

Bundle Health Board - public 24 January 2019

11.00am, Porth Eirias, Colwyn Bay LL29 8HH

- 1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE
- 1.1 11:00 - 19.10 Chairman's Introductory Remarks and Apologies for Absence - Mr Mark Polin
- 1.3 11:05 - 19.11 Declarations of Interest
- 1.4 19.12 Special Measures
- 1.4.1 11:06 - 19.12.1 Task & Finish Group Chair's Assurance Report 18.12.18 - Mr M Polin
19.12.1 SMIF Chair's Assurance Report 18.12.18.docx
- 1.5 11:11 - 19.13 HASCAS Independent Investigation and Ockenden Governance Review: progress report : Mrs Gill Harris
Recommendation:
To note the progress of the HASCAS & Ockenden recommendations
19.13 HASCAS_Ockenden Review_progress report.docx
- 1.6 11:31 - 19.14 Draft Minutes of the Health Board Meeting held in public on 1.11.18 for accuracy and review of Summary Action Log
19.14a Minutes Board 1.11.18 Public V0.02.docx
19.14b Summary Action Log Public_v153 17.1.19.doc
- 2 FOR DECISION
- 2.1 19.15 Three Year Plan - Mr Mark Wilkinson
Recommendations:
It is recommended that the Board:
1. Note the detailed work that has been undertaken to develop the Plan and its connection to 'A Healthier Wales' and the Living Healthier, Staying Well strategy;
2. Endorse the priorities set out within the Plan for delivery over the three year period;
19.15a Three Year Plan Coversheet.docx
19.15b Three Year Plan v1.0 17-01-19.docx
- 2.2 11:41 - 19.16 Outline Business Case for the Re-procurement of a Pathology Laboratory Information Management System (LIMS) for Wales - Mr Adrian Thomas
Recommendations:
The Health Board is asked to:
1. approve the LINC OBC, which will allow the procurement to proceed;
2. include the estimated costs of the OBC and the LINC Programme in IMTP/3 Year Plan.
19.16a LIMS coversheet 9.1.19 @ 1403.docx
19.16b LIMS report V1.0.docx
19.16c LIMS OBC Executive Summary V0.3.pdf
19.16d LIMS Outline Business Case V0.17.pdf
- 2.3 11:56 - 19.17 Redevelopment of the Mental Health Inpatient Unit at Glan Clwyd Hospital : Strategic Outline Case - Mr Mark Wilkinson
Recommendation:
The Board is asked to approve the Strategic Outline Case for submission to Welsh Government.
19.17a Ablett coversheet.docx
19.17b Ablett SOC v.1.4.docx
- 3 FOR DISCUSSION
- 3.1 12:11 - 19.18 Integrated Quality & Performance Report - Mr Mark Wilkinson
Recommendation:
The Board is asked to note the report and to assist in addressing the governance issues raised.
19.18a IQPR coversheet.docx
19.18b Integrated Quality Performance Report 15.1.19 @ 1656.pdf
- 3.2 12:31 - 19.19 Finance Report Month 8 - Mr Russ Favager

Recommendation:

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

The Board is asked to note that the management of cash remains a key priority and a request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government (cumulative cash support is £106.7m received since 2014/15) to ensure that payments can continue to be made during March 2019.

19.19 Finance Report - Month 8 Board Final v2.docx

3.3 12:41 - 19.20 Finance Report Month 9 - Mr Russ Favager

Recommendation:

1. It is asked that the report is noted, including the increased forecast outturn of £42.0m.

2. The Board is asked to note that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.

19.20 Finance Month 9 Board FINAL.docx

3.4 12:51 - 19.21 Corporate Risk Assurance Framework - Mrs Grace Lewis-Parry

Recommendation:

The Board is asked to review the latest iteration of the corporate Risk and Assurance Framework and comment as appropriate.

19.21a CRAF coversheet final 7.1.19 @ 1025.docx

19.21b CRR01.pdf

19.21c CRR02.pdf

19.21d CRR03.pdf

19.21e CRR05.pdf

19.21f CRR06.pdf

19.21g CRR07.pdf

19.21h CRR09.pdf

19.21i CRR10.pdf

19.21j CRR11a.pdf

19.21k CRR11b.pdf

19.21l CRR12.pdf

19.21m CRR13.pdf

19.21n CRR14.pdf

19.21o CRR15.pdf

19.21p CRR16.pdf

19.21q CRR17.pdf

19.21r CRR18.pdf

3.5 13:11 - Lunch Break

Pledge and sign up to Let's Get Moving North Wales

3.6 13:41 - 19.22 Public Health Wales "Let's Get Moving North Wales" - Miss Teresa Owen

Recommendation:

The Board is asked to:

1. Note the evidence on the potential for prevention through investment in physical activity within the workforce and the wider population of North Wales

2. Endorse continued participation with Let's Get Moving partners on the priorities identified to increase physical activity as set out in the IMTP.

3. Approve formal 'sign up' to the Let's Get Moving Partnership Agreement, and continue to play an active role in developing, evaluating and celebrating the collaborative

19.22 Let's Get Moving North Wales.docx

3.7 13:56 - 19.23 Wales Audit Office Structured Assessment 2018 - Mr Gary Doherty

Recommendations:

The Board is asked to:

1. Receive the report
2. Accept the recommendations in the Structured Assessment
3. Receive and approve the management response to the Structured Assessment noting that actions recorded as closed will, where appropriate, be included in the relevant plans such as the Three Year Plan, Annual Operational Plan, and workforce or quality strategy/plans.*

**Wales Audit office will seek to gain assurance that this has happened and review progress against outstanding recommendations in April 2019.*

19.23a Structured Assessment coversheet 7.1.19 @1216.docx

19.23b Structured Assessment Management Response.docx

19.23c Structured Assessment WAO report.pdf

4

ITEMS FOR CONSENT

4.1

14:16 - 19.24 Funded Nursing Care Update : Mr Russ Favager

Recommendations:

The Board is asked to

1. Note the identification of a calculation error by Laing & Buisson that has led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018;
2. Note that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated and approve the NHS component of the 18/19 rate as £167.87, with a further additional component payable by LAs;
3. Note the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift. HB teams will consider options for 2019/20 onwards;
4. Note the work undertaken with provider representatives to resolve the evidence of paid breaks matter and that this should be resolved to the satisfaction of all parties shortly;
5. Note the requirement to issue reimbursement resources in year and the processes in place to manage the three cohorts that require reimbursement;
6. Note that Care Forum Wales has indicated their wish to consider other matters, including CHC rates, now that FNC matters are reaching resolution.

19.24a FNC Coversheet.docx

19.24b FNC.doc

4.2

14:21 - 19.25 Committee and Advisory Group Chair's Assurance Reports

Audit Committee 11.12.18 (Cllr M Hughes)

Quality, Safety & Experience Committee (Mrs L Reid) 29.11.18

Finance & Performance Committee 22.11.18 (Mr M Polin)

Charitable Funds Committee 13.12.18 (Mrs B Russell-Williams)

Remuneration & Terms of Service Committee 26.11.18 (Mr M Polin)

Strategy, Partnerships & Population Health Committee 4.12.18 (Mrs M W Jones)

Joint Audit and Quality Safety & Experience Committee 6.11.18 (Cllr M Hughes & Mrs L Reid)

Stakeholder Reference Group 11.12.18 (Mr Ff Williams)

Healthcare Professionals Forum 7.12.18 (Prof M Rees)

Local Partnership Forum 27.11.18 (Mr G Doherty)

19.25a Chair's Assurance Report Audit 11.12.18 V1.0.docx

19.25b Chair's Assurance Report QSE 29.11.18 V1.0.docx

19.25c Chair's Assurance Report FP 22.11.18 v1.0.docx

19.25d Chair's Assurance Report CFC 13.12.18 v1.0.docx

19.25e Chair's Assurance Report RTS 26.11.18 v1.0 Approved by SG.docx

19.25f Chair's Assurance Report SPPHC 4.12.18 v1.0.docx

19.25g Chair's Assurance Report JAQS Nov 2018 approved by MH.docx

19.25h Chair's Report SRG 11.12 2018 v1.0 agreed by MW and FFW.doc

19.25i Chair's Report HPF 7.12.18 v1.0.doc

19.25j Chairs Assurance Report LPF 27.11.18 v1.0.docx

4.3

14:36 - 19.26 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.

19.26 AC & S12 report.docx

4.4

14:38 - 19.27 Documents Signed Under Seal - Mrs Grace Lewis-Parry

Recommendation:

The Board is asked to note the update presented.

19.27 Documents signed under seal.doc.docx

- 5 14:40 - FOR INFORMATION
- 5.1 19.28 Information circulated since the last Board meeting
7.11.18 Cabinet Secretary statement regarding special measures
13.11.18 Quality & Performance Report for September 2018
13.11.18 Follow on action regarding Month 7 financial position
20.11.18 Follow on action regarding research & development
20.11.18 Follow on action regarding third sector contract
21.11.18 Follow on action regarding job planning
10.12.18 Notification that Ysbyty Gwynedd awarded Dementia Friendly status
20.12.18 Quality & Performance Report for October 2018
11.1.19 Follow on action regarding AOP priorities
- 5.2 19.29 Summary of In Committee Board business to be reported in public
Recommendation:
The Board is asked to note the report
19.29 In Committee Items to be reported in public.docx
- 5.3 19.30 All Wales and Other Forums
- 5.3.1 19.30.1 Emergency Ambulance Services Committee Minutes 10.7.18
19.30.1 Confirmed EASC Minutes 10 July 2018.docx
- 5.3.2 19.30.2 Emergency Ambulance Services Committee Minutes 17.10.18
19.30.2 Confirmed EASC Minutes 17 Oct 2018.docx
- 5.3.3 19.30.3 Collaborative Leadership Forum Minutes 14.6.18
19.30.3 Collaborative Leadership Forum Minutes 140618 v1.docx
- 5.3.4 19.30.4 Collaborative Leadership Forum Minutes 6.9.18
19.30.4 Collaborative Leadership Forum 060918 Approved Minutes.docx
- 5.3.5 19.30.5 Welsh Health Specialised Services Committee Joint Committee Briefing 13.11.18
19.30.5 WHSCC Joint Committee Briefing 13.11.18 public.pdf
- 6 CLOSING BUSINESS
- 6.1 19.31 Date of Next Meeting
Thursday 28th March 2019 @ 10.00am in Catrin Finch Centre, Glyndwr University, Wrexham
- 6.2 19.32 Committee Meetings to be held in public before the next Board Meeting
5.2.19 Strategy, Partnerships & Population Health Committee
14.2.19 Information Governance & Informatics Committee
26.2.19 Finance & Performance Committee
7.3.19 Charitable Funds Committee
14.3.19 Audit Committee
19.3.19 Quality, Safety & Experience Committee
26.3.19 Finance & Performance Committee

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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Chair's Report | |

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| Name of Committee: | Special Measures Improvement Framework Task & Finish Group (SMIF T&F) |
| Meeting date: | 18.12.18 |
| Name of Chair: | Mark Polin, Chair |
| Responsible Director: | Grace Lewis-Parry, Board Secretary |
| Summary of business discussed: | <ul style="list-style-type: none"> • Feedback on expectations allocated to committees was received. • Revised SMIF T&F Group terms of reference, including membership, were agreed (attached). • An updated progress monitoring log was received, but the content was not discussed in detail as the Chair stated that the current position against expectations was not where it should be, and further review was required by the Leads. He asked the Executive Team collectively to address the issues raised and to then feed back to him with greater clarity on specific actions, aims and self-assessed RAG ratings. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> • The Executive Team will hold a session in January 2019 devoted to detailed review and updating of the progress monitoring log. • An additional SMIF T&F Group meeting will be arranged prior to the next scheduled March 2019 date, in order to assess progress. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • 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 described above. |
| Special Measures Improvement Framework Theme/Expectation addressed | All. |
| Issues to be referred to another Committee | - |

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| 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 the updated progress monitoring log. |
| Date of next meeting: | TBC |

Terms of Reference and Operating Arrangements
Special Measures Improvement Framework
Task & Finish Group

INTRODUCTION

The Board shall establish a Task and Finish Group to be known as the Special Measures Improvement Framework Task and Finish Group commencing on 1 March 2016.

PURPOSE

The purpose of the Special Measures Improvement Framework Task and Finish Group, hereafter referred to as “the Group”, is to advise and assure the Board on the effectiveness of the arrangements in place to respond to the Special Measures Improvement Framework set by Welsh Government. The Group will also monitor progress in the areas for particular attention in the 3rd Healthcare Inspectorate Wales (HIW) / Wales Audit Office (WAO) Joint Review ‘Overview of Governance Arrangements’ and other key governance documents.

DELEGATED POWERS AND AUTHORITY

The Group in respect of its provision of advice and assurance is authorised by the Board to

- Assess the progress made against the expectations and timescales set by Welsh Government, allocating responsibilities to the relevant committee and Lead Officer as appropriate.
- Provide advice and direction on the information to be included to demonstrate compliance.
- Assess the reliability, integrity of the information and evidence collated.
- Escalate matters to the Board where limited progress has been made.

Authority

The Group is authorised by the Board to investigate or have investigated any activity within its Terms of Reference seeking relevant information from any employee or Board Committee or Group. It may secure the attendance of other officers with relevant experience or expertise it considers necessary.

MEMBERSHIP

Chair- Chair of the Health Board

Vice Chair- Chair of Audit Committee

Members

Board Secretary (Lead Officer)

Chief Executive

Chair of the Strategy, Partnerships & Population Health Committee

Chair of Quality, Safety & Experience Committee

Chair of the Information Governance Committee

Executive Director of Finance

Director of Turnaround

Executive Director of Planning and Performance

Executive Director of Nursing & Midwifery

Executive Medical Director

Executive Director of Primary Care & Community Services

Director of Mental Health & Learning Disabilities
Chair of the Finance & Performance Committee
Executive Director of Workforce & Organisational Development

Other Executives shall be invited at the discretion of the Chair.

Secretariat - As determined by the Board Secretary

GROUP MEETINGS:

Quorum

At least 2 Independent Members and 2 Executive Directors must be present to ensure the quorum of the Group.

Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Group deems necessary.

REPORTING AND ASSURANCE ARRANGEMENTS

The Group shall:

- Report formally, no less than quarterly, through the Chairman and Chief Executive to the Board on the Group's activities via Chair's Assurance Reports and via progress reports against the Special Measures Improvement Framework escalation criteria prior to submission to Welsh Government.
- Bring to the Board's specific attention any significant matters under consideration by the Group.
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair and Chief Executive of any urgent/critical matters that may affect the operation and/or reputation of the LHB.

In the context of the organisation's response to special measures:

- Establish the level and sources of evidence required to demonstrate progress against the special measures framework expectations and seek assurance from the relevant committees and senior officers.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

The Group has delegated authority from the Board to exercise its functions as set out within these Terms of Reference. The Group through its Chair and members shall allocate responsibilities to committees as necessary, and will work with the

Committee Business Management Group of the Board to coordinate the sharing of information and good governance as required. The Group will ensure that its outputs are aligned with the Health Board's strategic goals.

APPLICABILITY OF STANDING ORDERSTO GROUP BUSINESS

The requirements of the conducts of business as set out in the Standing Orders are equally applicable to the operation of the Group with the exception of the quorum.

REVIEW

These terms of reference and operating arrangements shall be reviewed in

September 2019.

Date Terms of Reference Approved: 18.12.18.....

V5.0 Approved

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| Health Board |  | GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board |
| 24.1.19 | To improve health and provide excellent care | | |

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|---|---|
| Report Title: | HASCAS independent investigation and Ockenden governance review: progress report |
| Report Author: | Mrs Deborah Carter, Associate Director Quality Assurance |
| Responsible Director: | Mrs Gill Harris, Executive Director of Nursing & Midwifery |
| Public or In Committee | Public |
| Purpose of Report: | The paper provides the progress updates as at the end of Q3 against the recommendations arising from both the HASCAS independent investigation and the Ockenden governance review |
| Approval / Scrutiny Route Prior to Presentation: | The Improvement Group and Stakeholder Group meetings review, monitor and scrutinise the work and progress of the recommendations. This paper will also have been reviewed by the Quality, Safety & Experience Committee on the 22.1.19. |
| Governance issues / risks: | Work is underway to identify any additional resources required to progress the work identified to deliver improvements and address the recommendations. |
| Financial Implications: | A paper will be submitted to Executive Team setting out the additional resources and any related costings, including any additional workforce requirements, for their approval. |
| Recommendation: | To note the progress of the HASCAS & Ockenden recommendations |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 | √ |

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|---|---|---|---|
| 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 | | | |
| Mental Health | | | |
| Leadership and Governance | | | |
| Equality Impact Assessment | | | |

Disclosure:

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

Board/Committee Coversheet v10.0

HASCAS Investigation and Ockenden Governance Review Progress Report as at January 2019

Background

In the autumn and winter of 2013 a series of events occurred which brought issues of concern regarding care on Tawel Fan Ward to the attention of senior staff within the Health Board. This led to the ward being closed in December 2013.

In January 2014, Donna Ockenden was commissioned by the Health Board to conduct an external investigation into the concerns raised and her report was published in May 2015.

http://www.wales.nhs.uk/sitesplus/documents/861/tawel_fan_ward_ockenden_interpret.pdf

In August 2015 the Health Board commissioned an Independent Investigation to be undertaken by HASCAS Consultancy Limited into the care and treatment which had been provided on Tawel Fan Ward. The outcome of the Independent Investigation was the provision of three separate outputs which included:

- A thematic “Lessons for Learning” report
- Detailed Individual Patient reports to support the Putting Things Right process
- Individual Staff reports to support employment processes

The conclusions and findings of the thematic lessons for learning report were published in the ‘*Independent Investigation into the Care and Treatment provided on Tawel Fan Ward: A Lessons for Learning Report*’ on the 3rd May 2018 and included 15 recommendations. The full report and executive summary can be found via the following links:-

<http://www.wales.nhs.uk/sitesplus/861/page/75258/>
<http://www.wales.nhs.uk/sitesplus/861/page/94107/>

Alongside the HASCAS investigation, a governance review was commissioned by the Health Board which was undertaken by Donna Ockenden. This review focussed on the governance arrangements relating to the care of patients on Tawel Fan Ward prior to its closure and current governance arrangements in older people’s mental health services within the Health Board. The findings of the Ockenden Governance Review were received at the public Board meeting on 12th July 2018.

<http://www.wales.nhs.uk/sitesplus/861/page/75258>

On the 12th July at its public Board meeting, the Health Board considered a paper which contained the initial response to the HASCAS report and approved the governance and reporting arrangements which would oversee the implementation of the recommendations from the HASCAS report and the Ockenden Governance review. At this meeting the Health Board also approved the establishment and terms of reference for an Improvement Group to respond to the recommendations arising from both HASCAS and Ockenden reports as well as a Stakeholder Group to strengthen and guide the work of the Improvement Group.

Both the Improvement Group and the Stakeholder Group have now been established with membership agreed and confirmed in line with the respective terms of reference for both groups (attached at Appendix 1).

The inaugural meeting of the Improvement Group was held on 16th August 2018, and chaired by the Executive Director of Nursing & Midwifery, where the Group received status and progress updates from each of the operational leads who had been given delegated responsibility for specific recommendations. This included developing metrics and achieving milestones where these had been set in the reports as well as agreeing ones for where they had not. The leads also described progress towards achieving the outcomes of the recommendations. The second meeting of the Improvement Group was held on 23rd October and meetings are scheduled bimonthly throughout 2019 where progress reports are presented by each operational lead as well as monthly highlight reports submitted to the Executive Director of Nursing & Midwifery and an internal tracker tool developed for performance monitoring purposes.

The Stakeholder Group, which is a subgroup of the Improvement Group, has confirmed membership from representatives of the Community Health Council, Bangor University, St Kentigern Hospice, North Wales Police, North Wales Local Authorities, Community Voluntary Councils, North Wales Adult Safeguarding Board and Care Forum Wales as well as 6 Tawel Fan family members. The first meeting of the stakeholder group was held on Monday 8th October and was conducted in the form of a workshop, facilitated by the Associate Director of Quality Assurance and the Director of Partnerships for Mental Health & Learning Disabilities. The workshop aimed to engage with the members to:

- Establish Group Values
- Agree required outcomes
- Consider a 12 month forward view in the form of a work programme
- Establish individual areas of interest and intent to support

The group also reviewed the terms of reference for the group in order to consider their role in respect of scrutiny, advice, support, challenge and endorsement of the work being undertaken to deliver the required improvements. Members of the psychology service were also in attendance at the meeting to offer support to members if required.

The Stakeholder Group is required to meet quarterly, however, at the request of the members at the first meeting, an additional meeting was scheduled within 6 weeks, due to discussions around the amount of work and pace of progress, within a schedule of meetings being held on a quarterly basis. This second meeting was subsequently held on 19th November and enabled discussion and review of a proposed cycle of business for the work of each recommendation. Stakeholder Group members have also put themselves forward as members of any task and finish groups that have been established for specific recommendations, where they hold a particular interest and wish to contribute and support ensuring the views of stakeholders are incorporated into this important programme of work. Meeting dates have been scheduled quarterly throughout 2019.

On 1st November 2018, the Health Board received a paper providing an update against the recommendations of both the HASCAS and Ockenden recommendations as well

as confirmation of the establishment of both the Improvement Group and Stakeholder Group. The update presented by the Executive Director of Nursing & Midwifery reported positive progress following establishment of both the Improvement Group and Stakeholder Group. A piece of work was now being undertaken to review overall costs and required resources with the support of workforce and finance teams for consideration by the Executive Team.

Early positive feedback had been received from third sector representatives who had attended the first Stakeholder Group event and assurance was provided that the Health Board has been reviewing and strengthening its approach to partnership working and relationships with local authorities were also being maintained. In particular, the membership of the Regional Partnership Board has been strengthened and an event was held in January 2019 to share strategic issues and identify principles for improved collaboration. Further work is also underway to build further on relationships with the sector, with discussions taking place with third sector leaders and through the Health Board's Stakeholder Reference Group. This work is taking place alongside the development of the Health Board's three year plan and identification of priorities for 2019 onwards.

All recommendations from both the HASCAS and the Ockenden reports have been mapped together to ensure the necessary actions identified are embedded across the organisation and are not dealt with in isolation.

Table 1 below summarises the recommendations from both reports and sets out the blended governance and oversight arrangements.

This report provides updates against the recommendations as at the end of quarter 3, December 2018 and further progress updates will be reported to future board meetings no less than quarterly.

Table 1

| HASCAS | Ockenden | Executive Sponsor | Operational Lead | Oversight Group |
|---|---|---|--|---|
| 1. Care Pathway and Service Redesign | 1. Review and redesign service model for older people and those with Dementia 12. Older Persons Strategy | Executive Director of Strategy | Deputy Director of Nursing | Older Persons Group / Regional Partnership Board. |
| 2. Dementia Strategy | 8. Dementia Strategy | Executive Director of Nursing & Midwifery | Area Director for Clinical Services (West) | Dementia Clinical Network Group |
| 3. Care Homes and Service Integration | | Executive Director of Nursing & Midwifery | Deputy Director of Nursing | Older Persons Group / Regional Partnership Board |
| 4. Safeguarding Training | | Executive Director of Nursing & Midwifery | Assistant Director Safeguarding | Corporate Safeguarding Group |
| 5. Safeguarding Informatics and Documentation | | Executive Director of Nursing & Midwifery | Assistant Director Safeguarding | Corporate Safeguarding Group |
| 6. Safeguarding Policies and Procedures | | Executive Director of Nursing & Midwifery | Assistant Director Safeguarding | Corporate Safeguarding Group |
| 7. Tracking of Adults at Risk across North Wales | | Executive Director of Nursing & Midwifery | Assistant Director Safeguarding | Corporate Safeguarding Group |

| HASCAS | Ockenden | Executive Sponsor | Operational Lead | Oversight Group |
|--|---|---|-------------------------------------|--------------------------------------|
| 8. Evaluation of Revised Safeguarding Structures | 6. Safeguarding structures | Executive Director of Nursing & Midwifery | Assistant Director Safeguarding | Corporate Safeguarding Group |
| 9. Clinical Records | | Executive Medical Director | Chief Information Officer | Health Records Group |
| 10. Prescribing and Monitoring of Anti-Psychotic Medication | | Executive Medical Director | Chief Pharmacist | Safer Medication Group |
| 11. Evidence Based Practice | 2a. Quality impact assessment 2b. Integrated reporting 3. Policy review 10. Reviewing external reviews 14. Board development | Executive Director of Nursing & Midwifery | Deputy Board Secretary | Quality and Safety Group |
| 12. Deprivation of Liberties | 9. Deprivation of Liberties | Executive Director of Nursing & Midwifery | Assistant Director, Safeguarding | Corporate Safeguarding Group |
| 13. Restrictive Practice Guidance | | Executive Director of Workforce & OD | Director of Nursing (Mental Health) | Quality and Safety Group (Corporate) |
| 14. Care Advance Directives | | Executive Medical Director | Senior Associate Medical Director | Palliative Care Group |

| HASCAS | Ockenden | Executive Sponsor | Operational Lead | Oversight Group |
|--|--|---|---|---|
| 15. End of Life Care Environments | | Executive Medical Director | Senior Associate Medical Director | Palliative Care Group |
| | 2c. Workforce development 4a. Staff engagement 4b. & 4c. Staff surveys 4d. Clinical engagement 13. Culture change | Executive Director Workforce and Organisational Development | Head of Organisational and Employee Development | Workforce Senior Leadership Team / Staff Engagement Group |
| | 2d. Consultant Nurse in Dementia | Executive Director of Nursing & Midwifery | Director of Nursing Mental Health | N/A |
| | 5. Partnership working | Director Mental Health and Learning Disability | Director of Partnership Mental Health and Learning Disability | Together for Mental Health Partnership Board |
| | 7. Concerns management | Executive Director of Nursing & Midwifery | Associate Director Quality Assurance | Quality and Safety Group |
| | 11. Estates Older Persons Mental Health (OPMH) | Executive Director of Finance | Director of Estates and Facilities | Task Group |

Recommendations updates

The following updates are provided against each of the recommendations in order of the sequence of the mapping described in Table 1:

- HASCAS 1:** Care Pathway & Service Redesign
- HASCAS 3:** Care Homes and Service Integration
- Ockenden 1:** Review & Redesign service model for older people and those with dementia [progress update required by end of Sept]
- Ockenden 12:** Older Persons Strategy

Three emerging themes have been identified for the above recommendations:

- i) Organisational culture; including corporate & clinical governance and stakeholder relationships
- ii) Strategy & planning; care pathways, service redesign for Older Persons Mental Health (OPMH) and care homes & service integration
- iii) Organisational learning; including knowledge & skills, training & development and information management

Work has progressed to identify the interdependencies of the older person strategy alongside recommendations 2, 3 and 5 and a programme and scoping exercise has now been completed that includes the identification of all existing strategies currently in place. This initial scoping exercise has helped inform the Health Board's HASCAS & Ockenden delivery plan, the objective of which is to support the overarching integrated pathways for older persons and those with dementia. This will ensure that there is a focus on clinical redesign and integration, education and the integration with the care home sector.

An exercise has also been completed to scope out all interlinking Older Persons forums and groups to ensure consultation and engagement take place across the organisation. The Quality Safety Group meeting in January received an update on the end of life care pathway for Older Persons Mental Health and approved the draft Standard Operating Procedures presented to the group 'End of Life Care for the Person with Dementia under the care of In-patient Mental Health Services', (*'One chance to get it right'*).

Extensive work has been undertaken within BCUHB and the North Wales Regional Partnership Board in relation to care services across North Wales for the older person. In February 2019, a partnership event will be held, which will identify and review the significant work underway in both health and social care services, in addition to the care provider sector. This work will inform a gap analysis to aid the future delivery plan.

Joint working has also commenced with the Older Persons Commissioner for Wales' office and support gained to help advise on future delivery plans.

A North Wales training programme for 'Care of the Older Person and those with Dementia' has been developed in specific relation to knowledge and skills around the care of the elderly. This involves a basic module to be made mandatory to be accessible to all health and social care staff, care providers and families and will

ensure consistent delivery of training material for all services that deliver care to the older person. Furthermore, an advanced programme will be developed with Glyndwr and Bangor universities, for postgraduates.

A North Wales wide joint clinical event for BCUHB and Care Home staff will be held in the beginning of Quarter 4, for ward staff and care home managers, to capture shared experiences and learning; encourage team building; and most importantly improve relationships and communication across all acute, community and care home settings. Furthermore, this will help identify the work needed to improve clinical pathways for integration and the future development of a long term clinical strategy.

A 'Pledge of Principles' has been developed by a small partnership working group to raise awareness around the good practice principles of cross-sector working, which aim to refresh and raise awareness about the care philosophy that underpins staff culture and effective ways of working in true collaboration.

A delivery plan on the Health Boards support into North Wales Care Homes has been developed following the HIW report and a meeting is scheduled for January 2019 to discuss the implementation and outcomes to help inform the future delivery plan and long term clinical strategy.

Risks and Issues

- A joint and clear action plan with milestones and timelines is in place to mitigate risk to delivery of outcomes, particularly given the review of a broad range of services across the Health Board within required timescale.
- An agreed partnership approach will be taken when reviewing services to ensure validation of data between NHS reporting and local authorities.
- Joint responsibility will be undertaken in ensuring translation of strategy into action in response to workforce capacity and resource for transformation to avoid duplication and conflicting agendas.
- An agreed set of principles will be developed in partnership together with quality and safety standards to inform the model of care and strategy to ensure sustainability and differing standards of quality & safety of services across multiagency providers and commissioners of care.

HASCAS 2 & Ockenden 2: Dementia Strategy

The Health Board's Dementia strategy was co-launched in February 2018 by the Executive Director of Nursing & Midwifery and the Regional Director for Alzheimer's Cymru. The strategy emphasises the importance of how best to support individuals within their environments, whether this be at home or within a healthcare setting. A draft high level action plan has been developed and is being reviewed including the financial details required around some of the delivery areas. The Health Board will be working within the framework of working towards becoming a dementia friendly organisation in line with the Alzheimer Society's dementia friendly communities programme. The three District General Hospitals, Emergency Departments, main Out-Patient Departments, Older Person's Mental Health services and Learning Disability services have project leads and action plans in place for this work. In December 2018 Ysbyty Gwynedd become the first acute hospital site in Wales to achieve Dementia Friendly status.

A task and finish group responding to Recommendation 2 has been established and terms of reference agreed. The remit of this group is to support the development of the action plan and monitor the delivery of the priorities and objectives defined within the HASCAS report. The first two meetings have taken place in November and December 2018, with project support identified to progress the action plan.

HASCAS 13: Restrictive Practice Guidance

Relevant guidance has been reviewed by the operational lead and the Improvement Group have acknowledged that there was more recent and up to date NICE guidance (NG10, 2015) than that referred to in part 2 of Recommendation 13 (RCP, March 2007). This has been considered alongside the updated Mental Health Code of Practice and quality standards on how to support and assess people with dementia and how to manage behaviours which challenge.

The Task & Finish Group for Recommendation 13 has been very well represented from all areas of the Health Board and output from the group has enabled us to deliver a number of complex issues at pace. Terms of Reference for Recommendation 13 Task & Finish Group have been refreshed and revisited to ensure focus on the HASCAS recommendation and provide assurance, that all older adults and those with dementia, receive lawful and safe interventions in relation to restrictive practice management across all care and treatment settings within BCUHB.

The Health Board Area Directors and Secondary Care Nurse Directors have undertaken a scoping exercise for restraint training and reviewed the scoping of restraint reporting. The Health Board's Restrictive Physical Intervention (RPI) policy has been ratified at the Policy Approval Group and Quality, Safety & Executive committee.

A benchmarking exercise has been undertaken across all areas against the policy implementation and the outcomes of this will be presented to Quality & Safety Group in January 2019.

A Proactive Reduction & Therapeutic Management of Behaviours which Challenge Policy has also been developed to support the delivery of Recommendation 13 and monitoring actions are in place to ensure it is achieved.

The requirement for a project management post has been submitted to lead on education, training and embedding positive management of behaviours to support the current programme of all Wales training passport modules A-C.

Identified processes are in place for patients within acute physical healthcare settings and who are distressed, due to a deterioration in mental health issues / symptomology, who will be assessed by liaison psychiatry and supported by MH&LD violence & aggression team.

Reporting of restraint incidents is being uniformed across the organisation utilising Datix as the reporting mechanism, training is being delivered to compliment a consistent approach of reporting, across the Health Board.

Ockenden 2d: Consultant Nurse in Dementia

The additional Consultant Nurse with a special interest in Dementia post has been advertised and interviews are scheduled for the 15th January 2019. The aim is to have a representative of the Stakeholder Group as part of the panel. Recruitment to this post is an essential step in response to the recommendations.

The Health Board are also working with Bangor University to review other roles including Advanced Nurse Practitioners to support people in their own homes.

HASCAS 4: Safeguarding Training

HASCAS 5: Safeguarding Informatics and Documentation

HASCAS 6: Safeguarding Policies & Procedures

HASCAS 7: Tracking of Adults at Risk across North Wales

HASCAS 8: Evaluation of Revised Safeguarding Structures

Ockenden 6: Safeguarding Structures

HASCAS 12 & Ockenden 9: Deprivation of Liberties

Following a scoping exercise across the whole of the safeguarding portfolio over the last 2 years, a thematic report and action plan including benchmarking are now in place. A further review has been undertaken of the Safeguarding Governance & Performance Group including membership to ensure the Terms of Reference enable the delivery and accountability of the HASCAS and Ockenden recommendations. A safeguarding dashboard has been developed and implemented and safeguarding has been included within the ward dashboards. Going forward a safeguarding communication strategy will be developed.

A scoping exercise has been undertaken of safeguarding policies and procedures and a matrix has been developed for monitoring, updating and implementation.

A Standard Operating Procedure (SOP) has been developed for adults at risk documentation, to support engagement, decision making and internal reporting and escalation. A revised and improved adult at risk reporting tool and database has been implemented.

Appointments have been made to several posts including Safeguarding Practice Development Lead, Safeguarding Data Analyst and a Business Manager.

All training packages have been reviewed and updated in line with legislation. A scoping exercise has been completed on training activity which has identified key areas of focus and the implementation of revised training packages and training methods.

A review has commenced of the Deprivation of Liberty (DoLs) service to identify and address the gaps in the service and ensure effective and efficient service delivery. Following the review, a position paper regarding the DoLs service and proposed requirements for the DoLs service and team will be presented at the Quality and Safety Group March 2019. A training package and governance framework has been developed for DoLs signatories this is to provide a monitoring framework of support, guidance and governance and to address the low numbers of signatories, relevant

staff are being identified for training, with a target of a minimum of 6 staff to be trained each month.

A new safeguarding web page has been developed with an implementation date of 21st January 2019 following which an external internet page will be developed for the public.

HASCAS 5: Safeguarding Informatics & Documentation

HASCAS 9: Clinical Records

Work has commenced in respect of training and communication in the use of safeguarding dividers within the clinical record and identified the need for a Standard Operating Procedure to be developed that will provide guidelines on filing and storing of safeguarding information to ensure consistency across all specialities. GRK training will be revised to include a section on filing of safeguarding information and uptake will be monitored by the Electronic Staff Record (ESR).

Significant work has commenced on the transfer of management of the Mental Health patient records within the same portfolio as acute patient records, under the Health Records service. The scope of this work has been expanded by the Executive Team of the Health Board in response to this and other regulatory recommendations (e.g. ICO Audit) to review the management arrangement for ensuring good record keeping across all patient record types including *Mental Health (inc. CAHMS, Drug and Alcohol services); Radiology, Audiology, Posture & Mobility Service (formerly ALAC), Sexual Health, Speech and Language Therapy, Community Hospitals, Child Health, Podiatry, Emergency Department, Physiotherapy, Occupational Health, Acute Records, Oncology, Midwifery, Genetics, Diabetics, Primary Prisoner Clinical Record*, all of which are now under the portfolio of the Executive Medical Director.

The 'Patient Records Transformation Programme' is being established with the Executive Medical Director as the Executive Lead and SRO, and will focus on 4 key areas of work; *ATHR under GDPR, Infected Blood Inquiry, Retention of Oncology Information within the Acute Record*, and the Project for this piece of work '*Management of BCU Patient Records*'

Phase 1 of this specific project will initially aim to deliver the following objectives of the overall programme to ensure:

- Objective 4: A baseline is in place that maps out the storage, processes, management arrangements and standards compliance, for all types of patient records, by (date).
- Objective 5: To present the recommendations and funding requirements to work towards PAN-BCUHB compliance with legislation and standards in patient records management across all case note types.

In order to progress this project which will meet the recommendations in both the HASCAS and Ockenden reports, and to ensure sustainability in mitigating against future risks, resource requirements to deliver this Programme have been identified and will be submitted for executive approval. Recognising that there will be many demands on limited resources; the Chief Information Officer is seeking to prioritise areas of

informatics funding to secure the senior 8b post required, however, funding for the Band 7 Project Manager will require additional funding.

HASCAS 10: Prescribing & Monitoring of Anti-Psychotic medication

The Health Board has recently updated guidance on prescribing antipsychotic medication in the presence of a dementia diagnosis (MM17) which will be subject following implementation, to a full audit within 12 months of the HASCAS report publication.

A medicines reconciliation audit was undertaken in Wrexham on the completion of an accurate drug history, within 24 hours of admission. This demonstrated that 24 hour targets are not consistently being met due to lack of pharmacy staffing on the OPMH wards, this can result in errors and omissions and the potential for patient harm. An improvement plan has therefore been developed which for the use of anti-psychotic medication, will mean that patients with a diagnosis of dementia will have 3 monthly reviews of any antipsychotic medication in use upon discharge.

A CAIR (checklist for antipsychotic initiation and review) chart has been prepared and distributed to all OPMH and CMHT teams across the MHL D Division (October 2018). Work is ongoing to continue to implement the use of the CAIR antipsychotic form and highlight best practice, particularly in care homes. The CAIR form and a letter has also been circulated to GPs and practice pharmacists for information.

Key to this work is the consistent availability of pharmacists or technicians on the wards and in CMHTs or memory clinics to support and embed change. This is being scoped and will be presented through the improvement group.

Monitoring

At present the pharmacy department is reviewing the capacity to support OPMH and care homes to deliver medicines optimisation in line with national recommendations and will report this back through the Improvement Group.

Care homes are not currently reporting on the use of anti-psychotics and length of treatment. In order to address this, a care home proforma is in development and will be progressed through the care home subgroup of the primary care pharmacists group. This will enable care homes which need support to be identified and targeted for intervention. In addition an all wales audit is being carried out in 2019 – 20 to identify the number of people with dementia who are prescribed antipsychotics.

The MHL D lead pharmacist for the Health Board will work with the Nurse Consultant in Dementia to ensure that training includes relevant information around psychotropic medication for frontline staff. A business case is being prepared to support a MDT project initiative. The anti-psychotic initiation and review (CAIR) chart will be used for people within the division and then rolled out across secondary care and community settings.

Also in line with the WG recommendations on antipsychotic prescribing, a project is being set up to trial the use of an ADRe (Adverse Drug Reaction profile) for use within

care homes / OPMH wards. This will aim to improve the documentation of care, side effects and monitoring, relevant to the use of all psychotropic drug usage. This has been implemented in Swansea where there was a notable reduction in falls as a result of the project.

Audit

Information is published annually in relation to the use of antipsychotics in care homes, benchmarked against NICE guidance and Welsh targets for patients with a diagnosis of dementia and this data was collected in primary care in 2017. The WG national audit of antipsychotic use in primary care is under consultation and is expected to deliver this recommendation once the audit implemented.

A community pharmacy care homes National Enhanced Services (NES) is in place to monitor antipsychotic use in care homes, to which only 5 pharmacies are currently signed up. Further work is ongoing to ensure all pharmacies that supply BCUHB care homes are signed up to the NES.

An audit of 'antipsychotics prescribing' including non-drug measures used to prevent behaviours that challenge is being planned jointly with the Consultant dementia nurse for February 2019 in line with HASCAS recommendations, and the National primary care audit on prescribing of antipsychotics in dementia is being planned for 2018-19 .

Implementation

A business case has is being prepared to fully support implementation and recommendations to increase pharmacy support to MHLDD in order to support the full HASCAS recommendations including Recommendation 10.

HASCAS 11: Evidence Based Practice
Ockenden 2a: Quality Impact assessment
Ockenden 2b: Integrated reporting
Ockenden 3: Policy review
Ockenden 10: Reviewing external reviews
Ockenden 14: Board Development

The Board in September 2018 adopted revised arrangements for Board and Committee meeting arrangements to respond to the findings and recommendations of the Deloitte report into financial governance, the Wales Audit Office Structured Assessment for 2017, and the advice of the Specialist Adviser to the Board.

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Board%20Public%206.9.18%20V2.0.pdf>

The revised arrangements are intended to further improve and strengthen the effectiveness of the Governance Arrangements of the Board and its Committees, ensuring greater oversight and challenge in key areas by Independent Members and the ability for Executives to have an increased focus on turnaround and operational productivity. The revised arrangements seek to ensure appropriate time between meetings for follow up actions to be taken forward, whilst maintaining the ability to provide timely financial and performance reports to the Board and its Committees.

Failings in the health and social care systems in the past have highlighted the on-going need for greater focus on the impact on quality when considering cost improvement or efficiency related changes. 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 and as part of the internal audit programme 2019/20. No changes, schemes, or indeed overall financial plans, will be approved without first having received appropriate assurances that the impact of the proposed changes on quality have been appropriately assessed and are, in the worst case neutral but at best are aiming for an improvement in quality. With an increased focus on cost containment and improving efficiency managers have been tasked with ensuring that any projects or schemes to help achieve this aim have due regard for the impact on service provision.

The Board has also sought to strengthen its decision making with a clear focus on quality and affordability and had revised its coversheet template to expressly include a requirement to document financial implications of any proposals. In addition, the Terms of Reference of the Finance and Performance Committee of the Board have been modified in this respect.

Following changes in the Executive portfolios and weaknesses identified in the effectiveness of the performance and accountability framework, the arrangements in place have been subject to detailed review. A revised framework has been considered by the Executive Management Team and was subsequently discussed at a Board Workshop in autumn 2018. The key principles set out in the revised framework include supporting the organization in delivering:

- a) The strategy set out by the Board through the IMTP or Operational plan
- b) Operational ownership of the key organizational priorities across services and at each level in the organization
- c) Clarity of expectations as to level of performance expected within resources allocated to services
- d) Decision-making based on visible performance information triangulated across key indicators
- e) Opportunity for accountable officers to discuss support needed to achieve expected levels of performance
- f) Opportunity for accountable officers to discuss support needed to achieve expected levels of performance
- g) Challenge to accountable officers through a holding to account mechanism for areas where performance falls below expectations.
- h) Clarity as to outcomes and consequences of poor performance through clear escalation process

Revised arrangements have been agreed in principle and are being tested over the next six months to ensure that they provide a more robust and effective accountability mechanism.

Work has been underway for some months to review the Health Board's arrangements for managing BCU wide policies, procedures and other written control documents

(WCDs). Part of this has involved the review of the Policy on Policies together with a new intranet page. The revised policy and intranet page were launched in September 2018.

Numerous sessions have been held between October and December to ensure Directorate Governance Leads are fully conversant with the new policy and the transfer arrangements to the new intranet location. In order to avoid any confusion or risk, staff, particularly clinical staff not being able to access documents quickly (from their former locations) transition arrangements are in place. One to one meetings with the Leads have been taking place to confirm which documents can move across to the new site and from what date and to agree dedicated communication plans for various cohorts of policies in terms of the key target audience. Access to the documents from the old location will remain active for an initial period but these links will be withdrawn over time and substituted with redirection notices. Staff feedback on the new arrangements has been encouraged (agreement in terms of the timeline for transition leading to final arrangements will be agreed by the end of April 2019).

The new Policy on Policies appends a new template which also includes a table showing the approval route for various types of document. Staff have been reminded that all clinical policies should be developed using a person centred approach. Existing Policies are being reviewed to ensure that the evidence-base in relation to the older adult and/or those with dementia is specified and if necessary separate clinical policies and procedures will be developed with input from experts. Authors of Policies, Procedures and other WCDs have also been reminded of the need to undertake an Equality Impact Assessment on all Health Board wide Policies and Procedures to ensure that decisions do not discriminate against people based on any protected characteristic. Environmental Impact Assessments also need to be undertaken where appropriate.

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 policies being scrutinised by the Quality and Safety Group to ensure they are fit for purpose and are evidence based. In addition to this a BCU wide mapping exercise has been undertaken to assist Leads in identifying all linkages to existing intranet documentation supported by the Compliance Officer.

Reviewing External Reviews – Work has been undertaken to strengthen assurances around external reports produced in respect of the Health Board. The Corporate Nursing Team have undertaken a review of all HIW inspections from July 2017 to July 2018 to identify findings, recommendations and actions which were applicable to older people and specifically the care of older people with mental health concerns. All open/outstanding actions arising from these inspection reports continue to be monitored/managed on a monthly basis by the Quality and Safety Group. In addition to the review as detailed above, it should be noted that a BCUHB/HIW Management plan was ratified at the June 2018 Quality and Safety Group and has been circulated

to all Leads. This Management Plan has introduced the following additional assurance processes:

- Members of the Corporate Nursing Team complete regular post HIW inspection walkabouts (approximately six months post inspection) to review both closed and open/outstanding actions to identify areas of good practice, if actions/recommendations have been sustained and to offer support where required for open/outstanding actions;
- The Corporate Nursing Team hold regular meetings with Governance/Local Leads to progress action plans and review both open and outstanding actions to provide support where required, share learning and celebrate success.
- The Corporate Nursing Team to work with Governance Local Leads post inspection to ensure SMART action plans are developed in response to HIW inspection findings/recommendations.
- Pan BCUHB level actions (identified during local HIW inspections) are taken to the Quality and Safety Group for review and to identify/allocate a Lead.
- Thematic Analysis of HIW findings from 2015 to date has been undertaken by the Informatics Team to inform future improvement plans/learning.

The actions as outlined continue to be implemented in accordance with the agreed HIW Management Plan which can be accessed via the following link.

