haemoglobinuria, CP152	✓	
Draft framework for nursing in special schools	✓	
Evidence sessions: Public Services Boards	✓	
Strengthening Local Government: Delivering for People		✓
Jul-18		
Code of Data Matching Practice		✓
Public consultation launched on the Auditor General for Wales' future work programme		✓
Aug-18		
Consultation: CP163 - Paediatric Endocrinology	✓	
Consultation: Dentistry in Wales	✓	
Consultation: PP167 Emicizumab		✓
Sept-18		
Consultation into the future delivery of probation services.		✓
Consultation on amendments to Part 9 of the Social Services and Well-being (Wales) Act 2014 e.g. amendments to Regional Partnership Boards.	✓	
Consultation on Fee Scales 2019-20		✓
Consultation: Living with Persistent Pain in Wales Guidance	✓	
Consultation: PP151, Complex Devices	✓	
Consultation: PP162, Balloon Pulmonary Angioplasty		✓

Oct-18		
Correspondence from the Welsh Language Commissioner - Draft compliance notice	✓	
Draft Regulations to define 'objects' used in intimate piercing procedures – Consultation document		✓
Nov-18		
No Consultations completed during the month.		
Dec-18		
Consultation: Circumcision for Children (CP34)	✓	
Setting the minimum unit price of alcohol	✓	
Jan-19		
Consultation on tackling loneliness and isolation	✓	
Consultation on three-year forward programme of work	✓	
Consultation: CP164 Clinical Trials		✓
Financial Strategy Public Consultation	✓	
Feb-19		
Consultation on Older People's Commissioner's future work	✓	
CP07, Hyperbaric Oxygen Therapy, Commissioning Policy		✓
PP105, Selexipag for the Treatment of Pulmonary Arterial Hypertension (adults) Policy Position Proposal		✓
PP177, Burosumab for treating X-linked hypophosphataemia in children and young people		✓
Reform of fire and rescue authorities in Wales		✓
Mar-19		
Community and District Nursing Services	✓	
Consultation on draft Additional Learning Needs Code	✓	
Gender Identity for Adults (Non-Surgical)	✓	
Welsh Government Consultation on the development of a code of practice on the delivery of autism services	✓	