<http://howis.wales.nhs.uk/sitesplus/861/page/74145>

In addition to this the Office of the Board Secretary has established a database to capture all externally commissioned/produced reports such as the Delivery Unit, Royal Colleges, Commissioners etc. to ensure such reports are centrally logged and a lead officer identified. Further work is being undertaken to improve the system for recording external reports to ensure logging, cascade and follow up are automated as far as possible. Discussions have taken place with the All Wales Board Secretaries Group to share best practice. Resources in this area have also been strengthened with the assignment of a Compliance and Assurance Manager. These improvements will ensure that the system logging those reports is robust. This system has recently been expanded to capture applicable recommendations originating from National Assembly Wales (NAW) Committee Business. The relevant Committees are as follows:

- Children, Young People and Education Committee
- Climate Change, Environment and Rural Affairs Committee
- Committee for the Scrutiny of the First Minister
- Constitutional and Legislative Affairs Committee
- Culture, Welsh Language and Communications Committee
- Economy, Infrastructure and Skills Committee
- Equality, Local Government and Communities Committee
- External Affairs and Additional Legislation Committee
- Finance Committee
- Health Social Care and Sport Committee
- Petitions Committee
- Public Accounts Committee

NAW Committee business (agendas and minutes) is monitored by the Compliance and Assurance Manager. Items of note (Inquiries, Petitions, Reports, Recommendations, and Consultations) are logged and reviewed by the Office of the Board Secretary Senior Management Team. Where applicable, items are added to the TeamMate electronic monitoring system and reported via the Audit Committee.

In relation to Board Development, the Executive Director of Nursing and Midwifery has given consideration to Ockenden Recommendation 14 and has determined that this ambition will best be met by the full Board undertaking dementia training which will be delivered on 10.1.19 to be led by the Consultant Nurse (Dementia) and a Service User National Champion.

HASCAS 14: Care Advance Directives

HASCAS 15: End of Life Care Environments

Work is underway to embed and roll out Advanced Care Planning. Clarification has been sought with HASCAS that the ongoing work is for planning, not directives, as cited in the report.

In relation to Treatment Escalation Plans (TEPs) and DNACPR, significant progress has been made with increasing numbers of end of life conversations taking place within community and hospital settings. Communication with families is being encouraged to share decision making and identify common goals. Learning from the initial pilot of TEPs implementation in the community will inform further roll out.

The National Audit for Care at the End of Life (NACEL) The National Audit for Care at the End of Life (NACEL) was carried out nationally in 2018, and in BCUHB was led by the Performance Directorate. The North Wales Department for Specialist Palliative Care contributed to the data collection and the full audit of organisational data for end of life care in hospital settings, was submitted by the Performance Directorate; results awaited early 2019. The National Audit of Dementia (NAD), both audits have been added to the National Clinical Audit & Outcome Review Plan (NCAORP) Welsh Government programme of mandatory projects for 2018/19. is currently underway being led by Dr Andrew Shuler (Consultant in Palliative Medicine) and the National Audit of Dementia (NAD), both audits have been added to the National Clinical Audit & Outcome Review Plan (NCAORP) Welsh Government programme of mandatory projects for 2018/19.

In respect of End of Life Care environments, a task and finish group has been established and has met to determine the actions required. These have been developed further into a SOP to support delivery of high quality end of life care on Older Person's Mental Health Wards (OPMH) and training has commenced for Older Persons Mental Health (OPMH) nurses in respect of this guidance and SOP to improve the end of life care environment on OPMH wards. In addition a process is in place to monitor paperwork for inpatient deaths for patients receiving palliative & end of life care. This has been developed by the North Wales Department for Specialist Palliative Care to ensure a full complement of nursing staff are trained in this area and know how to access additional support from palliative care services. Staff training commenced in early December 2018 and a further six study days are being held

monthly (January – June 2019), in addition to staff from OPMH wards being able to access further training on a regular basis.

A dementia care pathway has been developed with the Alzheimer's Society.

Ockenden 2c: Workforce Development

Ockenden 4a: Staff engagement

Ockenden 4b & 4c Staff surveys

Ockenden 4d: Clinical engagement

Ockenden 13: Culture change

A draft Workforce Strategy is in place which details workforce improvements aligned to organisational priorities. Work has progressed in the following areas:

- The Team Survey element of the Go Engage tool which has been rebranded for the organisation as 'ByddwchYnFalch / BeProud' is being deployed to support the Older People care Pathway as a priority. Teams will commence training in engagement improvement work in March 2019, each team will produce a team level 6 month improvement plan supported by the Organisational Development Team.
- NHS Wales Staff Survey intelligence is being used to drill down into priority areas in order to develop meaningful team/department level improvement plans to support improved engagement, staff workplace experience and culture.

Ockenden 5: Partnership working

The Health Board recognise the importance of working effectively at a strategic level with the voluntary sector and wide range of multi-agency partners and is set out within the mental health strategy. Different ways of partnership working are being considered to develop, provide and sustain services to older people and those older people with mental health needs and dementia and a strategy implementation structure is in place. Local implementation teams are established with the third sector and including wider partner representation Engagement sessions have been held with third sector providers to develop themes and reports to ensure clear alignment to achievement of outcomes and objectives.

All mental health third sector contracts / grants for 2016/17 will be reviewed to inform strategy development in line with the dementia plan and the Health Board's *living healthy, staying well strategy* in relation to older people and older people with mental health needs. This will ensure a more diverse range of delivery models and fully implemented effective contract management arrangements.

A commissioning framework will be completed via the mental health commissioning group with a commissioning plan developed setting out clear intentions. A commissioning lead will be appointed within the agreed mental health structure.

Ockenden 7: Concerns Management

Work is progressing to improve the thematic analysis for management of concerns and the timescales for responses. Progress has been made with a 50% reduction in the total number of open complaints achieved with many legacy complaints now dealt

with, and improved responses, in real time. Reductions are also reported in the number of major and catastrophic incidents and the number of complaints that are open beyond 3 months.

Improvement plans have been developed for all elements of the service and task and finish groups have been established to drive improvement work. These will focus on:

- Staff training (including roles and responsibilities)
- Putting Things Right Management including Redress
- Data Analysis to include lessons learned and sharing
- Communication with and about patients including timeliness of responses, depth of investigations and letter writing
- Review of all policies and guidance to support the principles of good complaint and incident management

Work is ongoing to rollout the PASS (Patient Advocacy and Support Service) which has been piloted at Ysbyty Glan Clwyd to support increased local resolution of complaints in near or real time.

The roll out of an electronic form to support complainants to register and submit concerns has been commenced in January 2019.

A review of the Patient Experience real time data feedback is underway the results of which will be used to shape the way the service is offered.

Dashboards are in development to be used at a ward and department level which will include a broad range of patient experience measures including real time feedback, complaints and harms reported from incidents.

A revised process for claims has been completed and ratified at Quality & Safety Group. This process will be audited in March.

Ockenden 11: Estates – Older Persons Mental Health

A multi-directorate / professional task and finish group has been established with agreed terms of reference and membership which includes Operational Estates, Estate Development and Mental Health and Learning Disabilities to deliver the following work streams for initially Older Persons Mental Health Facilities and thereafter all ward areas within inpatient facilities.

Scoping exercise has been completed for work stream 1 to develop a site by site schedule (Inventory) of outstanding repairs and actions required from recent and previous external HIW and CHC audits and inspections relating to MH&LD OPMH facilities. Work is progressing to reduce the number of outstanding repairs required.

Work Stream 2 will develop the Kings Fund *Enhancing the Healing Environment* (EHE) assessment across all wards within MH&LD OPMH facilities to determine the scope of work and resources required at each facility.

Work Stream 3 will develop the Kings Fund *Enhancing the Healing Environment* (EHE) assessment across all remaining wards to determine the level of resources required. Scoping work has commenced on identifying outstanding repairs from within operational estates work management systems. Work has also commenced on identifying outstanding works and actions contained within previous and current HIW and CHC audits and inspections and a detailed schedule of work is being developed.

Project management capacity and availability of revenue and capital requirements are identified as required resources to support the delivery of the three work streams.

Appendix 1

Improvement Group (HASCAS and Ockenden)

Terms of Reference

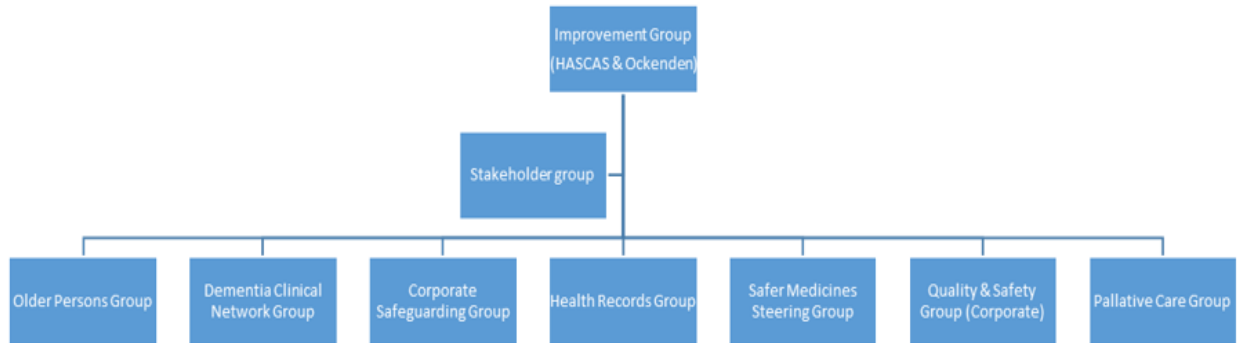
- 1.1 The Health Board will establish under the direction of the Executive Director of Nursing and Midwifery an Improvement Group to oversee the implementation of the recommendations arising from the HASCAS Thematic Report a Lessons for Learning Report and the Ockenden Governance Review to be published July 2018.
- 1.2 The Improvement Group are responsible for ensuring that there is a clear plan to address the recommendations and will provide leadership, governance and scrutiny of the implementation of the recommendations adopting an improvement methodology to sustain change.
- 1.3 The Improvement Group will, on behalf of the Health Board, maintain a robust grip and oversight of the improvement work required. The Improvement Group will take decisions and make arrangements which need to be effected to respond to the recommendations and the Executive Director of Nursing and Midwifery will report on progress directly to the Quality, Safety & Experience Committee of the Health Board to provide assurance on progress, no less than 3 times a year.
- 1.4 It remains the responsibility of the Health Board to scrutinise the findings and recommendations of the HASCAS Lessons for Learning Report and the Ockenden Governance Review. When the recommendations have been implemented and improvements have been made to the satisfaction of the Quality, Safety, Experience Committee, the Improvement Group will be stood down.

Remit

- 1.7 The Improvement Group in respect of its actions, provision of advice and assurance is authorised by the Board to;
 - Ensure there is a clear plan to address the recommendations
 - Scrutinise, challenge and seek assurance on the actions identified to effectively deliver the recommendations;
 - Hold programme leads to account for the successful implementation of actions in response to the recommendations;
 - Agree and monitor metrics in order to identify improvements and track progress against these;
 - Agree direct actions to address any under-performance including the mitigation of risk;
 - Provide assurance to the Board via Quality, Safety and Experience Committee of the progress being made, escalating as appropriate.

Improvement Group Structure

1.8 The Improvement Group governance and reporting structure is set out below:



Membership

Membership of the Improvement Group shall comprise of the following;

Executive Director of Nursing & Midwifery (Chair)
 Executive Medical Director (Vice Chair)
 Associate Director of Quality Assurance (Chair of Stakeholders Group)
 Associate Board Member (Director of Social Services)
 Executive Director of Workforce and Organisational development
 Nurse Director Mental Health & Learning Disability
 Medical Lead Older Persons
 Named Doctor Adult Safeguarding

In attendance:

Welsh Government Advisor
 Operational Leads for addressing the recommendations.

The Chair will have the discretion to invite additional members to the meeting if it becomes apparent that this is appropriate and necessary to fulfil the purpose of the group e.g. finance

Nominated deputies will be permitted

Meetings

Quorum

- 1.9 At least four members including one executive director must be present to ensure the quorum of the Improvement Group.

Frequency of meetings

- 1.10 Meetings shall be held no less than bi monthly or otherwise as the Chair of the Group deems necessary.

Agendas and Papers

- 1.11 The Improvement Group will be supported administratively by the office of the Executive Director of Nursing and Midwifery, whose duties in this respect will include;

- Chairing
- Dedicated secretariat
- Programme Manager
- Producing and collating assurance reports to the Quality, Safety and Experience Committee
- Maintaining oversight and monitoring progress on the implementation of the recommendations and work progress of the sub groups
- Arrangement of meetings

Reporting and Assurance Arrangements

- 1.12 The Improvement Group is accountable to the Quality, Safety & Experience Committee for its performance in exercising the functions as set out in these Terms of Reference.

- 1.13 The Improvement Group shall recognise the interdependencies of wider improvement work within the organisation, especially as it relates to dementia care and older person services.

- 1.14 The Improvement Group will:

- Provide an assurance report after each meeting normally bi monthly, outlining progress to date, a summary of the business discussed, key assurances provided, key risks identified including mitigating actions and milestones, matters which require escalating to the Quality, Safety & Experience Committee and planned business for the next meeting.

- Ensure appropriate escalation arrangements are in place to alert the Quality, Safety & Experience Committee to any urgent / critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.
- Embed the Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

1.15 The Improvement Group has delegated authority from the Board and Quality, Safety & Experience Committee to exercise its functions as set out within these Terms of Reference.

Date Terms of Reference Approved:.....

Review date: August 2019

Stakeholders Group

Terms of Reference

The Health Board recognises the importance of Stakeholder engagement and wishes to establish a Stakeholder Group to strengthen and guide the work of the Improvement Group (HASCAS and Ockenden).

Remit

The group will provide scrutiny, advice, support, challenge and endorsement of the work being undertaken to deliver the necessary improvements across all areas affected by the recommendations from the HASCAS Thematic Review and the Ockenden Governance Review when published in July 2018.

The Stakeholder Group will provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board. Their aim will be to reach and present, wherever possible, a cohesive and balanced stakeholder perspective to inform the Improvement Group's decision-making in relation to implementing the recommendations arising from the HASCAS Thematic Review and the Ockenden Governance Review.

Membership

Membership of the Stakeholder Group shall comprise of the following;

Associate Director of Quality Assurance (Chair)
 Director of Mental Health and Learning Disabilities (Vice Chair)
 Representative of North Wales Local Authorities
 Representative of Community Health Council
 Representative of Bangor University
 Representative of the Community Voluntary Councils
 Representative of North Wales Police
 Representative of Tawel Fan families (x5)
 Representative of service user families and carers
 Representative of Care Forum Wales.

The Chair will have the discretion to invite additional members to the meeting if it becomes apparent that this is appropriate and necessary to fulfil the purpose of the group.

Meetings

Quorum

1.16 At least one Health Board management member and three stakeholder members must be present to ensure the quorum of the Stakeholder Group.

Frequency of meetings

1.17 Meetings shall be held no less than quarterly and otherwise as the Chair of the stakeholder Group deems necessary.

Agendas and Papers

1.18 The Stakeholder Group will be supported administratively by the office of the Executive Director of Nursing and Midwifery, through the Associate Director for Quality Assurance whose duties in this respect will include;

- Chairing
- Dedicated secretariat
- Arrangement of meetings
- Ensure strong links to communities
- Facilitate effective reporting to the Improvement Group thereby enabling the Quality, Safety and Experience Committee to gain assurance that the business of the Stakeholder Group accords with the governance and operating framework set.

Reporting and Assurance Arrangements

1.19 The Stakeholder Group is accountable to the Improvement Group (HASCAS and Ockenden) for its performance in exercising the functions as set out in these Terms of Reference.

1.20 The Stakeholder Group shall recognise the interdependencies of wider improvement work within the organisation especially in older person and dementia services.

1.21 The Stakeholder Group will:

- Report formally after each meeting on the activities of the Group outlining progress to date and key recommendations and advice made to the Improvement Group.
- Embed the Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

The Stakeholder Group has delegated authority from the Improvement Group to exercise its functions as set out within these Terms of Reference. Through its Chair and members it shall work closely with the Improvement Group to co-ordinate the sharing of information and good governance ensuring that its outputs are aligned with the Health Board's strategic goals.

Date Terms of Reference Approved:.....

Review date: August 2019



Betsi Cadwaladr University Health Board (BCUHB)
Draft Minutes of the Health Board Meeting Held in Public on 1.11.18
in the St David's Room, Venue Cymru, Llandudno

Present:

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| Mr M Polin | Chair |
| Mr G Doherty | Chief Executive |
| Mrs S Baxter | Interim Executive Director of Strategy |
| Cllr C Carlisle | Independent Member |
| Mr J Cunliffe | Independent Member |
| Mr G Elis-Evans | Vice Chair of Stakeholder Reference Group |
| Mr R Favager | Executive Director of Finance |
| Mrs S Green | Executive Director of Workforce & Organisational Development |
| Mrs G Harris | Executive Director of Nursing & Midwifery |
| Mrs J Hughes | Independent Member (<i>part meeting</i>) |
| Cllr M Hughes | Independent Member |
| Mrs M W Jones | Vice Chair |
| Mrs L Meadows | Independent Member |
| Dr E Moore | Executive Medical Director / Deputy Chief Executive |
| Miss T Owen | Executive Director of Public Health |
| Prof M Rees | Associate Board Member, Chair of Healthcare Professionals Forum |
| Mr A Roach | Associate Board Member, Director of Mental Health & Learning Disabilities |
| Mrs B Russell-Williams | Independent Member |
| Mr C Stockport | Executive Director of Primary Care & Community Services |
| Ms H Wilkinson | Independent Member |

In Attendance:

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| Mrs K Dunn | Head of Corporate Affairs |
| Mr D Jenkins | Independent Adviser |

| Agenda Item | Action By |
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| <p>18.229 Chair's Introductory Remarks</p> <p>18.229.1 The Chair welcomed all those present to the meeting and apologised that the meeting was slightly late in starting. He went onto to confirm that Chair's action had been taken on 6.9.18 to approve business cases for the development of multi-agency adult substance misuse bases at Shotton and Wrexham. These had been supported by the Finance & Performance (F&P) Committee at its meeting on the 23.8.18 but required Board level approval due to the amount of capital investment being over £1m. Finally the Chair confirmed the scheduling of Board meetings had been revised to every two months to allow for focused board workshops on the intervening months.</p> | |

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| <p>18.230 Apologies for Absence</p> <p>Apologies were noted for Mrs M Edwards, Mrs G Lewis-Parry, Mrs L Reid, Prof J Rycroft-Malone, Mr A Thomas and Mr Ff Williams.</p> | |
| <p>18.231 Declarations of Interest</p> <p>None declared.</p> | |
| <p>18.232 Special Measures Task & Finish Group Chair's Assurance Report 25.9.18</p> <p>To be taken as noted and read alongside next agenda item.</p> | |
| <p>18.233 Special Measures Report May to September 2018</p> <p>18.233.1 The Chief Executive presented the report which set out progress made between May and September 2018 against the expectations of the Special Measures Improvement Framework. He suggested that the overall message was that the Board could evidence important progress in many areas but that there were also remaining areas of challenge. He summarised progress in terms of:-</p> <ul style="list-style-type: none"> • Governance and leadership through board level and senior appointments and refreshed work portfolios; • Training and development in terms of recognition of best practice; • Responding to HASCAS (Health & Social Care Advisory Service) and Ockenden through the publication of the respective reports and the work of the Improvement Group; • Implementation of the mental health strategy and agreement of a thematic quality improvement plan for the Division; • Improvements in staff engagement in terms of staff morale, recognition and pride in the organisation; • Strategic and service planning through an agreed 'Living Healthier, Staying Well' Strategy and progress with individual service plans such as the Sub Regional Neonatal Intensive Care Centre (SuRNICC); • Performance measures via substantial improvements in planned care; • Learning from incidents and identifying harm; • Building on best practice within primary care and developing local models within clusters. <p>18.233.2 The Chair asked board members whether they were content with the factual accuracy of the report and this was confirmed. He then noted that there was now a full complement of Independent Members in place and within the next month all the Executive roles would also be filled substantively , . He reflected that the whole Board would need to operate effectively together to drive the organisation out of Special Measures in line with the clear expectations from Welsh Government. He confirmed that at a recent workshop the Board had agreed its priorities for the next six months many of which would be considered as part of papers scheduled later on the day's agenda – in particular unscheduled care, Referral to Treatment (RTT) and finance.</p> | |

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| <p>18.233.3 It was resolved that the Board approve the report for submission to Welsh Government.</p> | |
| <p>18.234 Special Measures Investment</p> <p>18.234.1 The Executive Director of Finance presented the paper which provided an update on the utilisation of additional investment agreed by Welsh Government for workstreams relating to secondary care management, the turnaround function and mental health. He reiterated that it was essential for all schemes to result in improved performance across a range of metrics. The Vice-Chair sought assurance that given the financial challenges facing the Board, the allocation would be spent within the intended areas. The Executive Director of Finance confirmed there was no intention to redirect the expenditure.</p> <p>18.234.2 The Chair set out that there was a focus for the F&P Committee to ensure there was sufficient capacity to manage the required change and to measure the benefits which would need to be sustained. He requested a further paper to the January Board meeting on change capacity and asked that the Executive Director of Finance work with respective officers in Strategy & Planning and the Turnaround function on this.</p> <p>18.234.3 A discussion took place regarding the the importance of having clarity of objectives across all levels to ensure that staff understood their role and how they could support the delivery of Board level objectives. The Executive Director of Nursing & Midwifery set out some short-term work relating to coaching staff in real-time. The Chair was clear that the Board needed to be transparent and open in how it was spending the allocation.</p> <p>18.234.4 It was resolved that the Board note the update.</p> | RF/SB/GL |
| <p>18.235 HASCAS Investigation and Ockenden Governance Review Progress Report</p> <p>18.235.1 The Executive Director of Nursing & Midwifery presented the paper which provided an update against the recommendations of both the HASCAS and Ockenden investigations and she assured the Board that the Quality, Safety & Experience (QSE) Committee had considered an earlier paper in September. She felt that the paper provided evidence of significant progress having been made and confirmed that the Improvement Group had now met twice. She highlighted that the appointment of a second Consultant Dementia Nurse from February 2019 would be a key response to one of the recommendations and she would be looking to 'buddy up' this post with the current postholder. The Executive Director of Nursing & Midwifery went on to describe positive progress working with the Stakeholder Group following it's first meeting and that there had been a good number of individuals putting themselves forward to be part of the task and finish groups. In terms of the overall costs and required resources it was noted that a table top exercise was being undertaken with the support of workforce and finance teams for consideration by the Executive Team.</p> | |

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| <p>18.235.2 A discussion ensued. A query was raised regarding reference to a Dementia Clinical Network Group and it was clarified this was being led by a senior nurse who would redefine terms of reference. The point was raised that the Board would wish to receive feedback from the Stakeholder Group as to whether representatives felt their views had been incorporated into the Board's plans. The Executive Director of Nursing & Midwifery confirmed that testing and reflecting back on stakeholder views was a core function for the Group and would be included in subsequent reports. The broader point that working in partnership was essential to transform and safeguard services was made, and that learning should be taken from the engagement work undertaken within Mental Health & Learning Disabilities, including the role of the third sector. The Interim Executive Director of Strategy would take this discussion forward outside of the meeting with the two third sector Independent Members. Some early positive feedback was shared emanating from third sector representatives who had attended the first Stakeholder Group event. Assurance was also provided that relationships and partnership working with local authorities were also being maintained. The Chair made a comment regarding the format of the report in that it was difficult to follow progress against the recommendations from the detailed narrative. The Executive Director of Nursing & Midwifery indicated her desire to move towards a more exception reporting approach and undertook to work on the report format for future iterations.</p> <p>18.235.3 It was resolved that the Board note the progress against the recommendations.</p> | <p>GH</p> <p>SB</p> <p>GH</p> |
| <p>18.236 Draft Minutes of the Health Board Meeting held in public on 6.9.18 for accuracy and review of Summary Action Log</p> <p>18.236.1 The minutes were agreed as an accurate record, and updates against the summary action log were noted.</p> | |
| <p>18.237 Committee and Advisory Group Chair's Assurance Reports</p> <p>18.237.1 Audit Committee 11.9.18 The Committee Chair presented the report and drew members' attention to the key risks and assurances as set out. He also highlighted that clinical audit would be a substantive agenda item on the forthcoming joint meeting of the Audit and Quality, Safety & Experience Committees on the 6.11.18 and that the Audit Committee would receive a report on Health & Safety at its December meeting.</p> <p>18.237.2 Quality, Safety & Experience (QSE) Committee 25.9.18 The Committee Chair presented the report and drew members' attention to the key risks and assurances as set out. It was noted that this Committee was scheduling longer meetings in response to the move to meeting every two months. The Chair also indicated that the F&P Committee now routinely had longer monthly meetings.</p> <p>18.237.3 Finance & Performance Committee (F&P) 25.9.18 The Committee Chair presented the report and drew members' attention to the key risks and assurances as set out. He indicated that the meeting had consisted of extensive discussions on a range of items, most of which would be picked up via substantive items on the Board agenda later in the meeting. The Executive Director</p> | |

of Finance also referred to the arrangements for two 'deep dive' sessions of the Committee to which all Board members would be welcome. These were around Continuing Health Care on the 28.11.18 and Contract Management on the 3.12.18.

18.237.4 Charitable Funds Committee 17.9.18

The Committee Chair presented the report and drew members' attention to the key risks and assurances as set out.

18.237.5 Mental Health Act Committee 21.9.18

The Committee Chair presented the report and drew members attention to the key risks and assurances as set out. With regards to matters for escalation to the Board it was further reported that the North Wales Police had been invited to the next Committee meeting with a view to finding a mutually acceptable way forward in terms of the withdrawal of Force Medical Officers. The Chair also added that since his appointment he had now visited all three acute mental health units and had observed an optimistic mood within the workforce and clear evidence of how hard staff were working.

18.237.6 Strategy, Partnerships & Population Health (SPPH) Committee 9.10.18

The Committee Chair presented the report and drew members attention to the key risks and assurances as set out. With regards to matters for escalation to the Board it was further reported that there was a need to reflect on how to strengthen reporting against the Annual Operational Plan (AOP) key objectives and the Board's own priorities for the next six months. The Executive Director of Workforce & Organisational Development (OD) reflected on a discussion at the SPPH Committee that reporting needed to be developed to take into account the impact of the objective not merely whether it was achieved or not. The Interim Executive Director of Strategy would wish to see a blended approach for reporting against core and AOP priorities, and indicated that a paper was being prepared for discussion at the Executive Management Group during the next week. The Chair requested that this be shared with Board members and reiterated his view that there must be a high level of discipline in the production of the IMTP.

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18.237.7 Stakeholder Reference Group (SRG) 24.9.18

The SRG Vice-Chair presented the report. A discussion ensued. In respect of encouraging primary care contractors to work towards delivering services in line with the Welsh Language Standards it was confirmed this regularly featured in discussions with practices but there were significant associated challenges. The Vice Chair noted that the General Medical Services contract was currently under review and suggested that opportunities be taken to influence discussions in terms of including reference to the Standards within the contract. Reference was also made to ensuring consideration of these requirements within new educational establishments in North Wales. The Executive Director of Public Health confirmed that the Head of Welsh Language Services was meeting with the Welsh Language Commissioner shortly and would be reporting back to the Board via the appropriate Committee structure. Reference was again made to local authority attendance at the SRG and it was confirmed that future meetings had been rearranged to try and improve this. The Chair acknowledged that there was a good level of engagement with other formal partnership mechanisms and he asked that the situation with the SRG be monitored. In addition, the Interim Executive Director of Strategy would check the minutes of the

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| <p>September SRG meeting to ensure they accurately reflected the action taken to remove the conflict of interest for Mrs H Wilkinson who had stepped down from the SRG and the new nomination of Mrs S Wright.</p> <p>18.237.8 Healthcare Professionals Forum (HPF) 7.9.18 The HPF Chair presented the report. A discussion ensued. The Health Board Chair asked whether the Advisory Groups of the Board had opportunities to inform the development of the Integrated Medium Term Plan (IMTP) and the Interim Executive Director of Strategy confirmed there was a regular agenda item requiring the attendance of planning teams at each group and they had also been invited to a range of IMTP workshops. In terms of primary and community dental services the Executive Director of Primary Care and Community Services accepted there were long-standing issues of provision and access within North Wales, and that the appointment of a new Director for Dental Services would bring a fresh perspective to these challenges. He also outlined there were early discussions with the Dental Adviser for Wales in terms of contracting options.</p> <p>18.237.9 Local Partnership Forum (LPF) 14.8.18 The Chief Executive presented the report. The Trade Union Independent Member welcomed the situation of all recognised trade unions working together in partnership with management however she indicated that optimal engagement with medical colleagues was yet to be fully achieved. The Executive Director of Workforce & OD endorsed the need to improve input from medical colleagues as this would help the robustness of the LPF's constitution. The HPF Chair would also support an increase in cooperation and whilst medical colleagues' statutory position was different to other staff groups he was not aware of any real barrier to participation. The Executive Director of Workforce & OD was asked to take this forward outside of the meeting. Finally a point was raised regarding the active recruitment of more staff representatives to support job evaluation and the need to ensure an enabling approach.</p> <p>18.237.10 It was resolved that the reports be noted.</p> | SG |
| <p>18.238 Director of Public Health Annual Report 2017-18</p> <p>18.238.1 The Executive Director of Public Health presented her annual report for 2017-18, noting there was an expectation for information to be collated on population health and for some themes of health improvement to be identified. She indicated that the focus of the previous report had been primary care and that the theme for this latest report was around inclusive and proactive approaches to ensure that communities flourished and were more resilient. Members' attention was drawn to the interactive nature of the report which incorporated stories and real-life case studies available through online video clips. The Executive Director of Public Health set out the need for the NHS to maximise the value of care by being more efficient and effective, and the associated responsibilities that lay on service users. She referred to page 4 of the report which summarised the work of a group of individuals across North Wales which illustrated the key factors in well-being. Finally she drew attention to the summary and recommendations within the report.</p> | |

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| <p>18.238.2 A discussion ensued. Members felt the format of the report brought the subject to life and was a model that should be utilised elsewhere. The rising levels of obesity were noted as a concern and the Executive Director of Public Health referred to the project “Let’s Get Moving North Wales” which involved over 40 agencies. A concern was expressed that opportunities to build upon and maximise partnership working were not always taken up and that short-term projects needed to be properly evaluated to ensure that commissioned projects did add value. It was agreed that the Executive Director of Public Health meet with the Third Sector Independent Members to follow up on this discussion. Reference was made to Social Prescribing and whether the focus had been lost. It was accepted however that non-clinical interventions as set out in the report were aligned to the model of Social Prescribing and this agenda needed to be maximised. In terms of primary and community services it was felt that the work of the clusters was integral to delivering the principles set out in the report. The Chief Executive suggested that the Board should take some time out in a Board Development session to explore what it could do in support of the report, and the Executive Director of Public Health would discuss this with the Board Secretary.</p> <p>18.238.3 It was resolved that the Board note the report.</p> | <p>TO</p> <p>TO/GLP</p> |
| <p>18.239 Progress Report Clinical Research & Development</p> <p>18.239.1 The Executive Medical Director presented the report which provided an update on progress against the Research & Development (R&D) Strategy and set out challenges and future plans in terms of this agenda. The report summarised that progress had been made over the past year and for the future the R&D department would focus on growing the research portfolio and developing alternative funding streams.</p> <p>18.239.2 A discussion ensued. It was felt that R&D was an important foundation to build upon as the Board developed its IMTP and that R&D should be supported across the whole organisation for all staff, as smaller projects could also add real value. Members were also encouraged to visit the research facility on the Wrexham university campus. A query was raised regarding the statement within the paper that research permissions were being amended across the UK and the Executive Medical Director undertook to establish what this might mean for the organisation.</p> <p>18.239.3 It was resolved that the Board receive the report.</p> | <p>EM</p> |
| <p>18.240 Service Change Vascular Update</p> <p>18.240.1 The Executive Medical Director presented the report confirming that work towards the provision of a networked vascular service for North Wales was on track and progressing well. He indicated that the significant investment had allowed the organisation to recruit additional staff and benefits were now starting to be seen. The Chief Executive reminded the Board that it had committed to this service change based on planning assumptions at the time.</p> <p>18.240.2 The Vice Chair enquired as to the level of confidence in being able to appoint to the Clinical Director role and the Executive Medical Director indicated there</p> | |

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| <p>had been two applicants so far. The Chief Executive referred to the 'Triple A' (abdominal aortic aneurysm) screening programme and anticipated this would provide improved outcomes and reductions in mortality. The Chair outlined the need to engage effectively with the workforce to contribute to this change and that the Board needed to be clear on future designs.</p> <p>18.240.3 It was resolved that the Board note the work undertaken to date.</p> | |
| <p>18.241 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)</p> <p>18.241.1 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.</p> | |
| <p>18.242 Nurse Staffing Levels (Wales) Act 2016 : Adult Acute Medical and Adult Acute Surgical Wards</p> <p>18.242.1 The Executive Director of Nursing & Midwifery presented the paper which updated the Board on nurse staffing level calculations in line with the requirements of the Nurse Staffing Levels (Wales) Act 2016. She outlined challenges in preparation of the data not least the attempt to triangulate information, She also highlighted that there were some areas where the organisation did not meet its staffing establishments. It had been helpful however to align the ward dashboard information and to embed the principles throughout the recruitment processes. The Executive Director of Nursing & Midwifery highlighted that the previous assessment had identified the renal ward in Wrexham as requiring an option appraisal as a consequence of increased patient acuity, and this had now been completed for consideration and sign off by herself as lead Executive. Members were also informed that as the data continued to be refined, anomalies were being identified in terms of how bank and agency were dealt with and this was being addressed. Finally it was reported that the paper contained details of the methodology being used regarding the escalation of harm, and set out arrangements for reporting and learning.</p> <p>18.242.2 A discussion ensued. The Executive Director of Workforce & OD set out challenges in people understanding the difference between the actual staffing levels and the establishment levels. She also indicated that a revised establishment control process had been launched from the 1.11.18. In response to a question regarding the 'harm free care' reporting it was confirmed this would be triangulated with existing reports to the QSE Committee. It was also noted that the harms dashboard would be linked to the accreditation programme, and that the F&P Committee would receive updates on workforce capacity gaps. The Executive Director of Workforce & OD confirmed that liaison with education providers in terms of recruitment was part of the Board's workforce strategy, alongside the need to support existing staff through academic frameworks.</p> | |

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| <p>18.242.3 It was resolved that the Board:</p> <ul style="list-style-type: none"> • Noted the content of the report and variance to the proposed whole time equivalent (WTE) as a result of the nurse staffing establishment review due to changes in patient acuity; • Received assurance the methodology adopted ensures rigour, scrutiny and professional overview of the nurse staffing calculation for the adult acute medical and surgical wards. • Systems of scrutiny and monitoring are established to gain assurance and evidence with regards to the application of the Nurse Staffing Act within Secondary Care. • Considered the outcome of the review and the essential requirement to maintain safe planned nurse staffing for additional bed capacity in the form of escalated beds. | |
| <p>18.243 Integrated Quality & Performance Report (IQPR)</p> <p>18.243.1 The Interim Executive Director of Strategy indicated that the report had been refreshed to take into account comments and concerns raised previously by Board members. She indicated that the revised format aimed to provide more timely, accurate information and to support the triangulation of data whilst ensuring that each of the national delivery indicators were reported on at least twice per year and that a more focused thematic reporting capability was achieved. Members felt that the revised report was a positive step in the right direction and agreed to provide any specific formatting comments outside of the meeting.</p> <p>18.243.2 A wider comment was made that a good deal of the narrative within the report did not provide clarity on actions nor outcomes and that it would be beneficial to present performance data in a 90 day cycle for USC to provide the Board with more meaningful comparisons alongside the implementation of the 90 day plans. The Interim Executive Director of Strategy would work with the Executive Director of Nursing & Midwifery and the performance team to consider and take forward as appropriate. In terms of positive news stories which were no longer included in the IQPR it was noted that these would in future be issued with the Team Brief for circulation across the Health Board. A suggestion was made that the Board should have communication issues as a standing item on its agendas and the Chief Executive undertook to discuss this at Executive Team.</p> <p>18.243.3 A discussion ensued on the detailed content of the report as follows:</p> <ul style="list-style-type: none"> • Never Events were not closed down until the lead Executive was assured the actions had been completed and the matter resolved. In addition the Chair noted that in future Never Event reports would be shared with Independent Members routinely and in a timely fashion. • It was positive to note that five of the seven measures within the summary dashboard for the quality chapter were improving. • Concern was expressed at the increase in Healthcare Acquired Pressure Ulcers (HAPUs) and it was noted that a report on the HAPU Collaborative was scheduled for discussion at the QSE Committee on 29.11.18. • Mortality rates were at an expected level and there was a discrete group working to identify ways to reduce rates. • In response to the deterioration in sickness absence rates it was reported that the associated improvement plan now also addressed preventative measures rather | <p>SB</p> <p>GD</p> |

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| <p>than simply absence management. It was noted that the new all Wales policy would require some of the measures within the IQPR to be amended.</p> <ul style="list-style-type: none"> • With regards to staff Performance Appraisal Development Reviews (PADRs) it was reported there was a renewed effort to identify staff who had never or infrequently received a PADR and to improve the quality of PADRs that were undertaken, rather than focusing merely on the number of staff who had received one within the last 12 months. A concern was raised that for some managers the number of PADRs they were required to undertake was undeliverable and it was noted this had been acknowledged within the improvement plan. • The Executive Director of Workforce & OD also agreed to check the accuracy of the PADR data within medical staffing following a comment from the Chair of the Healthcare Professionals Forum. In terms of demonstrating leadership Executive Directors provided assurance to members that they had all completed the necessary PADRs for their direct reports. The Chair was keen to ensure this was priority for those in a leadership role and thus those upon whom delivery of objectives relied. • It was reported that there had been recent further dialogue with the Welsh Government regarding RTT and whilst fundamentally the organisation was in a better position than the same time last year, performance had deteriorated in-year. The Chief Executive stated that the Executive Team were well aware of the challenges with regards to the winter period and he indicated there was a need to determine the best way of reporting to the Board to provide assurances that performance was getting back on track. The Chair also reported that RTT specific reports would be provided to the F&P Committee and it was essential that core capacity and its use was understood. • The Vice Chair suggested that there was a key challenge in terms of being able to accurately define core capacity across the organisation, and she queried whether the current job planning rate was adversely affecting the ability to deliver improvements. The Executive Medical Director accepted there were some issues with achieving documented and signed off job plans for consultants however this didn't mean that they didn't have a focus and clarity on their job role. He added there was good engagement with the Local Negotiating Committee and medical staff and overall the organisation was in a better position to predict capacity and to understand the barriers. The Chair of the Healthcare Professionals Forum stated that 65% of job plans were signed off and over 90% were under active discussion. The Chief Executive asked that a trajectory and timeline for improving the 65% rate be shared with members. • The Chair was keen to ensure that productivity was managed and that there was assurance that senior clinical employees were engaged on appropriate business. It was acknowledged that the quality of job plans was important, not just the quantity, and the Executive Director of Workforce & OD indicated that a piece of work was being undertaken to review and assess the content of job plans and what they contributed. The Chief Executive suggested that given the concerns raised by members on PADRs and job planning there might be a benefit in having a further discussion as a Board in a workshop setting. Executive Team would consider this alongside other topics. • In terms of diagnostics the Board's attention was drawn to challenges with non-obstetric ultrasound and endoscopy and it was noted that the profile should be back on track by the end of December. The capacity issues in endoscopy were also affecting cancer performance. | <p>SG</p> <p>GD</p> <p>EM</p> <p>GD/GLP</p> |
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| <ul style="list-style-type: none"> • A question was raised regarding the plan to improve performance against the unscheduled care target for urgent assessment of GP out of hours patients, bearing in mind that primary care remained in Special Measures. The Executive Director of Primary Care and Community Services noted inaccuracies in the data and therefore the deterioration was not as severe as reported, and he would clarify the data and benchmark the performance in future reports. • Members were disappointed to note performance against the Mental Health Measure. The Director of Mental Health & Learning Disabilities indicated there had been a 30% increase in the number of adult referrals which had impacted adversely on this measure but that he would be preparing a paper for the Mental Health Act Committee to provide detail of an improvement plan to move towards a sustained position. • There was also disappointing performance in terms of Child Adolescent & Mental Health Services (CAMHS). The Executive Director of Public Health confirmed there had been a spike in demand in the central area and there were currently around 16 vacancies within CAMHS overall. Area teams were being asked to work more collectively on a North Wales basis and to look at new models of care. It was also reported that Welsh Government would be reviewing CAMHS early in 2019 and a benchmarking report had recently been received. A paper would be prepared for the Mental Health Act Committee of discrete actions to respond to the poor performance. <p>18.243.4 It was resolved that the Board note the report.</p> | <p>CS</p> <p>AR</p> <p>TO</p> |
| <p>18.248 Unscheduled Care Plan <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>18.248.1 The Executive Director of Nursing & Midwifery presented the report which provided an update against the 90 day unscheduled care plan and the alignment to winter resilience plans for 2018-19. She highlighted the importance of fully utilising medical, nursing and therapy staff and aligning with the improved management capacity. The paper set out workstreams relating to discharge, demand and patient flow and the need for these to be clinically led. It was highlighted that the unvalidated end of October position suggested that performance was moving in the right direction. Members noted that there had been a substantive appointment to the post of Associate Director for Unscheduled Care, and there was close working with the Wales Ambulance Services NHS Trust (WAST) to ensure the alignment of winter plans. The Executive Director of Nursing & Midwifery summarised that the challenges of unscheduled care were well known and it was also acknowledged that this aligned to incidences of harm.</p> <p>18.248.2 A comment was made regarding clinical leadership within WAST and it was noted that a meeting had been arranged with the new Chief Executive to discuss. It was clarified that the stated 'command and control' approach related to having a single decision maker on site. In terms of safety huddles it was reported that these were in place but inconsistently applied across different sites and this would be addressed through the introduction of a single model. The Chair welcomed the evidence of strong leadership from Executives to this agenda and welcomed the small improvement in performance. He indicated there would be a need to identify and track how the Welsh Government funding was utilised as a priority.</p> | <p>GD/GH</p> |

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| <p>18.248.3 It was resolved that the contents of the paper were noted and the governance and reporting arrangements as set out in Section 3 were approved.</p> | |
| <p>18.244 Finance Report</p> <p>18.244.1 The Executive Director of Finance presented the Month 6 Finance Report, confirming that whilst the Welsh Government had not formally accepted the Board's financial plan they had issued a control total of a minimum £35m deficit but are looking for the Board to achieve better than this position. The Month 6 report had previously been to the F&P Committee on the 25.10.18 where it had been discussed in some detail and the Board had also discussed finance issues at a workshop on the 18.10.18.</p> <p>18.244.2 The headlines for Month 6 were set out as follows:</p> <ul style="list-style-type: none"> • There was a deficit in month of £2.8m which was £300k better than the profile and a £500k improvement from August. The cumulative deficit after 6 months was £20.3m which was £200k above profile after six months of the year. • The main driver behind the improvement in September was related to the Welsh Health Specialised Services Committee contract of £1.2m with a year-end forecast of £2.8m underspend. The improvement related to one-off write backs from the previous year and contract performance and a decrease in primary care spend, offset by an increase in the overall paybill, including unchanged spending on agency and slippage against the savings targets and recovery plans, specifically within the Mental Health & Learning Disabilities (MHLDS) Division who were £500k off the recovery plan presented to the F&P Committee. • The paper set out familiar areas of overspend and cost drivers relating to Secondary Care being £2.6m overspent with over 80% of spend being on pay with the year on year comparison seeing the overall pay bill having increased. Use of agency staff remained a key challenge with both Wrexham and Glan Clwyd sites spending over £500k per month on agency staff. Wrexham had seen an increase of £200k per month on nurse agency. • The MHLDS Division was £500k overspent in month and £1.6m year to date. This overspend continued to relate to core operational budgets - mainly pay (£700k) and packages of care (£900k). The in month deterioration was due to the failure of the Division to deliver against the agreed recovery actions in their financial recovery plan. The Division had attended the F&P Committee in October to discuss their financial position, their recovery plan and their proposed actions to reduce monthly expenditure. • The total paybill continued to rise. Excluding primary care the monthly average spend last year was £57.3m, and in September 2018 the pay bill was £58.2m – an increase of £900k. While there would be some justifiable factors and some of the increases may be funded (for example the SuRNICC) the direction of travel must be a reduction in the total paybill. It was reported that in total the Board had spent £7.5m more on staff in the first 6 months of the current year compared to the last, equating roughly to an additional £2m for medical, nursing and healthcare assistant staff groups. A concern was expressed that whilst there may be some reductions in use of agency staff (with the exception of nursing) these were being more than offset by substantive staff increases which was a significant concern given 50% of spend was on pay. | |

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| <ul style="list-style-type: none"> • Incidences of unfunded escalation beds continued, particularly in Wrexham where the number of escalation beds open was double that of the previous year. This, combined with an increasing number of nurse vacancies, meant that nurse agency costs continued to rise, and averaged at a constant of £1m per month. • The £2.3m support of Welsh Government to strengthen management capacity in secondary care was vital for the division to deliver on a number of fronts including finance, and there needed to be pace to progress this. £10m of waiting time activity had been spent to date and was currently being spent 'at risk' with an assumption it will be funded. Conversations continued with Welsh Government around RTT funding. <p>18.244.3 In terms of the year-end forecast position the Board was £200k off its financial plan at the half way point of the year, but members were reminded that £10m of improved utilisation of resources savings including clinical variation, average length of stay and outpatients were profiled in during the second half of the financial year. It had now been assumed that £7m of these savings would not deliver cash savings in 2018-19 although the work in these areas would continue. £8m of alternative savings schemes around prescribing, procurement, workforce and non-pay had been identified by the Executive Team and presented to the F&P Committee on 25.10.18 although it was highlighted that £4m of these were considered high risk of delivery. Taking this £4m risk and the significant concerns around the MHLDS and Secondary Care Divisions' ability to manage their financial position over the next six months then it was suggested by the Executive Director of Finance that the delivery risk against the £35m forecast deficit must be viewed as significant. He added that further measures were being explored and progressed by the Executive Team which would be reported initially to the F&P Committee. Welsh Government had expressed their continued concern at the delivery of £35m and changes to savings schemes.</p> <p>18.244.4 A discussion ensued. The Vice Chair enquired as to the barriers to delivering savings in year. The Executive Director of Finance indicated he would expect these to start delivering but progress had been delayed due to operational challenges. A conversation took place around theatre utilisation and earlier comments regarding job plans. It was suggested that planned care and RTT could not be separated from theatre activity and pathways needed to be better aligned. In response to a question it was confirmed that the allocation for meeting the NHS pay deal was not currently factored in. The Chair summarised that the F&P Committee had undertaken detailed scrutiny of the Month 6 position and that the immediate focus needed to be on turnaround and sustainability of savings streams. He noted the slippage of some more substantial savings workstreams was a real concern and the Executive Team needed to identify alternative, viable actions as a priority. The headlines from the Month 7 position would be shared with the Board as soon as possible.</p> <p>18.244.5 It was resolved that the Board note the report including the forecast outturn of £35.0m recognising the significant risks to the financial position.</p> | <p>GD/RF RF</p> |
| <p>18.245 Orthopaedic Services Progress Report</p> <p>18.245.1 The Interim Executive Director of Strategy presented the report which provided a progress update against the implementation of the orthopaedic plan. It was</p> | |

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| <p>noted that performance was still challenging and there was further work to do against a range of pathway elements. A range of positive developments were noted including increased access to lifestyle programmes, the appointment of a clinical lead and improvements in referral patterns for Clinical Musculoskeletal Assessment & Treatment Services.</p> <p>18.245.2 The Chief Executive reminded the Board that there had been previous discussions around the whole pathway approach to orthopaedic services and the need to align these with the wider clinical strategy. A query was raised regarding a comment in the report that there had been a higher than expected cancellation rate and the Interim Executive Director of Strategy undertook to look into this and provide an explanatory note outside of the meeting.</p> <p>18.245.3 It was resolved that the Board note the content of the paper.</p> | SB |
| <p>18.246 Staff Engagement – NHS Staff Survey 2018 Delivering Improvement</p> <p>18.246.1 The Executive Director of Workforce & OD presented the report which set out the timescale for receipt, analysis and final reporting of the NHS Staff Survey and the associated improvement plans (including divisional plans). A divisional breakdown would be provided in due course. She set out the importance of making the connections between the staff survey and other pieces of work and strategic priorities. It was noted that an areas of focus would be improving confidence with workstreams around advocacy and managing change. In terms of making improvements to the visibility of the Executive Team it was felt this needed to be meaningful not tokenistic.</p> <p>18.246.2 The Board were pleased to see there had been an improvement in many elements of the survey and that there was a sense of purpose in the Board's response but were concerned to see that there had been a less positive movement in scores in relation to Executive visibility, harassment, bullying and abuse.</p> <p>18.246.3 It was resolved that the Board:</p> <ul style="list-style-type: none"> • Noted the key results from the survey and the key messages therein. • Noted the use of the regular and themed staff survey methodology 'Go Engage' and alignment of this with the 'Proud of' brand • Noted and agreed that an overarching improvement action plan will be developed, but that focus will be on the development and ownership of local divisional improvement plans. | SG |
| <p>18.247 Delivering an Integrated Medium Term Plan (IMTP) for 2019-2022 Update on Progress</p> <p>18.247.1 The Interim Executive Director of Strategy presented the paper which aimed to update and assure the Board as to progress with the development of an IMTP. She referred to a well-attended leadership workshop on the 4.10.18 and to a Board workshop session on the 18.10.18 both of which had reflected on the need for widespread support to the direction of travel, clear accountability, clear objectives, consistency and for finance, workforce planning and clinical services to come together. The Chair referred to the strategy and planning map as set out in section</p> | |

(4) of the paper and felt this needed to be far simpler and understandable to the wider public and partners. A question was raised regarding the level of assurance regarding consistency of quality of the divisional plans and it was reported that templates had been provided and there had been positive engagement by the Divisions at the workshop.

18.247.2 Members of the Executive Team then went onto to present a range of slides which described:

- That Primary and Community Services were the linchpin to whole system sustainability and transformation within these services was built around the Care Closer to Home model;
- That there were four principle areas for development (regenerating clusters; community resource teams; health & wellbeing centres and the new model of primary care);
- A pictorial description of combined health and social care localities;
- Plans for sustainable hospital services based on the principles of more specialised services for complex needs being concentrated at a single location; and three acute hospitals with emergency departments, medical and surgical services, obstetrics and paediatrics and also pathways supporting more care in community based locations;
- That a North Wales Vascular Network had been established to support the development of a specialist vascular service at Ysbyty Glan Clwyd with evidence of improved patient outcomes for patients, better recruitment and retention and less inappropriate variation in practice;
- Capital investment in a new hybrid theatre, additional consultant staff and associated teams;
- A potential plan for the introduction of robotic assisted surgery and the establishment of a specialist pelvic cancer centre with acute urology being centralised at one location. Benefits to this including improved service sustainability, recruitment and retention, reduction in locum use and outsourcing and the rationalisation of the on call rota. The associated business case for capital c£1.5m was in development with revenue requirements currently being reviewed
- A review of the stroke pathway to deliver a whole system approach including prevention aspects;
- A review of elective orthopaedics to work towards a single networked service, consolidating services at the 3 District General Hospital sites, with a business case for additional capital and revenue being developed;
- The expansion of community provision and streamlining of secondary care services for eye care, including a bid having been submitted to the Eye Care Sustainability Fund.

18.247.3 A brief discussion ensued. The point was made that primary care elements must be properly reflected in the IMTP and a level of detail for the whole IMTP was required in order to understand what workforce was required to deliver it.

18.247.4 It was resolved that the Board note the update report.

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| <p>18.249 Outline Business Case for North Denbighshire Community Hospital</p> <p>18.249.1 The Interim Executive Director of Strategy presented the paper, noting that Mr Gareth Evans and Mr Ian Howard were in attendance. She reported that the outline business case proposing a capital spend of £40.24m had been supported by the F&P Committee at its meeting held on the 25.10.18 following further work to address Welsh Government concerns around strategic fit, affordability and technical aspects of refurbishment relating to listed building issues. It was noted that the F&P Committee would receive more detail around benefits realisation before it considered a full business case, and that the scope of the project had altered since the original business case which was one of many multi-factorial reasons for an increase to capital costs.</p> <p>18.249.2 Members of the F&P Committee were content that they had considered the outline business case in detail at the Committee meeting and had had the opportunity to raise questions and concerns. The Chief Executive indicated that the building scheme was complex in nature and would be challenging however he stated that the organisation was clear in terms of its strategy and that the revised outline business case would help deliver this. The Chair acknowledged that the Board had given a commitment to the scheme some time ago and he looked forward to its development. He alluded to public expectations around community beds within the hospital and expressed that this was not the focus of the outline business case.</p> <p>18.249.3 It was resolved that the Board approve the Outline Business Case for submission to Welsh Government.</p> | |
| <p>18.250 Information circulated since the last Board meeting</p> <p>18.250.1 It was resolved that the Board note that the following information had been circulated:</p> <ul style="list-style-type: none"> • 23.8.18 - Preparations for leaving the European Union - Letter from the Deputy Chief Executive of NHS Wales regarding Medicines supply chain. • 28.8.18 - Value based recruitment: briefing from Bangor University • 27.9.18 - WHC2018-034 - BCG Vaccine supply and ordering - Wales • 24.10.18 - Diagnostics 8 week target recovery plan. | |
| <p>18.251 Summary of In Committee Board business to be reported in public</p> <p>18.251.1 It was resolved that the Board note the paper.</p> | |
| <p>18.252 Date of Next Meeting</p> <p>Thursday 10.1.19 @ 10.00am in Neuadd Reichel, Bangor <i>Post Meeting Note – subsequently rescheduled to the 24.1.19</i></p> | |
| <p>18.253 Committee Meetings to be held in public before the next Board Meeting</p> <p>18.253.1 It was resolved that the Board note the following meetings would be held:-</p> <ul style="list-style-type: none"> • Joint Audit & QSE Committee 6.11.18; • Information Governance & Informatics Committee 13.11.18; | |

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| <ul style="list-style-type: none">• Finance & Performance Committee 22.11.18;• Quality, Safety & Experience Committee 29.11.18;• Strategy, Partnerships & Population Health Committee 4.12.18;• Audit Committee 11.12.18;• Charitable Funds Committee 13.12.18;• Mental Health Act Committee 14.12.18. | |
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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 |
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| Actions from Health Board 1.11.18 | | | | |
| R Favager (S Baxter G Lang) | 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 | Closed |
| G Harris | 18/235.2 Ensure that future HASCAS/Ockenden progress reports include testing and reflecting on stakeholder views as well as exception reporting | Jan 2019 | Work has commenced with stakeholder families as part of the task and finish group and their input will be reflected in future reports. The style and format of reports has been reviewed. | Closed |
| S Baxter/ T Owen | 18/235.2 & 18/238.2 Arrange to meet with Third Sector IMs regarding learning from previous engagement work and partnership working. | Jan 2019 | Further discussions have taken place with Third Sector colleagues, including through discussion at the Stakeholder Reference Group, and work on managing relationships is continuing alongside other partnership working forums, to run alongside development of the three year plan | Closed |
| S Baxter | 18/237.6 Share a copy of the Executive Management Group paper on reporting of core and AOP priorities with all members. | 30.11.18 | 11.1.19 Relevant paper circulated | Closed |
| C Stockport | 18/237.7 Ensure that opportunities be taken to influence discussions | Jan 2019 | Relevant information has been shared with officers in Welsh Government | Closed |

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| | around revisions to GMS contract in terms of reflecting the new Welsh Language Standards. | | | |
| S Baxter/ M Wilkinson | 18/237.7 Check accuracy of September Stakeholder Reference Group minutes regarding the conflict of interest for Mrs H Wilkinson. | 30.11.18 | Position clarified | Closed |
| S Green | 18/237.9 Take forward concerns regarding the optimising of medical input into the Local Partnership Forum | Jan 2019 | LPF terms of reference have been reviewed. Discussions held and a way forward agreed. | Closed |
| T Owen (G Lewis-Parry) | 18/238.2 Liaise with Board Secretary as to possibility of follow up session at Board Workshop regarding the Executive Director of Public Health's Annual Report | 30.11.18 | Scheduled into forward plan for Board Workshop 10.1.19 | Closed |
| E Moore | 18/239.2 Establish the implications of statement within the Research & Development paper regarding the amendment of research permissions. | Dec 2018 | 20.11.18 explanatory note circulated to all members | Closed |
| S Baxter/ Mark Wilkinson | 18/243.2& Work with performance team to refine the format of the IQPR in line with discussions held This includes RTT performance and improvement trajectories. . | Jan 2019 | The IQPR will be continually refined in response to feedback received. The next major iteration is planned for May when the final report of performance against the new Three Year Plan will be made. This will include relevant primary care indicators. | Closed |
| G Doherty | 18/243.2 Continue to explore ways to | Jan 2019 | The Chairman has undertaken to provide a personal letter to staff following Board meetings. This complements the | Closed |

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| | ensure that the key messages from the Board are shared wideley with staff | | existing organisation wide team brief system | |
| S Green | 18/243.3 Continue to drive improvement in the accuracy of PADR data held electronically . | Dec 2018 | Compliance reports circulated to directorates and divisions; Additional advice and support given to encourage better recording | Closed |
| E Moore | 18/243.3 Share a trajectory and timeline for improving the 65% job planning target. | Dec 2018 | 21.11.18 Members notified that the Office of Medical Director was committed to 90% sign off by end March 2018 | Closed |
| G Doherty (G Lewis-Parry) | 18/243.3 Consider as Executive Team whether a job planning session would be helpful at a future Board Workshop | Dec 2018 | Scheduled for board workshop 10.1.19 | Closed |
| A Roach | 18/243.3 Prepare paper for Mental Health Act Committee to include improvement plan for performance against Mental Health Measure. | Dec 2018 | Actioned and taken to Mental Health Act committee in January | Closed |
| T Owen | 18/243.3 Prepare paper for Mental Health Act Committee of discrete actions to respond to poor performance in CAMHS | Dec 2018 | Paper prepared for December MHAC. Meeting rescheduled to 3.1.19 | Closed |
| R Favager | 18/244.4 Share headlines of Month 7 finance position with board members. | Nov 2018 | Emailed to all members 13.11.18 | Closed |
| S Baxter/ M Wilkinson | 18/245.2 Provide explanatory note regarding the stated higher than | Nov 2018 | Executive Director of Planning & Performance to provide verbal update at meeting 24.1.19. | |

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| | expected cancellation rate within orthopaedics. | | | |
| G Doherty R Favager | 18/244.4 As an Executive Team identify alternative, viable savings workstreams as a priority | Dec 2018 | Priority and dedicated time has been given by the Executive Team to the identification of savings schemes although challenges remain . | Closed |
| S Green | 18/246.1 Provide a divisional breakdown against Staff Survey improvements. | Dec 2018 | Completed . This will be included in the formal response of the organisation which will be considered by SPPH committee in the first instance | Closed |
| G Doherty G Harris | 18/248.2 Identify and track how the Welsh Government unscheduled care funding was utilised as a priority. | Dec 2018 | Completed | Closed |

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| Health Board 24.1.19 |  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
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| Report Title: | BCU Health Board Draft Three Year Plan 2019/22 |
| Report Author: | Mr John Darlington, Assistant Director, Corporate Planning |
| Responsible Director: | Mr Mark Wilkinson, Executive Director of Planning and Performance |
| Public or In Committee | Public |
| Purpose of Report: | To present the priorities and actions within the draft Three Year Plan for endorsement by the Board. |
| Approval / Scrutiny Route Prior to Presentation: | <p>The draft Three Year Plan has been subject to discussion at the Board's Strategy, Partnerships and Population Health (SPPH) Committee during its development. The Executive Team have contributed extensively to the development of the Plan and Independent Members have had the opportunity to contribute through informal reviews of the document. The financial aspects of the Plan reflect the discussions which have taken place in the Finance and Performance Committee regarding the financial strategy for 2019/22.</p> |
| Governance issues / risks: | <p>The plan responds to the Welsh Government publication '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. In addition is aligned to the Board's strategic direction "Living Healthier, Staying Well"</p> <p>The Plan also recognises the particular challenges which face the Health Board as a result of its "Special Measures" escalation status. This requires focussed action to drive further improvement in 2019/20. The first year priorities within the plan will be further refined by service transformation groups and incorporated into divisional plans for 2019/20.</p> <p>The financial implications of the plan have been aligned with the budget presented to the Health Board. There are priority areas contained within the plan which will require further business case development in year to secure the necessary resources for delivery.</p> <p>The development of a full IMTP is a critical Organisational requirement and a specific requirement under the Special Measures Framework. The risk of failure to develop an approvable plan is identified within the Corporate Risk Register.</p> |

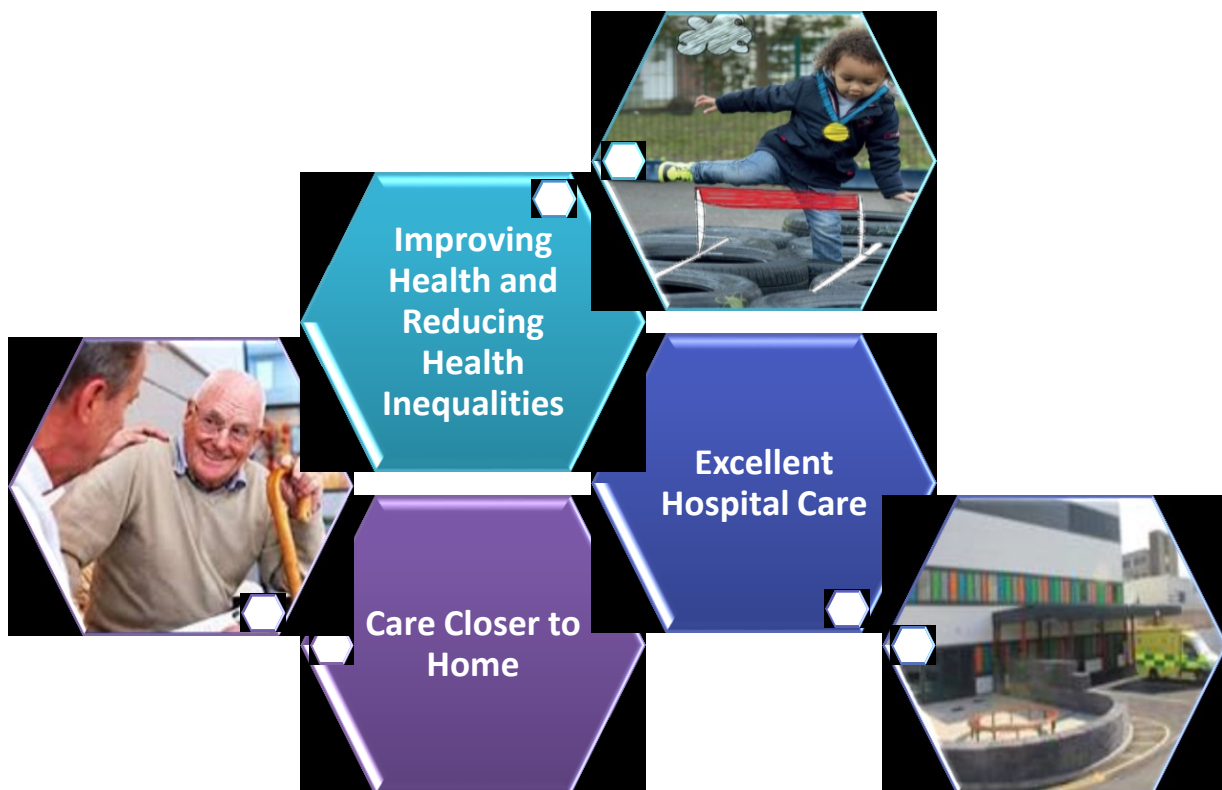
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| | This will require a clear programme of work which engages across the organisation to ensure successful delivery. |
| Financial Implications: | The development of an approvable IMTP is a statutory requirement of the NHS Finance Act. |
| Recommendation: | <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • Note the detailed work that has been undertaken to develop the Plan and its connection to 'A Healthier Wales' and the Living Healthier, Staying Well strategy; • Endorse the priorities set out within the Plan for delivery over the three year period; |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
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| 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 Financial Strategy | | | |
| Equality Impact Assessment The 3 year plan is subject to EQIA assessment which is in development. | | | |

Living Healthier, Staying Well

**Working in Partnership to Improve Health and Deliver
Excellent Care across North Wales**

Our Three Year Plan 2019/22



| Contents | Page |
|--|-------------|
| 1. Introduction | 4 |
| 2. Strategic Direction | 8 |
| 3. Priorities for Action 2019/22 | 16 |
| 3.1 Health Improvement and Health Inequalities | 17 |
| <ul style="list-style-type: none"> • Prevention • Reducing Health inequalities | |
| 3.2 Care Closer to Home | 20 |
| <ul style="list-style-type: none"> • Integrated Models of Care • The Primary Care Model for North Wales | |
| 3.3 Excellent Hospital Care | 24 |
| <ul style="list-style-type: none"> • Planned Care • Urgent and Emergency Care | |
| 4. Enabling Strategies | 30 |
| <ul style="list-style-type: none"> • Quality Improvement • Workforce and Organisational Development • Estates Strategy • Digital Health • Finance | |
| 5. Supporting Plans | 42 |
| 6. Accountability and Governance | 43 |
| 7. Risks and mitigation | 44 |
| 8. Further information | 44 |
| Appendix 1 - Special Measures Improvement Framework | |
| Glossary | |

OUR VISION

- We will improve the health of the population, with particular focus upon the most vulnerable in our society
- We will do this by developing and integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich environment

Health Improvement, Health Inequalities

Care Closer to Home

Excellent Hospital Care

Healthy lifestyles

Smoking, healthy weight, alcohol

Protection and prevention

Oral health, Making Every
Contact Count, screening

Resilient communities, tackling inequalities

Social prescribing, Well North Wales, health
and well-being hubs

Promoting mental well-being
Children, young people and families
People with a learning disability

Maternity strategy for Wales

Secondary prevention and early intervention

Stroke, diabetes, orthopaedics
Children and young people

Health & Social Care working together in local communities

Community Resource Teams and clusters
Primary and community mental health model

Access to care in an emergency

Developing the unscheduled care hub,
111 service, community resource team
Crisis support – children, mental health

Sustainable planned care

Orthopaedics, ophthalmology,
gastroenterology
Acute medical and surgical care
Inpatient care & rehabilitation
- mental health needs

Access and waiting times

Unscheduled care

Emergency Department access &
patient flow
Help me get home –
integrated health and social care
Early supported discharge (stroke)

Specialist & complex care

Urology, stroke,
complete vascular
services, cancer

Quality Improvement and patient experience - “What Matters”

Carers and community assets

Co-production

Avoiding harm, focusing on outcomes

Addressing equality and human rights and promoting the Welsh language

Health and well-being centres

Estates and infrastructure

Integrated resource teams

Sustainable hospital facilities

Shared use of assets and new partnerships, joint ventures

Digitally enabled health and care

Community connectivity

Integrated health and social care systems

Hospital systems

Whole health, care and support system workforce

Supporting community networks

Integrated workforce across sectors

Sustainable acute models

Agile working

Section 1 - Introduction

1.1 The health of our population in North Wales

We need to evolve to meet new challenges. We know that the overall health status of our population compares favourably to other parts of Wales, and this provides advantages and opportunities. However, the benefits of this are not equal across the population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

We are living longer – the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 9.3 per cent compared to 8.6 per cent (that is 64,000 people). For males, life expectancy is 78 years and for females, it is 82 years. The good news is that many people reach these ages in good health which is positive, but brings different support needs.

We need to do more to help everyone of all ages to have an active, healthy and happy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.

We will do this in partnership and with the help of other organisations such as Local Authorities and the voluntary sector.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full.
- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.
- There are more people living with dementia. We will work with our partners and people with experience of mental health to design and deliver modern services and do more to support people with long-term mental health problems.

1.2 The challenges we face

Our current service model is inefficient, unaffordable and not sustainable.

- There are increasing demands on our primary care and community services with growing difficulties in attracting new GPs and other primary care practitioners to the area.
- There are also increasing demands on our hospital services, for example, in our Emergency Departments, which means that often we cannot see patients as quickly as we should. In addition, waiting times for a number of operations such as replacement joints or eye surgery are too long and we need to see patients sooner.

- We are also facing financial challenges and we need to live within our means and make sure that we work efficiently so that every penny is spent wisely and well.
- Bed occupancy in our acute and community hospitals is currently over 90% – on average much higher than 85% occupancy, above which the National Audit Office has concluded, *“hospitals...can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital acquired infections”*.
- Our workforce is changing and we face challenges in recruiting staff in a number of specialties and staff groups.
- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction.
- Challenges are posed with infrastructure and the delivery of core national information systems which are essential to service provision and transformation.
- Our partners are also facing significant financial constraints and we need to work together to ensure we make best use of our collective resources, for the benefit of the population of North Wales.

In 2015, Welsh Government placed us in Special Measures. We have been working hard to improve and have made progress in areas such as maternity services, and involving patients and the public. There are other areas where there is still much more to do and we recognise it will take time, commitment and support to make all the improvements that are needed.¹ Our Special Measures Improvement Framework (SMIF) sets out the actions to be delivered in response to Welsh Government requirements and is detailed in Appendix 1.

There are other challenges that are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which we are working more difficult, and make it more important that we understand the impact of our actions on other organisations as well as our population.

1.3 Making the changes we need

The work to tackle the above challenges with our partners and to transform health and social care has begun. For some areas of improvement we will firstly ensure that we are ‘getting the basics right’ to stabilise these on the journey to fully transform our service model. In some areas this will take longer than the three year period covered by this plan.

We are fully committed to producing a Service Strategy by 30 September 2019 which describes the way forward in clear terms and our timeline for transformational change and lead to the development of a target operating model which will be supported by finance, estates and workforce strategies

In order to achieve this, we have established a programme management approach and will utilise a consistent change methodology for improvement and transformation work across the Health Board.

¹ Update on escalation status review of health organisations and additional support for Betsi Cadwaladr University Health Board, Cabinet Secretary for Health and Social Services, February 2018

1.4 Building upon achievements in 2018/19

During 2018/19, we continued to work to improve how the Health Board functions with improvements made in our governance and leadership in response to the SMIF and Wales Audit Office Structured Assessment and responses to the 2018 NHS Wales staff survey

In addition, a number of significant achievements have been made across our services during the year, with many examples shown below across our key priority areas: improving health and reducing health inequalities; care closer to home; excellent hospital care.

Improving Health and Reducing Health Inequalities

- We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
- We introduced the “Let’s Get North Wales Moving” collaboration with partners.
- The tier 3 Orthopaedics Weight Management Lifestyle programme was implemented.
- The “Help me Quit for Baby” smoking cessation support approach was embedded in Community Midwife Teams.
- The hospital based smoking cessation service commenced.
- An alcohol licensing framework was established.
- The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.

Care Closer to Home

- The new healthcare centre at Flint opened, delivering a range of services and fulfilling commitments previously made by the Board to the local population.
- The redevelopment of Corwen Health Centre was completed, an important milestone in care provision for the local rural community.
- Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services providing benefits for the whole community.
- More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced in primary care settings.
- Primary care clusters developed a range of innovative services, such as Advanced Nurse Practitioner roles in care homes, family practitioner and specialist diabetes care.

Excellent Hospital Care

- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The vascular centre development at Ysbyty Glan Clwyd progressed, with full implementation due in April 2019.
- The major refurbishment programme for Ysbyty Glan Clwyd has been completed, bringing major improvements to the environment for patients and staff.

Section 2 - Strategic Direction

2.1. Strategic Context

Our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. Our purpose is to improve the health of the population of North Wales which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matter to our patients. We recognise and support the significance of the Welsh Government publication '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.

The document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy. Our Three year plan supports the ambition of Welsh Government as summarised below:

| 'A Healthier Wales' | Examples in Our Three Year Plan | Example Process and outcome Measures |
|---|--|--|
| Health and Social Care system to work together | Regional Partnership Board (RPB) Working Integrated clusters Expansion of Community Resource Teams Unscheduled care model | Number of transformation programmes funded Outcome from transformation programmes demonstrating delivery of objectives Number of patient contacts to avoid admission Outcomes of unscheduled care pathway model on demand, flow, discharge, concerns and incidents |
| Shift services from hospital to community | Health and well-being centres Eye care plan Unscheduled care pathways Mental health services | Increase range and access to local services 80% direct to waiting list for cataract surgery 10% reduction in incidence of repeat ED attenders Falls, recovering Hypoglycaemia, mental health and catheter care pathways established and evidenced by reduced conveyance and admission 10% increase in crisis patients managed in community setting |
| Get better at measuring what really matters | Revised performance and accountability framework | Core indicators and tiered indicators reported in accordance with the framework from Board to Divisional teams |

| | | |
|---|--|--|
| | | Number of staff trained in measurement for improvement |
| Make Wales a great place to work in Health and Social Care | Workforce strategy - staff engagement, leadership, culture and climate, motivation, innovation and learning | <p>Learning from staff survey applied via engagement events – number of participants/% workforce</p> <p>Delivery of the nurse staffing fill rate and skill mix for wards</p> <p>Reduction in spend on agency and locum staff</p> <p>Integrated primary and community academy established</p> |
| Work together in a single system | <p>Unscheduled care / Emergency Ambulance Services Commissioning Mid Wales healthcare collaborative</p> <p>Commissioning secondary and specialist services</p> | <p>Delivery of 4 hour, 12 hour and ambulance handover profiles</p> <p>10% reduction in concerns and SUIs related to USC</p> <p>Volume of partnership programmes of work increasing in line with plan</p> |

We have identified the following seven well-being objectives with partners and stakeholders (and in accordance with our duties under the Well-being of Future Generations Act):

- Improve physical, emotional and mental health and well-being for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity; and
- Listen to people and learn from their experiences.



Our organisational values exist to support and encourage staff to deliver high quality care to our patients in keeping with our purpose and the above objectives:

- Put patients first
- Working together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly



2.2 Promoting Equality and Human Rights

The long-term vision for our population has been informed by the Health Board's Strategic Equality Plan (SEP) which can be accessed [here](#). The SEP draws on evidence from a range of sources

including the Equality and Human Rights Commission research '*Is Wales Fairer?*' As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

Equality Impact Assessments (EqIA) help us to identify and address potential inequality including access and communication needs, leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.



2.3 Working with our Partners

This plan underlines our commitment to reducing health inequalities within the population we serve. Guided by the principles within the Well-being of Future Generations Act, and together with our partners across the public and third sectors, we are already shifting our focus to promote ways of working that prioritise preventing illness, promoting good health and well-being and supporting and enabling people and communities to look after their own health.

Reducing health inequalities remains the most important challenge we face and will guide and influence our redesign of the healthcare services we deliver in people's homes, in their communities, in our primary care settings and in our hospitals.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. The principles adopted by the North Wales Regional Partnership Board are:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality, community-based options;
- Embedding co-production in decision-making so that people and their communities shape services; and
- Recognising the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

The NWRPB have developed a Regional Population Needs Assessment and Area Plan in response to the Social Services and Well-being (Wales) Act 2014. The North Wales Area Plan was approved earlier in 2018 and prioritises the following areas:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Children and young people;
- Integrated Family Support Services; and
- Mental Health.

Partnership work programmes have been established for each of these priority areas, and the priorities also link with our well-being objectives.

There are many areas where the Health Board works collectively with other organisations within the statutory and voluntary sector. In addition, there are services that we do not or cannot deliver directly and commission from external providers.

We work closely at both a national and local level as part of the all Wales Emergency Ambulance Services Committee (EASC) to further develop national and local actions with Welsh Ambulance Services NHS Trust (WAST). Local joint priorities for action are integral to our unscheduled care plan. Welsh Ambulance Service is a key partner working alongside the Health Board in developing transport plans for services including vascular, ophthalmology, orthopedics, urology and stroke.

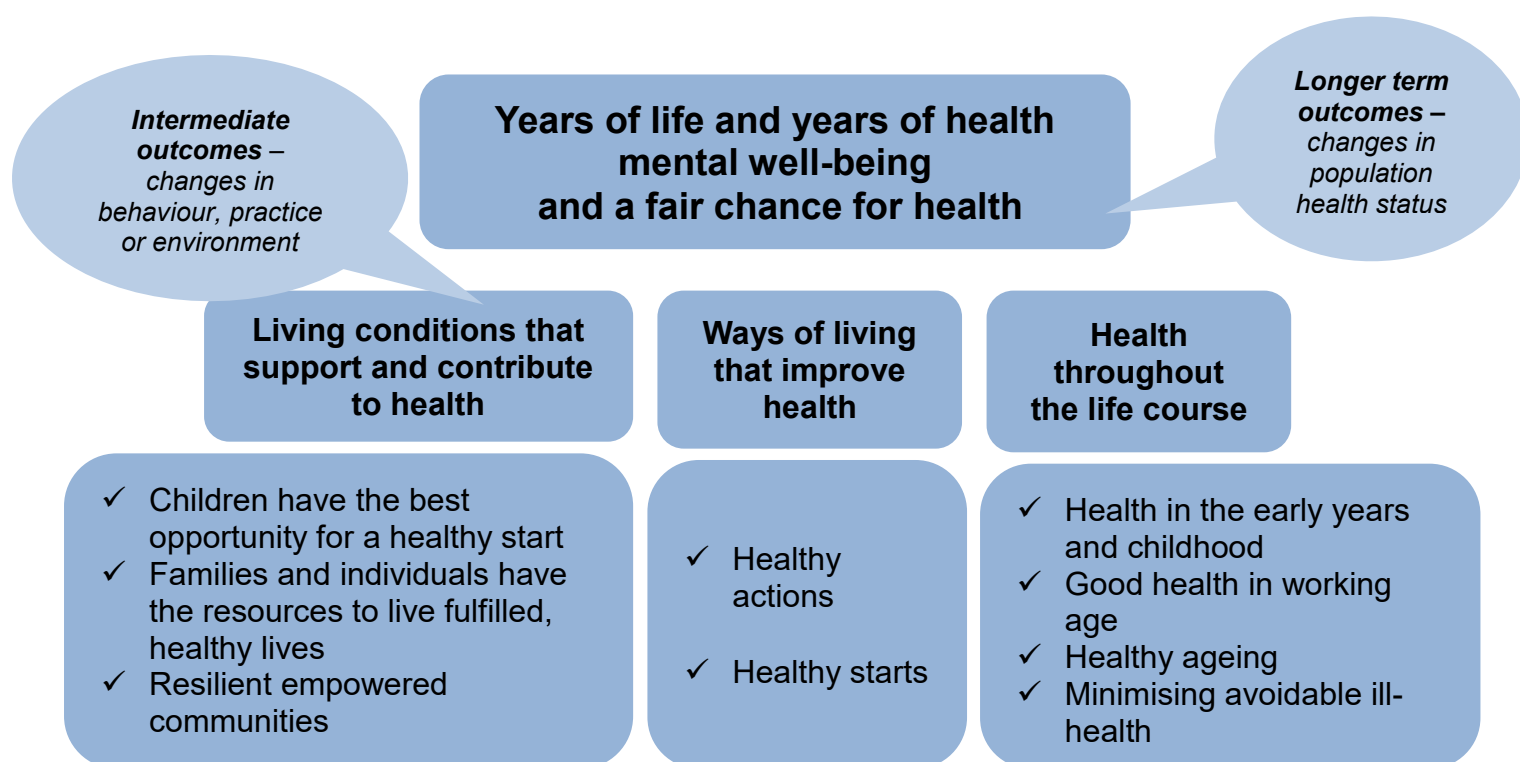
Working closely with Welsh Health Specialist Services Committee (WHSSC), we will monitor and review specialist services (such as specialist children's services delivered by Alder Hey NHS Foundation Trust) commissioned through WHSSC and contracted to appropriate providers. For North Wales, these are generally provided in North West England as our local providers of very specialist services. Where it is clinically safe and appropriate to do so, services are developed and delivered in North Wales.

We work collectively as part of the Mid Wales Joint Committee for Health & Social Care (MWJC), which was formed in 2018 and places a greater focus on joint planning and implementation of health services for the population of mid Wales.

2.4. Getting it right for the future: focusing on outcomes

We have to think about how the decisions we make now have an impact on the future. We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this.

In the longer term, we will aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework².



² [Public Health Outcomes Framework](#), Public Health Wales, 2017

2.5 Living Healthier, Staying Well



Living Healthier, Staying Well (LHSW) is our long-term strategy that describes how health, well-being and healthcare in North Wales might look in 10 years time and how we are working towards this now. LHSW was approved by the Health Board in March 2018. Our future model is described below and the key priorities for action over the period 2019/22 are set out in section 3. We cannot deliver these changes alone; we will need the contribution of many others to achieve the improvements we all want to see.

We will work with our stakeholders to review LHSW in time for an updated version in March 2020 to accompany the IMTP for 20/21 and beyond.

2.6 Our ambitions for the future

Health Improvement and Health Inequalities

- We will become more of a 'wellness' service than an 'illness' service and work with our population and partners such as local authorities and the third sector to plan for the future needs of people living in North Wales.
- We will do more to give children the best start in life, taking action as soon as possible to tackle problems for children and families before they become difficult to reverse.
- We will work with others to support everyone in staying fit and healthy throughout life and ensure we can support people to make the right choices for them at the end of life.
- Our intention is also to narrow the gap in life expectancy between those who live the longest in the more affluent areas of North Wales and those living in our more deprived communities.
- We will target our efforts and resources to support those with the poorest health to improve the fastest.

Care Closer to Home

- The services offered by primary care including GP practices, community pharmacies and dental practices will remain central to providing healthcare close to where people live.

- We will build on the work we have already done to introduce a broader range of health and social care professionals – including specialist nurses, pharmacists and therapists – to work with GPs and their teams, and develop a wider range of services in local communities. This will mean that our patients will see the health care professional who is best placed to meet their needs.
- We will continue to support GP practices to invest in and develop new facilities.
- We will expand our community teams who work together to care for people in their community and in their own home if needed.
- There will be clear and consistent points of contact to arrange for the right healthcare professional to go to people when they need them. We have already made good progress in some of this work, for example the Healthy Prestatyn lach project, advanced practitioners in physiotherapy, nursing and pharmacy across North Wales and the establishment of Community Resource Teams bringing together health and social care services.
- We will maximise our use of technology including video consultations to support people and prevent them from having to travel to appointments - particularly when they are suffering from a chronic condition. We are already doing this in the North West to connect patients at rural community hospitals including Ysbyty Alltwen near Porthmadog, Dolgellau Hospital and Ysbyty Bryn Beryl near Pwllheli with doctors in Bangor.
- We will continue to invest in modern, purpose-built facilities that bring together community teams under one roof to offer a range of services for local people including x-ray, tests to help diagnose illnesses, sexual health, mental health and various therapies. A new health campus development for North Denbighshire is planned for the site of the Royal Alexandra Hospital in Rhyl. Our intention is that we will use community hospitals and health centres as local health and well-being centres in our communities.

Excellent Hospital Care

- At each of our District General Hospitals, we will continue to have the following core services:
 - a full Emergency Department;
 - consultant-led maternity and paediatric services;
 - direct admission for medical care for people who are unwell;
 - direct admission for people who need an operation;
 - less complex vascular procedures (for diseases affecting blood vessels); and
 - outpatient clinics, day surgery and diagnostic services (tests that help diagnose a condition).

This means that people can be assessed in any of our emergency departments but might need to be transferred to the most appropriate hospital for more specialist 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 intention is to widen the range of specialist care we provide in North Wales so that 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 will treat as many patients as possible in North Wales and continue where clinically possible and safe to do so,
- We will create specialist centres for treating more complex conditions, e.g. our new Sub-Regional Neonatal Intensive Care Service (SuRNICC) at Ysbyty Glan Clwyd means that babies that are more poorly are cared for in North Wales.
- We will establish specialist services for:
 - vascular surgery. Very specialist major surgery on arteries (vascular surgery) will be provided in a specialist centre at Ysbyty Glan Clwyd. This will ensure that we can provide treatment that meets the highest standards and will attract the specialist doctors we need to carry out these complex operations.
 - hyper acute stroke;
 - neonatal intensive care; and
 - urology and pelvic cancer. We are exploring modern technology for some cancer surgery – particularly pelvic cancer – which will need to be based in a specialist theatre. We are also exploring how we might deliver urology services more effectively, for example, using robotic assisted surgery.
- Over the next three years , we will confirm proposals for specialist centres for other services that could deliver better outcomes for patients and improved efficiency and productivity.
- With the support of the Welsh Government, we are investing in our buildings to bring them up to 21st Century standards. This includes completing major developments such as at Ysbyty Glan Clwyd and the Emergency Department at Ysbyty Gwynedd. We have started work to develop proposals for the redevelopment of the Wrexham Maelor Hospital campus to address failing infrastructure and to develop facilities that are fit for the future and will support the new models of care we will develop. Our enabling strategies, for example our estates strategy, will be informed by and aligned to our revised clinical models.
- For some very specialised care people will need to travel to hospitals outside of Wales - just as they do now - for major physical trauma injuries, neurosurgery, specialist treatment for children and some cancer treatments - but we will make as much of the testing and diagnosis as local as possible and support people to make an early return home.

3. Priorities for action 2019/22

What we will achieve over the next three years

Achieving our three year plan will represent significant progress towards making our vision a reality.

A summary of the key actions we will pursue over the period of 2019/22 in support of our three priorities together with our enabling strategies is set out on page 2 – the plan on a page.

The following section describes the actions and the rationale for them in more detail and the key outcomes we aim to achieve.

These plans are affordable in the short, medium and long term. They can either be achieved within known resource assumptions, or where this is not possible it is highlighted accordingly. Dialogue with Welsh government is underway regarding resource availability particularly with regards to achieving elective access times.

3.1 HEALTH IMPROVEMENT AND HEALTH INEQUALITIES



Health Improvement and Health Inequalities.

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.

For the next three years there are three priorities:

1. We need to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being;
2. Tackling health inequalities will inform our service development. We will target resources to those with the greatest needs and promote equality through our actions; and
3. We will maximise our partnership working to deliver on the health inequalities and health improvement agenda.

We have committed to focussing on health improvement and health inequalities, and to ensuring that the Health Board shifts to becoming a population health focussed organisation. Prevention, early intervention and tackling health inequalities is a consistent thread underpinning our plan for 2019/22. Our plan builds on progress made in 2018/19 across the Health Board and with our partners.

We want to work in partnership to support people to make the right choices so they can have a long, healthy life and to reduce demand for treatment services for preventable conditions. Our plan therefore maintains a focus on the health in the early years.

Through our maternity services plan, we aim to ensure that pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.

Our childrens work focuses on supporting the six agreed partnership priorities for children and young people in North Wales:

- Our continued aspiration is that babies are born healthy;
- Pre school children are safe, healthy and develop their potential; and children and young people are healthy and equipped for adult life;

- We will focus on improving the outcomes in the first 1000 days of life and support the partnership Adverse Childhood experience work across North Wales;
- We are working hard to progress our emotional health work – with maternal mental health and early intervention as key areas of focus;
- We are determined to promote a healthy weight and prevent childhood obesity, and we will maintain a focus on children with complex needs.

Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most. Identifying opportunities to work with community venues and pharmacies will help us to improve access to services.

We will work with partners in the Public Services Boards to deliver local Well-being Plans that address the broader aspects of well-being – economic, social, environmental and cultural.

As the largest employer in North Wales, we will take action to contribute to reducing poverty and the impact of poverty, as well as a service provider and commissioner. Poverty can affect people's well-being, health and life opportunities and can affect how long someone lives as well.

We continue to build a partnership ethos to our work on prevention and health inequalities and our approach is firmly based on evidence of effectiveness. We will continue to work with our 14 clusters to deliver this work, and ensure that we work to tackle the inverse care law.

Our plan sits alongside and contributes to the Well-being plans for the population which will be led by the four Public Service Boards in North Wales. We have worked with Public Health Wales to ensure that we have considered our planning priorities and our agreed key focus of joint working in 2019/2020 will be on tobacco control work and exploring actions in relation to hypertension management

Based on the needs of our population, and given the assets we have in place across North Wales, we will focus on three workstreams:

Workstream 1: Lifestyles

We will progress our work on lifestyle services. In 2019/2020 we will stabilise our smoking cessation support in our hospitals.

We will also build on our more specialist level 3 obesity services, grow our level 2 obesity service and explore new ways of supporting alcohol reduction work and implement fully our work on licensing with partners.

Workstream 2: Protection and prevention

We will develop our protection and prevention offer. In 2019/2020 we will maintain our significant work relating to health protection, and invest in our immunisation coordinating team to ensure optimum outcomes in the early years and across the life course.

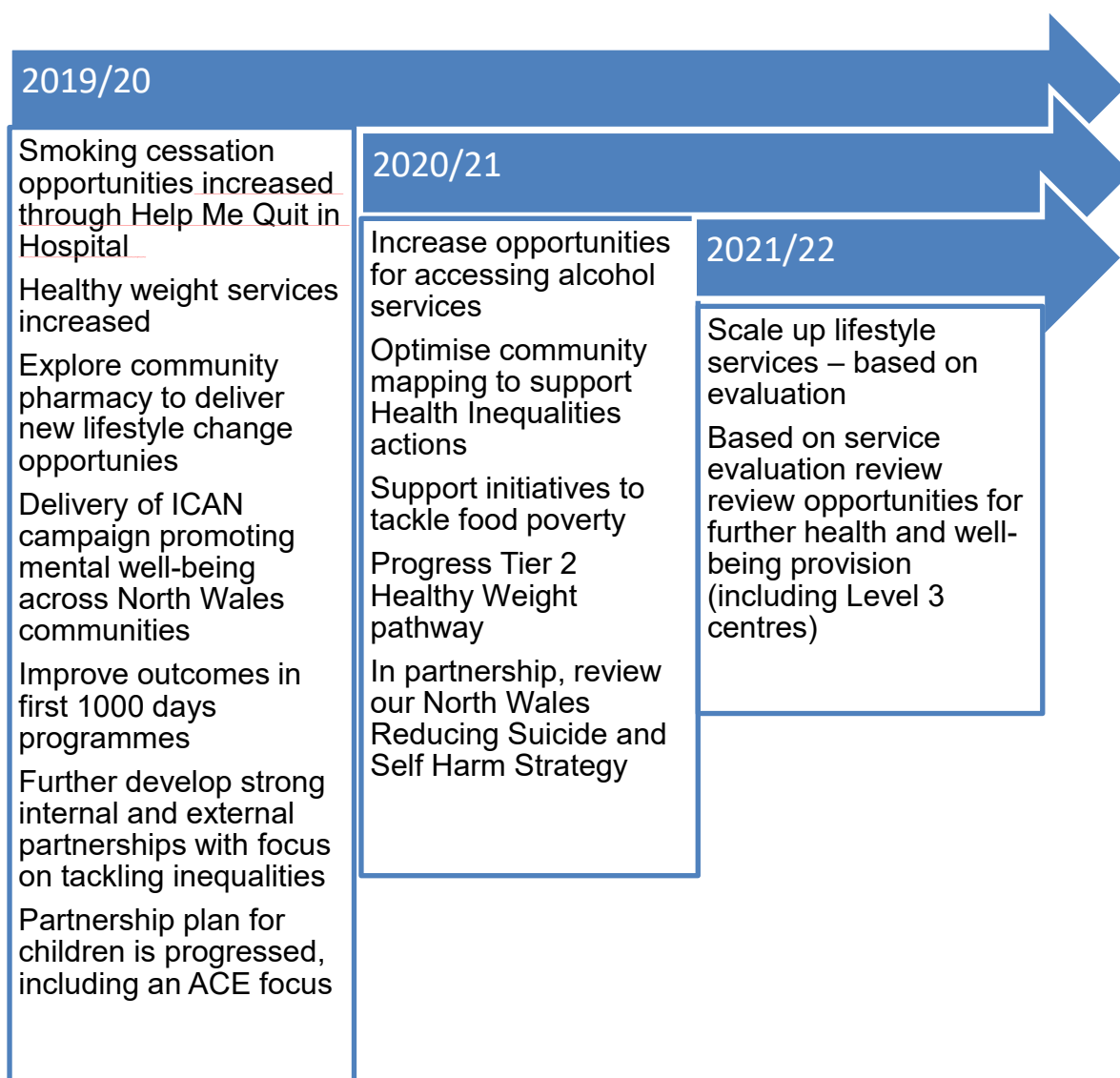
We will continue to raise awareness of screening services with partners. We want to promote positive oral health and will work with our dental colleagues in using the Making Every Contact Count (MECC) approach. We will also offer MECC to our Third Sector partners as they support us with a range of actions and a focus on social prescribing.

Workstream 3: Health inequalities

We have a long-standing approach to tackling health inequalities through the Well North Wales programme, and we have reviewed our offer for 2019/2022 given that the “*Ein Dyfodol*” work has progressed differently with partners across North Wales.

We remain committed to supporting those with the greatest health needs first and are working closely with partners on this agenda. We will progress our “Made in North Wales” work on social prescribing which supports the Care Closer to Home agenda, and we have specific actions relating to poverty and homelessness planned.

Three Year Ambition - Key Deliverables for Health Improvement and Health Inequalities for



3.2 Care Closer to Home



Care Closer to Home means that when people need support or care to stay healthy, we will provide as much of this as close to home as it is safe to do so. Care Closer to Home is not just about where care is delivered but also about focusing around what it is that matters most to individuals and their carers.

To do this well requires a deep commitment to work with individuals and with our partners. Our ambition to deliver more care closer to home is built upon our undertaking to do this and to deliver the Welsh Government's strategy set out in 'A Healthier Wales: Our Plans for Health and Social Care'.

These are the outcomes we want to achieve:

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being;
- People have easy and timely access to primary care services;
- Health and care support is delivered at or as close to people's homes as possible;
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being;
- Ensure the best possible outcome; people will have their condition diagnosed early and treated in accordance with clinical need;
- Interventions to improve people's health are based on good quality and timely research and best practice; and
- People are safe and protected from harm through high quality care, treatment and support.

The foundation on which to plan care closer to home will be through our **integrated clusters**. We will progress the further development of our existing 14 GP clusters in North Wales by including a wider range of partners. The guidance and support for clusters will not only come from the Health Service but also from the range of partners, organisations and individuals who understand their local communities and who are committed to serving them.



Led by integrated teams, clusters will have the authority and support to bring together different services and skills so that they can be provided more seamlessly, and are better tailored to meet the needs of individuals.

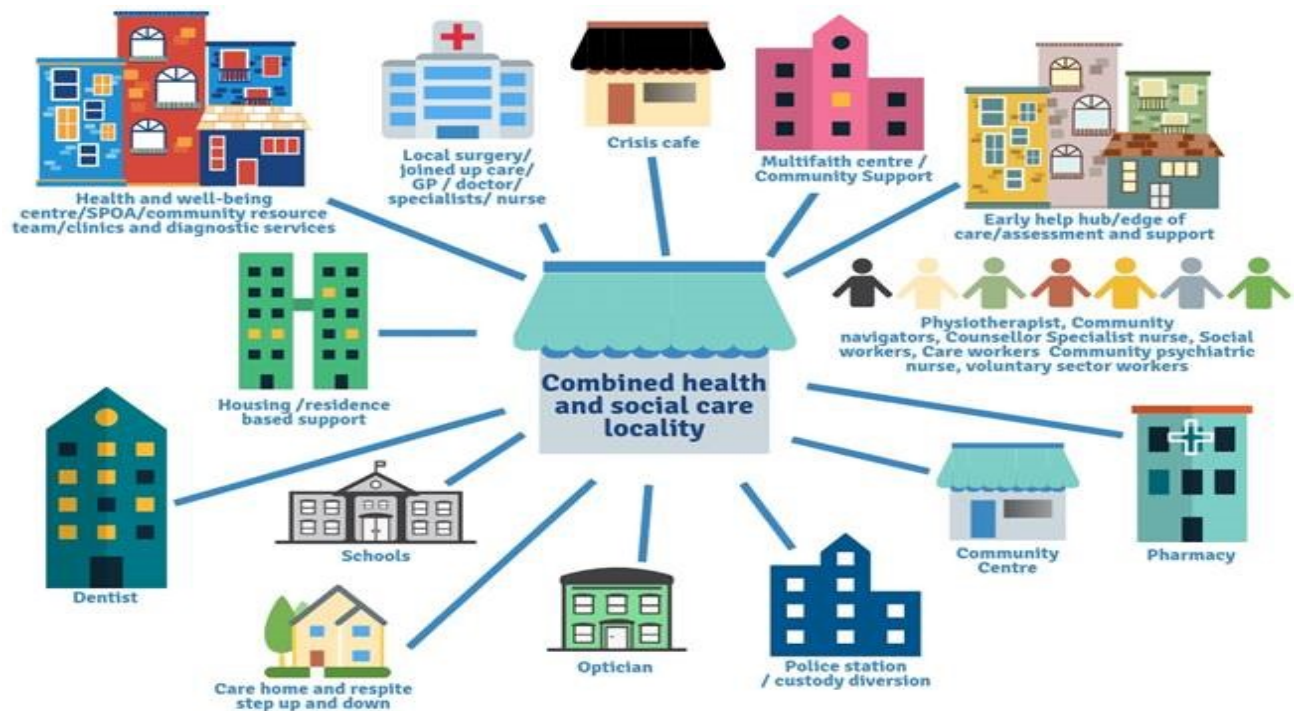
Expansion of Community Resource Teams

As an important part of delivering community services we will expand the services of our **Community Resource Teams (CRT)** by continuing to contribute to the work being led by the Regional Partnership Board.

Community Resource Teams are made up of members from a range of backgrounds focusing upon what matters to individuals. In approaching care this way we can deliver the best experience for patients and carers, whilst getting best value for public money. This will mean that all individuals in North Wales will be able to access care in this way, helping to ensure as much care is delivered close to home as possible.

The model illustrated below has been developed in partnership through the North Wales Regional Partnership Board and shows a group of organisations and professionals who work across agency boundaries to support the local population.

Our combined health and social care locality model



Sustainability of GP practices – New Model for Primary Care

GP practices form part of the community resource teams, delivering and coordinating the care for individuals with medical needs that do not require hospital care. However, we know that our GP practices are under tremendous pressure.

Working together within integrated clusters, supported by community resource teams and others to reduce the pressure upon GP practices, however, this will not be enough alone. We will prioritise the development of sustainable GP services by supporting practices to introduce the Wales 'New Model for Primary Care' at pace.

To achieve this we will create an **Integrated Primary and Community Care Academy** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the added value from learning together.

Using this approach we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

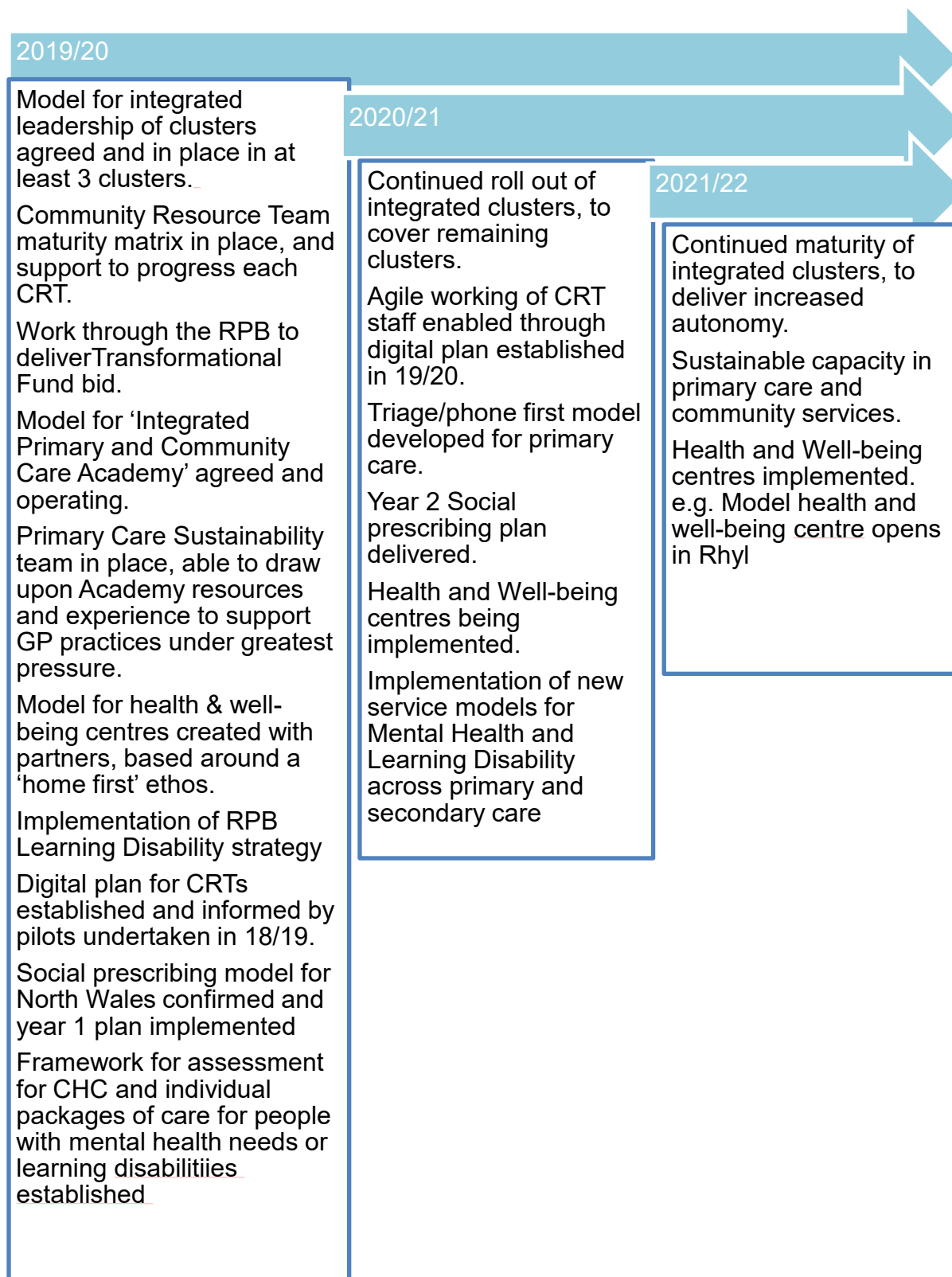
We will also work with our GP teams to identify opportunities for federated service delivery, contributing to GP practice sustainability as well as the provision of more local services.

We will maximise the use of technology to reduce the number of people needing to travel for appointments, particularly when they have a long-term health condition. We know that not everyone

uses new technology, and we will support people to have the access they need. By 2020/21 we plan to develop telephone triage services that will complement the national rollout of the 111 service.

We will invest in modern, purpose-built facilities to bring services together under one roof, working with other public sector and third sector partners. We will use our premises, partner organisations' or other community facilities to develop health and well-being centres in local areas. This will include our community hospitals as part of the network of resources available to local areas.

Three Year Ambition - Key Deliverables for Care Closer to Home in 2019/22



3.3 Excellent Hospital Care



When health needs are more serious people may need hospital care, or care from more specialist teams reaching into the community. People want timely access to the safest and highest quality of care possible and a good experience.

These are the outcomes we want to achieve:

- People have an accessible and responsive health care system that supports them when they have a more serious health need.
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
- People are safe and protected from harm through high quality care, treatment and support.
- People know and understand what specialist care and support is available to improve their health.
- Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care.
- People will be cared for in the right place, at the right time, and by the most appropriate person.
- People are supported to make the right choices so they have a long, healthy life.
- Standardised, accessible and comprehensive data and information on service delivery.

We will improve our services to reduce waits. We will ensure we have the right capacity in our hospitals to achieve access standards and meet future demand. To help us do this we will develop and adopt new and innovative ways of working and continually review the way resources are deployed to improve patient and carer experience, efficiency and productivity. For example, changing the skill mix of the workforce and developing new ways to access and deliver services.

We have also strengthened the staffing resource available in secondary care through support from Welsh Government, so that we are better able to manage hospital services.

We know that improvements in efficiency and productivity alone will not be sufficient to reduce waiting times and we will implement the Care Closer to Home initiatives so that more people can have access to more services (where appropriate) out of the main hospital settings.

Planned Care

This is the name for those services, activities and treatments, which are not carried out in an emergency or crisis. They are often those that service users and patients are referred to by their GP or other frontline health and care professionals. This plan seeks to review treatment / care provided within both community and hospital settings with a view to reducing inconsistencies in waiting times and ensuring that local referral processes follow best practice. At the same time, we aim to implement new policy and develop the strategic approach to service delivery. Ultimately, we need to ensure that patients receive the treatment that is most appropriate for their needs, at the right time and in the right place.

Waiting times from GP Referral to Treatment (RTT) are too long. We need to reshape services in key areas, specifically orthopaedics, ophthalmology, and urology which will improve this but will require investment.

We have been working to co-produce service models in these priority areas. In September 2017 the Board endorsed a strategy to deliver a sustainable elective orthopaedic service for North Wales. The North Wales eye care strategy was supported by the Board in April 2018 and a review of acute urology services commenced in October last year

In addition, a number of service reviews are currently underway including stroke haematology, rheumatology and dermatology.

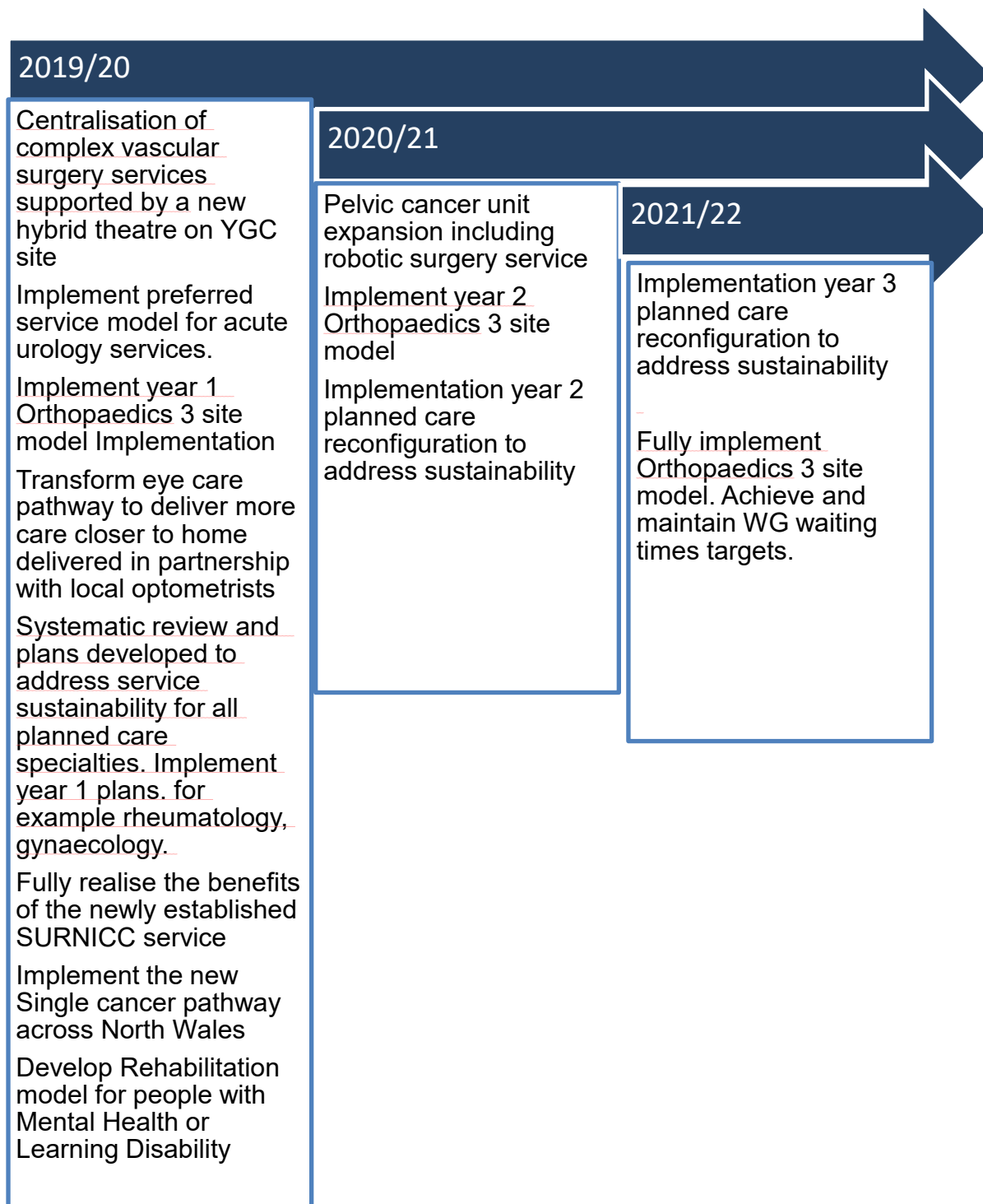
We are proposing to:

- consolidate inpatient urology services onto two sites. (rather than three);
- develop a pelvic cancer centre linked with development of robotic assisted surgery and co-located with the urology service;
- consolidate elective orthopaedics onto the three main acute hospital sites (rather than five sites); and
- consolidate hyper acute stroke care onto a single site (rather than three).

In developing these plans we are considering their combined impact on the range and scale of services on each of the three main acute hospital sites. We will ensure that each site has sufficient capacity to deliver the services required.

Sometimes people will still have to travel outside North Wales to get very specialised care that 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 have these where necessary in the future.

Three Year Ambition - Key Deliverables for Planned Care in 2019/22



Unscheduled Care

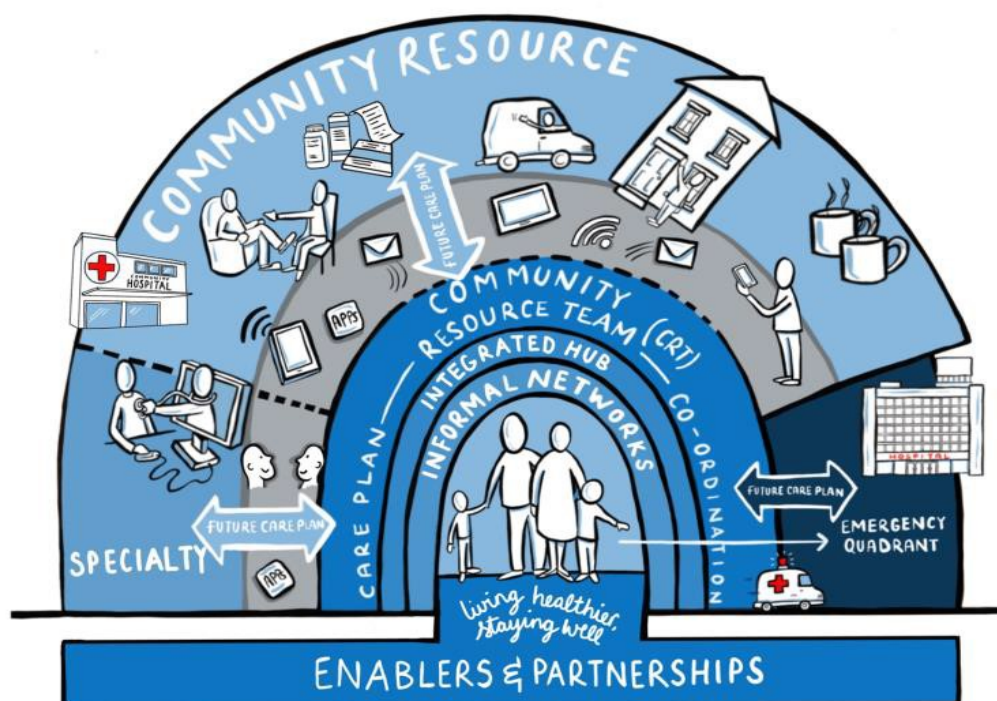
In North Wales we have a large, geographically dispersed population distributed across dense urban areas and isolated rural areas. As a result they experience particular challenges of deprivation and poor health outcomes. These population and geographical characteristics present specific challenges for how emergency / unplanned services (termed 'unscheduled care') can be delivered in a safe, high quality and affordable way. For some time, the unscheduled care system has failed to address the needs and expectations of our population and the Board, as well as not meeting nationally set performance measures.

During 2018/19, we undertook a major piece of work to review the current position, understand best practice and define the system model, that would begin to deliver the outcomes we want for our population, and enable our staff to deliver the service that they aspire to provide. This work was undertaken with support from Welsh Government.

Our work to design an improved system was assisted by a number of partners. The plan is ambitious and will require significant changes in the way the Health Board, care professionals and the population in North Wales behave on a day-to-day basis. With demand and complexity rising in unscheduled care, the development of the system is a long term exercise.

The future model of unscheduled care

Proposals for a future model of unscheduled care were produced following a series of workshops at which a large number of our staff (clinical and non-clinical), partner organisations and third sector and community representatives contributed. The diagram below shows a pictorial representation of the system we wish to move towards.



The future model has been designed in keeping with our overarching strategy, **Living Healthier, Staying Well**. The features of the model include:

- patients and their informal networks;

- an integrated hub;
- a Community Resource Team (CRT) and community resources;
- specialty resource; and
- the hospital emergency department.

This model is underpinned with the following enablers: technology, people, resources, processes, culture, partnership and governance.

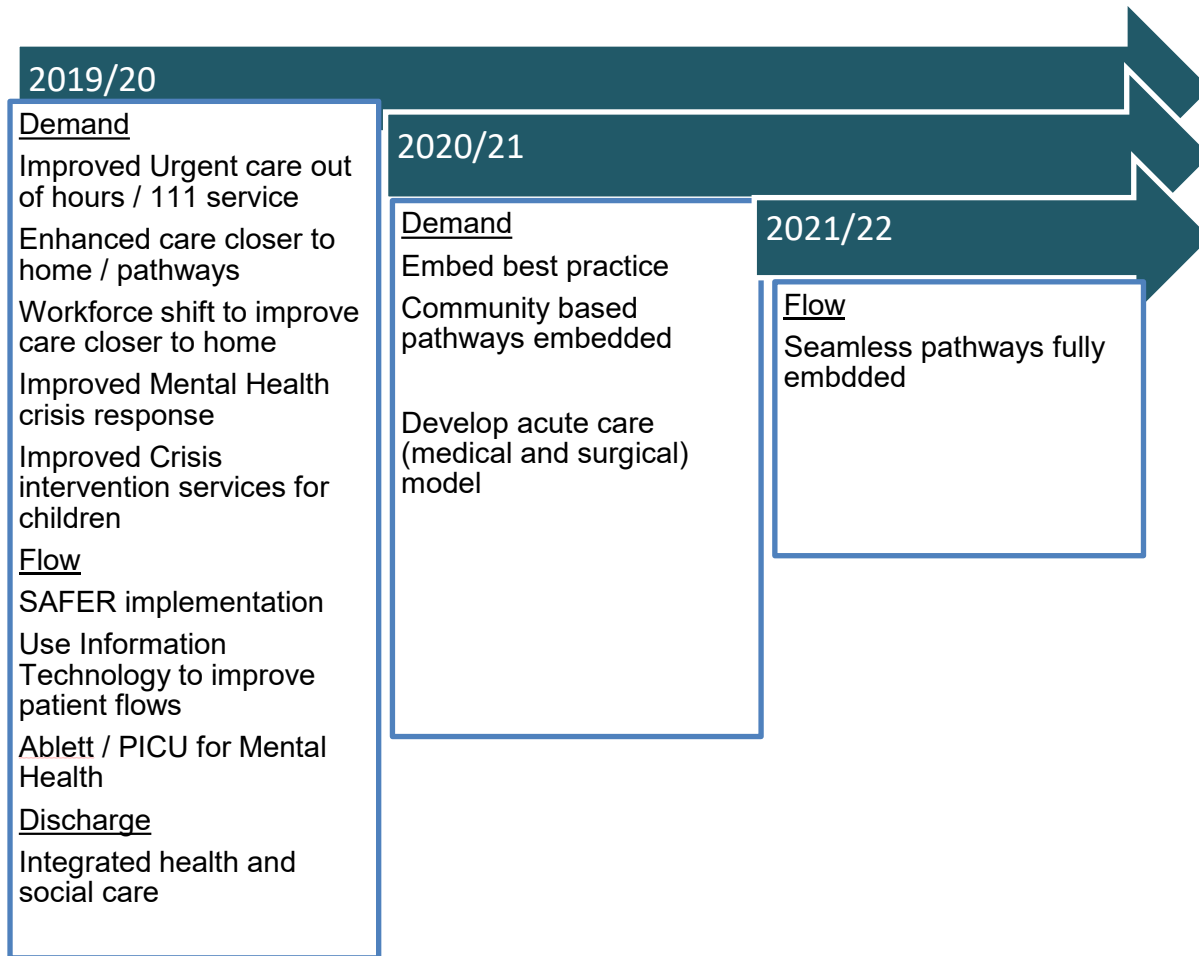
The model fits closely with the Care Closer to Home priority; this sets the direction of travel working with the whole of the North Wales health and social care support system. It is focused on maintaining independent living arrangements and giving patients more control over their care, adopting person centred care and the principle of “What Matters” to people who use our services. The unscheduled care model builds upon the Community Resource Team model, an integrated hub which has been established and preventative measures specific to unscheduled care.

The Welsh Government ‘A Healthier Wales’ publication and associated plan outlines the transformation required to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. The new model for unscheduled care aligns to this plan as it is scalable and in keeping with the 10 design principles specifically prevention and early intervention, promoting independence, giving people a voice and putting the person's needs first, seamless services and information and a focus on transformation.

Our three year plan is focused around working with partners including Welsh Ambulance Services Trust to reduce reliance upon hospital services through better management of patient needs within peoples own homes and communities.

We are also working to streamline clinical management processes within our hospitals to improve patient experience and flow through our hospitals. Finally working with our partners in local authorities, the voluntary and independent sector we plan to deliver more seamless discharge from hospital to home first wherever possible.

Three Year Ambition - Key Deliverables for Unscheduled Care in 2019/22



Section 4 – Enabling Strategies



Improving Quality and Outcomes

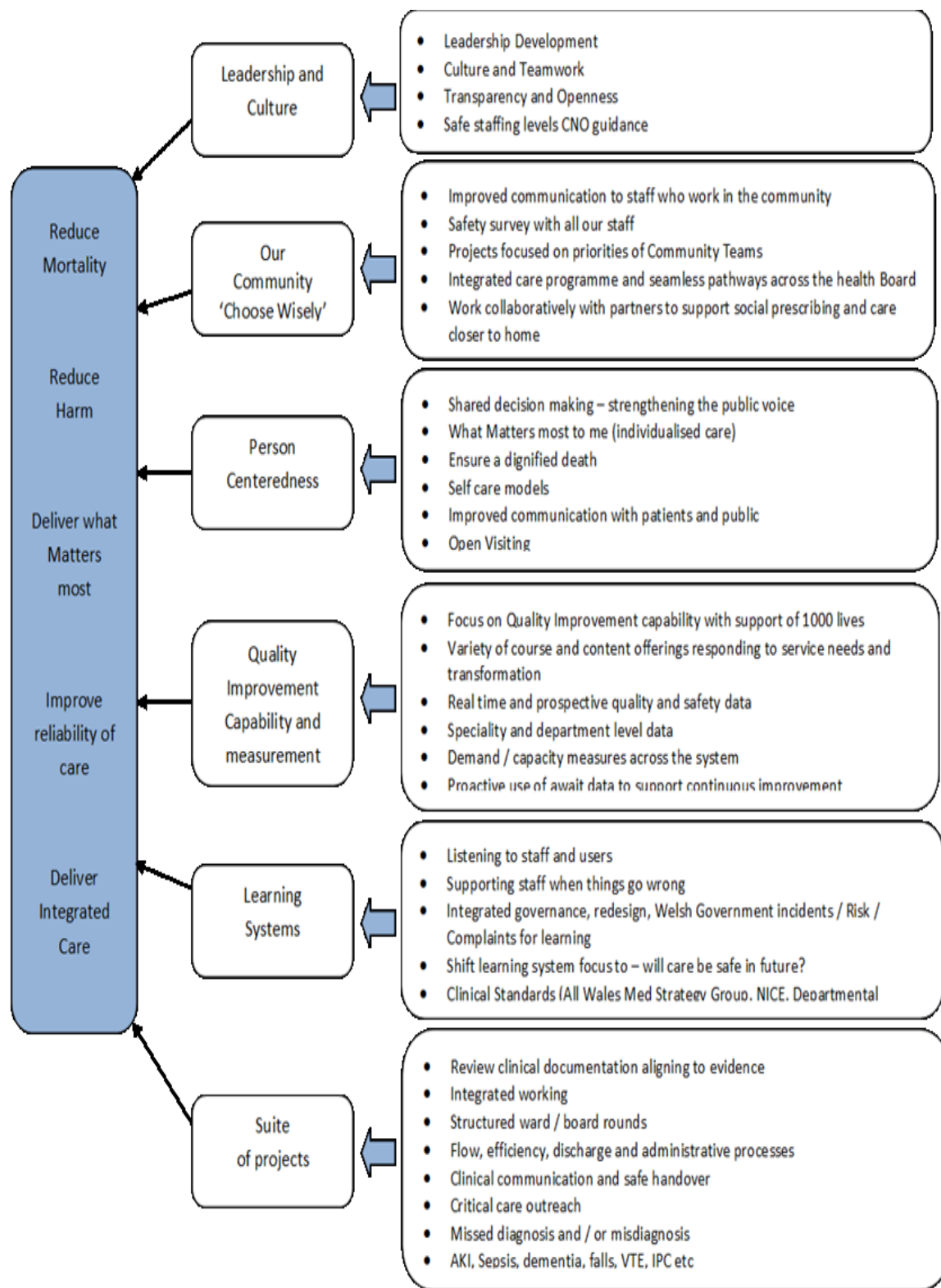
Improving health and outcomes whilst providing excellent care is a responsibility that we take seriously. Our intention is to work collaboratively across the whole organisation and all stakeholders to continue to improve the quality and safety of care that we provide and commission. Continuously improving quality and safety is a fundamental principle across all our services.

Our Quality Improvement Strategy (QIS) 2017/20 sets out the clear intentions to keep patients health and well-being at the heart of all areas of improvement as follows:

- Aim 1 – No Avoidable Deaths;
- Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm;
- Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care;
- Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health; and
- Aim 5 - Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living.

What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we will need a far-reaching plan to engage with staff on finding solutions right across the Health Board. The following driver diagram summarises the areas of work we are tackling:



The Quality Improvement Strategy can be accessed through the following link.
<http://howis.wales.nhs.uk/sitesplus/documents/861/QIS%20Final.pdf>



Workforce and Organisational Development

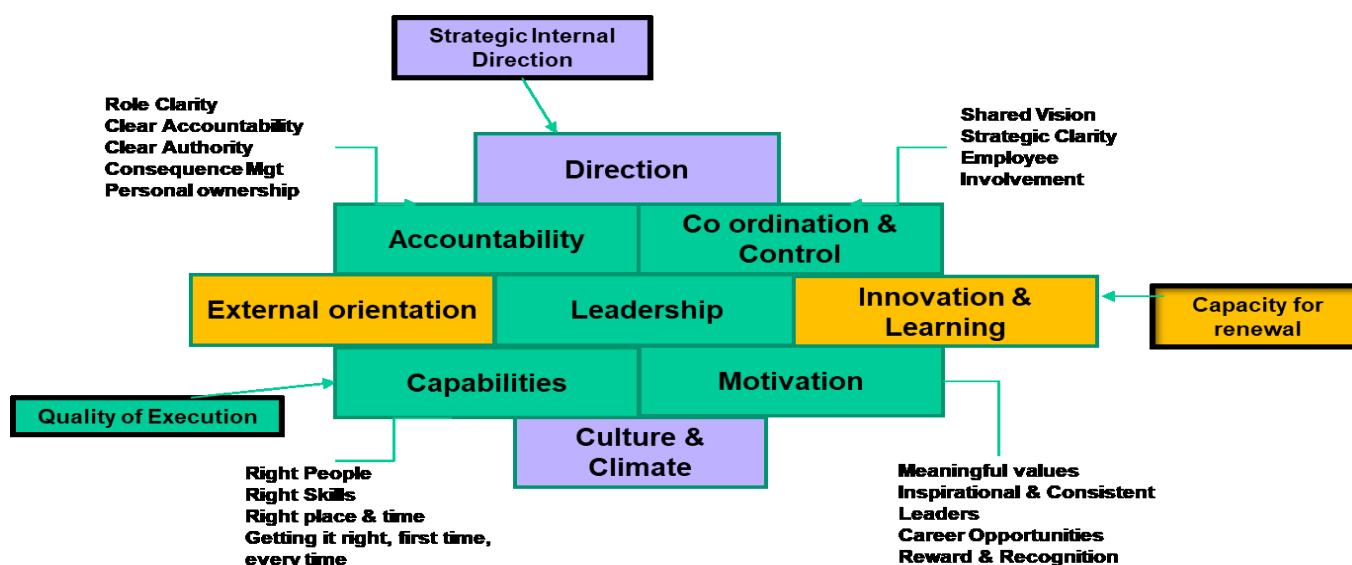
Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

The purpose of our new three year Workforce Strategy is

to enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance.

The model underpinning the development of the Strategy is based on the nine outcome measures of organisational health as illustrated below:



The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

Strategic Internal Direction – direction, culture and climate

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy, provides a long term vision for our organisation and importantly a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy, the role that our people will undertake and how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measurables to them.

Quality of Execution – accountability, co-ordination and control, leadership, capabilities and motivation

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed. We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn lach project has led to filling traditionally hard-to-recruit to posts.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase than the proportion of staff aged below 30 years, which continues to decrease.

It is clear we will only deliver the improvements required by working with our partners, both in education and in health and social care to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. These systems, such as, establishment control and roster improvement will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests; how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward.

The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this activity.

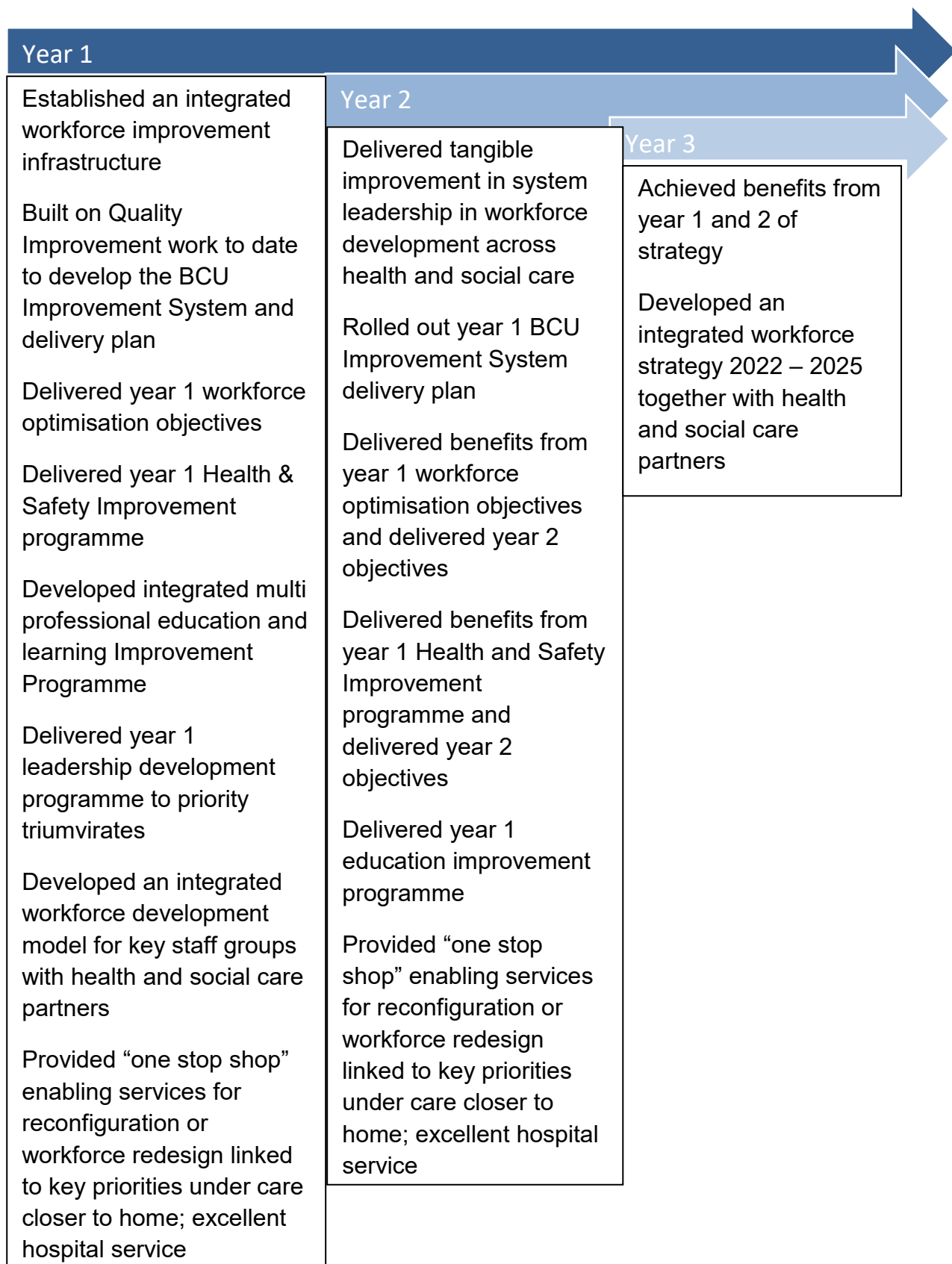
We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

Capacity for Renewal – external orientation, innovation and learning

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

Three Year Ambition - Key Deliverables for Workforce and Organisational Development 2019/22





Estates Strategy

Developing our Estates Strategy

In developing our estates strategy we have identified the major risks presented by our current estate and set out a vision for the future. The vision includes:

- an estate that is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- improving the efficiency of the estate through appropriate utilisation and investment;
- eradicating duplication and releasing resources for direct patient care;
- an estate that is aligned to the organisation's clinical and enabling strategies and supports transformation plans;
- assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- assurance to staff that they will have an appropriate working environment.

Our strategy for health and health services sets out the ambition to develop existing health and well-being, primary and community services through a network of well-being centres. This network will be supported by three acute hospitals campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

| | |
|---|--|
| Wellbeing Information Hubs | Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings |
| Primary care | The network of Level 2 facilities will build upon the existing portfolio of primary care centres and health centres. |
| Health and Wellbeing Hubs | It is expected that each primary care cluster will be supported by at least one Level 1 facility. |
| Mental Health, Learning Disabilities and Substance Misuse Services | Community services will be co-located with the wider community teams in level 1 and 2 facilities with additional accommodation required for inpatient, rehabilitation, specialist support & interventional services. |
| Excellent hospital care | Will continue to be provided from the three main hospitals at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH). |

Our programme to deliver improved primary and community care will drive the need for a major investment programme to ensure that we have the right facilities available across North Wales to deliver more Care Closer to Home. Our strategy sets out a need for facilities to deliver health and well-being services at three levels in the community. We will continue to engage with staff, communities and stakeholders at a cluster level to determine the future estate needs and reflect these within our estates strategy.

We have set out our intention to maintain our three main hospitals as the key delivery points for hospital care across North Wales. We have also indicated that we will provide more specialist services in key locations to ensure that we deliver the best possible outcomes for people.

Within mental health services we have undertaken work in recent years to address immediate risks in our inpatient environments, however we recognise that we currently deliver care in some environments which are not fit for purpose. Our mental health strategy sets out our ambition for services in the future and we require a fit for purpose estate to deliver high quality services in the future. Our estates strategy will also include clinical support services and our non-clinical estate. It will support new business models and develop alternative delivery models and partnerships.

Through targeted development and rationalisation, the existing property portfolio will therefore be aligned to support the 14 primary care clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in Care Closer to Home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales.

The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural well-being of North Wales.

We will work with partner organisations including local authorities and the voluntary sector to develop solutions that make the best use of our collective property assets irrespective of ownership.

Our approach offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

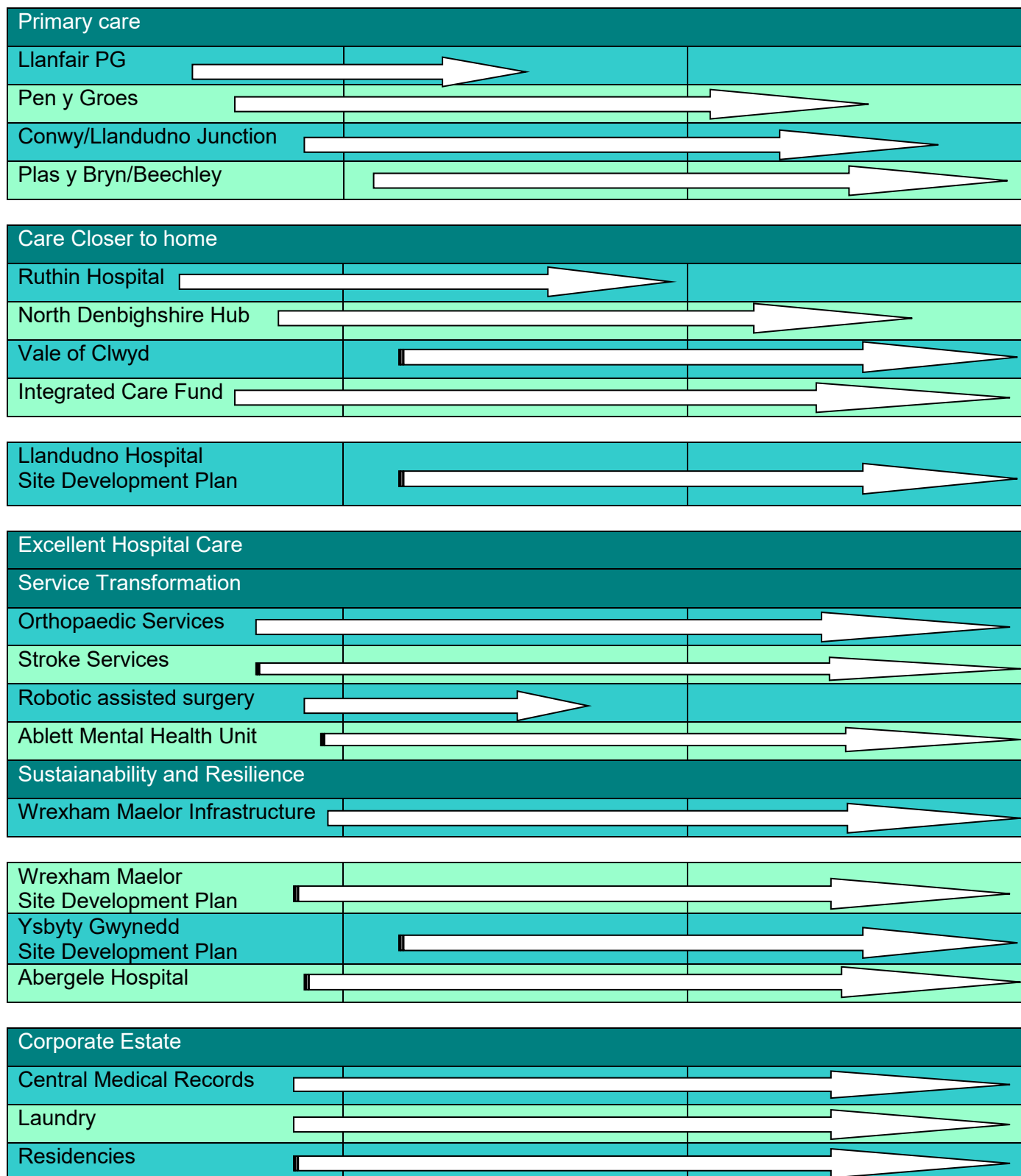
The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisation's changing clinical and business needs

The project pipeline for the first three years is summarised as follows:

2019/20

2020/21

2021/22



Digital Health (Informatics and Information)

Our priorities for 2019/22 are set out below and consistent with our five-year digital strategy for 2019/24, which is to implement technology to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.

This strategy has been developed to underpin service needs and support the delivery of a number of developments in digital records, analytics, information management and information communications technology. Our plans and proposed developments are based on *Informed health and care - A digital health and social care strategy for Wales*.

OUR VISION



FOR PATIENTS

Instant access to information to keep them healthy; where they are on waiting lists details of appointments (and the ability to change them); visibility of results; and other correspondence.



FOR HEALTH CARE PROFESSIONALS

Fast, modern computers; up to date office automation software, instant messaging, and telephony; and the ability to work anywhere. Our health professionals will have access to an electronic patient record wherever they are. Our optimised systems will support the clinical work, rather than create admin overheads and will be available to partner professional groups, GPs and social services.

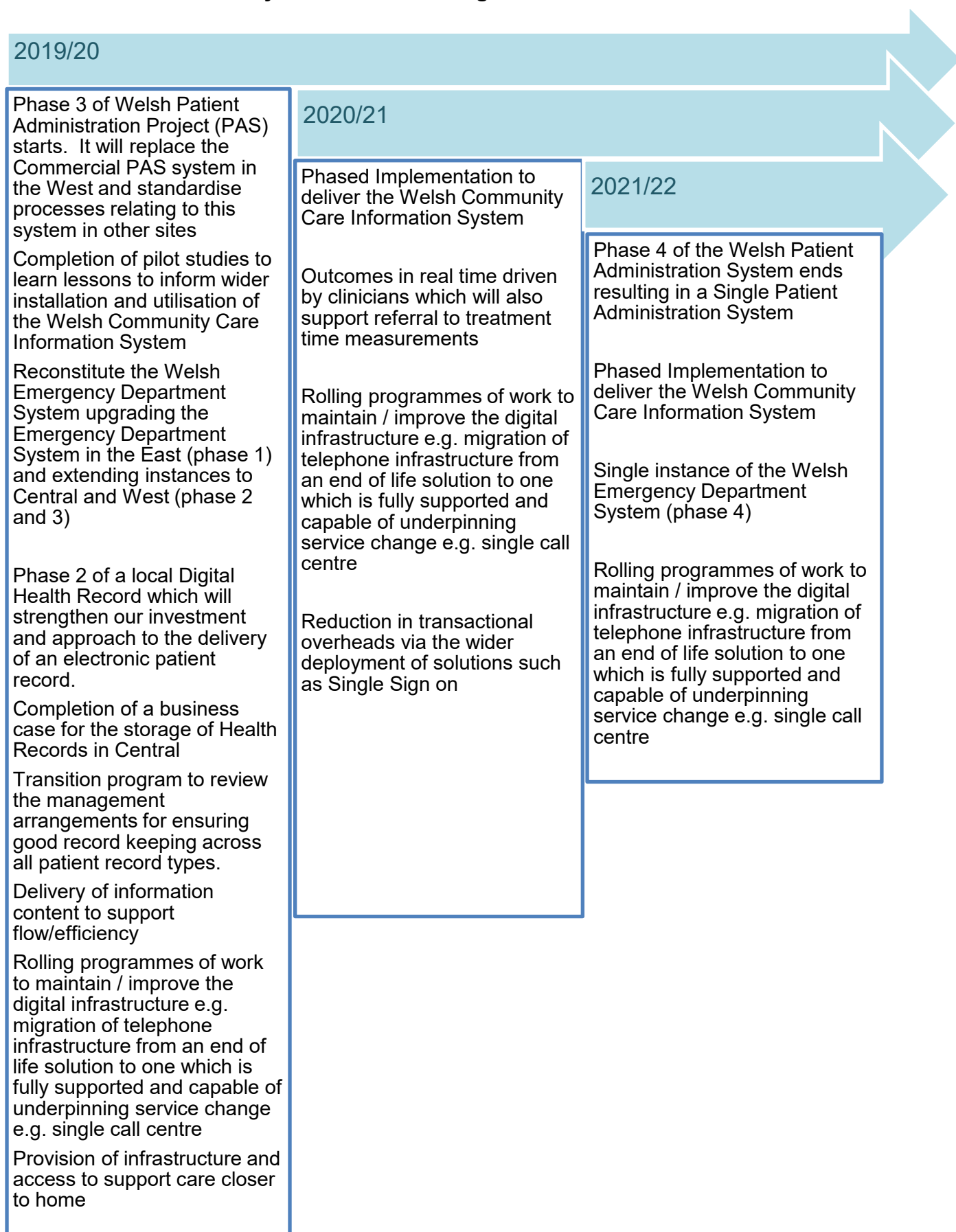


FOR MANAGERS & STAFF

Instant access to information on the state of the whole health system e.g. waiting lists; booking of patients; progress to targets; service intelligence; and operational information highlighting day to day running.

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published “guiding principles” ⁽¹⁾. The need to “get the basics right” and maintain our focus on the delivery of this plan is essential.

Three Year Ambition - Key Deliverables for Digital Health 2019/22





FINANCE AND TURNAROUND

Financial section to follow

Section 5 – Supporting Plans

5.1 Research, Development and Innovation

We continue to increase our research and innovation presence across the Health Board with regular awareness sessions in public areas and local and national events, where we promote the value of research and to engage staff with the research and development strategy.

The Bevan Commission works with Health Boards and Trusts to build an Academy of innovators ready to drive change in health and healthcare in Wales. We continue to develop our Bevan Exemplars and over the next three years we will identify and support additional Exemplars and Fellows and engage staff further to develop research and innovation ideas and skills within the organisation.

The newly launched BCUHB Quality Improvement Hub will serve to support a synergy between research, quality improvement and innovation, reducing artificial barriers between different strands of work that all has the overarching aim to improve the health and well-being of our population. The translation into practice and mobilisation of research findings needs to be improved further with knowledge mobilisation, spread and impact a key factor within our developing strategies.

5.2 Welsh Language

The Health Board's Welsh Language Plan signals a clear commitment to delivering the Welsh Language Standards and sets out our key priorities and actions:

- *Meeting statutory requirements* – Our Welsh Language Standards Work Programme will ensure that we deliver the Welsh Language (Wales) Measure 2011 on an organisation wide basis with services taking ownership of local actions in order to influence delivery;
- *Increasing the capacity of the workforce to deliver services in Welsh* – Through our Bilingual Skills Strategy we will ensure that we have identified the language skills competency of our staff and kept this under continuous review in keeping with population needs. Gaps in capacity and capability will be highlighted and a Welsh Language Training Programme will be delivered and tailored to suit individual service needs;
- *Ensuring that we act on language preference of our patients* - We will continue to roll out our Language Choice Scheme to ensure we deliver an “Active Offer” which is centred around the communication needs and preference of the service user;
- *Developing a bilingual primary care service* – We will build upon our current partnerships with independent primary care providers by planning how to take a joined-up approach to raise awareness of the importance of providing a Welsh language service and providing access to support implementation; and
- *Ensuring that we provide a comprehensive translation service for the organisation* – We will further develop our translation service to include provision for staff and patients, whilst innovatively working with external organisations to develop Welsh medium assessments and training programmes.

Section 6 – Accountability and Governance



6.1 Accountability Framework

Performance against our plan will be monitored through the Board's accountability arrangements as set out in the Board's revised Performance and Accountability Framework. Biannual accountability reviews for divisions and corporate directorates will be scheduled in accordance with the revised Framework, with divisional meetings taking place before the biannual joint executive meeting with Welsh Government.

Escalation arrangements are set out within the Framework for areas of non-delivery, resulting in more frequent reviews and transparent consequences of escalation being identified.

The Executive Management Team meeting will receive and lead on operational actions required for improvement on a monthly basis.

Committees of the Board will scrutinise performance against domains applicable to their terms of reference at each meeting and the Board will receive the key performance indicators aligned to this Plan, the national delivery framework and special measures improvement framework at its bimonthly meetings.

Quarterly reporting of progress against the overall plan will be scrutinised through the Board's Strategy, Partnership and Public Health Committee and subsequently reported to the Board.

Through these arrangements, there will be regular detailed reporting of performance and delivery, which is transparent and conducted through the Board and Committee meetings held in public.

Corporate Governance

Work will continue to strengthen and refine our governance systems, to support improvement in the financial and operational challenges faced. This will include accountability arrangements, revisions to Executive portfolios and developing the capacity of the senior leadership team.

The Special Measures Improvement Framework (SMIF) will inform the focus of the Health Board in 2019, and in future years we will build on the actions already underway. Board development will be ongoing through a combination of Board workshops, externally facilitated development sessions and expert seminars.

Information governance activities will focus on compliance with legislation, increasing levels of training and learning from incidents. This will include the continuation of an information governance service desk to support staff.

Embedding risk management processes will continue in line with our risk management strategy, which will be refreshed annually. Opportunities to further integrate risk management systems and processes will be considered to improve the effectiveness of the current governance and reporting arrangements across all areas of the Health Board.

Section 7– Risks and Mitigation

We place safety and quality as our top priority. Managing risk is core to improving and maintaining quality and safety.

We will seek out and reduce risks that are a threat to the delivery of safe and effective services and put in place actions that can address the likelihood and impact of each risk to manage it at an acceptable level.

Effective risk management is maintained through our Directorates, Divisions, Sites, Services and Departments in accordance with our risk management strategy.

Section 8 – Further Information

For further information please contact Mark Wilkinson, Director of Planning and Performance

mark.wilkinson@wales.nhs.uk

Appendix 1 – Special Measures Improvement Framework (SMIF)

| | |
|--|---|
| Organisational development | Planning |
| <p>Ensure structure is fit for purpose</p> <p>Improve staff engagement</p> <p>Executive team and board development and cross disciplinary working</p> <p>Observe high performing boards</p> <p>Develop primary care clusters and sustainable primary care</p> <p>Workforce and OD strategy</p> <p>Review job roles to boost clinical recruitment</p> <p>Strengthen financial and business skills across management including central planning team</p> | <p>Financial re-basing and savings identified from benchmarking</p> <p>Align financial and business plans and change programmes</p> <p>Active leadership of partnership groups</p> <p>Further development of clinical services strategy led by clinicians informing an estates strategy</p> <p>Robust plan including orthopaedics and ophthalmology, out of hours</p> <p>Robust seasonal resilience plans</p> |
| Performance and accountability | Delivery |
| <p>Team to support financial plan / transformation both centrally and across divisions connecting key enablers using technology to deliver transformation</p> <p>Improve performance management and accountability, following up on Deloitte HASCAS and Ockenden</p> | <p>Deliver financial and all other plans including MH measures</p> <p>Improve clinical audit</p> <p>Demonstrate improved public engagement and perception</p> <p>Learning from concerns complaints incidents and claims</p> <p>Implement patient safety huddles</p> <p>Reduce conveyance by ambulance SAFER</p> |

| | Workforce & OD strategy | Three year plan | Accountability framework | Estates strategy | Governance review |
|--|----------------------------|-----------------|-----------------------------|------------------|----------------------|
| Ensure structure is fit for purpose | ✓ | ✓ | | | ✓ |
| Improve staff engagement | ✓ | ✓ | ✓ | | ✓ |
| Executive team and board development | ✓ | ✓ | | | |
| Observe high performing boards | ✓ | | | | |
| Support financial plan / transformation | ✓ | ✓ | ✓ | | ✓ |
| Develop primary care clusters / sustainable primary care | ✓ | ✓ | | | |
| Deliver plans including MH measures | ✓ | ✓ | ✓ | ✓ | ✓ |
| Improve performance management and accountability | ✓ | ✓ | ✓ | | ✓ |
| Workforce and OD strategy | ✓ | | | | |
| Review job roles to boost clinical recruitment | ✓ | ✓ | | | |
| Strengthen financial and business skills | ✓ | ✓ | ✓ | | ✓ |
| Financial re-basing and benchmarking | | ✓ | ✓ | ✓ | |
| Align financial and business plans and change programmes | | ✓ | ✓ | | ✓ |
| Improve clinical audit | | | | | |
| Demonstrate improved public engagement and perception | | | | | |
| Learning from concerns complaints incidents and claims | | | | | |
| Active leadership of partnership groups | ✓ | ✓ | | | |
| Further development of clinical services strategy | | ✓ | | | |
| Robust plan: orthopaedics, ophthalmology, out of hours | | ✓ | | | |
| Implement patient safety huddles | | | | | |
| Reduce conveyance by ambulance | | | | | |
| Robust seasonal resilience plans | | | | | |
| Implement SAFER | | ✓ | | | |

Glossary

A Healthier Wales: Our Plan for Health and Social Care

Published by Welsh Government in 2018 the document sets out a long term future vision of a 'whole system approach to health and social care' focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy.

The Plan builds on Prudent Healthcare, which is designed to meet the needs and circumstances of patients and actively avoid wasteful care that is not to the patients benefit.

A Healthier Wales confirms the use of the Quadruple Aim as a central feature in developing a shared understanding. The four themes of the Quadruple Aim are:

- Improved population health and well-being
- Better quality more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

It also sets out ten national design principles which will facilitate the Quadruple Aim and the wider principles of Prudent Healthcare being used to drive change in the whole system.

Bevan Commission

The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services and ensuring that Wales can draw on best healthcare practices from around the world while remaining true to the principles of the NHS as established by Aneurin Bevan

Clusters

Care closer to home section refers to Clusters. Services are already delivered from local areas that we term as 'clusters' serving a population between 30-50,000. Our new service model will build on a foundation of local innovation through clusters of primary and community care providers. Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

Health and Well-being Centres

Care closer to home plan makes reference to Health and Wellbeing Centres which are locations where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, they could include minor injuries and illness services or step up step down beds. The Health and Wellbeing Centres have been further developed following engagement into three levels, the service descriptions are below:

The Health & Well-being Centre - Medium to large local campus, based around existing Primary Care practices, Health Centres or Community Hospitals.

Health & Well-being Centre - Access points to health and wellbeing services in primary care and community settings.

Health and Well-being Access Points - Access points to health and wellbeing services in community hubs, non-primary care settings. In some circumstances these could be connected to other health sites, e.g. pharmacy, dental surgery etc.

Primary Care provision and Health and Wellbeing Access Points will be developed in partnership with other organisations.

PICU – Psychiatric Intensive Care Unit

SAFER

The Unscheduled care plan refers to SAFER:-

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset

SuRNICC – Sub-Regional Neonatal Intensive Care Centre

The Social Services and Well-being Act

Strategic Direction (section 2) refers to The Social Services and Well-being (Wales) Act which focuses on the individual well-being of people who need care and support, and carers who need support. A major aim is to maximise their ability to feel good and function well by increasing their

sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

One of the major requirements of the SSWB Act was the development of a Regional Population Needs Assessment and Area Plan. The North Wales Area Plan was approved earlier in 2018 and prioritises partnership working in the following areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Integrated Family Support Services
- Mental health

Partnership work programmes have been established for each of these priority areas, and the priorities also link with Health Board well-being objectives.

The Well-being of Future Generations (Wales) Act

Strategic Direction (section 2) refers to The Well-being of Future Generations (WBFG) Act which gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:



Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.

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| Health Board 24.1.19 |  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
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|---|---|
| Report Title: | Outline Business Case (OBC) for the Re-procurement of a Pathology Laboratory Information Management System (LIMS) for Wales |
| Report Author: | Mrs Judith Bates Programme Director Laboratory Information Network Cymru (LINC) Programme |
| Responsible Director: | Mr Adrian Thomas Executive Director of Therapies and Health Sciences Senior Responsible Owner, LINC Programme Chair, LINC Programme Board |
| Public or In Committee | Public |
| Purpose of Report: | To approve and to commit to the OBC and the resource requirements |
| Approval / Scrutiny Route Prior to Presentation: | <p>The OBC has been approved by the LINC Programme Board and the NHS Wales Collaborative Executive Groups and reviewed by the Pathology Standing Specialist Advisory Groups, National Pathology Network, Executive Directors of Therapies and Health Sciences, the Informatics Planning and Delivery Group (IPAD), IPAD Subgroup and the National Informatics Management Board. The LINC OBC Executive Summary has also been considered by the NHS Wales Collaborative Leadership Forum.</p> <p>Within BCU, the LINC OBC has been to the Executive Team. In addition, widespread consultation has taken place as listed in the OBC, with the Pathology service across Wales and other key stakeholders including Directors and Deputy Directors of Finance, NHS Wales Informatics Service and Welsh Government.</p> |
| Governance issues / risks: | <p>The governance issues and risks relate to:</p> <ul style="list-style-type: none"> • Requirement to upgrade current Laboratory Information Management System (LIMS) • Programme timeframe • The apportionment of costs • Programme costs • Treatment of capital • National Informatics management Board (NIMB) feedback <p>Requirement to upgrade current LIMS</p> <p>There is a requirement to maintain the current LIMS, InterSystems TrackCare Lab (TCL) for up to three years after the end of the contract with InterSystems expires (June 2020) until the new one is fully</p> |

deployed. The technical platform supporting the current LIMS (Microsoft Windows Server 2008) is end of life in 2020 and will also require a system upgrade from TCL 2011 to TCL 2016 at an estimated cost of £2.5 million.

Programme timeframe

The programme timeframe is estimated to be five years March 2019 to March 2024, the first year for procurement. A delay in the sign off of this OBC will delay the procurement and the programme as a whole. The NHS Wales Collaborative Leadership Forum has advised that it does not wish the timescale to be delayed and OBC approval is therefore essential to allow the programme to proceed.

The apportionment of costs

NHS Wales Collaborative Executive Group approved the costs of the OBC and costs of the programme at their meeting on 18 September 2018. They requested an approach to the apportionment of costs be agreed with the Directors of Finance. An options paper has been submitted to the Deputy DoFs in the first instance. For the purpose of costing in the OBC, a working assumption of allocation has been used for the apportionment of costs.

Programme costs

The cost of the programme over the five years is estimated at £6 million. This does not include the cost that will be incurred by the Pathology service to support the programme. The NHS Wales Collaborative Executive Group agreed at their meeting on 18 December 2018 that these costs should be estimated and included in the programme costs.

Treatment of capital monies

The OBC does not currently include the treatment of capital monies, which is waiting on specialist financial support from NWIS finance and business assurance team. The OBC includes both revenue only and capital / revenue cost options. However, IRFS16 regulation in relation to a managed service, would imply that a capital / revenue approach will be required. Financial advice is required as to the extent to which the costs can be capitalised and a minimum of £8 million has been assumed for the OBC, to be requested from Welsh Government.

NIMB feedback

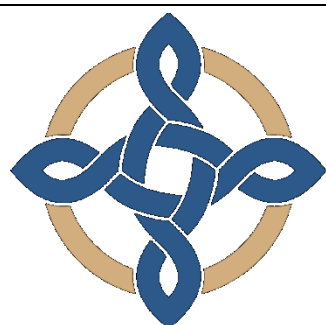
The LINC OBC was considered at the NIMB meeting held on 11 December 2018. NIMB did not approve the OBC but did not wish to delay its progress. It will be taken to the Welsh Government scrutiny panel and to all Health Boards / Trusts / PHW to consider in January 2019. NIMB requested two main changes to the document: (1) to remove the option to deliver electronic test requesting (ETR) either via the Welsh Clinical Portal or by procuring a separate tool and to decide on the way forward in the OBC rather than as proposed in the full business case (FBC), and (2) to provide a more robust benefits analysis despite the difficulty of obtaining accurate baseline information and the

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| | <p>delay this could cause. NHS Wales Collaborative Executive Group, at their meeting on 18 December 2018, disagreed with the recommendation to decide on the option for ETR until the FBC as this would impact the confidence of the Pathology service in the LINC Programme. They further accepted that the benefits realisation is work in progress that can also be enhanced in the FBC.</p> |
| Financial Implications: | <p>The whole life costs of the preferred option to procure a new laboratory information management system is £41 million revenue only or £37 million plus £8 million capital to be requested from the Welsh Government. Plus the costs of the programme at £6 million.</p> <p>The annual running costs of the new service is estimated at £4.8 million revenue only or £4 million with capital monies. This compares to the costs of the current LIMS (TCL, Telepath and Masterlab) of £4.2 million. The new LIMS will therefore incur an additional cost per annum of £0.6 million or a saving of £0.2 million across Wales.</p> <p>If realised, potential savings of £4 million per annum have been estimated, which would release £3.4 million savings (revenue only model) or £4.2 million (capital and revenue model).</p> <p>The LINC OBC sets out the potential costs for BCU, based on apportionment by allocation of:</p> <ul style="list-style-type: none"> • Whole life costs £9.4 million (revenue only) or £8.4 million (capital & revenue) • Programme costs of £1.3 million plus local pathology service costs • Annual running costs £1.1 million (revenue only) or £0.9 million (capital & revenue) compared to current costs of £0.8 million • Additional costs per annum of £0.3 million (revenue only) or £0.1 million (capital & revenue) • Potential savings of £0.9 million • Revised running costs taking account of potential savings of £0.2 million (revenue only) or zero (capital & revenue) <p>The LINC OBC makes the case for investment in an end-to-end technical solution and service for Pathology across Wales. It will contribute towards the development of a modern, high quality, sustainable Pathology service. At the heart of this, the option to procure a new LIMS service is a legal requirement that has demonstrated the best value for money. There are risks associated with any delay in the programme.</p> |
| Recommendation: | <p>The Health Board is asked to:</p> <ol style="list-style-type: none"> 1. approve the LINC OBC, which will allow the procurement to proceed; 2. include the estimated costs of the OBC and the LINC Programme in IMTP/3 Year Plan. |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 | | | |

Disclosure:

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



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

Laboratory Information Network Cymru (LINC) Programme LINC Outline Business Case (OBC)

Author: Judith Bates, Programme Director, LINC Programme

Date: 8 January 2018

Version: 1.0

This is a core report to support reporting of the OBC to boards by health boards/trusts. Health boards/trusts will need to add any local issues, as relevant

Purpose and Summary of Document:

This OBC makes the case for investment in an electronic solution and services for Pathology across Wales, at the heart of which is the procurement of a new laboratory information management system (LIMS) service. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

LINC is an enabling programme to support the delivery of a modern, high quality Pathology service as part of a wider transformation set out in the Pathology Statement of Intent. A key driver is the need to standardise as far as possible to deliver a sustainable service. Electronic test requesting (ETR) is critical to deliver key benefits including financial savings.

On a revenue only basis, the overall estimated cost is £42 million and £4.8 million per annum. Alternatively, with a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (TrakCare Lab (TCL), Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that, with capital monies, would cover the cost of the new LIMS.

1 Introduction

This OBC seeks approval to invest in an end-to-end technical solution and services for Pathology across Wales at the heart of which is the procurement of a new laboratory information management system (LIMS) service.

This paper sets out the OBC background and scope, anticipated benefits, progress to date, strategic risks and issues, any local issues and financial implications. It asks each Health Board/Trust to support the LINC OBC.

2 Background

The current TCL system (also known as WLIMS1) was procured in 2010 as a single, national system on a seven year contract, extendable for up to three years until June 2020. There is no available legal basis to further extend this contract. A TCL system licence was procured, with NWIS responsible for the system hardware and hosting arrangements in NHS data centres.

A LINC Programme Board has been in place since December 2017, managed on behalf of NHS Wales through the NHS Wales Health Collaborative, with representation from all health boards running Pathology services, Public Health Wales, the Welsh Blood Service, Point of Care Testing, All Wales Medical Genetics Service, Strategic Programmes, NWIS, National Pathology Network, Directors of Therapies and Health Sciences, Laboratory Services Sub-Committee and Associate Directors of Informatics. Adrian Thomas, Executive Director of Therapies and Health Sciences, Betsi Cadwaladr University Health Board is the Senior Responsible Owner and Judith Bates is the Programme Director.

3 OBC Scope

The OBC scope is for an end-to-end electronic solution and services that seeks to modernise and transform Pathology as a high quality, sustainable service. Building on the lessons learned from WLIMS1, this scope is broader than the replacement of the current LIMS licence and includes:

- Procurement of a new LIMS service, where the supplier is responsible for the hosting arrangements, potentially using cloud services;
- Standardisation of Pathology services as far as possible;
- Electronic test requesting (ETR) from acute and primary care services;
- A national quality management system and team;
- Improved business intelligence;
- Enhanced NWIS management of the LIMS as a national application.

The OBC considers an extensive longlist and evaluates three shortlisted options: (1) business as usual, (2) implementing the latest InterSystems solution (TCL Enterprise) without a procurement, and (3) procuring a new

LIMS service. Option 3, to procure a new LIMS offers the best value for money.

4 Anticipated Benefits

Workshops have been held to assess the benefits that can be delivered from the proposed investment. These include financial benefits (cash releasing), economic benefits (non-cash releasing) and quantitative benefits.

- *Financial savings* will arise from electronic test requesting (ETR) and the implementation of a simpler, more standardised LIMS that eliminates inefficient workarounds in place with the current LIMS;
- *Economic savings* will be made from improved demand management (e.g. reduced unnecessary repeated requests) and business intelligence, enhanced operational, service and document management, improved cross-site working, minimal system down-time, improved environment and interface management and easier sample tracking;
- *Qualitative benefits* will arise from improved patient care, pathways and outcomes with faster turnaround times, better audit facilities, reduced transcription errors and fewer clinical incidents.

Potential financial benefits are estimated as 3% of the total costs of Pathology Services, which equates to approximately £4 million per annum.

A Benefits Project will be established to put in place robust mechanisms to assess and realise benefits and these will be included in the full business case.

5 Progress to Date

During 2018, significant supplier and stakeholder engagement has taken place, including:

- Programme Director providing monthly updates to and attendance at the NHS Wales Collaborative Executive Group (CEG);
- Market soundings following a Prior Information Notice and supplier engagement day in February;
- Engagement with the service and NWIS including ~40 workshops
 - To develop the outline business case;
 - To develop the requirements for the new LIMS service;
 - To develop the Pathology requirements for ETR and complete a gap analysis with the Welsh Clinical Portal.
- Presentations to the Welsh Clinical Informatics Council, Associate Directors of Informatics, Directors of Planning and Deputy Directors of Finance;
- A monthly newsletter widely circulated to keep the service up-to-date with progress.

6 Risks and Issues

The key risks and issues faced by the LINC Programme are:

- Requirement to upgrade current LIMS
- Programme timeframe
- The apportionment of costs
- Programme costs
- Treatment of capital
- National Informatics Management Board (NIMB) feedback

Requirement to upgrade current LIMS

There is a requirement to maintain the current LIMS for up to three years after the contract with InterSystems expires and until the new LIMS is fully deployed. The technical platform supporting the current LIMS (Microsoft Windows Server 2008) is end of life in 2020 and requires a system upgrade from TCL 2011 to TCL 2016 at an estimated cost of £2.5 million.

In addition, due to the delay in the implementation of blood transfusion, there may be a requirement for some health boards to upgrade their original Telepath LIMS for this service. This is because, at the end March 2019, Telepath is also end-of-life, with significant risk of failure without investment in hardware. Given the investment being made, health boards that need to make this investment may not wish to migrate to TCL and stay with Telepath until the new LIMS is available. Therefore costs may be incurred to maintain dual running of both LIMS until the new LIMS is fully deployed.

Programme timeframe

The programme timeframe is estimated to be five years from March 2019 to March 2024. Extensive work has been undertaken and scrutinised in the development of the OBC. A delay in the sign off of this OBC will delay the procurement and the programme as a whole and add to the risks. In recognition of the importance of this programme, the NHS Wales Collaborative Leadership Forum has advised that it does not wish the timescale to be delayed and OBC approval is therefore essential to allow the programme to proceed.

The apportionment of costs

The CEG approved, in principle, the costs presented in the OBC and approved the costs of the programme at their meeting on 23 October 2018. They requested that an approach to the apportionment of costs to be agreed with the Directors of Finance (DoFs). An options paper has been submitted to the Deputy DoFs in the first instance. For the purpose of costing in the OBC, a working assumption of organisations' financial allocations has been used for the apportionment of costs. Public Health Wales are not currently

included in the apportionment of costs but have indicated they should make a contribution, which will reduce the costs to health boards.

Programme costs

The cost of the programme over the five years is estimated at £6 million. This does not include the cost that will be incurred by the Pathology service to support the programme. The CEG agreed at their meeting on 18 December 2018 that these costs should be estimated and included in the programme costs. This cost is currently being evaluated.

Treatment of capital monies

The OBC does not currently include the treatment of capital monies, which is awaiting specialist financial advice from NWIS finance team. The OBC includes both revenue only and capital / revenue cost options. However, International Financial Reporting Standard (IFRS) 16 regulation in relation to a managed service, would imply that a capital approach will be required. Financial advice is awaited as to the extent to which the costs can be capitalised and so a minimum of £8 million capital has been included, to be requested from Welsh Government.

NIMB feedback

The LINC OBC was considered at the NIMB meeting held on 11 December 2018. NIMB did not approve the OBC but did not wish to delay its progress. It will be taken to the Welsh Government scrutiny panel and to all Health Boards / Trusts for consideration in January 2019. NIMB requested two main changes to the document:

(1) to remove the option to deliver electronic test requesting (ETR) either via the Welsh Clinical Portal or by procuring a separate tool and to decide on the way forward in the OBC rather than as proposed, in the full business case (FBC), and

(2) to provide a more robust benefits analysis despite the difficulty of obtaining accurate baseline information and the delay this could cause.

The CEG, at their meeting on 18 December 2018, disagreed with the recommendation to decide on the option for ETR in the OBC as this would impact the confidence of the Pathology service in the LINC Programme. They preferred to retain both options and for a decision to be made in the FBC. They further accepted that the benefits realisation is work in progress that can also be enhanced in the FBC.

7 Local Issues

Health boards/trusts to add any local detail/information, as relevant for reporting to respective boards

8 Financial Implications

The estimated whole life costs of the preferred option to procure a new LIMS is £42 million revenue only or £37 million revenue plus £8 million capital to be requested from the Welsh Government. In addition, the costs of the programme are £6 million.

The annual running costs of the new service is estimated at £4.8 million (revenue only option) or £4 million (revenue/capital option). This compares to the annual running costs of the current LIMS (TCL, Telepath and Masterlab) of £4.2 million. The new LIMS will therefore incur an additional cost per annum of £0.6 million or a saving of £0.2 million across Wales.

If realised, total potential savings of £4 million per annum have been estimated, which would release £3.4 million savings (revenue only model) or £4.2 million (capital and revenue model).

The whole life costs and costs per annum for each health board are summarised in Table 1. The per annum costs also show per health board:

- The costs of the current LIMS (TCL, Telepath and Masterlab)
- The potential savings as a consequence of the investment.

9 Summary and Recommendation

The LINC OBC makes the case for investment in an end-to-end technical solution and service for Pathology across Wales. It will contribute towards the development of a modern, high quality, sustainable Pathology service. At the heart of this, the option to procure a new LIMS service is a legal requirement that has demonstrated the best value for money. There are risks associated with any delay in the programme.

Health Boards are therefore asked to:

- (1) approve the LINC OBC, which will allow the procurement to proceed;
- (2) include the estimated costs of the OBC and the LINC Programme in their IMTP plans.

Table 1: Whole life and per annum costs of the Pathology solution and LINC Programme

| Health Board / Trust | Revenue Only £k | | | | | | |
|-----------------------------------|--|-------------------|---------------|---|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution £k | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 7,249 | 1,037 | 8,286 | 830 | 859 | 716 | -745 |
| Aneurin Bevan UHB | 7,916 | 1,133 | 9,049 | 906 | 688 | 784 | -566 |
| Betsi Cadwaladr UHB | 9,374 | 1,341 | 10,716 | 1,073 | 765 | 928 | -620 |
| Cardiff and Vale UHB | 5,833 | 835 | 6,667 | 668 | 803 | 579 | -714 |
| Cwm Taf UHB | 4,333 | 620 | 4,953 | 496 | 386 | 429 | -319 |
| Hywel Dda UHB | 5,125 | 733 | 5,858 | 587 | 483 | 506 | -402 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,833 | 262 | 2,095 | 210 | | 59 | 151 |
| Grand Total (Revenue only) | 41,663 | 5,961 | 47,624 | 4,768 | 4,205 | 4,000 | -3,436 |

| Health Board / Trust | Capital and Revenue £k | | | | | | |
|------------------------------|--|-------------------|-----------------|---------------------------------------|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 6,483 | 1,037 | 7,521 | 690 | 859 | 716 | -884 |
| Aneurin Bevan UHB | 7,080 | 1,133 | 8,213 | 754 | 688 | 784 | -718 |
| Betsi Cadwaladr UHB | 8,384 | 1,341 | 9,726 | 893 | 765 | 928 | -800 |
| Cardiff and Vale UHB | 5,217 | 835 | 6,051 | 556 | 803 | 579 | -826 |
| Cwm Taf UHB | 3,875 | 620 | 4,495 | 413 | 386 | 429 | -403 |
| Hywel Dda UHB | 4,583 | 733 | 5,317 | 488 | 483 | 506 | -501 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,640 | 262 | 1,902 | 175 | | 59 | 116 |
| Grand Total (Revenue) | 37,263 | 5,961 | 43,224 | 3,968 | 4,205 | 4,000 | -4,236 |
| Welsh Government | | | | | | | |
| Grand Total (Capital) | 8,000 | | 8,000.00 | | | | |

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Document Control

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Contents

| | |
|--------------------------------------|----|
| 1. Executive Summary | 4 |
| 1.1. Introduction and Overview | 4 |
| 1.2. Strategic Case | 5 |
| 1.3. Economic Case | 7 |
| 1.4. Commercial Case | 10 |
| 1.5. Financial Case | 11 |
| 1.6. Management Case | 15 |

1. Executive Summary

1.1. Introduction and Overview

This OBC seeks approval to invest in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.

The strategic case makes the case for change addressing current challenges, such as staffing, future service and technical developments and the scope in terms of the disciplines covered, functional and technical requirements. A key driver is the need to further standardise services as far as possible to deliver a sustainable service. Electronic test requesting is critical to deliver key benefits including financial savings.

A long list has been assessed, from which a short list of three options has been derived:

- Option 1: Business as usual - to upgrade to TCL 2016
- Option 2: Do Minimum - to take TCL Enterprise
- Option 3: Preferred - to procure a new LIMS service

In addition to the new LIMS service, the scope of the OBC includes a national quality team and quality management system and improved management of the LIMS by NWIS as a national application.

The OBC costs are evaluated over eight years from 2019/20 to 2026/27, the first year covering the procurement via competitive dialogue and design work. A master services agreement contract form is proposed for seven years, extendable on an annual basis for a further seven years.

On a revenue only basis, the overall cost is £42 million and £4.8 million per annum. With a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (WLIMS1, Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that would cover the cost of the new LIMS, with capital monies

1.2. Strategic Case

The strategic context

Pathology is the study of disease and is involved in 70% of all diagnosis made in the NHS, underpins all clinical services, is a key component in the delivery of prudent health services to the population of Wales and an enabler to other Welsh Government health delivery plans including cancer and stroke services.

Pathology comprises a wide variety of disciplines and the main disciplines comprise *National Services* (PHW Microbiology and Screening Services, Welsh Blood Service, All Wales Medical Genetics Service and Welsh Point-of-care Testing) and *Local Laboratory Services*, comprising Andrology, Blood Sciences (including Blood transfusion), Cellular Pathology and Microbiology (not provided by PHW).

Pathology services undertook around 30 million authorised test sets during 2017/8. The service is under increasing pressure from growth in demand and the development of new technologies. Pathology services cost around £118 million, at least 1.9% of the total health care budget. In March 2017, it was estimated that there were 2,026 FTE staff in healthcare science and 200 FTE medical staff, of which 133 were consultants. One of the key issues faced by the service is recruitment and retention of skilled staff.

There is no single Pathology service across Wales and, although some services are provided nationally, most sit under the responsibility of the six University Health Boards (UHBs) and Public Health Wales (PHW).

The Pathology service is undergoing change in relation to boundary changes, implementation of the Carter recommendations to create hub and spoke services, reconfiguration of services in the West as part of the Arch initiative, the new Grange University Hospital due to open in Cwmbran in 2021 and piloting Digital Cellular Pathology in Glan Clwyd Hospital.

Business strategies

The development of an end-to-end technology solution for pathology services will contribute to the delivery of [*A healthier Wales; our plan for health and social care*](#) and the new LIMS will be a national application as part of [*Informed health and care: a digital health strategy for Wales*](#). The solution will be a key deliverable towards the *Pathology Statement of Intent*, a national plan to modernise Pathology services across Wales, currently being finalised for sign off by Welsh Government.

The case for change

The current LIMS (known as WLIMS1) is InterSystems TCL 2011, which was procured in 2010 as a single, national system intended to replace 13

standalone systems. Significant progress has been made but further work remains to complete implementation. The contract includes an upgrade TCL 2016 but in 2017, the NHS and InterSystems jointly decided against this upgrade. However, TCL 2011 is not supportable after January 2020 because the Microsoft operating system is end of life. Consequently, the upgrade will have to go ahead as the delay in the re-procurement means that it is not possible to deploy a new solution by June 2020. Many lessons have been learned from WLIMS and being taken into account within LINC.

Standardisation is critical to underpin the transformation of the Pathology service to be more sustainable in terms of delivering a high quality service, creating capacity to cope with increasing demand at the same time as reducing costs. The service has agreed the definition of standardisation and warranted variation (e.g. because of using different equipment) as a basis for taking forward standardisation as far as possible.

Electronic test requesting (ETR) is also critical to deliver benefits and underpin service transformation. The current ETR service is provided by the Welsh Clinical Portal (WCP), but does not currently meet the needs of the Pathology service as a whole. A Pathology ETR requirement has been defined and the current and planned WCP capability is being assessed to determine the gap. If the WCP cannot be developed to meet Pathology requirements, then the procurement of a separate system with the LIMS has been included as an option. Substantial financial savings can be realised if paper requests no longer have to be manually booked in and scanned.

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Key stakeholders have been engaged in the development of this OBC through events, meetings and email. More than thirty workshops have been held or are planned during 2018 to contribute to this business case and / or develop the requirements for the new service.

The spending objectives for the LINC Programme have evolved throughout 2018. They provide the basis for this OBC:

- SO1** To improve patient care, patient safety and patient outcomes;
- SO2** To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;
- SO3** To deliver a seamless, end-to-end electronic solution for Pathology services;
- SO4** To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;
- SO5** To meet current and future service requirements.

1.3. Economic Case

In accordance with national guidance, this section of the OBC documents the wide range of options that have been considered to deliver the spending objectives and recommend a preferred option for investment. The OBC covers eight years from 2019/20 – 2026/7, the first year for procurement.

The long list

A wide range of options have been generated that identifies and analyses choices for scope (SCO), service solution (SSO), technical solution (TSO), configuration (CON), service delivery (SDO) and implementation (IMP). Discussions at the LINC Programme Board and various workshops has generated and reviewed the long list options.

Scope Options

The scope includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of Pathology services, including:

- A solution that support all Pathology disciplines and sub-disciplines
- Core and discipline specific functionality
- Business intelligence
- Pathology, quality, informatics and validation standards
- Business change including training and development
- Documentation
- Additional systems including vein-to-vein blood tracking with remote issue, scanning, dictation and voice recognition, business intelligence, a national quality management system, NPEx to manage referrals in and out of Wales and an optional ETR system
- Legacy data migration and repository
- Technical requirements, including integration services
- Capacity to support future service and technical developments

The scope excludes:

- New systems for Medical Genetics, Point-of-care-testing, Bowel screening, Downs screening and WTAIL;
- All local hardware including peripherals, networks, fridges, blood transfusion kiosks and other local equipment;
- Local costs of deployment such as backfill for training;
- Wide area networking as the service will use the All Wales Public Sector Broadband Aggregation (PSBA);

The scope is considered in relation to four options: Business as usual, Do minimum, Intermediate and Maximum.

Table 1 provides a summary of the long listing evaluation for all options.

Table 1: LINC Long List of Options: Summary of Inclusions and Exclusions

| Category | Title | Conclusion |
|-----------------------------------|--|------------|
| Scoping Options | | |
| SCO1 | Business as usual | Discounted |
| SCO2 | Do Minimum | Discounted |
| SCO3 | Intermediate | Preferred |
| SCO4 | Maximum | Possible |
| Service Solution Options | | |
| SSO1 | Local LIMS for each health board | Discounted |
| SSO2 | Best of breed LIMS per main discipline | Discounted |
| SSO3 | Separate Cellular Pathology LIMS | Possible |
| SSO4 | Single, national LIMS | Preferred |
| Technical Solution Options | | |
| TSO1 | Supplier cloud hosted solution | Preferred |
| TSO2 | National data centre – supplier hosted | Possible |
| TSO3 | National data centre – NWIS hosted | Discounted |
| TSO4 | Local data centres – Health Boards | Discounted |
| Configuration Options | | |
| CON1 | In-house configuration (NWIS) | Possible |
| CON2 | Supplier configuration | Preferred |
| Service Delivery Options | | |
| SMO1 | In-house system delivery | Discounted |
| SMO2 | NHS service management | Discounted |
| SMO3 | Supplier partial service management | Preferred |
| SMO4 | Supplier total service management | Possible |
| Implementation Options | | |
| IMP1 | All disciplines phased by site | Discounted |
| IMP2 | All disciplines phased by HB | Preferred |
| IMP3 | Phased by discipline by HB | Possible |
| IMP4 | Phased nationally by discipline | Discounted |
| IMP5 | Big bang | Discounted |

The Shortlist

Following the longlisting exercise, three shortlisted options have been generated:

- **Option 1: Business as usual** option, for benchmarking purposes. This option is to upgrade to TCL 2016. It is rejected as TCL 2016 is end of life by 2025 and Wales will be in the same position as now;
- **Option 2: Do minimum option**, to put in place a new contract with InterSystems without going out to procurement to take their latest product, TCL Enterprise (TCLE). This option is likely to incur legal challenge if no procurement is undertaken;
- **Option 3: Preferred approach** to go out to procurement for a new LIMS service.

Net Present Costs (NPC)

Overall costs over the life of the contract covered by the OBC (seven years from 2020/21 to 2026/7) has been combined with the financial value of the benefits and the costs of the risks to calculate the NPC for each option.

Only financial benefits have been considered with more work to be completed for the full business case, which will also add the value of economic benefits. Financial benefits are estimated at £4m per annum (3% of the costs of the Pathology service), which are considered in relation to:

- Electronic test requesting (1%);
- Improved business intelligence and demand management (1%);
- Improved patient pathways and outcomes (1%).

The NPC presented in Table 2 shows that, although Option 3 is marginally the most expensive, it has the least net present cost.

Table 2: Net Present Cost

| Financial Details | Option 1: BAU | Option 2: Do Minimum | Option 3: Preferred Approach |
|--------------------------------------|---------------|----------------------|------------------------------|
| | £k | £k | £k |
| Financial cost total | 26,875 | 42,916 | 44,478 |
| Optimism Bias @ 20% | 0 | 8,583 | 8,896 |
| Total including optimism bias | 26,875 | 51,499 | 53,374 |
| Quantification of benefits | -6,222 | -12,444 | -18,667 |
| Risk Quantification | 22,719 | 14,400 | 2,424 |
| Total – Pre-Discounting | 43,371 | 53,455 | 37,131 |
| Net Present Cost | 40,105 | 51,447 | 35,713 |

In conclusion, option 3, to procure a new LIMS service is recommended as the way forward. The rest of the OBC takes forward this recommendation.

1.4. Commercial Case

The contract will provide a managed service for a single, national LIMS service with one supplier responsible for the national application and associated tools in partnership with NWIS for integration services to national applications and local, clinical downstream systems.

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Procurement strategy

The principle aim of the procurement is to procure a LIMS service to replace the existing legacy solution/s. In line with the infrastructure strategy of NHS Wales, the solution will be hosted either in an NHS Wales data centre or an accredited data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network).

The procurement approach envisages a single supplier provided solution with the chosen supplier taking prime contractor responsibility for the range of infrastructure, systems and services that comprise the LIMS service.

The length of contract will be tailored to give best value for money but the option will be explored during the procurement for a 14 years contract offering a minimum of seven years with the option to extend on an annual basis for another seven years.

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the contractor.

The NWIS Head of Commercial Services will lead the procurement supported by a Procurement Team comprising suitably qualified and competent resources, including legal and commercial advisers.

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the implementation under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan.

1.5. Financial Case

The primary purpose of the financial case is to set out the financial implications of the preferred option to ensure that the solution is affordable.

Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed and a paper has been submitted to the Deputy DoFs for consideration. For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts, in accordance with the WHC (2017) 053 Health Board 2018-9 Allocations.

Financial expenditure

Tables 3-5 present the costs per organisation based on the revenue apportionment by allocation for revenue only and for capital and revenue. Given the latest guidance in IFRS16, a capital/revenue model is most likely. The overall cost over the life of the OBC is £42 million revenue only or £37 million revenue + £8 million capital from the Welsh Government. In addition, there is the £6 million cost of the LINC Programme. The NHSW CEG has approved the revenue costs, which comprise:

- Current LIMS (dual running) - £11m
- New LIMS service - £22m (rev only) or 18m rev+ £8m capital
- National quality management system and quality team - £3m
- NWIS technical services and support costs - £5m

The annual cost of the new Pathology solution overall is estimated as £4.8m (revenue only) or £4m (with capital funding), compared to the costs of the three current LIMS (TCL, Masterlab and Telepath), which is £4.2m.

Potential savings of 3% of Pathology costs have been estimated, which equates to £4 million per annum, that could cover all or most of the cost of the new Pathology solution.

There is a potential impact on the balance sheet if a capital / revenue approach is taken and capital assets have been purchased.

Overall affordability and balance sheet treatment

The most expensive years are 2020/21 and 2022/23, where between £5m - £8m additional revenue funds are required per annum (unless some implementation costs can be converted to capital monies).

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 3: LINC OBC whole life costs plus per annum costs per organisation

| Health Board / Trust | Revenue Only £k | | | | | | |
|-----------------------------------|--|-------------------|---------------|---|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution £k | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 7,249 | 1,037 | 8,286 | 830 | 859 | 716 | -745 |
| Aneurin Bevan UHB | 7,916 | 1,133 | 9,049 | 906 | 688 | 784 | -566 |
| Betsi Cadwaladr UHB | 9,374 | 1,341 | 10,716 | 1,073 | 765 | 928 | -620 |
| Cardiff and Vale UHB | 5,833 | 835 | 6,667 | 668 | 803 | 579 | -714 |
| Cwm Taf UHB | 4,333 | 620 | 4,953 | 496 | 386 | 429 | -319 |
| Hywel Dda UHB | 5,125 | 733 | 5,858 | 587 | 483 | 506 | -402 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,833 | 262 | 2,095 | 210 | | 59 | 151 |
| Grand Total (Revenue only) | 41,663 | 5,961 | 47,624 | 4,768 | 4,205 | 4,000 | -3,436 |

| Health Board / Trust | Capital and Revenue £k | | | | | | |
|------------------------------|--|-------------------|-----------------|---------------------------------------|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 6,483 | 1,037 | 7,521 | 690 | 859 | 716 | -884 |
| Aneurin Bevan UHB | 7,080 | 1,133 | 8,213 | 754 | 688 | 784 | -718 |
| Betsi Cadwaladr UHB | 8,384 | 1,341 | 9,726 | 893 | 765 | 928 | -800 |
| Cardiff and Vale UHB | 5,217 | 835 | 6,051 | 556 | 803 | 579 | -826 |
| Cwm Taf UHB | 3,875 | 620 | 4,495 | 413 | 386 | 429 | -403 |
| Hywel Dda UHB | 4,583 | 733 | 5,317 | 488 | 483 | 506 | -501 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,640 | 262 | 1,902 | 175 | | 59 | 116 |
| Grand Total (Revenue) | 37,263 | 5,961 | 43,224 | 3,968 | 4,205 | 4,000 | -4,236 |
| Welsh Government | | | | | | | |
| Grand Total (Capital) | 8,000 | | 8,000.00 | | | | |

Table 4: LINC OBC Costs per Annum by Organisation (Revenue only)

| Health Board | % Cost per HB | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|--|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation) | | | | | | | | | | |
| ABM UHB | 17.4% | 136 | 855 | 1,478 | 1,332 | 955 | 830 | 831 | 832 | 7,249 |
| Aneurin Bevan UHB | 19.0% | 149 | 933 | 1,614 | 1,455 | 1,043 | 906 | 907 | 908 | 7,916 |
| Betsi Cadwaladr UHB | 22.5% | 177 | 1,105 | 1,911 | 1,723 | 1,235 | 1,073 | 1,074 | 1,076 | 9,374 |
| Cardiff and Vale UHB | 14.0% | 110 | 688 | 1,189 | 1,072 | 769 | 668 | 668 | 669 | 5,833 |
| Cwm Taf UHB | 10.4% | 82 | 511 | 883 | 796 | 571 | 496 | 497 | 497 | 4,333 |
| Hywel Dda UHB | 12.3% | 97 | 604 | 1,045 | 942 | 675 | 587 | 587 | 588 | 5,125 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 35 | 216 | 374 | 337 | 242 | 210 | 210 | 210 | 1,833 |
| Total Path Solution Costs | 100.0% | 786 | 4,912 | 8,495 | 7,658 | 5,491 | 4,768 | 4,774 | 4,780 | 41,664 |
| LINC Programme Costs per HB / Trust | | | | | | | | | | |
| ABM UHB | 17.4% | 265 | 232 | 236 | 222 | 83 | 0 | 0 | 0 | 1,037 |
| Aneurin Bevan UHB | 19.0% | 289 | 253 | 258 | 243 | 90 | 0 | 0 | 0 | 1,133 |
| Betsi Cadwaladr UHB | 22.5% | 342 | 300 | 305 | 287 | 107 | 0 | 0 | 0 | 1,341 |
| Cardiff and Vale UHB | 14.0% | 213 | 186 | 190 | 179 | 67 | 0 | 0 | 0 | 835 |
| Cwm Taf UHB | 10.4% | 158 | 138 | 141 | 133 | 49 | 0 | 0 | 0 | 620 |
| Hywel Dda UHB | 12.3% | 187 | 164 | 167 | 157 | 58 | 0 | 0 | 0 | 733 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 67 | 59 | 60 | 56 | 21 | 0 | 0 | 0 | 262 |
| Total Programme Costs | 100.0% | 1,522 | 1,332 | 1,356 | 1,277 | 475 | 0 | 0 | 0 | 5,961 |
| Combined Cost Current LIMS, Pathology Solution and Programme | | | | | | | | | | |
| ABM UHB | | 401 | 1,086 | 1,714 | 1,555 | 1,038 | 830 | 831 | 832 | 8,286 |
| Aneurin Bevan UHB | | 438 | 1,186 | 1,872 | 1,698 | 1,134 | 906 | 907 | 908 | 9,049 |
| Betsi Cadwaladr UHB | | 519 | 1,405 | 2,216 | 2,010 | 1,342 | 1,073 | 1,074 | 1,076 | 10,716 |
| Cardiff and Vale UHB | | 323 | 874 | 1,379 | 1,251 | 835 | 668 | 668 | 669 | 6,667 |
| Cwm Taf UHB | | 240 | 649 | 1,024 | 929 | 620 | 496 | 497 | 497 | 4,953 |
| Hywel Dda UHB | | 284 | 768 | 1,212 | 1,099 | 734 | 587 | 587 | 588 | 5,858 |
| Velindre NHST | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | | 102 | 275 | 433 | 393 | 263 | 210 | 210 | 210 | 2,095 |
| Grand Total (Revenue only) | | 2,307 | 6,244 | 9,851 | 8,934 | 5,966 | 4,768 | 4,774 | 4,780 | 47,624 |

Table 5: LINC OBC Costs per Annum by Organisation (Capital & Revenue)

| Health Board | % Cost per HB | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|--|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation) | | | | | | | | | | |
| ABM UHB | 17.4% | 136 | 855 | 1,409 | 1,193 | 816 | 690 | 692 | 693 | 6,483 |
| Aneurin Bevan UHB | 19.0% | 149 | 933 | 1,538 | 1,303 | 891 | 754 | 755 | 756 | 7,080 |
| Betsi Cadwaladr UHB | 22.5% | 177 | 1,105 | 1,821 | 1,543 | 1,055 | 893 | 894 | 896 | 8,384 |
| Cardiff and Vale UHB | 14.0% | 110 | 688 | 1,133 | 960 | 657 | 556 | 556 | 557 | 5,217 |
| Cwm Taf UHB | 10.4% | 82 | 511 | 842 | 713 | 488 | 413 | 413 | 414 | 3,875 |
| Hywel Dda UHB | 12.3% | 97 | 604 | 996 | 843 | 577 | 488 | 489 | 490 | 4,583 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 35 | 216 | 356 | 302 | 206 | 175 | 175 | 175 | 1,640 |
| Total Path Solution Costs | 100.0% | 786 | 4,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 37,264 |
| LINC Programme Costs per HB / Trust | | | | | | | | | | |
| ABM UHB | 17.4% | 265 | 232 | 236 | 222 | 83 | 0 | 0 | 0 | 1,037 |
| Aneurin Bevan UHB | 19.0% | 289 | 253 | 258 | 243 | 90 | 0 | 0 | 0 | 1,133 |
| Betsi Cadwaladr UHB | 22.5% | 342 | 300 | 305 | 287 | 107 | 0 | 0 | 0 | 1,341 |
| Cardiff and Vale UHB | 14.0% | 213 | 186 | 190 | 179 | 67 | 0 | 0 | 0 | 835 |
| Cwm Taf UHB | 10.4% | 158 | 138 | 141 | 133 | 49 | 0 | 0 | 0 | 620 |
| Hywel Dda UHB | 12.3% | 187 | 164 | 167 | 157 | 58 | 0 | 0 | 0 | 733 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 67 | 59 | 60 | 56 | 21 | 0 | 0 | 0 | 262 |
| Total Programme Costs | 100.0% | 1,522 | 1,332 | 1,356 | 1,277 | 475 | 0 | 0 | 0 | 5,961 |
| Combined Cost Current LIMS, Pathology Solution and Programme | | | | | | | | | | |
| ABM UHB | | 401 | 1,086 | 1,644 | 1,415 | 899 | 690 | 692 | 693 | 7,521 |
| Aneurin Bevan UHB | | 438 | 1,186 | 1,796 | 1,546 | 982 | 754 | 755 | 756 | 8,213 |
| Betsi Cadwaladr UHB | | 519 | 1,405 | 2,126 | 1,830 | 1,162 | 893 | 894 | 896 | 9,726 |
| Cardiff and Vale UHB | | 323 | 874 | 1,323 | 1,139 | 723 | 556 | 556 | 557 | 6,051 |
| Cwm Taf UHB | | 240 | 649 | 983 | 846 | 537 | 413 | 413 | 414 | 4,495 |
| Hywel Dda UHB | | 284 | 768 | 1,162 | 1,001 | 635 | 488 | 489 | 490 | 5,317 |
| Velindre NHST | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | | 102 | 275 | 416 | 358 | 227 | 175 | 175 | 175 | 1,902 |
| Total (Revenue) | | 2,307 | 6,244 | 9,451 | 8,134 | 5,166 | 3,968 | 3,974 | 3,980 | 43,224 |
| Capital | | | | | | | | | | |
| Capital from Welsh Government | | | 8,000 | | | | | | | 8,000 |
| Total (Capital) | | 0 | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| Grand Total (Capital & Revenue) | | 2,307 | 14,244 | 9,451 | 8,134 | 5,166 | 3,968 | 3,974 | 3,980 | 51,224 |

1.6. Management Case

Programme governance

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The LINC Programme Board was established in December 2017 with membership from each HB and professional bodies, and is chaired by Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB, the LINC Senior Responsible Owner.

The LINC Programme reports to the NHSW CEG and seeks professional advice from the National Pathology Network, Standing Specialist Advisory Groups (SSAGs), Standardisation Groups and the Pathology service directly. NWIS, Pathology IT Managers and the Associate Directors of Informatics provide technical advice and informatics assurance.

Risk and issue management is in place. Benefits realisation and stakeholder management strategies are being developed.

National Programme Team

Judith Bates is the LINC Programme Director leading a national programme team comprising the *LINC programme management office*, *National Pathology team* of subject matter experts, *NWIS programme resources* and *specialists advisers* (e.g. legal, commercial and NHS) for the procurement.

Programme Timescale and Costs

The timescale for the programme from April 2019 - March 2024 will cover four tranches of work:

- Procurement until March 2020
- Development, testing, validation until Sept 2021
- Deployment until Sept 2023
- Benefits realisation and handover to operations by March 2024

The cost of the programme including non-pay and 10% contingency is £6 million, which has been approved by the NHSW CEG.

Operational Governance

A service management board will be responsible for the day-to-day management of the new LIMS service and report to a national contract management board. Both Boards will be facilitated by NWIS and chaired by the NHS. Given the use of a Master Services Agreement, there will be a relationship between the national CMB and local HB/PHW contract and service management boards for the new LIMS to ensure good communications and contract management.

Post project evaluation arrangements

Gateway Reviews are being planned for the end of each tranche of the programme starting with tranche 2 to assure the delivery strategy.

A post implementation review (PIR) and post evaluation review (PER) will be conducted between March and September 2023.

Recommendation

It is recommended that this LINC Outline Business Case be reviewed by NHS Wales Health Boards and Trusts.

Signed:



Date: 13 December 2018

Adrian Thomas

Senior Responsible Owner Project

LINC Programme



Document Control

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| V0.1 | Mike Flanagan, Brent Varley, NWIS | 10-Apr-2018 |
| V0.2 | Mike Flanagan, NWIS | 29-May-2018 |
| V0.3 | Mike Flanagan, NWIS | 30-May-2018 |
| V0.4 | LINC Programme Board, Mike Flanagan Rob Tovey, NHSWHC Brent Varley, NWIS Dan Phillips, Velindre NHST Hugh Morgan, NWIS | 11-Jun-2018 12-Jun-2018 13-Jun-2018 13-Jun-2018 11-Jul-2018 |
| V0.5 | Hugh Morgan, Mike Flanagan, Brent Varley, NWIS Michelle Sell, Julie Francis, Noel Bevan | 31-Jul-2018 1-Aug-2018 |
| V0.6 | Mike Flanagan, Hugh Morgan, Brent Varley NWIS Kevin Williams BCU | 20-Aug-2018 |
| V0.7 | Judith Bates (reviewed by Kevin Williams) | 23-Aug-2018 |
| V0.8 | LINC Programme Board + Circulation list IPAD Hugh Morgan, NWID Rob Orford, Peter Jones, Ian Gunney WG | 12-Sep-2018 |
| V0.9 | LINC Programme Board + Circulation list | 12-Sep-2018 |
| V0.10 | LINC Programme Board + circulation list Dan Phillips, Director of Informatics Planning Development, Velindre NHST Welsh Government Rob Orford, Chief Scientific Adviser (Health) | 30-Oct-2018 31-Oct- 2018 31-Oct- 2018 |

| | | |
|-------|---|-------------|
| | Peter Jones, Deputy Director Digital Health and Care, Ian Gunney, Deputy Head NHS Capital, Estates & Facilities NWIS Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Mark Cox, Head of Management Accounting Brent Varley, National Diagnostic IT Prog. Lead | 31-Oct-2018 |
| V0.11 | National Pathology Network Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Mark Cox, Head of Management Accounting Brent Varley, National Diagnostic IT Prog. Lead | 12-Nov-2018 |
| V0.12 | LINC PB NHS Wales Collaborative Executive Group National Pathology Network IPAD Subgroup Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance | 5-Nov-2018 |
| V0.13 | IPAD Subgroup Directors of Therapies and Health Sciences Adrian Thomas, LINC SRO Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Brent Varley, National Diagnostics IT Prog. Lead Rob Tovey, Assistant Director of Finance, NHSWHC | 5-Nov-2018 |
| V0.14 | Adrian Thomas, LINC SRO Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Brent Varley, National Diagnostics IT Prog. Lead Rob Tovey, Assistant Director of Finance, NHSWHC | 25-Nov-2018 |
| V0.15 | National Informatics Programme Board LINC Programme Board NWIS Business Assurance | 3-Dec-2018 |
| V0.16 | National Informatics Management Board | 6-Dec-2018 |

Document History:

| Amended by | Version | Status | Date | Purpose of Change |
|----------------|---------|--------|----------|---|
| Judith Bates | 0.1 | Draft | 4-04-18 | Create draft of first two cases |
| Judith Bates | 0.2 | Draft | 29-05-18 | Create first full draft and update economic case after meeting with NWIS DoF |
| Judith Bates | 0.3 | Draft | 30-05-18 | Revise longlist after feedback from NWIS DoF |
| Judith Bates | 0.4 | Draft | 09-06-18 | Revise document after feedback from NWIS DoF |
| Judith Bates | 0.5 | Draft | 29-07-18 | Revise to take account of feedback and economic case to required format |
| Judith Bates | 0.6 | Draft | 14-08-18 | Revise economic case to take account of feedback and workshop held on 17 August. Revise commercial case based on feedback from NWIS Commercial services. |
| Kevin Williams | 0.7 | Draft | 22-08-18 | Review commercial case, complete tables, update investment outcomes and update shortlist criteria. |
| Judith Bates | 0.8 | Draft | 12-09-18 | Redraft as advised by NWIS |
| Judith Bates | 0.9 | Draft | 30-10-18 | Revised following feedback from Welsh Government and IPAD |
| Judith Bates | 0.10 | Draft | 31-10-18 | Add executive summary |
| Judith Bates | 0.11 | Draft | 2-11-18 | Add additional lessons learned, feedback from Mike Redman, costs of BAU & upgrade plus revised NPC |
| Judith Bates | 0.12 | Draft | 9-11-18 | Revise financial analysis in Economic Case, add Financial Case. Plus feedback from Julie Francis on the Commercial Case and Brent Varley on the OBC |
| Judith Bates | 0.13 | Draft | 15-11-18 | Amend cost savings and NPC, reference to downtime & Citrix and add a lesson learned. |
| Judith Bates | 0.14 | Draft | 25-11-18 | Amend following feedback from CEG, NHS Business Assurance, DOTHs & Dan Phillips |
| Judith Bates | 0.15 | Draft | 3-12-18 | Amend following feedback from NHS Business Assurance, PHW, WBS & Frances Duffy |
| Judith Bates | 0.16 | Draft | 6-16-18 | Amend for IPAD Subgroup feedback |
| Judith Bates | 0.17 | Draft | 12-16-18 | Amend executive summary to take account of NIMB feedback and minor changes |

Contents

| | |
|---|----|
| 1. Executive Summary | 8 |
| 1.1. Introduction and Overview | 8 |
| 1.2. Strategic Case | 9 |
| 1.3. Economic Case | 11 |
| 1.4. Commercial Case | 14 |
| 1.5. Financial Case | 15 |
| 1.6. Management Case | 19 |
| 2. Introduction | 21 |
| 2.1. Structure and content of the document..... | 21 |
| 2.2. Point of Contact | 21 |
| 3. The Strategic Case | 22 |
| 3.1. The Strategic Context..... | 22 |
| 3.2. The Case for Change | 26 |
| 3.3. Business Needs | 31 |
| 3.4. Risks | 42 |
| 3.5. Constraints | 42 |
| 3.6. Dependencies..... | 43 |
| 4. The Economic Case | 44 |
| 4.1. Critical Success Factors | 44 |
| 4.2. Longlist of Options | 44 |
| 4.3. Evaluation of Longlist Options..... | 45 |
| 4.4. The Long List of Options: Summary of Inclusions and Exclusions 64 | |
| 4.5. Short-Listed Options | 64 |
| 4.6. Economic Appraisal | 68 |

| | | |
|-------|--|-----|
| 4.7. | Estimating Benefits | 68 |
| 4.8. | Estimating Costs | 73 |
| 4.9. | Quantifiable Risks | 77 |
| 4.10. | Net Present Cost (NPC) Findings and Analysis..... | 78 |
| 4.11. | The Preferred Option: Summary of Overall Findings | 78 |
| 5. | The Commercial Case | 79 |
| 5.1. | Procurement Scope | 79 |
| 5.2. | Procurement Regulations | 79 |
| 5.3. | Procurement Strategy | 80 |
| 6. | Financial Case | 87 |
| 6.1. | Introduction | 87 |
| 6.2. | Apportionment of Costs | 87 |
| 6.3. | Scope of the OBC Costs | 87 |
| 6.4. | Impact on the Health Boards and Trusts Income and Expenditure Account | 88 |
| 6.5. | Overall Affordability | 90 |
| 7. | The Management Case | 93 |
| 7.1. | Introduction | 93 |
| 7.2. | Programme Management Arrangements | 93 |
| 7.3. | Proposed LINC Operational Governance | 95 |
| 7.4. | LINC Workstreams | 97 |
| 7.5. | High Level Programme Plan..... | 97 |
| 7.6. | Resource Requirements | 99 |
| 7.7. | Outline Arrangements for the Programme | 100 |
| | Appendix 1: Pathology Tests | 105 |
| | Appendix 2: The new LIMS as a component of the national technical platform | 106 |

| | |
|---|-----|
| Appendix 3: Pathology Statement of Intent: Key areas and relationship to LINC | 107 |
| Appendix 4: WLIMS1 Governance Model..... | 109 |
| Appendix 5: Lessons Learned from WLIMS1 | 110 |
| Appendix 6: New LIMS Scoping Options | 116 |
| Appendix 7: LINC Stakeholders | 121 |
| Appendix 8: LINC Workshops and Events 2018 | 122 |
| Appendix 9: Benefits mapped to spending objectives | 124 |
| Appendix 10: LINC Programme main risks and their mitigation | 125 |
| Appendix 11: Notes of the Pathology Solution Costs | 128 |
| Appendix 12: Net Present Cost Calculations | 130 |
| Appendix 13: LINC Programme Board Membership | 134 |
| Appendix 14: Organisational Roles and Responsibilities | 135 |
| Appendix 15: Notes for the LINC Programme Costs | 139 |
| Appendix 16: Draft benefit profile template | 140 |
| Appendix 17: LINC Risk Register | 141 |
| Appendix 18: Risk Guidance | 142 |
| Appendix 19: Glossary of Terms..... | 143 |

1. Executive Summary

1.1. Introduction and Overview

This OBC seeks approval to invest in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.

The strategic case makes the case for change addressing current challenges, such as staffing, future service and technical developments and the scope in terms of the disciplines covered, functional and technical requirements. A key driver is the need to further standardise services as far as possible to deliver a sustainable service. Electronic test requesting is critical to deliver key benefits including financial savings.

A long list has been assessed, from which a short list of three options has been derived:

- Option 1: Business as usual - to upgrade to TCL 2016
- Option 2: Do Minimum - to take TCL Enterprise
- Option 3: Preferred - to procure a new LIMS service

In addition to the new LIMS service, the scope of the OBC includes a national quality team and quality management system and improved management of the LIMS by NWIS as a national application.

The OBC costs are evaluated over eight years from 2019/20 to 2026/27, the first year covering the procurement via competitive dialogue and design work. A master services agreement contract form is proposed for seven years, extendable on an annual basis for a further seven years.

On a revenue only basis, the overall cost is £42 million and £4.8 million per annum. With a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (WLIMS1, Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that would cover the cost of the new LIMS, with capital monies

1.2. Strategic Case

The strategic context

Pathology is the study of disease and is involved in 70% of all diagnosis made in the NHS, underpins all clinical services, is a key component in the delivery of prudent health services to the population of Wales and an enabler to other Welsh Government health delivery plans including cancer and stroke services.

Pathology comprises a wide variety of disciplines and the main disciplines comprise *National Services* (PHW Microbiology and Screening Services, Welsh Blood Service, All Wales Medical Genetics Service and Welsh Point-of-care Testing) and *Local Laboratory Services*, comprising Andrology, Blood Sciences (including Blood transfusion), Cellular Pathology and Microbiology (not provided by PHW).

Pathology services undertook around 30 million authorised test sets during 2017/8. The service is under increasing pressure from growth in demand and the development of new technologies. Pathology services cost around £118 million, at least 1.9% of the total health care budget. In March 2017, it was estimated that there were 2,026 FTE staff in healthcare science and 200 FTE medical staff, of which 133 were consultants. One of the key issues faced by the service is recruitment and retention of skilled staff.

There is no single Pathology service across Wales and, although some services are provided nationally, most sit under the responsibility of the six University Health Boards (UHBs) and Public Health Wales (PHW).

The Pathology service is undergoing change in relation to boundary changes, implementation of the Carter recommendations to create hub and spoke services, reconfiguration of services in the West as part of the Arch initiative, the new Grange University Hospital due to open in Cwmbran in 2021 and piloting Digital Cellular Pathology in Glan Clwyd Hospital.

Business strategies

The development of an end-to-end technology solution for pathology services will contribute to the delivery of [*A healthier Wales; our plan for health and social care*](#) and the new LIMS will be a national application as part of [*Informed health and care: a digital health strategy for Wales*](#). The solution will be a key deliverable towards the *Pathology Statement of Intent*, a national plan to modernise Pathology services across Wales, currently being finalised for sign off by Welsh Government.

The case for change

The current LIMS (known as WLIMS1) is InterSystems TCL 2011, which was procured in 2010 as a single, national system intended to replace 13

standalone systems. Significant progress has been made but further work remains to complete implementation. The contract includes an upgrade TCL 2016 but in 2017, the NHS and InterSystems jointly decided against this upgrade. However, TCL 2011 is not supportable after January 2020 because the Microsoft operating system is end of life. Consequently, the upgrade will have to go ahead as the delay in the re-procurement means that it is not possible to deploy a new solution by June 2020. Many lessons have been learned from WLIMS and being taken into account within LINC.

Standardisation is critical to underpin the transformation of the Pathology service to be more sustainable in terms of delivering a high quality service, creating capacity to cope with increasing demand at the same time as reducing costs. The service has agreed the definition of standardisation and warranted variation (e.g. because of using different equipment) as a basis for taking forward standardisation as far as possible.

Electronic test requesting (ETR) is also critical to deliver benefits and underpin service transformation. The current ETR service is provided by the Welsh Clinical Portal (WCP), but does not currently meet the needs of the Pathology service as a whole. A Pathology ETR requirement has been defined and the current and planned WCP capability is being assessed to determine the gap. If the WCP cannot be developed to meet Pathology requirements, then the procurement of a separate system with the LIMS has been included as an option. Substantial financial savings can be realised if paper requests no longer have to be manually booked in and scanned.

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Key stakeholders have been engaged in the development of this OBC through events, meetings and email. More than thirty workshops have been held or are planned during 2018 to contribute to this business case and / or develop the requirements for the new service.

The spending objectives for the LINC Programme have evolved throughout 2018. They provide the basis for this OBC:

- SO1** To improve patient care, patient safety and patient outcomes;
- SO2** To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;
- SO3** To deliver a seamless, end-to-end electronic solution for Pathology services;
- SO4** To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;
- SO5** To meet current and future service requirements.

1.3. Economic Case

In accordance with national guidance, this section of the OBC documents the wide range of options that have been considered to deliver the spending objectives and recommend a preferred option for investment. The OBC covers eight years from 2019/20 – 2026/7, the first year for procurement.

The long list

A wide range of options have been generated that identifies and analyses choices for scope (SCO), service solution (SSO), technical solution (TSO), configuration (CON), service delivery (SDO) and implementation (IMP). Discussions at the LINC Programme Board and various workshops has generated and reviewed the long list options.

Scope Options

The scope includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of Pathology services, including:

- A solution that support all Pathology disciplines and sub-disciplines
- Core and discipline specific functionality
- Business intelligence
- Pathology, quality, informatics and validation standards
- Business change including training and development
- Documentation
- Additional systems including vein-to-vein blood tracking with remote issue, scanning, dictation and voice recognition, business intelligence, a national quality management system, NPEx to manage referrals in and out of Wales and an optional ETR system
- Legacy data migration and repository
- Technical requirements, including integration services
- Capacity to support future service and technical developments

The scope excludes:

- New systems for Medical Genetics, Point-of-care-testing, Bowel screening, Downs screening and WTAIL;
- All local hardware including peripherals, networks, fridges, blood transfusion kiosks and other local equipment;
- Local costs of deployment such as backfill for training;
- Wide area networking as the service will use the All Wales Public Sector Broadband Aggregation (PSBA);

The scope is considered in relation to four options: Business as usual, Do minimum, Intermediate and Maximum.

Table 1 provides a summary of the long listing evaluation for all options.

Table 1: LINC Long List of Options: Summary of Inclusions and Exclusions

| Category | Title | Conclusion |
|-----------------------------------|--|------------|
| Scoping Options | | |
| SCO1 | Business as usual | Discounted |
| SCO2 | Do Minimum | Discounted |
| SCO3 | Intermediate | Preferred |
| SCO4 | Maximum | Possible |
| Service Solution Options | | |
| SSO1 | Local LIMS for each health board | Discounted |
| SSO2 | Best of breed LIMS per main discipline | Discounted |
| SSO3 | Separate Cellular Pathology LIMS | Possible |
| SSO4 | Single, national LIMS | Preferred |
| Technical Solution Options | | |
| TSO1 | Supplier cloud hosted solution | Preferred |
| TSO2 | National data centre – supplier hosted | Possible |
| TSO3 | National data centre – NWIS hosted | Discounted |
| TSO4 | Local data centres – Health Boards | Discounted |
| Configuration Options | | |
| CON1 | In-house configuration (NWIS) | Possible |
| CON2 | Supplier configuration | Preferred |
| Service Delivery Options | | |
| SMO1 | In-house system delivery | Discounted |
| SMO2 | NHS service management | Discounted |
| SMO3 | Supplier partial service management | Preferred |
| SMO4 | Supplier total service management | Possible |
| Implementation Options | | |
| IMP1 | All disciplines phased by site | Discounted |
| IMP2 | All disciplines phased by HB | Preferred |
| IMP3 | Phased by discipline by HB | Possible |
| IMP4 | Phased nationally by discipline | Discounted |
| IMP5 | Big bang | Discounted |

The Shortlist

Following the longlisting exercise, three shortlisted options have been generated:

- **Option 1: Business as usual** option, for benchmarking purposes. This option is to upgrade to TCL 2016. It is rejected as TCL 2016 is end of life by 2025 and Wales will be in the same position as now;
- **Option 2: Do minimum option**, to put in place a new contract with InterSystems without going out to procurement to take their latest product, TCL Enterprise (TCLE). This option is likely to incur legal challenge if no procurement is undertaken;
- **Option 3: Preferred approach** to go out to procurement for a new LIMS service.

Net Present Costs (NPC)

Overall costs over the life of the contract covered by the OBC (seven years from 2020/21 to 2026/7) has been combined with the financial value of the benefits and the costs of the risks to calculate the NPC for each option.

Only financial benefits have been considered with more work to be completed for the full business case, which will also add the value of economic benefits. Financial benefits are estimated at £4m per annum (3% of the costs of the Pathology service), which are considered in relation to:

- Electronic test requesting (1%);
- Improved business intelligence and demand management (1%);
- Improved patient pathways and outcomes (1%).

The NPC presented in Table 2 shows that, although Option 3 is marginally the most expensive, it has the least net present cost.

Table 2: Net Present Cost

| Financial Details | Option 1: BAU | Option 2: Do Minimum | Option 3: Preferred Approach |
|--------------------------------------|---------------|----------------------|------------------------------|
| | £k | £k | £k |
| Financial cost total | 26,875 | 42,916 | 44,478 |
| Optimism Bias @ 20% | 0 | 8,583 | 8,896 |
| Total including optimism bias | 26,875 | 51,499 | 53,374 |
| Quantification of benefits | -6,222 | -12,444 | -18,667 |
| Risk Quantification | 22,719 | 14,400 | 2,424 |
| Total – Pre-Discounting | 43,371 | 53,455 | 37,131 |
| Net Present Cost | 40,105 | 51,447 | 35,713 |

In conclusion, option 3, to procure a new LIMS service is recommended as the way forward. The rest of the OBC takes forward this recommendation.

1.4. Commercial Case

The contract will provide a managed service for a single, national LIMS service with one supplier responsible for the national application and associated tools in partnership with NWIS for integration services to national applications and local, clinical downstream systems.

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Procurement strategy

The principle aim of the procurement is to procure a LIMS service to replace the existing legacy solution/s. In line with the infrastructure strategy of NHS Wales, the solution will be hosted either in an NHS Wales data centre or an accredited data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network).

The procurement approach envisages a single supplier provided solution with the chosen supplier taking prime contractor responsibility for the range of infrastructure, systems and services that comprise the LIMS service.

The length of contract will be tailored to give best value for money but the option will be explored during the procurement for a 14 years contract offering a minimum of seven years with the option to extend on an annual basis for another seven years.

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the contractor.

The NWIS Head of Commercial Services will lead the procurement supported by a Procurement Team comprising suitably qualified and competent resources, including legal and commercial advisers.

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the implementation under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan.

1.5. Financial Case

The primary purpose of the financial case is to set out the financial implications of the preferred option to ensure that the solution is affordable.

Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed and a paper has been submitted to the Deputy DoFs for consideration. For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts, in accordance with the WHC (2017) 053 Health Board 2018-9 Allocations.

Financial expenditure

Tables 3-5 present the costs per organisation based on the revenue apportionment by allocation for revenue only and for capital and revenue. Given the latest guidance in IFRS16, a capital/revenue model is most likely. The overall cost over the life of the OBC is £42 million revenue only or £37 million revenue + £8 million capital from the Welsh Government. In addition, there is the £6 million cost of the LINC Programme. The NHSW CEG has approved the revenue costs, which comprise:

- Current LIMS (dual running) - £11m
- New LIMS service - £22m (rev only) or 18m rev+ £8m capital
- National quality management system and quality team - £3m
- NWIS technical services and support costs - £5m

The annual cost of the new Pathology solution overall is estimated as £4.8m (revenue only) or £4m (with capital funding), compared to the costs of the three current LIMS (TCL, Masterlab and Telepath), which is £4.2m.

Potential savings of 3% of Pathology costs have been estimated, which equates to £4 million per annum, that could cover all or most of the cost of the new Pathology solution.

There is a potential impact on the balance sheet if a capital / revenue approach is taken and capital assets have been purchased.

Overall affordability and balance sheet treatment

The most expensive years are 2020/21 and 2022/23, where between £5m - £8m additional revenue funds are required per annum (unless some implementation costs can be converted to capital monies).

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 3: LINC OBC whole life costs plus per annum costs per organisation

| Health Board / Trust | Revenue Only £k | | | | | | |
|-----------------------------------|--|-------------------|---------------|---|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution £k | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 7,249 | 1,037 | 8,286 | 830 | 859 | 716 | -745 |
| Aneurin Bevan UHB | 7,916 | 1,133 | 9,049 | 906 | 688 | 784 | -566 |
| Betsi Cadwaladr UHB | 9,374 | 1,341 | 10,716 | 1,073 | 765 | 928 | -620 |
| Cardiff and Vale UHB | 5,833 | 835 | 6,667 | 668 | 803 | 579 | -714 |
| Cwm Taf UHB | 4,333 | 620 | 4,953 | 496 | 386 | 429 | -319 |
| Hywel Dda UHB | 5,125 | 733 | 5,858 | 587 | 483 | 506 | -402 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,833 | 262 | 2,095 | 210 | | 59 | 151 |
| Grand Total (Revenue only) | 41,663 | 5,961 | 47,624 | 4,768 | 4,205 | 4,000 | -3,436 |

| Health Board / Trust | Capital and Revenue £k | | | | | | |
|------------------------------|--|-------------------|-----------------|---------------------------------------|------------------------------|----------------------|----------------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 6,483 | 1,037 | 7,521 | 690 | 859 | 716 | -884 |
| Aneurin Bevan UHB | 7,080 | 1,133 | 8,213 | 754 | 688 | 784 | -718 |
| Betsi Cadwaladr UHB | 8,384 | 1,341 | 9,726 | 893 | 765 | 928 | -800 |
| Cardiff and Vale UHB | 5,217 | 835 | 6,051 | 556 | 803 | 579 | -826 |
| Cwm Taf UHB | 3,875 | 620 | 4,495 | 413 | 386 | 429 | -403 |
| Hywel Dda UHB | 4,583 | 733 | 5,317 | 488 | 483 | 506 | -501 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,640 | 262 | 1,902 | 175 | | 59 | 116 |
| Grand Total (Revenue) | 37,263 | 5,961 | 43,224 | 3,968 | 4,205 | 4,000 | -4,236 |
| Welsh Government | | | | | | | |
| Grand Total (Capital) | 8,000 | | 8,000.00 | | | | |

Table 4: LINC OBC Costs per Annum by Organisation (Revenue only)

| Health Board | % Cost per HB | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|--|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation) | | | | | | | | | | |
| ABM UHB | 17.4% | 136 | 855 | 1,478 | 1,332 | 955 | 830 | 831 | 832 | 7,249 |
| Aneurin Bevan UHB | 19.0% | 149 | 933 | 1,614 | 1,455 | 1,043 | 906 | 907 | 908 | 7,916 |
| Betsi Cadwaladr UHB | 22.5% | 177 | 1,105 | 1,911 | 1,723 | 1,235 | 1,073 | 1,074 | 1,076 | 9,374 |
| Cardiff and Vale UHB | 14.0% | 110 | 688 | 1,189 | 1,072 | 769 | 668 | 668 | 669 | 5,833 |
| Cwm Taf UHB | 10.4% | 82 | 511 | 883 | 796 | 571 | 496 | 497 | 497 | 4,333 |
| Hywel Dda UHB | 12.3% | 97 | 604 | 1,045 | 942 | 675 | 587 | 587 | 588 | 5,125 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 35 | 216 | 374 | 337 | 242 | 210 | 210 | 210 | 1,833 |
| Total Path Solution Costs | 100.0% | 786 | 4,912 | 8,495 | 7,658 | 5,491 | 4,768 | 4,774 | 4,780 | 41,664 |
| LINC Programme Costs per HB / Trust | | | | | | | | | | |
| ABM UHB | 17.4% | 265 | 232 | 236 | 222 | 83 | 0 | 0 | 0 | 1,037 |
| Aneurin Bevan UHB | 19.0% | 289 | 253 | 258 | 243 | 90 | 0 | 0 | 0 | 1,133 |
| Betsi Cadwaladr UHB | 22.5% | 342 | 300 | 305 | 287 | 107 | 0 | 0 | 0 | 1,341 |
| Cardiff and Vale UHB | 14.0% | 213 | 186 | 190 | 179 | 67 | 0 | 0 | 0 | 835 |
| Cwm Taf UHB | 10.4% | 158 | 138 | 141 | 133 | 49 | 0 | 0 | 0 | 620 |
| Hywel Dda UHB | 12.3% | 187 | 164 | 167 | 157 | 58 | 0 | 0 | 0 | 733 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 67 | 59 | 60 | 56 | 21 | 0 | 0 | 0 | 262 |
| Total Programme Costs | 100.0% | 1,522 | 1,332 | 1,356 | 1,277 | 475 | 0 | 0 | 0 | 5,961 |
| Combined Cost Current LIMS, Pathology Solution and Programme | | | | | | | | | | |
| ABM UHB | | 401 | 1,086 | 1,714 | 1,555 | 1,038 | 830 | 831 | 832 | 8,286 |
| Aneurin Bevan UHB | | 438 | 1,186 | 1,872 | 1,698 | 1,134 | 906 | 907 | 908 | 9,049 |
| Betsi Cadwaladr UHB | | 519 | 1,405 | 2,216 | 2,010 | 1,342 | 1,073 | 1,074 | 1,076 | 10,716 |
| Cardiff and Vale UHB | | 323 | 874 | 1,379 | 1,251 | 835 | 668 | 668 | 669 | 6,667 |
| Cwm Taf UHB | | 240 | 649 | 1,024 | 929 | 620 | 496 | 497 | 497 | 4,953 |
| Hywel Dda UHB | | 284 | 768 | 1,212 | 1,099 | 734 | 587 | 587 | 588 | 5,858 |
| Velindre NHST | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | | 102 | 275 | 433 | 393 | 263 | 210 | 210 | 210 | 2,095 |
| Grand Total (Revenue only) | | 2,307 | 6,244 | 9,851 | 8,934 | 5,966 | 4,768 | 4,774 | 4,780 | 47,624 |

Table 5: LINC OBC Costs per Annum by Organisation (Capital & Revenue)

| Health Board | % Cost per HB | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|--|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation) | | | | | | | | | | |
| ABM UHB | 17.4% | 136 | 855 | 1,409 | 1,193 | 816 | 690 | 692 | 693 | 6,483 |
| Aneurin Bevan UHB | 19.0% | 149 | 933 | 1,538 | 1,303 | 891 | 754 | 755 | 756 | 7,080 |
| Betsi Cadwaladr UHB | 22.5% | 177 | 1,105 | 1,821 | 1,543 | 1,055 | 893 | 894 | 896 | 8,384 |
| Cardiff and Vale UHB | 14.0% | 110 | 688 | 1,133 | 960 | 657 | 556 | 556 | 557 | 5,217 |
| Cwm Taf UHB | 10.4% | 82 | 511 | 842 | 713 | 488 | 413 | 413 | 414 | 3,875 |
| Hywel Dda UHB | 12.3% | 97 | 604 | 996 | 843 | 577 | 488 | 489 | 490 | 4,583 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 35 | 216 | 356 | 302 | 206 | 175 | 175 | 175 | 1,640 |
| Total Path Solution Costs | 100.0% | 786 | 4,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 37,264 |
| LINC Programme Costs per HB / Trust | | | | | | | | | | |
| ABM UHB | 17.4% | 265 | 232 | 236 | 222 | 83 | 0 | 0 | 0 | 1,037 |
| Aneurin Bevan UHB | 19.0% | 289 | 253 | 258 | 243 | 90 | 0 | 0 | 0 | 1,133 |
| Betsi Cadwaladr UHB | 22.5% | 342 | 300 | 305 | 287 | 107 | 0 | 0 | 0 | 1,341 |
| Cardiff and Vale UHB | 14.0% | 213 | 186 | 190 | 179 | 67 | 0 | 0 | 0 | 835 |
| Cwm Taf UHB | 10.4% | 158 | 138 | 141 | 133 | 49 | 0 | 0 | 0 | 620 |
| Hywel Dda UHB | 12.3% | 187 | 164 | 167 | 157 | 58 | 0 | 0 | 0 | 733 |
| Velindre NHST | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | 4.4% | 67 | 59 | 60 | 56 | 21 | 0 | 0 | 0 | 262 |
| Total Programme Costs | 100.0% | 1,522 | 1,332 | 1,356 | 1,277 | 475 | 0 | 0 | 0 | 5,961 |
| Combined Cost Current LIMS, Pathology Solution and Programme | | | | | | | | | | |
| ABM UHB | | 401 | 1,086 | 1,644 | 1,415 | 899 | 690 | 692 | 693 | 7,521 |
| Aneurin Bevan UHB | | 438 | 1,186 | 1,796 | 1,546 | 982 | 754 | 755 | 756 | 8,213 |
| Betsi Cadwaladr UHB | | 519 | 1,405 | 2,126 | 1,830 | 1,162 | 893 | 894 | 896 | 9,726 |
| Cardiff and Vale UHB | | 323 | 874 | 1,323 | 1,139 | 723 | 556 | 556 | 557 | 6,051 |
| Cwm Taf UHB | | 240 | 649 | 983 | 846 | 537 | 413 | 413 | 414 | 4,495 |
| Hywel Dda UHB | | 284 | 768 | 1,162 | 1,001 | 635 | 488 | 489 | 490 | 5,317 |
| Velindre NHST | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Powys Teaching HB | | 102 | 275 | 416 | 358 | 227 | 175 | 175 | 175 | 1,902 |
| Total (Revenue) | | 2,307 | 6,244 | 9,451 | 8,134 | 5,166 | 3,968 | 3,974 | 3,980 | 43,224 |
| Capital | | | | | | | | | | |
| Capital from Welsh Government | | | 8,000 | | | | | | | 8,000 |
| Total (Capital) | | 0 | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| Grand Total (Capital & Revenue) | | 2,307 | 14,244 | 9,451 | 8,134 | 5,166 | 3,968 | 3,974 | 3,980 | 51,224 |

1.6. Management Case

Programme governance

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The LINC Programme Board was established in December 2017 with membership from each HB and professional bodies, and is chaired by Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB, the LINC Senior Responsible Owner.

The LINC Programme reports to the NHSW CEG and seeks professional advice from the National Pathology Network, Standing Specialist Advisory Groups (SSAGs), Standardisation Groups and the Pathology service directly. NWIS, Pathology IT Managers and the Associate Directors of Informatics provide technical advice and informatics assurance.

Risk and issue management is in place. Benefits realisation and stakeholder management strategies are being developed.

National Programme Team

Judith Bates is the LINC Programme Director leading a national programme team comprising the *LINC programme management office*, *National Pathology team* of subject matter experts, *NWIS programme resources* and *specialists advisers* (e.g. legal, commercial and NHS) for the procurement.

Programme Timescale and Costs

The timescale for the programme from April 2019 - March 2024 will cover four tranches of work:

- Procurement until March 2020
- Development, testing, validation until Sept 2021
- Deployment until Sept 2023
- Benefits realisation and handover to operations by March 2024

The cost of the programme including non-pay and 10% contingency is £6 million, which has been approved by the NHSW CEG.

Operational Governance

A service management board will be responsible for the day-to-day management of the new LIMS service and report to a national contract management board. Both Boards will be facilitated by NWIS and chaired by the NHS. Given the use of a Master Services Agreement, there will be a relationship between the national CMB and local HB/PHW contract and service management boards for the new LIMS to ensure good communications and contract management.

Post project evaluation arrangements

Gateway Reviews are being planned for the end of each tranche of the programme starting with tranche 2 to assure the delivery strategy.

A post implementation review (PIR) and post evaluation review (PER) will be conducted between March and September 2023.

Recommendation

It is recommended that this LINC Outline Business Case be reviewed by NHS Wales Health Boards and Trusts.

Signed:



Date: 13 December 2018

Adrian Thomas

Senior Responsible Owner Project

LINC Programme

2. Introduction

This OBC seeks approval to invest more in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS system, TrakCare Lab (TCL), expires in June 2020. The investment will fund an enabling programme supporting a wider transformation plan to deliver a modern, sustainable Pathology service.

2.1. Structure and content of the document

This OBC has been prepared using the agreed standards and format for business cases, as set out in the Welsh Government [Better Business Cases](#) website. The approved format is the Five Case Model, which comprises the following key components:

- The **strategic case** section. This sets out the strategic context and provides a compelling case for change in terms of the existing and future business needs of the Pathology service;
- The **economic case** section. This demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money (VFM);
- The **commercial case** section. This outlines the content and structure of the proposed deal;
- The **financial case** section. This confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;
- The **management case** section. This demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

2.2. Point of Contact

For more information about this LINC OBC, please contact:

Judith Bates
Programme Director
LINC Programme
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3. The Strategic Case

3.1. The Strategic Context

Pathology Overview

Pathology is the study of disease. It bridges science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to the use of cutting-edge technologies and the prevention of disease. Pathologists and healthcare scientists work with a range of healthcare professionals in different settings to diagnose, treat and prevent illness.

Pathology is involved in 70% of diagnoses and underpins all clinical services and 95% of clinical pathways within secondary care. A key component in the delivery of prudent health services, Pathology is an enabler to other Welsh Government health strategies including cancer and stroke services.

Pathology comprises a wide variety of disciplines and those in scope are:

- **National Services**, comprising:
 - **Screening services**, including Antenatal Serum and Newborn Blood Spot provided by Blood Sciences at CAV UHB; and Cervical Cytology provided by Public Health Wales (PHW);
 - **Microbiology Services**, including Bacteriology, Food, Water & Environmental Microbiology, Infection Genomics, Mycology, Parasitology and Virology provided by PHW;
 - **Welsh Blood Service**, collects, processes and tests blood and provides blood products to hospitals in Wales;
 - **All Wales Medical Genetics Service**;
 - **Point of Care Testing (POCT)**.
- **Local Laboratory Services**, comprising:
 - **Andrology**;
 - **Blood Sciences**, including Blood Transfusion, Clinical Biochemistry, Haematology, Immunology and Toxicology;
 - **Cellular Pathology** including Diagnostic Cytology, Histopathology and Mortuary services;
 - **Microbiology Services** provided by local health boards.

Pathology services undertook around 30 million authorised test sets during 2017/8, as detailed in [Appendix 1](#). Pathology services cost around 1.9% of the total health care budget, a total of £118 million based on 2018/9 allocations. However, consensus suggests the total spend is higher.

In March 2017, there were an estimated 2,026 FTE staff in Healthcare Science and 200 FTE medical staff, of which 133 were consultants. One of

the key issues faced by the Pathology service is the recruitment and retention of skilled staff (around 26% of Consultant Histopathology posts are vacant) and the lack of accurate workforce information.

The service is under increasing pressure as more effective clinical pathways are changing the balance of care. Increasing numbers of older people with chronic health conditions, increasing cancer incidence, improved technology, new techniques and workforce pressures have all increased demand for Pathology services by around 5% per annum for Blood Sciences and 2% per annum for Microbiology where requests are becoming more complex linked to antibiotic resistant and an aging population. Complexity of Cellular Pathology tests has also dramatically increased and demand has grown arising from the development of other areas, such as genetic and genomic testing and take up of Point of Care Testing.

Organisational Overview

There is no single Pathology service across Wales and, although much is delivered through the six University Health Boards (UHB), Microbiology is substantially delivered through a national network by Public Health Wales.

Pathology laboratories are located in 20 locations across Wales, as shown in Figure 1.

- **Abertawe Bro Morgannwg UHB:** Morriston Hospital, Neath Port Talbot Hospital, Princess of Wales Hospital and Singleton Hospital;
- **Aneurin Bevan UHB:** Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr;
- **Betsi Cadwaladr UHB:** Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Ysbyty Gwynedd;
- **Cardiff and Vale UHB:** University Hospital of Wales and Llandough Hospital;
- **Cwm Taf UHB:** Prince Charles Hospital and Royal Glamorgan Hospital;
- **Hywel Dda UHB:** Bronglais General Hospital, Glangwili General Hospital, Withybush Hospital and Prince Philip Hospital;
- **Velindre NHS Trust, Public Health Wales Microbiology Services:** Bronglais Hospital, Glan Clwyd Hospital, Glangwili General Hospital, Llandough Hospital, Morriston Hospital, University Hospital of Wales and Ysbyty Gwynedd Hospital
- **Velindre NHS Trust, Public Health Wales Screening Services:** Cervical Screening Wales, Llantrisant
- **Velindre NHS Trust** Welsh Blood Service.

There has been some progress to consolidate Pathology services into three regions, in line with the Carter Report (2008), especially in the North. Progress is being made to develop Histopathology services into the three regions. A pilot in Digital Cellular Pathology in the North has created the

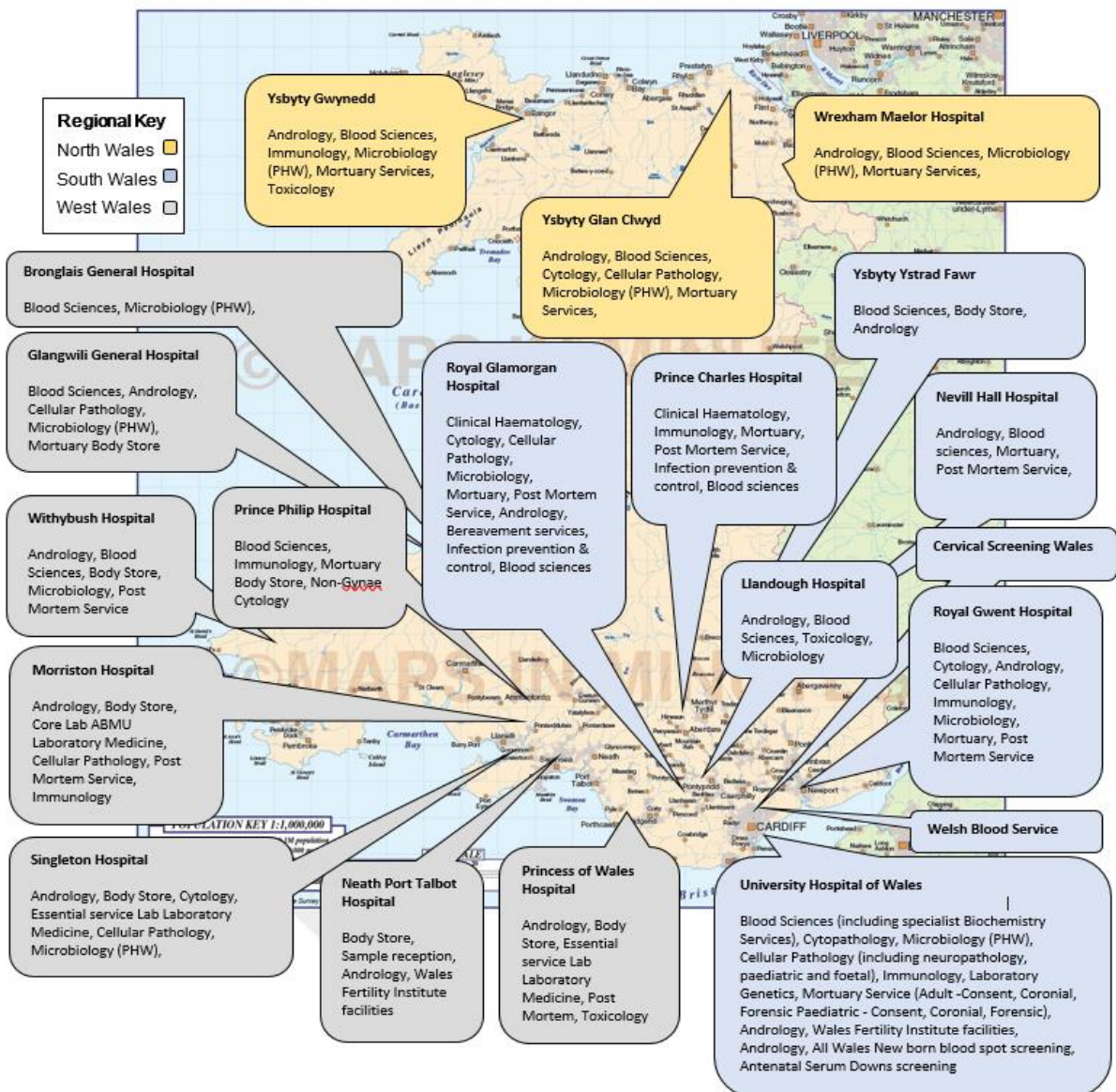


Figure 1: Map of Pathology Services across Wales

capacity for reporting on digital images for a wider area. Abertawe Bro Morgannwg (ABM) University Hospital Board (UHB) has created a Pathology hub at Morrison Hospital for the majority of blood sciences tests with satellite services for urgent tests at the other hospitals. Restructuring is taking place with the management of the Princess of Wales Hospital being transferred to CWM Taf UHB. Aneurin Bevan UHB is building a new hospital, the Grange University Hospital that will have Pathology services on site transferred from Nevill Hall Hospital and the Royal Gwent Hospital. A Regional Collaboration for Health (Arch) Project, is a partnership between ABM and Hywel Dda University Health Boards and Swansea University to deliver service transformation across South West Wales, including the centralisation of Pathology services at Morrison Hospital. The Public Health Wales Microbiology network has consolidated many investigations to a regional or national model of delivery, and is undergoing a further transformational change.

Business Strategies

A number of national strategies inform this investment:

- *A healthier Wales: Our plan for health and social care* (2018)
- *Informed health and care: a digital health strategy for Wales* (2015)
- *The Pathology Statement of Intent* (2018)

A Healthier Wales: Our plan for health and social care

The vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible. A transformation programme is being developed to maximise value for patients by achieving best outcome for lowest cost based on the principles of the *quadruple aim* and *prudent* health care.

Making better use of digital, data, and communication technologies will help us to raise the quality and value of health and social care services, so that they are cost-effective, sustainable and meet increasing expectations of technology in people's day-to-day lives.

The development of modern, sustainable Pathology services has a key role to play in delivering this plan. Key linkages are:

- to support the Quadruple Aims through improved processes and reporting services; seamless integration with other systems and services, and enabling initiatives like *Laboratory Anywhere*, *Choose Wisely* and *Design for Demand*;
- The new LIMS to be seamlessly integrated with systems to ensure the flow of the right information to the right place at the right time and for patients to see their results presented in a meaningful way;
- Staff will be trained in the new LIMS, which should support the smooth running of the service and improve staff morale;
- The new LIMS will incorporate new technologies like mobile working, smartphone apps, artificial intelligence and machine learning.

Informed health and care: a digital health strategy for Wales

The development of digital services underpins the development of health and care, including Pathology services. The digital health and social care strategy for Wales¹ recognises that improving access to information and introducing new ways of delivering care with digital technologies must be at the heart of service plans and vision for prudent / value based healthcare. The new LIMS will be a national application integrated into the wider national technical platform as set out in [Appendix 2](#), and comprising:

¹ *Informed health and care: A digital health and social care strategy for Wales* 2015, Welsh Government

- Public sector broadband aggregation (PSBA) service;
- Welsh Clinical Portal (WCP);
- GP Test Requesting (GPTR);
- Welsh Results and Reports Service (WRRS)
- Welsh Reference Data Service (WRDS);
- eMaster Patient Index (eMPI);
- My Health Online (MHOL);
- The Welsh Image Archiving Service storing digital images;
- Fiorano integration services.

The new LIMS will also integrate with other national Pathology systems, including:

- Tarian Health Protection system;
- The new Phlebotomy module of the WCP;
- The Point of Care Testing system – POCcelerator;
- The Medical Genetics system – Soft Genomics;
- The Welsh Transplantation and Immunogenetics Laboratory;
- In the future, digital microscopy and digital cellular pathology.

The Pathology Statement of Intent

Plans for the development modern, sustainable Pathology services are set out in the *Pathology Statement of Intent*², which has been circulated for consultation and is now being finalised for sign off by the Welsh Government. The statement sets out eight key areas, which are listed in [Appendix 3](#) along with their relationship to LINC.

3.2. The Case for Change

Existing Arrangements

The current LIMS, InterSystems TCL2011, was procured in 2010 as a single, national system intended to replace 13 standalone systems: 11 Telepath LIMS (now owned by DXC) and two Clinisys Masterlab LIMS. The contract with InterSystems expires in June 2020. Initially for seven years, the contract was extended for a further three years, after which there is no contractual basis for a further extension. NWIS (via Velindre NHST) are the contracting authority and take overall responsibility for managing the contract. InterSystems provide the licence for the use of TCL but NWIS are responsible for the hardware and software environment hosted in the NHS Wales data centres and for the service management of TCL.

TCL is now in use across most services although Cellular Pathology is not yet live in Cardiff and Vale UHB and Mortuary services are yet to be fully deployed. Blood Transfusion will be deployed by mid-2019. Some HBs are

² *Pathology statement of intent* Draft February 2018, Director Strategic Programmes, NHS Wales Health Collaborative
Outline Business Case
Author: Judith Bates

exploring the costs of maintaining their current systems for Blood Transfusion in the event of any issues in transferring to TCL.

TCL is a national application that is integrated into the *Once for Wales* technical platform and national architecture. The infrastructure has not been stable during 2018 resulting in the loss of availability of the application for up to six hours on 14 occasions during 2018 (two planned). An upgrade of the servers has now improved performance including the time to login. The hardware refresh will be completed in early 2019.

A National Pathology IT Project Board (NPPB) governs the implementation of WLIMS1, supported by the NWIS ICT Programmes division. [Appendix 4](#) presents the overall governance framework, which includes the management of other pathology and diagnostic projects.

A LIMS Service Management Board (LIMS SMB) oversees the service management of the live service and a Change Advisory Board considers requests for change. There has been no budget for changes, which has made some change requests difficult to deliver and dependent on end of year monies being made available. NWIS provides first line support via ServicePoint and second line support via the LIMS application support team. PHW has its own Pathology IT Manager to support the LIMS for Microbiology and Screening services. Third line support is available from InterSystems.

A Clinical Strategy Group assures design decisions meet the requirements of the service and patient safety supported by the Standing Specialist Advisory Groups for each of the main disciplines.

The contract did include an upgrade to a later version (TCL2016) but not to the latest version. TCL Enterprise (TCLE), which is a completely different solution on a different technical platform. In 2017, the SMB along with the WLIMS1 Senior Responsible Owner and InterSystems decided against an upgrade based on the lack of perceived benefits, lack of take up by other clients, timescale for deployment and lack of NHS Wales' capacity. However, it appears that TCL 2011 is not supportable after January 2020 because the Microsoft operating system (Windows Server 20012 R2) is end of life and no longer supported by Microsoft.

It has been confirmed that an upgrade to TCL 2016 is required to maintain TCL until the new LIMS is fully deployed. NWIS has initiated discussions with InterSystems to explore the implications of continuing to support TCL 2011 after the end of their contract for up to five years. InterSystems has advised that TCL 2016 will be end of life in 2025 and, if the new LIMS is not deployed by then, Wales will have to implement TCLE.

A joint subgroup across the WLIMS1, LINC and the LIMS SMB has been set up at the request of the LINC Programme Board. The subgroup is considering the costs, risks and benefits of upgrading to TCL 2016 versus

staying with TCL 2011 or taking TCLE. At their meeting on 11 December, they recommended an upgrade to TCL 2016.

The total cost of the WLIMS1 as set out in the full business case³ for the ten years 2010/11 – 2020/21 for hardware, software, maintenance and support was anticipated to be £31m, comprised:

- £12m capital;
- £19m revenue (£7m revenue and £12m capital charges)

The current annual costs of the existing service is £4.2m, which includes £3.7m for WLIMS1 (significantly more than estimated in the FBC) as set out in Table 6 plus £540k per annum for Telepath and Masterlab. These costs do not take account of the additional costs that NWIS and the service have had to contribute to develop, implement and continue to maintain the WLIMS1 service.

Table 6: Current annual cost of WLIMS1 charged out to HBs.

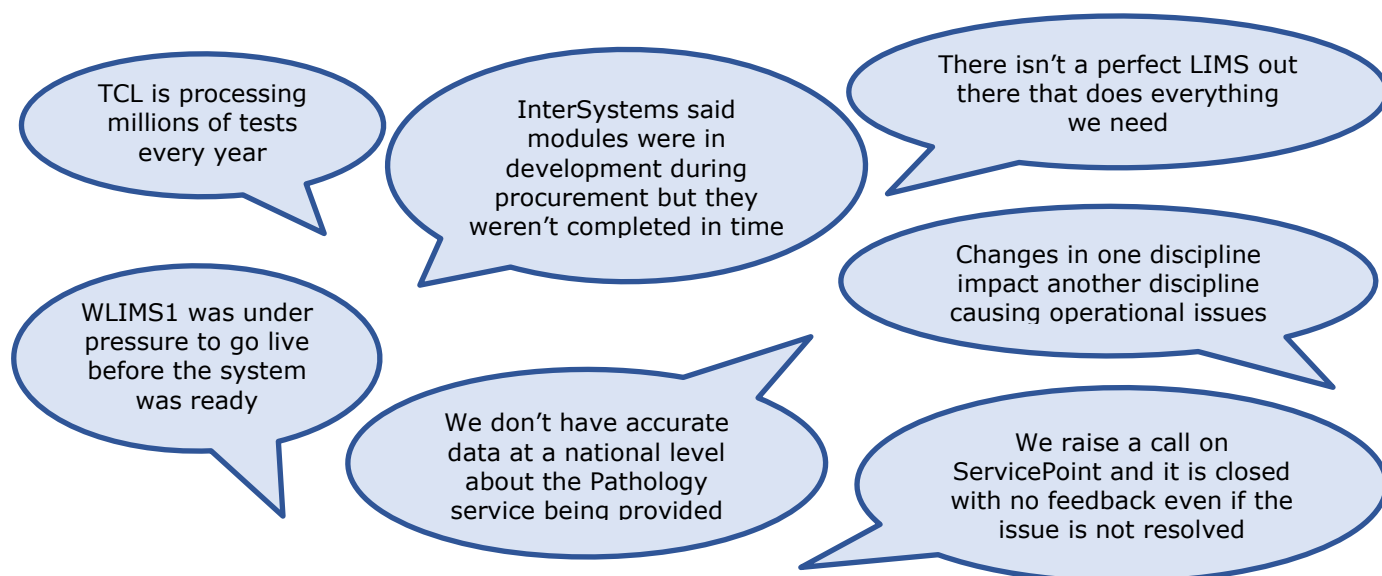
| Current LIMS Costs per annum | Annual Cost £k |
|--|---------------------------|
| WLIMS1 (InterSystems Trakcare) | |
| InterSystems - Trak Care Technical Assistance & Software Updates | 1,728.00 |
| 3rd Party Validation Services | 40.00 |
| Hosting - Environment & Support | 315.30 |
| Infrastructure - 3rd Party Maintenance | 829.50 |
| National Service Desk/Service Management | 92.30 |
| Technical Support - Analysts/Development/Integration & Test | 659.80 |
| Total (WLIMS1) | 3,664.90 |

Lessons Learned and Benefits Realised

There are many lessons to be learned from WLIMS1 and a lessons learned log has been created and listed in [Appendix 5](#). This log lists the issues faced by WLIMS1, the lessons for LINC and the way in which each lesson is being applied to the LINC Programme. The lessons have been categorised so as to make it easier to identify within LINC where they need to be addressed and include strategic fit, governance, communications, procurement, development and testing, implementation, operational fit, business intelligence, technical issues, resources and application support.

Many staff have made comments that help to illustrate the lessons that need to be learned.

³ Full Business Case: All Wales Laboratory Information Management System (LIMS), March 2010, Final Version (2.7)



Despite the challenges faced by WLIMS1, Table 7 shows some of the improvements that have been achieved. It also sets out the vision for how the investment proposed in this OBC could build on the progress to date and deliver further service improvements, in particular in relation to the standardisation of services.

Table 7: Historical and Potential Future Improvements in Pathology

| Pre 2010 Multiple Systems | 2010 – 2022 TCL Vision | 2022 – 2036 LINC Vision |
|--|--|--|
| Multiple laboratory systems independently run | Migrate to single laboratory platform centrally hosted and managed | Maintain benefits of single LIMS platform with improved service management |
| Limited standardisation | High level of test standardisation | Increase standardisation of workflows and outputs |
| Limited comparability of results across sites | High level of comparability across results across Wales | Improvements and further standardisation in clinical reporting outputs |
| Reduced functionality | Improved functionality | Improved functionality and performance |
| Limited electronic requesting | Improved use of electronic requesting | Full use of electronic requesting |
| Lack of comparability of business intelligence | Improvements in business intelligence | Fully integrated business intelligence and extended reporting outputs |

Standardisation of Services

Standardisation is critical to underpin the development of a sustainable Pathology service. Significant progress has been made to standardise the configuration of tests and workflows as part of the implementation of InterSystems TCL but further work remains to complete this. Figure 2 provides an indication of relative standardisation although the figures are not absolute. Microbiology has made most progress but initially underestimated the level of resources that were required to maintain standardisation, as new tests, methods, equipment and pathogens emerge as the service evolves. Cellular Pathology has made the least progress towards standardisation due to the extent to which the service is clinically led and the high number of vacancies for consultant Histopathologists.

A Standardisation and Design Project is being created to run alongside the Procurement Project, so that this work can be completed in readiness for when the new LIMS supplier has been chosen. Combined with the implementation of a more standard LIMS, this will deliver a standardised approach across Wales. Business change will prepare local services for the proposed changes and address any issues raised up front.

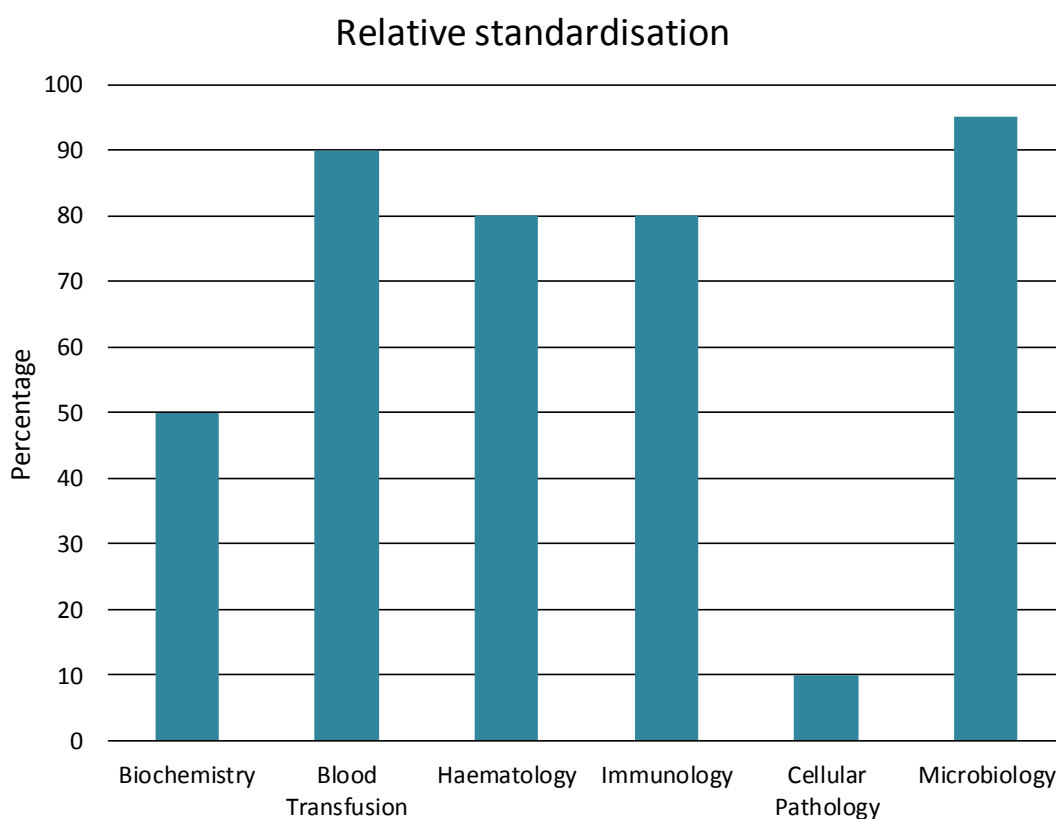


Figure 2: Relative standardisation achieved per discipline

3.3. Business Needs

Stakeholder Engagement

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Some are *shareholders*, for whom Pathology is providing a clinical service that impact on the quality of care and risk to patients. A stakeholder analysis will be undertaken to differentiate the different stakeholders and their level of interest and develop a stakeholder engagement strategy to design appropriate communications, consultation and active engagement in LINC. Overall, the stakeholders, shown in [Appendix 7](#) include:

- The **Pathology service** including all the staff working in Pathology;
- **Service users**, including patients and carers;
- **Service customers**, who request Pathology tests (in Wales, the UK and internationally) and who receive test results. For Microbiology, this is wider including environmental services with samples for food and water as well veterinary services.
- The **wider community** including the general public, media, community health councils and government;
- **Suppliers** of goods and services both internal (NWIS, local ICT services and the PSBA service run by Welsh Government) and external (pathology systems, equipment and consumables):
- **All Wales Directors groups**;
- **Other national IT programmes**;
- **Governance bodies** including corporate, commercial, operational, clinical, professional and programme governance; informatics strategy and business case assurance and regulatory bodies:

Key stakeholders have been engaged in the development of this business case and consulted on the development of the LINC Programme through events, workshops, meetings and email correspondence, including:

- Representatives of the Pathology service are members of the LINC Programme Board and a vehicle for consultation;
- The LINC Programme Board meetings monthly and consulted at all stages and on all programme risks and issues and papers will that inform the OBC;
- A monthly update and requested papers are submitted to the NHSW CEG;
- Meetings have been held with Directors, the Pathology service and NWIS, which has informed the scope and requirements of the OBC. In particular the NWIS Director of Finance and Business Assurance and his team along with the NWIS National Pathology IT Diagnostic Lead is advising on the development of this OBC and will assist with the completion of the financial aspects of the OBC;

- A supplier engagement event was held in February as part of the market research following the publication of a Prior Information Notice in January 2018;
- Presentations have been held or planned to all of the All Wales Groups and the LSSC and feedback incorporated into the OBC;
- Thirty workshops have been held or planned, as listed in [Appendix 8](#), on the business case and development of requirements with a wide range of participants from the Pathology service, health boards and trusts and NWIS;
- The SSAGs are a vehicle for consultation on all documentation and feedback incorporated into revised versions. The Cellular Pathology SSAG is not currently active so an email group has been created to consult with this discipline incorporating the original SSAG members;
- LINC is represented on the Laboratory Services Sub Committee, National Pathology Network, WLIMS1 Programme Board, and the WLIMS1 Service Management Board

End-to-end Pathology solution

Potentially, the safest and most efficient technical solution for Pathology is one that supports the whole end-to-end process providing a truly paperless service. This is the best solution to support the delivery of the Pathology Statement of Intent and the development of a modern, sustainable Pathology service, which meets the requirements of its users.

To appreciate the complexity of such a solution requires an understanding of the nature and variety of the samples received and the end-to-end processes that they follow, laboratory quality management requirements and the way in which the data collected is used for secondary purposes (business intelligence).

Electronic test requesting

There are potentially thousands of Pathology tests that could be requested. Some are very common, such as a full blood count, whereas others are very rare and may be very expensive to analyse requiring specialist skills and equipment.

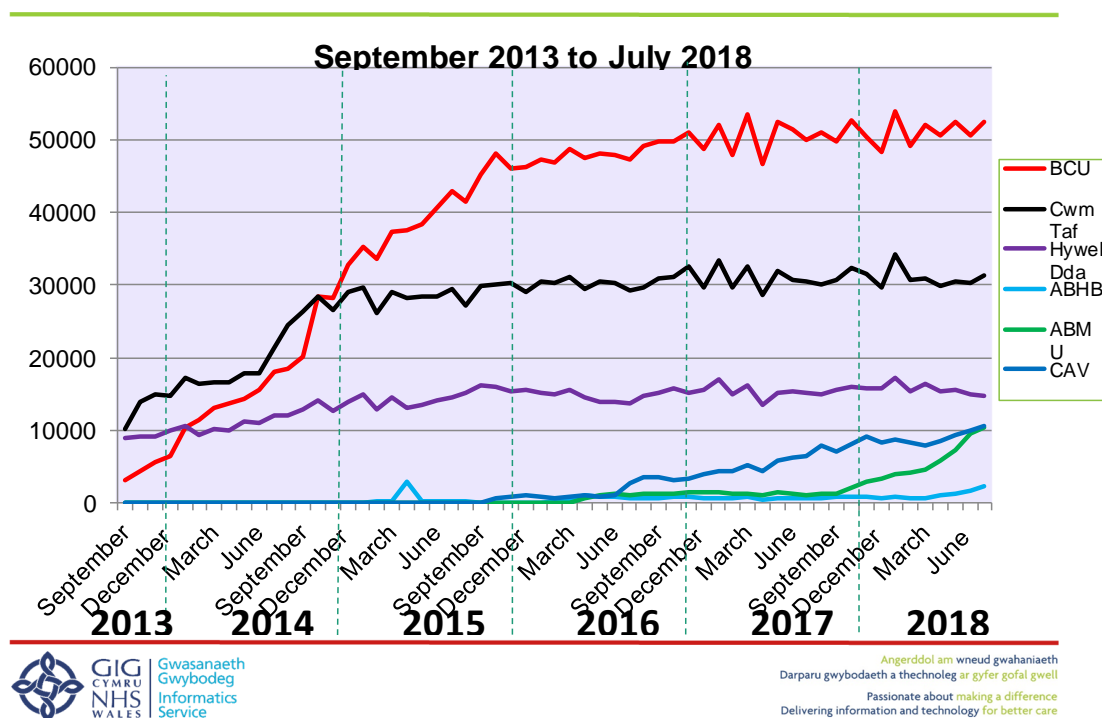
Most tests are currently ordered using paper request forms. This is not ideal because of potential mistakes in handwriting, which has to be interpreted by administrative staff in the laboratory reception, who have to manually enter the request into the LIMS. Nor can they control what tests are requested, which has to be checked by laboratory staff. Other mistakes include the wrong labels on test tubes. One A&E made three such errors in one hour, and the samples had to be rejected and the patients re-bled.

Electronic test requesting (ETR) is potentially much safer because the requester, patient and test(s) requested are all chosen electronically.

Benefits include demand management to restrict available tests and show if the patient has recently had the test to avoid unnecessary requests. In Wales, ETR is offered via the WCP for secondary care and the GPTR for primary care. Take up of the WCP is improving, as shown in Figure 3 but GPTR take up remains low overall. A new version of the GPTR has just been launched and being implemented by the GP clinical systems suppliers. It is hoped that this will improve take up. In Wrexham, where the GPs are using a separate product, Sunquest ICE, the take up is 98%.

ETR will not only improve demand management and clinical incidents but will also reduce the need for administrative reception staff. It is not just the time for booking in, but all paper requests and any other paper documentation related to a patient or a request has to be scanned in to attach an electronic version to the patient record. This is time consuming and the scanning solution in WLIMS1 has been problematic to get up and running.

Take up of the WCP is variable and depends on factors such as access to computers and printers on the wards to make requests. Even where take up seems high, the WCP does not provide ETR for all Pathology disciplines. The Pathology service feels that ETR was promised with WLIMS1 but has not been fully developed to meet the needs of the service. They are sceptical that this will be available via the WCP for the new LIMS. On 29 March 2018, the Microbiology SSAG wrote to the LINC Programme to say that they did not consider the test requesting via the WCP to be fit for purpose and requested the purchase of an alternative requesting solution as part of the LINC procurement of a new LIMS.



In order to facilitate discussion between NWIS and the Pathology service, a conference was organised on 3 September for NWIS to share its plans for the WCP. LINC has drawn up an ETR requirement for Pathology and NWIS has reviewed this in relation to what the WCP can do or is planned in future releases and what is not yet planned; 'the gap'. An initial joint LINC-NWIS workshop was held on 24 October to go through the requirement and a further all day event planned on 14 December to complete this. NWIS has stated that from April next year they can devote the resources needed to develop the WCP for Pathology. The Pathology service remains to be convinced that NWIS has the capacity to develop the WCP to meet their requirements.

Consequently, the ETR requirement is included in the scope of the procurement as an optional extra and funding for a separate ETR solution or to meet the costs of developing the WCP has been included in the preferred option and approved, in principle, by the NHS Wales CEG at their meeting on 23 October 2018. It should be noted that NIMB has requested that a decision be made as part of this OBC as to which option will be taken and a further version of the OBC will be developed to reflect this once a decision has been made.

Pathology samples

Pathology can receive samples in many shapes and forms, including blood, urine, faeces, other body fluids, organs and tissues, as well as food and water as shown in Figure 4. Requesters may be doctors, nurses, pharmacists and a variety of other health care workers in the NHS, private hospitals and prisons, as well as environmental health and veterinary practices.

Blood may be collected by clinicians directly, but more likely by a phlebotomist, nurse or health care assistant. NWIS are currently developing a phlebotomy module of the WCP that will be integrated to the new LIMS and provide better information to the phlebotomists and to the Pathology service. This module will be tested in ABM UHB early in 2019.

Point of Care Testing

A growing service is Point of Care Testing (POCT), where the patient is bled and using a hand held device allowing them to have the result immediately. NHS Wales is in the process of implementing an All Wales POCT solution, POCcelerator. To provide Pathology clinicians and lab based POCT Co-ordinators with a full picture of pathology tests, there needs to be a feed into the new LIMS.



Figure 4: Range of sample types from different sources and requesters

Pathology process

Once a sample is taken there is an end-to-end process that it follows to get to the lab, be tested and for the results to go back to the requester, as shown in Figure 5. In addition, for Blood Transfusion a further step allows blood products to be issued to patients after testing has been completed to ensure the patient has been matched to the correct type of blood.

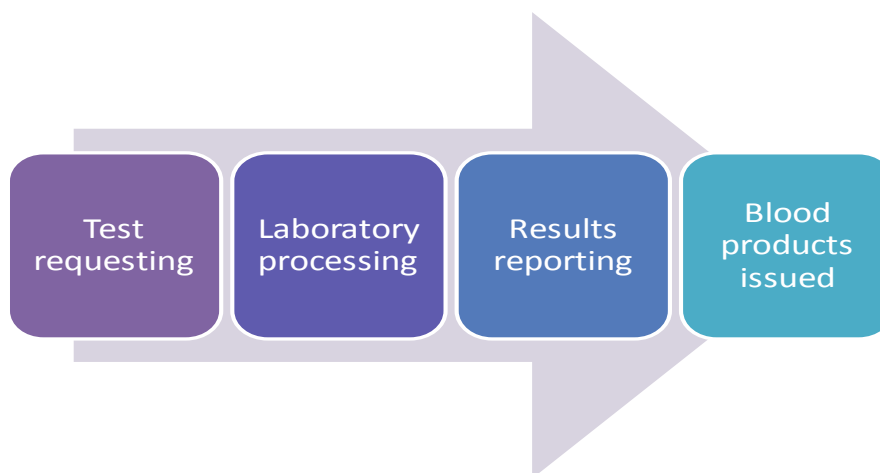


Figure 5: End-to-end Pathology process

Laboratory Processing

Once the sample has been enrolled into the laboratory (i.e. the request has been entered into the LIMS and the sample received), the laboratory has a number of processes to follow to analyse the sample and report on the results as set out in Figure 6.

Testing may be carried out using automated equipment. Other testing may take time such as TB culture tests for Microbiology that take six weeks for a culture to grow to determine the result. Consequently when a set of tests are ordered at the same time, the results of some may be ready before others and interim results reported, which may have to be amended once all the results are available. Cellular Pathology tests take time to prepare cutting sections from an organ or tissue and preparing it into a slide that can be read via a Microscope to interpret the results.

Technical validation assures that the accuracy and precision of results. Clinical validation is undertaken by clinical staff, who consider the results in the light of the clinical information provided on the request form, such as medication, testing for a known disease or monitoring a chronic disease. Quality control is used to ensure that the analysers are consistently reporting accurate results. A full audit trail is required to ensure that any changes to a patient record at any point can be traced, which is essential to track errors not only in results reporting but also to ensure that results are reported against the correct patient or sample. WLIMS1 has a poor audit capability, which has been raised as a critical issue for the service.

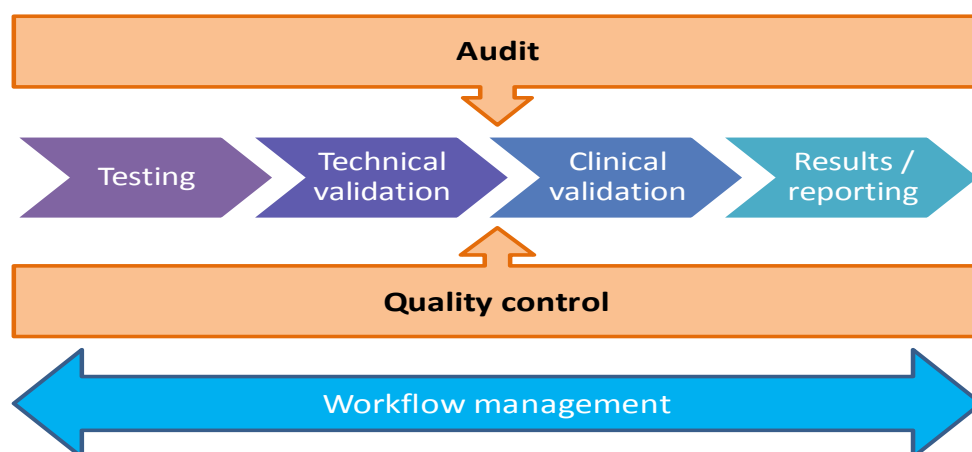


Figure 6: Pathology laboratory processes

Not all tests need to be clinically validated. For example, blood tests within a normal range can be published without further review. This is essential, as it would not be feasible to validate the millions of blood tests analysed every year. At the moment, where clinical validation is required, the results are sent to a validation queue ready for clinicians to review and report on the results. Considerable variation exists across Wales in terms of validation with the same tests being clinically validated in some places but not in others, especially larger sites with high volume.

Not all tests are analysed where they are received. Some locations may only have a reception to receive the samples and enrol them onto the LIMS. Some laboratories may only have the equipment to analyse certain tests or

be a 'hot' lab. So some tests received are sent to other laboratories for analysis. They may be sent to a laboratory in Wales, in which case they are managed via the LIMS as 'sendaways'. Other very specialist tests may be sent to laboratories outside of Wales and these are sent with paper requests, which can be generated from the LIMS as a packing slip. Specialist tests may also come into Wales especially to Cardiff and Vale UHB, such as for Medical Genetics. The management of these incoming and outgoing tests on paper causes significant issues, from delays and lost results to loss of potential income. The NHSW CEG has approved the inclusion of NPEx in the OBC at their meeting held on 21 August 2018. NPEx is a tool developed by the NHS in England to manage inter-laboratory referrals.

Workflow management is key to ensuring that all samples have been processed within the required time and outstanding work lists help the laboratory to keep track of the status of all the samples received. Within Blood Sciences, this could be hundreds, if not thousands, every day.

Sample tracking is also critical so that laboratory staff can know where a sample is at any point in time. WLIMS1 sample tracking does not meet the requirement and this will be a key improvement in the new LIMS.

For Blood Transfusion, sample tracking is taken further to include the tracking of the blood product issued to the patient. 'Vein-to-vein' reflects the need to track the sample taken from the patient to match their blood to the actual blood product sent to the local fridge for that patient and then transfused into the patient. WLIMS1 includes a separate blood tracking system, Haemonetics, but as Blood Transfusion has yet to go live, this tool has not been used, unless already in use locally. This version of Haemonetics tracks blood to the local fridge but not to the patient. For the new LIMS, the service has requested a full vein-to-vein solution with remote issue, which will require training and support of NHS staff beyond the Pathology service.

Results Reporting

When the result has been clinically validated, the result may be reported directly, such as blood tests results; or may require the clinician to write a report documenting their findings and making recommendations to the requesting clinician. In this case, the clinician will dictate a report that will be typed up by their medical secretary. The new LIMS will require dictation and voice recognition to be an integral part of the service.

Once the result has been verified or reported, it is either then printed and posted, or more commonly, sent electronically. Within the NHS, results are sent to the Welsh Results Reporting Service (WRRS), which allows users of the WCP to view diagnostic reports and requests for their patients, regardless of where they are produced. NWIS are working hard to roll out

the WCP for results reporting so there should be significant coverage by the time the new LIMS is ready to deploy. Results to GPs are sent via the GP links to their clinical system, irrespective of where the test was ordered or processed.

In addition to sending results to the requesting clinician, WLIMS1 also have interfaces to more than 60 downstream, clinical systems across Wales to report results, as shown in [Appendix 2](#). Now that the WRRS is more widespread, it is planned to review the systems that require an interface to receive the result or whether the service could view the results via the WCP.

Whenever WLIMS1 falls over, it is the resetting of all these interfaces to the downstream clinical systems that takes the time for the system to come back online. It is therefore proposed that for the new LIMS, the supplier will produce a single extract that NWIS will integrate to required downstream systems reducing the cost of managing direct interfaces. Additional integration staff will be appointed to manage these interfaces but the overall costs will be less than the current arrangements.

Quality Management System

Every process and procedure within the laboratory is documented in a standard operating procedure (SOP). Each laboratory may have hundreds or thousands of these SOPs, which have to be updated if analysers change or new guidance is issued. The laboratory has a responsibility to make sure that all their procedures meet legal, accreditation and validation requirements and have to be regularly reviewed. Evidence has to be provided to maintain accreditation, which is becoming increasingly more stringent. This includes the training records of staff to make sure they are competent to perform the analysis and validation undertaken. Many laboratories, but not all, have a quality management system (QMS), most commonly Q-Pulse, the de facto Pathology QMS. Some are using SharePoint to manage documentation but finding it increasingly difficult to manage their documentation to the standard required. There has never been a national QMS, which makes standardisation difficult to maintain, as there is no central management of standard SOPs, other than for Microbiology. The NSW CEG has approved the procurement of a national QMS supported by a national quality management team. This team will not only maintain standardised SOPs but also LIMS system and training documentation. It is planned to ensure a more standardised implementation with system documentation maintained so that testers sitting with the national quality management team can support local sites with their user acceptance testing. This team will also have a Validation Officer that can support accreditation and validation, significantly reducing the cost incurred in validating WLIMS1.

Business intelligence

Business intelligence (BI) is critical to plan, manage and deliver a safe, efficient, sustainable Pathology service and for secondary uses such as epidemiology. One of the important business benefits identified in the business case for WLIMS1 was to have the ability to collect and compare data consistently, accurately and comparably across all health boards and hospital sites within Wales. Previously this was not possible due to the lack of standardisation of tests and test sets, differing definitions of “units of measure” and multiple methods of collecting, analysing and presenting the data. An all Wales LIMS would be significantly more standardised with common test sets containing the same test items, with data collected using a standard data collection tool provided by the supplier.

InterSystems BI solution is DeepSee Business Intelligence, did not meet expectations. The lack of good BI remains an issue to the extent that it has been difficult to plan services nationally and inform the Pathology Statement of Intent. A much more detailed specification has been developed for the requirement for the new LIMS. Figure 7 presents a potential model for the delivery of BI for the new LIMS.

NHS Wales has now identified the development of a National Data Resource (NDR) to harness the power of big data that can be used for strategic planning and research. This could meet some of the BI requirement for Pathology although timescales for development have yet to be confirmed.

No national resource was funded to support the development of the WLIMS1 BI capability, so two informatics analysts are proposed for the new LIMS, so that BI can be developed to meet the needs of the service from day one, and ensure a standardised approach to BI. In addition, as part of the Pathology Statement of Intent, NHS Wales will revisit the current Pathology informatics arrangements across Wales and develop a new configuration that best meets the needs of Pathology services.

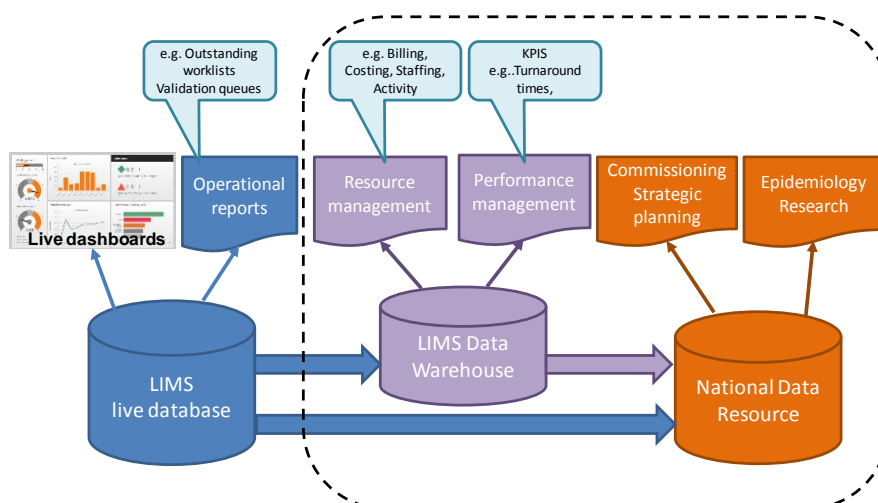


Figure 7: New LIMS business intelligence model

Potential business scope and key service requirements

This section describes the potential scope for the project in relation to the above business needs. The scope is about more than the LIMS, and includes systems and services that collectively delivery an end-to-end technical solution to support the modernisation of Pathology services. The potential scope is set out in [Appendix 6](#) and includes:

- Pathology disciplines and sub-disciplines
- Core functionality
- Discipline specific functionality
- Integration requirements
- Additional systems / tools
- Business intelligence
- Standards
- Business change
- Documentation

A key requirement is that the new LIMS system must be modular in design, so that changes in one discipline do not impact another discipline and that each discipline is in control of its own change programme, unless absolutely critical to the whole system. For example, adding a new test or changing comments in a test report should be straight forward and quick to achieve and not dependent upon having to retest the system for other disciplines.

Additional systems and tools to the LIMS include:

- Optional electronic test requesting system, if the WCP cannot be developed to meet the needs of the Pathology service;
- A blood tracking system supporting the delivery of a vein-to-vein solution with remote issue;
- Scanning system to support scanning any paper documentation to attach to the patient record;
- Dictation and voice recognition to support clinical reporting of results;
- Business intelligence tool to support the production of business intelligence for the Pathology service;
- All Wales quality management system (QMS) and quality team to maintain and assure the quality of an all Wales standardised service, including the quality of documentation, data and information required for accreditation and validation. The NHSW CEG approved the inclusion of a QMS in the LINC OBC at its meeting held on 26 June 2018;
- NPEx, a tool to manage test referrals into, and out of Wales, and for specialist services, such as medical genetics. The tool improves data quality and completeness, including image management and the turnaround of results reporting and potential for income generation.

The NSW CEG approved the inclusion of NPEX in the LINC OBC at its meeting held on 21 August 2018;

- Legacy data system that will be developed using the All Wales National Data Repository (NDR), which will store all historic data, provide a data viewer to look up and extract records and provide the ability to transfer historic data into the live LIMS as required.

The scope excludes:

- Systems for Medical Genetics and Point of Care Testing, where separate solutions have been purchased and are currently being implemented (SCC Soft Genetics and Siemens POCcelerator);
- A new solution for the Welsh Transplantation and Immunogenetics Laboratory (WTAI) has also been excluded. Steiner is currently developing the WTAI solution under the terms of the same InterSystems contract as TCL. It was planned to include WTAI in the scope of this OBC but with a separate procurement but costings are not available, so will have to be considered separately;
- All local hardware including PCs, printers, local network infrastructure, fridges and Blood Transfusion kiosks; Pathology analysers and other equipment;
- Wide area networking to each site, as it is assumed that the supplier will use the PSBA service. If the supplier chooses to use their own data centre, they will have to provide a connection to this service;
- Systems for Bowel Screening and Downs Screening, although these could be offered as optional extras in the Maximum option.

It is essential that with a potential 14 year contract, the supplier can demonstrate how they can develop their LIMS service within the terms of the agreed contract to support service transformation and new technical developments, such as digital microscopy, digital cellular pathology, artificial intelligence and machine learning. The aim is to avoid significant additional costs to the service to take advantage of new developments.

Spending Objectives

The spending objectives for the LINC Programme have evolved throughout 2018 during discussions in workshops, presentations and board meetings:

- SO1** To improve patient care, patient safety and patient outcomes;
- SO2** To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;
- SO3** To deliver a seamless, end-to-end technical solution for Pathology services;
- SO4** To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;
- SO5** To meet current and future service requirements.

Main Benefits Criteria

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to business needs.

Satisfying the potential scope for this investment will deliver high-level strategic and operational benefits. These are set out in relation to the spending objectives and programme outcomes. More detail is provided in the [Economic Case](#), where benefits are linked to strategic benefits.

Key benefits will be realised as a result of:

- Further standardisation that will avoid the need for manual workarounds delivering:
 - Reduced overheads and administrative costs
 - Easier training
 - Staff able to work anywhere
 - Common tests can be analysed anywhere
 - Reconfiguration of services easier to achieve
- Electronic requesting, which can deliver
 - Reduction in reception staffing levels
 - Automated booking in and sample sorting, speeding up the testing process reducing turnaround times
 - Reduced need for centrifuging samples as more analysis can be completed within the sample shelf-life
- Service management arrangements that allow agile support and maintenance of the system

[Appendix 9](#) sets out the benefits in relation to the spending objectives.

3.4. Risks

The main business and service risks associated with the potential scope for this project are shown in [Appendix 10](#) together with their mitigation.

A key risk that the service has identified is that no resources have been included in this OBC to cover the local costs of supporting the programme and deployment, such as for time to support the procurement and backfill to release staff for training. Even though a different approach is being taken with the system being configured by the supplier, a more standardised system being implemented and a central team of subject matter experts to provide support to local services, local staff will need to be involved and resources provided to cover this.

3.5. Constraints

The project is subject to the following constraints:

- Lack of resources to release staff from NWIS and the service to support the procurement, development, testing and training and to take forward the work on standardisation of workflows;
- Gaining the commitment of the whole service to the benefits of standardisation;
- The requirement for the new LIMS to work within the All Wales national architecture;
- The limited financial resources available to the NHS for a new system, to support the procurement and further standardisation.

3.6. Dependencies

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

- An agreement with InterSystems to support TCL 2016 after their contract expires in June 2020;
- The development of the WCP to deliver electronic requesting to meet Pathology requirements in time for deployment if the new LIMS;
- The development of the NDR as a legacy solution for Pathology data;
- Re-procurement of the eMPI service for which the contract also expires in 2020;
- The approval of Welsh Government, NIMB, Health Boards/Trusts/PHW and professional bodies to this OBC.

4. The Economic Case

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the OBC documents the wide range of options that have been considered in response to the potential scope identified within the Strategic Case.

4.1. Critical Success Factors

The key Critical Success Factors (CSFs) for the programme are set out in Table 8, have been derived from the core CSFs contained within the OBC guidance. These CSFs are used alongside the investment objectives to evaluate the long-list of possible options.

Table 8: LINC Programme Critical Success Factors

| ID | Critical Success Factors |
|------|---|
| CSF1 | Business Needs: How well the option satisfies the existing and future business needs of NHS Wales |
| CSF2 | Strategic Fit: How well the option provides fit and synergy with other key elements of the national and local strategies relevant to Pathology services |
| CSF3 | Benefits Optimisation: How well the option optimises the business outcomes and potential benefits (both qualitative and quantitative, direct and indirect to NHS Wales), and assists to improve overall VFM (economy, efficiency and effectiveness) |
| CSF4 | Potential Achievability: How likely is this option to be achievable having regard to the ability of stakeholders to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks; the need for supporting skills (capacity and capability) and engender acceptance by staff and patients. |
| CSF5 | Supply Side Capacity and Capability: The ability of the marketplace and its potential suppliers to deliver the required services and deliverables. |
| CSF6 | Potential Affordability: The ability of the relevant stakeholders – both national and local – to fund the required level of expenditure viz., the capital and revenue consequences associated with the proposed investment. |

4.2. Longlist of Options

This section documents the wide range of options considered that have been generated using the options framework that identifies and analyses choices for scope, service solution, technical solution, configuration, service delivery and implementation.

Funding options are not assessed as the latest financial guidance IFRS16 makes it clear that expenditure on an asset delivered as a managed service,

where the client controls the use of the asset should be treated as capital. A capital / revenue only option is therefore presented.

Up to five options within each category are evaluated and one will be identified as the *preferred* option. Others may be a *possible* option or *discounted*.

The longlist has come about following consultation with the key stakeholders and the LINC Programme Board and specifically reviewed at an OBC workshop held on 17 August 2018 and a technical workshop (joint NWIS and Pathology IT Leads) on 7 September.

4.3. Evaluation of Longlist Options

Scope Options amend

The scoping options are set out in [Appendix 6](#) and comprise.

- **SCO1: Business as Usual Scope** – The level of functionality that will be provided by InterSystems TCL 2016;
- **SCO2: Minimum Scope** – The level of functionality anticipated to be provided by InterSystems TCLE;
- **SCO3: Intermediate Scope** – This scope involves procuring a new LIMS service that would deliver the requirements requested by the NHS Wales Pathology stakeholders, support the standardisation of services, statutory compliance, emerging, more stringent quality standards and provide a platform for future development;
- **SCO4: Maximum Scope** – This scope involves procuring a state of the art Pathology service that would meet all current and know future requirements as requested by the NHS Wales Pathology stakeholders.

Evaluation of Scope Options

Each scope option is described in more detail in Table 9, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Scope Options

In summary, the preferred scope is Option 3: procure a new LIMS service that provides intermediate functionality, which will meet the current requirements of the Pathology stakeholders in NHS Wales. Option 1 is carried forward as the BAU benchmarking option, Option 2 is possible and Option 4 is discounted. However, it is essential that the supplier can demonstrate how they can develop their LIMS service within the terms of the agreed contract to support service transformation and new technical developments to allow the service to take advantage of new developments.

Table 9: Review of the Longlist Options for Scope (SCO)

| Scope Options | SCO1: Business as usual | SCO2: Minimum | SCO3: Intermediate | SCO4: Maximum |
|--|---|--|---|--|
| Description | Scope determined by capability offered by InterSystems TCL Version L2016. | To improve the scope to capability offered by InterSystems TCL Enterprise | To procure a new solution that meets current requirements, supports standardisation of services, statutory compliance, emerging more stringent quality standards and provide a platform for future development. | To procure a state of the art solution that meets all current and known future requirements to support all Pathology services. |
| Advantages (Strengths and opportunities) | Very little change in operational capability to TCL 2011, most improvements relating to DeepSee business intelligence. Known, familiar service; Easy to continue with current arrangements; Minimal training requirements. | Modern web based system with much improved functionality. | Meets functionality requirements as requested by the service; Meets current and emerging quality standards; Provide potential to meet future requirements e.g. mobilisation; Full end-to-end solution including phlebotomy and electronic requesting; Enables transformation of Pathology services to be more sustainable from a service and financial perspective. | As per Intermediate, plus: Delivers capability to support future requirements such as AI and machine learning; On-site supplier provided training. |
| Disadvantages (Weaknesses and threats) | Not compatible with future objectives / services; Ignores known developments; Does not meet future requirements e.g. mobilisation; | Unclear to what extent InterSystems will meet all requirements given agreement reached without procurement. Formal procurement advice is risk of legal challenge as no procurement. | Requirements may not be fully available in current LIMS solutions; More complex to integrate with current systems e.g. WRRS; May be more expensive, increased cost. | Requirements may not be fully available in current LIMS solutions; Cost, may not provide value for money; Supplier ability to deliver; |

| Scope Options | SCO1: Business as usual | SCO2: Minimum | SCO3: Intermediate | SCO4: Maximum |
|---|---|-------------------|--------------------|---|
| | No development opportunities Technical platform not supported after 2025; Formal procurement advice is risk of legal challenge as no procurement. | | | Lack of clarity on delivery options for the future; Culture change may be too challenging to deliver |
| Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial) | | | | |
| SO1: Patient care, safety & outcomes | No | Partial | Yes | Yes |
| SO2: Enable service transformation | No | Yes | Yes | Yes |
| SO3: Deliver end-to-end solution | No | Partial | Yes | Yes |
| SO4: More prudent use of resources | No | Partial | Yes | Partial |
| SO5: Meet current & future reqts | No | Partial | Partial | Yes |
| CSF1: Business needs | No | Partial | Yes | Yes |
| CSF2: Strategic fit | No | Partial | Yes | Yes |
| CSF3: Benefits optimisation | No | Yes | Yes | Yes |
| CSF4: Potential achievability | Yes | Yes | Yes | Partial |
| CSF5: Supply side capacity&capability | Partial | Yes | Yes | Yes |
| CSF6: Potential affordability | Yes | Yes | Yes | Partial |
| Conclusion | Carried forward (benchmark) | Discounted | Preferred | Possible |

Service Solution Options

The service solution options are listed below and Table 10 provides a review of these options:

- **SSO1: Local LIMS** - each Health Board separately procures and manages its own LIMS;
- **SSO2: Best of breed LIMS** – Separate national systems are procured for each major discipline: Blood Sciences, Cellular Pathology and Microbiology;
- **SSO3: Separate Cellular Pathology LIMS** – a system is procured for Cellular Pathology including digital services separately to a combined, national system for Blood Science and Microbiology;
- **SSO4: Single, national LIMS** – a single, national LIMS is procured for all Pathology disciplines across Wales.

A consequence of the experience with TCL has been the request to consider *best of breed* options for services such as Cellular Pathology and Blood Transfusion. Consequently, a Prior Information Notice was published in OJEU in January 2018 to give suppliers the heads up that a procurement is planned and to test the market in particular to see what best of breed systems were available. Sixteen suppliers responded and invited to a Supplier Engagement day on 6 February; ten suppliers attended and six gave presentations on their system and described how they would work with Wales. Five suppliers were offering best of breed although, they were either too focused (Mortuary services or New Born Spot Screening), with two offering Cellular Pathology and one offering Blood Transfusion. Feedback from the supplier day indicated that there remained a split in views on whether to continue to explore *best of breed* solutions versus a single, full LIMS for Wales⁴. A paper⁵ was prepared for the April meeting of the LINC Programme Board, which considered the issues relating to these options and the Board decided that the right approach was to continue to build on a single, national LIMS. The NHSW CEG ratified this decision at their meeting on 18 September 2018.

Subsequently, the option for Microbiology to buy its own system was raised at the National Pathology Network meeting in September and again at the LINC Programme Board in October. In various workshops held during the year and at the LINC Programme Board in August and September, it has been requested that the option for separate LIMS for each health board be considered as a shortlisted option. Both of these options had already been rejected and the NHSW CEG unanimously decided in favour of a single, national LIMS at their meeting held on 18 September 2018. In discussion with Ian Gunney and Peter Jones at Welsh Government on 17 September

⁴ WLIMS2 Supplier Engagement Day Report V0.4, 7Mar2018, LINC Programme, NHSWHC

⁵ LINC Programme Challenges and Approach V0.2, 9Apr2018, LINC Programme, NHSWHC
Outline Business Case V0.17 Draft Page 48 of 147
Author: Judith Bates 13-December-2018

about the OBC, they requested that the rationale for a single, national LIMS be reinstated in the longlist.

Evaluation of Service Solution Options

Each service solution option is described in more detail in Table 10, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Service Solution Options

In summary, the preferred service solution is Option 4: a single, national LIMS. Option 3 is shown as Possible and the others are rejected.

Table 10: Review of the Long List Options for Service Solutions

| Service Solution Options | SSO1: Local LIMS for each Health Board | SSO2: Best of breed LIMS | SSO3: Separate Cellular Pathology LIMS | SSO4: Single, national LIMS |
|--|---|---|---|--|
| Description | Each Health Board separately procures, implements and manages its own LIMS. | Separate national systems are procured for each major discipline: Blood Sciences, Cellular Pathology and Microbiology. | A system is procured for Cellular Pathology including digital services separately to a combined, national system for Blood Science and Microbiology. | A single, national LIMS is procured for all Pathology disciplines across Wales. |
| Advantages (Strengths and opportunities) | Each health board is in control of its own LIMS as it used to be with the Telepath and Masterlab systems | Each discipline would have its own dedicated LIMS chosen as the best of breed for their service. | Cellular Pathology would have a combined LIMS and Digital Cellular Pathology solution. Blood Sciences and Microbiology would have their own national solution | A single national system would be implemented once with a single hosting arrangement, have one set of interfaces to national applications and have one service management arrangement in place. |
| Disadvantages (Weaknesses and threats) | There may be multiple suppliers providing these systems across Wales with six separate data centres. The interfaces would have to be developed, implemented, tested and maintained to the national applications for six separate LIMS systems. There would be six separate service management arrangements, which may vary for each health board. Legacy data would have to be delivered separately for each LIMS. It would be difficult to produce consistent, comparable, | The market soundings earlier this year did not provide evidence of any supplier offering a viable best of breed option. There is no evidence that a best of breed option would provide any additional benefit over and above a single, national LIMS and the costs of three | Digital Cellular Pathology tends to be an additional toolset separate to the LIMS and the market place did not offer a combined solution that was currently live in the UK as part of the market soundings earlier this year. | It has proven difficult to implement a national system, which is still not yet fully deployed in all disciplines. A different approach would need to be taken to business change and standardisation and approach to implementation to |

| Service Solution Options | SSO1: Local LIMS for each Health Board | SSO2: Best of breed LIMS | SSO3: Separate Cellular Pathology LIMS | SSO4: Single, national LIMS |
|---------------------------------------|--|---|---|---|
| | national data for Pathology services and to implement or maintain a standardised service across Wales. In addition, it would be much more difficult to move work around Wales or reconfigure services. Overall, this option would be costly to procure, implement and maintain; and not provide value for money. | separate LIMS would be more significant, as per option one. | This would also be more complex and costly to procure, implement and maintain as per options one and two. | develop, test and enable local services to take up the new service. |
| SO1: Patient care, safety & outcomes | No | Partial | Partial | Yes |
| SO2: Enable service transformation | No | Partial | Partial | Yes |
| SO3: Deliver end-to-end solution | No | Partial | Partial | Yes |
| SO4: More prudent use of resources | No | No | No | Yes |
| SO5: Meet current & future reqts | No | Partial | Partial | Yes |
| CSF1: Business needs | Partial | Partial | Partial | Yes |
| CSF2: Strategic fit | No | Partial | Partial | Yes |
| CSF3: Benefits optimisation | No | No | Partial | Yes |
| CSF4: Potential achievability | Partial | Partial | Partial | Partial |
| CSF5: Supply side capacity&capability | No | No | No | Yes |
| CSF6: Potential affordability | No | No | Partial | No |
| Conclusion | Discounted | Discounted | Possible | Preferred |

Technical Solution Options

The technical solution options are listed below and describe how the technical platform for the LIMS service will be delivered:

- ***TSO1: Supplier cloud hosted solution*** – the supplier hosts a technical solution using cloud services, subject to meeting NHS Wales information governance and security requirements, e.g. or Infrastructure as a Service (IaaS), Software as a Service (SaaS) or Platform as a Service (PaaS);
- ***TSO2: National data centre (supplier hosted)*** – the supplier hosts a dedicated technical solution in the NHS Wales data centres;
- ***TSO3: National data centre (NWIS hosted)*** – NWIS hosts a dedicated technical solution in the NHS Wales data centres
- ***TSO4: Local data centres (health boards)*** – a dedicated technical solution is hosted in local data centres managed by health boards or regional services.

Evaluation of Technical Solution Options

Each technical solution option is described in more detail in Table 11, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Technical Solution Options

In summary, the preferred technical solution is Option 1: a supplier hosted solution. Option 3 is carried forward as the BAU option for benchmarking purposes. Option 2 is possible and Option 4 is discounted.

Table 11: Review of the Longlist Options for Technical Solutions (TSO)

| Technical Solution Options | TSO1: Supplier cloud hosted | TSO2: National data centre – Supplier hosted | TSO3: National data centre - NWIS hosted | TSO4: Local data centres – Health Boards |
|--|--|--|--|---|
| Description | Solution technical platform implemented and managed by the supplier utilising cloud services from Infrastructure as a service (IaaS), Software as a Service (SaaS) or Platform as a Service (PaaS). | Solution technical platform implemented and managed by the supplier from an NHS Wales Data Centre – the successful supplier would manage the software and hardware environment, but the solution would be housed within the NHS Wales national data centres. NHS Wales role would be limited to providing access to premises, data centre services and charging arrangements for its use with no service delivery. | Solution technical platform implemented and managed by NWIS from an NHS Wales Data Centre. This is the current model for WLIMS1. | Solution technical platform implemented and managed by the supplier, utilizing one or more local health board data centres. |
| Advantages (Strengths and opportunities) | Fewer NHS staff resources and responsibilities Responsibility for contract performance lies with the supplier. Supplier responsible for the whole environment; Management of operational issues less complex; Technology refresh managed by provider as part of a service; | Potential cost, compared to TSO1; Reduce governance risk; Data is held by NHS Wales and service is provided from the NHS Wales network; Supplier responsible for end-to-end service with NHSW only providing the data centre(s) | NHS understanding of the system; The data is held by NHS Wales and service is provided from the NHS Wales network; National data centres are connected directly to the PSBA network; | Local data centres are connected directly to the PSBA network. |

| Technical Solution Options | TSO1: Supplier cloud hosted | TSO2: National data centre – Supplier hosted | TSO3: National data centre - NWIS hosted | TSO4: Local data centres – Health Boards |
|--|---|---|--|---|
| | Capital costs reduced as this option would be revenue funded. | infrastructure (racks, networking etc.); National data centres are connected directly to the PSBA network. | Supplier would manage the software environment. | |
| Disadvantages (Weaknesses and threats) | <p>Potential cost; Data would not be directly within NHS control although this would be controlled via the contract and service levels; Risks around service provision including potential loss of service and data from a technical perspective; Supplier would need to provide a connection to the PSBA⁶ network from their data centre. Suppliers would have to comply with national standards for information governance and security such as the National Cyber and Security Centre Health and Social Care cloud Security - Good Practice Guide.</p> | <p>Supplier would need access to the national data centers; Access issues e.g. firewall, integration. Supplier may be constrained by the capacity available in the national data centers; Service may be impacted by NWIS work in the data centers. Potential supplier / NWIS conflict.</p> | <p>NHS resource heavy; Supplier would need access to the national data centers; Supplier may be constrained by the capacity available in the national data centers; NWIS required to manage the hardware environment with potential conflict with supplier over management of the software environment and where the boundaries between these responsibilities are divided, especially when incidents arise.</p> | <p>HBs unlikely to agree to their local data centres being used for a national system; LIMS is held in a single database, so it would not be technically feasible to host the software in disparate data centres. Separate HB instances to provide resilience within a national solution would still be managed via a single technical solution</p> |

⁶ Public sector broadband aggregation (PSBA) – the national network for the NHS, public sector and education services across Wales.
Outline Business Case
Author: Judith Bates

| Technical Solution Options | TSO1: Supplier cloud hosted | TSO2: National data centre – Supplier hosted | TSO3: National data centre - NWIS hosted | TSO4: Local data centres – Health Boards |
|---------------------------------------|-----------------------------|--|--|--|
| SO1: Patient care, safety & outcomes | Partial | Partial | Partial | No |
| SO2: Enable service transformation | Partial | Partial | Partial | No |
| SO3: Deliver end-to-end solution | Partial | Partial | Partial | No |
| SO4: More prudent use of resources | Partial | Partial | Partial | No |
| SO5: Meet current & future reqts | Partial | Partial | Partial | No |
| CSF1: Business needs | Yes | Yes | Yes | No |
| CSF2: Strategic fit | Yes | Yes | Yes | No |
| CSF3: Benefits optimisation | Partial | Partial | Partial | No |
| CSF4: Potential achievability | Yes | Partial | Partial | No |
| CSF5: Supply side capacity&capability | Yes | Partial | Partial | No |
| CSF6: Potential affordability | Partial | Partial | Partial | No |
| Conclusion | Preferred | Possible | Carried Forward (benchmark) | Discounted |

Configuration Options

There are two configuration options as listed below.

- **CON1: In-house Configuration (NWIS)** – NWIS to configure the application as part of the development of the solution;
- **CON2: Supplier Configuration** – The supplier to configure the application as part of the development of the solution.

Evaluation of Configuration Options

Each configuration option is described in more detail in Table 12, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Configuration Options

In summary, the preferred option for configuration is Option 2: supplier configuration. Option 1 is carried forward as the BAU benchmarking option.

Table 12: Review of the Longlist Configuration Options

| Configuration Options | CON1: In-house configuration (NWIS) | CON2: Supplier configuration |
|--|---|--|
| Description | NWIS application team to configure the application and other tailoring as part of the development of the solution to meet the Pathology service requirements. | The supplier to complete the entire configuration and other tailoring as part of the development of the solution to meet the Pathology service requirements. |
| Advantages (Strengths and opportunities) | Application team in place and have experience and knowledge of local requirements | Supplier has experience of the solution and how best to design and develop and efficient system to meet Pathology service requirements. |
| Disadvantages (Weaknesses and threats) | Limited resources and current team unable to complete all the changes required and in a constant cycle of development. Consequently current staff unable to take on any other development work due to configuration demands | Supplier does not have in depth knowledge of how the Pathology service works in Wales. May be more expensive. |
| Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial) | | |
| SO1: Patient care, safety and outcomes | Partial | Partial |
| SO2: Enable service transformation | Yes | Partial |
| SO3: Deliver end-to-end solution | Partial | Partial |
| SO4: More prudent use of resources | Partial | Yes |
| SO5: Meet current and future requirements | Partial | Yes |
| CSF1: Business needs | Yes | Partial |
| CSF2: Strategic fit | Partial | Yes |
| CSF3: Benefits optimisation | Partial | Yes |
| CSF4: Potential achievability | Yes | Yes |
| CSF5: Supply side capacity & capability | Partial | Yes |
| CSF6: Potential affordability | Yes | Partial |
| Conclusion | Carried forward (benchmark) | Preferred |

Service Delivery Options

The service delivery options are listed below and describe who will deliver the service solution, comprising a number of separate components as presented in Figure 11.

- **SDO1: In-house system delivery** – The NHS is responsible for the development of the LIMS system and its management in terms of updates, environment, integration & configuration and implementation;
- **SDO2: NHS service management** – the current service management model for WLIMS1, with most service management components provided by NWIS, only application development and third line support provided by InterSystems;
- **SDO3: Supplier partial service management** – some of the service management components, such as application management, being shared between the supplier and NHS Wales and second line support (in addition to ongoing development);
- **SDO4: Supplier total service management** – all of the service management components provided by the supplier with only NHS contract management governance processes in place to manage the supplier's performance against the contract.

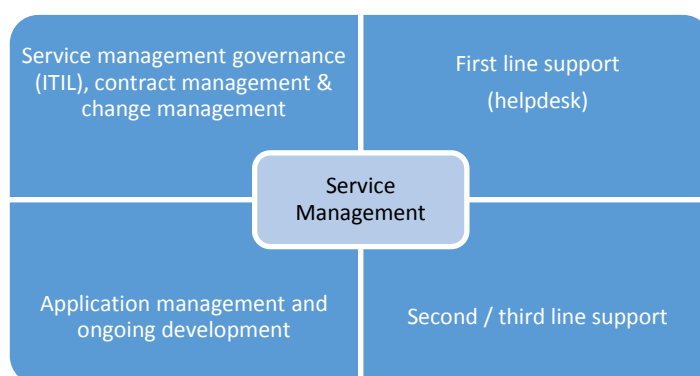


Figure 11: Service Management Components

Evaluation of Service Delivery Options

Each service delivery option is described in more detail in Table 13, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Service Delivery Options

In summary, the preferred option for service delivery is Option 3: Supplier partial service management. Option 2 is carried forward as the BAU option for benchmarking purposes. Option 4 is possible and Option 1 is discounted.

Table 13: Review of the Longlist Options for Service Delivery (SDO)

| Service Delivery Options | SDO1: In-house service delivery | SDO2: NHS service management | SDO3: Supplier partial service management | SDO4: Supplier total service management |
|--|---|---|--|--|
| Description | The NHS is responsible for the development of the LIMS system and all service management including updates, environment, integration, configuration and implementation. | The NHS procures a system licence but then takes responsibility for managing the system, its configuration, integration and environment and support. The supplier provides LIMS updates to the NHS to apply. This is the current model for WLIMS1 | NHS procures a service, which the supplier initially develops and configures but ongoing service management is divided between the supplier and the NHS. | The NHS procures a service totally supported by the supplier with no in-house service management only contract management. |
| Advantages (Strengths and opportunities) | NHS has total control of the development and management of the solution. | NHS controls the management of the solution. | NHS can choose what services to manage and which the supplier will manage. This option is potentially more responsive to change. | NHS has no responsibilities and all services are provided by the supplier directly to the service; The quality of the service is managed by the service levels in the contract, with financial incentives to meet the required standards. |
| Disadvantages (Weaknesses and threats) | The NHS could not develop a Pathology solution, as it is far too complex and would take an inordinate amount of resources and time; This solution is not feasible. | Conflict between NWIS, the service and the supplier arise because of difficulties in managing the supplier relationship, especially when incidents arise. | The NHS will need to resource the skills required to manage the services being provided by the NHS. Local resources will be required in each HB. | This is likely to be more expensive and dependent on the quality of the supplier's service management. The NHS would have no direct control over the system. |

| Service Delivery Options | SDO1: In-house service delivery | SDO2: NHS service management | SDO3: Supplier partial service management | SDO4: Supplier total service management |
|--|---------------------------------|------------------------------------|---|---|
| Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial) | | | | |
| SO1: Patient care, safety and outcomes | No | Partial | Partial | Partial |
| SO2: Enable service transformation | No | Partial | Partial | Partial |
| SO3: Deliver end-to-end solution | No | No | Partial | Partial |
| SO4: More prudent use of resources | No | Partial | Partial | Partial |
| SO5: Meet current and future requirements | No | No | Yes | Partial |
| CSF1: Business needs | No | No | Yes | Yes |
| CSF2: Strategic fit | No | No | Partial | Partial |
| CSF3: Benefits optimisation | No | No | Partial | Partial |
| CSF4: Potential achievability | No | Partial | Yes | Yes |
| CSF5: Supply side capacity & capability | No | No | Yes | Partial |
| CSF6: Potential affordability | No | No | Yes | Partial |
| Conclusion | Discounted | Carried forward (benchmark) | Preferred | Possible |

Implementation Options

The implementation options examine the various approaches to implementation once the chosen system has been designed, developed and tested for Wales including integration with the national technical platform and signed off as ready to deploy in all disciplines as listed below:

- **IMP1: All disciplines phased by site** – all disciplines deployed one laboratory at a time;
- **IMP2: All disciplines phased by health board** – all disciplines deployed one health board but phasing designed to best meet the needs of the HB;
- **IMP3: Phased by discipline per health board** – service rolled out one discipline at a time phased by health board followed by the next discipline;
- **IMP4: Phased by discipline nationally** – one discipline rolled out across all health boards at the same time;
- **IMP5: Big bang approach** – all disciplines rolled out across all health boards at the same time.

Evaluation of Implementation Options

Each implementation option is described in more detail in Table 14, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Implementation Options

In summary, the preferred option for implementation is Option 2: phased by health board, which is also the BAU option for benchmarking purposes. Option 3 is possible but will take a long time to deliver and require more resources as evidenced by the roll out of WLIMS1. Options 1, 4 and 5 have been discounted.

Table 14: Review of the Longlist Options for Implementation

| Implementation Options | IMP1: All disciplines phased by site | IMP2: All disciplines phased by HB | IMP3: Phased by discipline by HB | IMP4: Phased nationally by discipline | IMP5: Big bang |
|--|--|---|---|---|---|
| Description | Implement all disciplines for all laboratories on a single site at a time. | Implement all disciplines for all laboratories a single HB at a time | Implement one major discipline in one HB at a time | Deploy one discipline at a time nationally, so sites at the same time. | Deploy all disciplines for all laboratories across Wales at the same time. |
| Advantages (Strengths and opportunities) | Resources could be concentrated on one site; Laboratories can go live at each site and issues addressed before moving onto the next site; If problems encountered rollback would be simpler. | Laboratories can go live within each health board and issues addressed before moving onto the next health board; Standardised reporting at one HB achievable on the same day; Processes same for all HB services; Implementation team can be concentrated at one HB; Path towards national implementation would be shorter. | This would enable concentration of resources on one discipline; If a problem with one discipline, it would not affect the others; This model was tested with WLIMS1 implementation. Health Boards do not have to provide such a high level of IT support at the same time. | A problem in one discipline would not affect another discipline. HBs would not have to provide IT support to all disciplines at the same time. Only 6 discipline implementations Workflow within disciplines across other Welsh laboratory sites would not be significantly disrupted. | Standardised system delivered on the same day; Can refer samples between HBs immediately and manual interim arrangements not required; Dual running is not required once the new LIMS goes live; All requesting and results are to and from the same system reducing interim management of interfaces. |
| Disadvantages (Weaknesses and threats) | HBs working as hub and spokes would not be able to transfer work or function; Patient safety issues; With ~ 30 sites, would take a very long implementation | Referred work affected between HBs but could use NPEX as an interim solution; Problems with implementation would affect the whole HB – A problem with one | ~30 implementation phases, so it would take longer and cost more in terms of supplier and programme team resources; Unable to refer work between | The Model would have not been tested. The supplier may have resource implications to support all sites at one time. There would be patient safety implications if a | High risk strategy, could affect all Pathology services nationally; Resource implications to support all sites at the same time; Patient safety compromised if |

| Implementation Options | IMP1: All disciplines phased by site | IMP2: All disciplines phased by HB | IMP3: Phased by discipline by HB | IMP4: Phased nationally by discipline | IMP5: Big bang |
|--|---|--|--|--|--|
| | phase to achieve a national system; Most laboratories across a HB are interdependent and would have to go live at the same time. | discipline would affect all disciplines; Each HB needs resources to go live across all disciplines on all its sites including IT support. | HBs. Could use NPEX as an interim solution; May affect cross-discipline working and interdependencies | whole discipline across Wales failed, roll back to existing LIMS and back up of data would be compromised. | implementation fails- roll back and back up compromised. |
| Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial) | | | | | |
| SO1: Patient care, safety & outcomes | No | Yes | Yes | No | No |
| SO2: Enable service transformation | No | Partial | No | No | No |
| SO3: Deliver end-to-end solution | No | Partial | Partial | Partial | Yes |
| SO4: More prudent use of resources | No | Partial | Partial | Partial | Partial |
| SO5: Meet current & future reqts | No | Yes | Partial | Partial | Yes |
| CSF1: Business needs | No | Partial | Partial | Partial | Partial |
| CSF2: Strategic fit | No | Partial | Partial | Partial | Partial |
| CSF3: Benefits optimisation | No | Partial | Partial | Partial | Partial |
| CSF4: Potential achievability | No | Yes | Partial | No | No |
| CSF5: Supply side capacity&capability | Yes | Yes | Partial | No | No |
| CSF6: Potential affordability | Yes | Yes | Partial | Partial | No |
| Conclusion | Discounted | Preferred (benchmark) | Possible | Discounted | Discounted |

4.4. The Long List of Options: Summary of Inclusions and Exclusions

The long list has appraised a wide range of possible options, summarised as summarised in Table 15.

Table 15: LINC Long List of Options: Summary of Inclusions and Exclusions

| Category | Title | Conclusion |
|-----------------------------------|--|------------|
| Scoping Options | | |
| SCO1 | Business as usual | Discounted |
| SCO2 | Do Minimum | Discounted |
| SCO3 | Intermediate | Preferred |
| SCO4 | Maximum | Possible |
| Service Solution Options | | |
| SSO1 | Local LIMS for each health board | Discounted |
| SSO2 | Best of breed LIMS per main discipline | Discounted |
| SSO3 | Separate Cellular Pathology LIMS | Possible |
| SSO4 | Single, national LIMS | Preferred |
| Technical Solution Options | | |
| TSO1 | Supplier cloud hosted solution | Preferred |
| TSO2 | National data centre – supplier hosted | Possible |
| TSO3 | National data centre – NWIS hosted | Discounted |
| TSO4 | Local data centres – Health Boards | Discounted |
| Configuration Options | | |
| CON1 | In-house configuration (NWIS) | Possible |
| CON2 | Supplier configuration | Preferred |
| Service Delivery Options | | |
| SMO1 | In-house system delivery | Discounted |
| SMO2 | NHS service management | Discounted |
| SMO3 | Supplier partial service management | Preferred |
| SMO4 | Supplier total service management | Possible |
| Implementation Options | | |
| IMP1 | All disciplines phased by site | Discounted |
| IMP2 | All disciplines phased by HB | Preferred |
| IMP3 | Phased by discipline by HB | Possible |
| IMP4 | Phased nationally by discipline | Discounted |
| IMP5 | Big bang | Discounted |

4.5. Short-Listed Options

The summary of the long-list using the options framework has been used to map option choices into a summary of the shortlist as shown in Table 16.

Table 16: LINC Long List of Options mapped to the Shortlist

| Longlist of Options | | Shortlist of Options | | |
|---|--|------------------------|-----------------------------|-----------------------|
| | | 1. BAU | 2. Do minimum | 3. Preferred approach |
| Scope Options (SCO) | | | | |
| SCO1 | Business as usual | BAU | | |
| SCO2 | Do minimum | | Upgrade | |
| SCO3 | Intermediate | | | Intermediate |
| Service Solution Options (SSO) | | | | |
| SSO4 | Single, national system | BAU | BAU | BAU |
| Technical Solution Options (TSO) | | | | |
| TSO1 | Supplier hosted solution | | | Supplier hosted |
| TSO2 | National data centre – supplier hosted | | NDC Supplier hosted | |
| TSO3 | National data centre – NWIS hosted | NDC NWIS hosted | | |
| Configuration Options (CON) | | | | |
| CON1 | In-house configuration (NWIS) | Not applicable | | |
| CON2 | Supplier configuration | | Supplier config. | Supplier config. |
| Service Delivery Options (SMO) | | | | |
| SMO1 | NHS service management | NHS service management | | |
| SMO3 | Supplier partial management | | Supplier partial SM | Supplier partial SM |
| Implementation Options (IMP) | | | | |
| IMP2 | Phased by health board | Not applicable | | Phased by HB |
| IMP3 | Phased by discipline per HB | | Phased by discipline per HB | |

The shortlisted options comprise:

- A **business as usual** option, to upgrade to InterSystems TCL 2016, for benchmarking purposes;
- A **do minimum** option, to agreement a new contract with InterSystems for TCL Enterprise without a procurement;
- A **preferred approach** using the preferred longlist options across all categories.

Option 1 – Business as Usual

This option, to upgrade to TCL 2016, provides the benchmark for value for money and is predicated upon the following parameters:

- **Scope:** Option 1 of the scope options in terms of the capability of TCL 2016. The upgrade will be kept to a minimum to keep costs as low as possible and implement as quickly as possible;
- **Solution:** Upgrade to TCL 2016 and use this version until 2027;
- **Service delivery:** The same as at present with NWIS hosting the service and InterSystems providing software updates and third line support. There will be no changes to the method of integration to clinical, downstream systems;
- **Implementation:** The upgrade is anticipated to take 18 months from January 2019 to June 2020. Most of the work during 2019/20 will be behind the scenes with go live across the whole service at the same time between April and June 2020;
- **Funding:** The costs of the upgrade are unknown at this stage, but a notional capital cost of £2.5m has been assumed. This is deemed to be a sunk cost to the LINC Programme. NWIS will take the lead on securing funding and delivering the upgrade as part of the management of WLIMS1. WLIMS1 apportionment method will continue. However, the costs payable to InterSystems may increase after the current contract expires in June 2020.

It has been suggested that given the cost and effort required to undertake the upgrade, that the service should get some benefit by using the system for some time before replacing with a new LIMS and therefore delaying the procurement. However, delaying the procurement is not recommended because:

- It is already known that there will be minimal operational benefits from the upgrade. For example, there is no evidence to suggest that there will be an improvement in poor functionality such as document scanning and voice recognition;
- The current complex configuration will just be copied over with no opportunity to streamline the improve standardisation;
- Although there is an improvement in business intelligence capability with DeepSee 2, InterSystems proposal is to just copy across the current reporting, so there would be no immediate benefits;
- The upgraded solution will be required until the new LIMS is fully deployed anyway, which is anticipated to be for a minimum of three years until March 2023 if the deployment is completed to time;
- The health boards are under considerable financial pressure to deliver efficiency savings. The new LIMS is an enabler to deliver an efficient solution that will deliver financial benefits. A delay in the procurement will delay the realisation of these financial benefits;
- TCL 2016 is also an old system now and InterSystems has stated that it will not be supported after 2025, so if there is a delay in deployment of the new LIMS, NHS Wales could be in the same position as it is now with TCL 2011;

- Delay in the procurement will compromise the transformation of Pathology services as set out in the Pathology Statement of Intent.

In terms of providing a viable option for the business case, this option is risky because it does not involve going out to procurement and the service is at risk of challenge. Moreover, the solution does not provide a modern platform to support the delivery of the spending objectives and the development of a modern, sustainable Pathology service.

Option 2 – Do Minimum Option

This option is to negotiate a new contract with InterSystems to take TCLE without a procurement:

- **Scope:** Option 2 of the scope options subject to clarification with InterSystems about what can be delivered by TCLE. It is not currently live in the UK, so the scope has not been assessed;
- **Solution:** Implement TCLE after taking the TCL 2016 upgrade;
- **Service delivery:** InterSystems take over the hosting of the service in an NHS data centre but, otherwise the same application support arrangements remain;
- **Implementation:** Upgrade to TCL2016 by June 2020, then InterSystems has indicated that TCLE will go live by the end 2023;
- **Funding:** Indicative costs for the option have been assessed and will require capital and revenue funding.

In addition to proving a compliant, supported solution, the upgrade should improve performance and stability. However, like option 1, this option is risky because it does not involve going out to procurement and the service is at risk of challenge. NHS Wales is also a hostage to fortune as InterSystems offering will not have been tested against the market. Although the cost of the core LIMS may look cheaper, the incremental costs of the wider LIMS solution including other tools may easily result in the overall costs being greater than a procured solution.

Option 3 – The preferred approach

This option using the preferred longlist options across all categories considered:

- **Scope:** Option 3 of the scope options providing intermediate scope;
- **Solution:** The procurement of a new LIMS service;
- **Service delivery:** Hosting provided by the new LIMS supplier combined with partial service management but with more support from the LIMS supplier than presently provided;
- **Implementation:** The service would be developed, tested and validated for the whole of Wales and then deployed in across Wales one health board at a time;

- **Funding:** The costs are based on a capital / revenue model in accordance with IRFS16 definition of assets in a managed service. The costs of the preferred option were considered and approved in principle by the NHSW CEG at its meeting on 23 October 2018.

4.6. Economic Appraisal

This section provides an explanation of the general approach taken with regard to the identification and calculation of the costs and benefits shown within the economic appraisals. They cover the seven-year contract period of 2020/21 to 2026/7.

4.7. Estimating Benefits

Benefits, set out in Table 17 have been developed through a series of workshops during 2018:

- A business case workshop on 23 January reviewed the WLIMS1 benefits and proposed additional benefits for the new LIMS;
- Discipline specific workshops identified further potential benefits;
- A benefits workshop on 27 June refined the benefits and how they will be measured, baselined and whether they are Financial (cash releasing), Economic (financial non-cash releasing) or Qualitative;
- A workshop on 17 August evaluated the outcomes arising from the spending objectives in relation to following strategic benefits;
 - Patient safety increased
 - Positive patient outcome increased
 - Convenience of care increased
 - Patient confidence increased
 - Legal / policy compliance increased
 - Health system efficiency increased
 - Overall health system costs decreased
- A workshop on 8 October to financially quantify the benefits.

The financial quantification of benefits has proven difficult due to the lack of comparative data available. It was therefore decided to assess the potential financial benefits based on possible savings in the overall cost of the pathology service. This seemed like a realistic approach as, in England, the aim is to reduce the cost of pathology services from 1.9% to 1.6% of the overall NHS budget. As an enabling programme, LINC could not deliver all of these savings but could contribute to them.

Although, the total cost of the Pathology service is not readily available, 1.9% of the total allocation of £6,185 million revenue monies to Welsh Health Boards and Trusts in 2018/9 is equates to £118m. The NHS Wales Collaborative Executive Group at its meeting on 20 November 2018 asked that the financial benefits be considered in three levels:

- Benefits from electronic test requesting (reduced administrative costs);
- Benefits from improve demand management and business intelligence (reduced number of repeat requests);
- Benefits from the wider improvement in clinical pathways and patient outcomes (such as diagnosing cancer at an earlier stage reducing the cost of treatment and improving patient outcomes).

For the purpose of this OBC therefore, the financial benefits have been estimated as 3% of the cost of the Pathology Service, which equates to £4 million per annum, equally divided across each benefit level. This level of saving is considered achievable. For example, electronic test requesting will reduce the number of administrative staff required to book in tests manually and to scan paper requests into the patient record. Keele benchmarking data for each health board in Wales⁷ during 2016/7 identifies that £4.7m is being spent on '*Other Staff*', the bulk of which are the administrative staff in Pathology. One Health Board alone has identified a potential saving of £436k per annum; the cost of halving the number of band 2 two administrative staff (from 40 to 20 staff).

A benefits realisation strategy will be developed to better define and deliver the benefits identified. The possibility of working with the academic sector develop robust mechanisms for defining and realizing benefits will be explored, especially in relation to wider clinical pathways. A LINC Benefits Project will be established to take this work forward and an improved assessment of benefits will be included in the LINC Full Business Case.

In terms of each of the shortlisted options, the extent to which they could deliver these benefits has been explored:

- **Option 1 Business as Usual:** This could deliver up to 1% of the savings identified due to electronic test requesting, given that the upgrade proposed by InterSystems includes no change in the solution per se.
- **Option 2 Do Minimum:** Based on the scope of the recent proposal from InterSystems in relation to the option to taking TCLE, this will not match the Intermediate scope proposed in the preferred option. It is therefore estimated that a possible 2% of the savings could be achieved by this option.
- **Option 3 Preferred Approach:** It was considered that the preferred approach had the potential to deliver all 3% of the potential savings.

It should be noted that NIMB has requested that the benefits work be evaluated more thoroughly for inclusion in the next version of the OBC.

⁷ HBs not submitting benchmarking data to Keele completed the Keele template to provide the data for the analysis of the apportionment of costs for the new LIMS service.

Table 17: LINC Benefits

| Benefit ID | Benefit Description | How Measured | Comment | Benefit Type | Data Source (tbc) | Target (tbc) |
|---|--------------------------------------|---|---|-------------------------|-------------------|--|
| Patient safety increased | | | | | | |
| B1 | Improved clinical safety | Clinical incidents reduced | Reduction in in the number of incidents where patient outcomes have been compromised that involve wholly or in part pathology investigations e.g. Delays in treatment. There is a potential financial risk if HB are sued for a clinical incident. | Qualitative | Datix incidents | Halve |
| B2 | Improved service performance | Turnaround times measured according to national definition | Reduce breaches in targets e.g. ED waiting times. | Qualitative | Current TATs | 95% within time |
| B3 | Reduced transcription errors | Proportion of tests ordered electronically | Reduce errors due to manual booking in from handwritten forms. Dependent electronic requesting | Qualitative | Datix incidents | Zero |
| B4 | Safer LIMS environment | Automated environment synchronisation | WLIMS1 environments no longer manually synchronised reducing errors. | Economic | Manual | Time saved |
| Positive patient outcome increased | | | | | | |
| B5 | Paperless reporting | Time saved in costs on administration, transport, paper & ink | Paperless reporting requires that assurance that all results are reviewed and appropriate action taken. Would be delivered by development in the WCP | Qualitative & Financial | Audit | All results have auditable actions logged on the system. |
| Convenience of care increased | | | | | | |
| B6 | Mobile access to results | Measure number of requesters that can access results from any location. | Dependent on WCP being available on tablets or phones. | Economic | Not available | Mobile access working for those that require it. |
| B7 | Vein-to-vein blood tracking solution | Reduction in nursing time | Two nurses are currently needed to check blood before being transfused, but with a vein-to-vein solution, only one nurse is required, | Economic | Audit | Saved nursing time |
| B8 | Improved clinical decision making | Enhanced patient notepad functionality | | Qualitative | User survey | Improved user satisfaction |

| Benefit ID | Benefit Description | How Measured | Comment | Benefit Type | Data Source (tbc) | Target (tbc) |
|--|--------------------------------------|--|--|--------------|-----------------------|------------------|
| Patient confidence increased | | | | | | |
| B9 | Improved service quality | Reduced repeat requests | Currently there are 1200 repeat requests per week in C&V UHB alone. This will be delivered via improved demand management. | Economic | Audit needed | Halve |
| B10 | Improved sample traceability | Fewer incidents from missing samples | Full end-to-end traceability of samples via phlebotomy module, electronic requesting and LIMS audit capability. | Qualitative | Datix QMS | Zero |
| Legal / policy compliance increased | | | | | | |
| B11 | Reduction in validation costs | Reduced number of test assessments to meet validation requirements | Validation required for MHRA | Financial | Audit of WLIMS1 | Halve |
| B12 | Improved document management | Duplicated controlled documents, documents past review date. | Requires enterprise QMS to be in place, but will allow central management of standardised documentation. | Qualitative | Qpulse documents | Halve |
| B13 | Automated testing | Time taken to make configuration changes | No workarounds whilst change is being implemented. | Qualitative | Service Point records | Define standards |
| Health system efficiency increased | | | | | | |
| B14 | Mobile access to results | Reduced calls to the labs for results | Dependent on WCP being available on tablets | Economic | Needs audit | Halve |
| B15 | Time saved in scanning forms | Number of forms scanned per agreed time period | A quicker process for scanning forms would release staff time from one to several hours per day per staff member per site. This could release sizeable savings across Wales. | Economic | Needs audit | Halve |
| B16 | Improved cross site working | Ability to validate and report on samples analysed from any site | Currently unable to do this, without being given access to another user site by permission and changing the site logged into on the system. | Economic | Not available | Can do |
| B17 | Improved efficiency | Reduced login time | Currently have to login in twice and can take 20 mins or more | Economic | Needs audit | <1 minute |
| B18 | Increased availability of the system | Hours downtime per quarter | Down time to consider any issue with system that has implicate workflow e.g unable to book in samples. | Economic | WLIMS1 baseline data | 100% |

| Benefit ID | Benefit Description | How Measured | Comment | Benefit Type | Data Source (tbc) | Target (tbc) |
|--|--|--|--|--------------|-------------------------------|--|
| Patient confidence increased | | | | | | |
| Overall health system costs decreased | | | | | | |
| B19 | Sustainable pathology service | Overall costs of pathology service | The target in England is 1.6%. This OBC can contribute to but not deliver the whole target. | Financial | 1.90% | 1.80% |
| B20 | Improved income from referrals | Number and value of referrals outside Wales | Use of NPEx for referrals in and out of Wales and internally for specialist services, like Medical Genetics. | Financial | Needs audit | Generate income |
| B21 | Minimal downtime | Less overtime paid per month | WLIMS1 significant downtime being experienced in a month | Financial | HBs estimate of overtime paid | No overtime paid |
| B22 | Reduction in integration costs to downstream systems | Reduced number of direct connections to downstream systems | Need to put in place a different approach to integration and review business need for integration to individual downstream systems and, where possible, use WCP instead. | Financial | Cost per interface | 2 interfaces per HB |
| B23 | Automated sample tracking | % samples tracked online | Dependant on available data that can be sent from analyser middleware | Financial | Audit | 0.25 WTE per lab |
| B24 | Reduced manual booking in of samples | Reduction of reception staff. | Significant benefits in efficiency and data quality. Taken to the limit can include auto receipting of samples using analyser pre analytical equipment. | Financial | Current costs | Halve current costs (WTE) of staff used to book in samples using manual methods. |

4.8. Estimating Costs

In accordance with the business case guidance, these figures exclude VAT, capital charges and inflation, other than staffing costs where increments have been included for costs based on mid-point of the banding scales and 1% annual pay rises. The costs are presented using a capital / revenue funding model and relevant notes are listed in [Appendix 11](#).

Option 1 Costs

The costs of Option1: Business as usual is presented in Table 18 and acts as a benchmark for the other options. The costs cover the period June 2020 – March 27 from the end of the current contract with InterSystems. This totals £24.4 million revenue plus £2.5 million capital for the upgrade, a total of £26.9 million. This represents the cost of the maintaining TCL 2016 from the end of the current contract for the life of the OBC. It does not allow for any increase in InterSystems charges and assumes that all health boards are live with all TCL modules and not continuing to maintain Telepath or Masterlab.

Option 2 Costs

The estimated costs of Option 2: Do minimum, to negotiate an agreement with InterSystems to take TCLE without a procurement is £32.7 million plus £11 million capital a total of £43.7 million. These costs are detailed in Table 19, which includes:

- The dual running costs of the current solution for three years from June 2020 until June 2023;
- The costs of TCLE including the costs of InterSystems taking over the management of the hosting arrangements from NWIS, based on indicative costs included in the recent proposal to NWIS;
- Integration services;
- Legacy data (considered to be lower in this option as InterSystems has already developed a legacy database);
- Scanning, dictation and voice recognition;
- Blood tracking with remote issue
- Using NPEx to manage referrals in and out of Wales
- Electronic test requesting as an optional extra;
- NWIS support costs;
- National quality management team and system.

Options 3 Costs

The costs of Option 3, the preferred approach to procure a new LIMS is £37.3 million revenue and £8 million capital, a total of £45.3 million. These costs are presented in Table 20 and include the same as Option 2, other than the cost of the new LIMS service, which is based on market soundings carried out in January 2018.

Table 18: Costs of Option 1: Business as usual (TCL 2016)

| Notes Ref | Resource | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|-----------|--|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | TCL 2016 costs wef June 2020 | | | | | | | | | | |
| 2 | TrakCare technical assistance & software updates | | | 1,296 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 11,301 |
| 3 | Third party validation services | | | 30 | 40 | 40 | 40 | 40 | 40 | 40 | 270 |
| 3 | NWIS Hosting environment and support | | | 236 | 315 | 315 | 315 | 315 | 315 | 315 | 2,128 |
| 3 | Infrastructure - third party maintenance | | | 622 | 830 | 830 | 830 | 830 | 830 | 830 | 5,599 |
| 3 | National service desk / service management | | | 69 | 92 | 92 | 92 | 92 | 92 | 92 | 623 |
| 3 | NWIS Technical Support (analysts/development/integration & test) | | | 495 | 660 | 660 | 660 | 660 | 660 | 660 | 4,454 |
| | Total Option 1 (BAU) Revenue | | | 2,749 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 24,375 |
| 4 | Upgrade to TCL 2016 | | | | | | | | | | |
| | Capital cost of upgrade | | | 2,500 | | | | | | | 2,500 |
| | Grand Total (Option 1 BAU) Capital and Revenue | | 0 | 5,249 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 26,875 |

Table 19: Costs of Option 2: Do Minimum (TCLE)

| Notes Ref | Option 2: Do Minimum Resources | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|-----------|--|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | Pathology Solution | | | | | | | | | | |
| 2 | TCL 2016 dual running costs wef June 2020 | | | | | | | | | | |
| 3 | TrakCare technical assistance & software updates | | | 1,296 | 1,728 | 1,728 | 432 | | | | 5,184 |
| 4 | Third party validation services | | | 30 | 40 | 40 | 10 | | | | 120 |
| 4 | NWIS Hosting environment and support | | | 236 | 315 | 315 | 79 | | | | 946 |
| 4 | Infrastructure - third party maintenance | | | 622 | 830 | 830 | 207 | | | | 2,489 |
| | National service desk / service management | | | 69 | 92 | 92 | 23 | | | | 277 |
| | NWIS Technical Support (analysts/development/integration & test) | | | 495 | 660 | 660 | 165 | | | | 1,979 |
| | Total (TCL 2016 dual running costs) | | 0 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| 5 | TCLE - InterSystems hosted service in NHS data centre | | | | | | | | | | |
| 6 | InterSystems hosting costs | | | | 775 | 1,550 | 1,550 | 1,550 | 1,550 | 1,550 | 8,525 |
| 7 | Integration costs | | | 500 | 1,000 | | | | | | 1,500 |
| 8 | Legacy data | | | 250 | 750 | | | | | | 1,000 |
| 9 | Scanning system | | | | 23 | 45 | 45 | 45 | 45 | 45 | 248 |
| 10 | Voice recognition | | | | 10 | 20 | 20 | 20 | 20 | 20 | 110 |
| 11 | Blood tracking | | | | 12 | 24 | 24 | 24 | 24 | 24 | 132 |
| 12 | NPEX (for sendaways) | | | 45 | 15 | 30 | 30 | 30 | 30 | 30 | 210 |
| 13 | Electronic test requesting | | | 500 | 88 | 175 | 175 | 175 | 175 | 175 | 1,463 |
| | Total (TCLE - InterSystems hosted service in NHS data centre) | | 0 | 1,295 | 2,672 | 1,844 | 1,844 | 1,844 | 1,844 | 1,844 | 13,187 |
| 14 | NWIS Support Costs | | | | | | | | | | |
| 15 | Change management | | 50 | 50 | 100 | 100 | | | | | 300 |
| 16 | Change budget for new LIMS | | | | | | 100 | 100 | 100 | 100 | 400 |
| 17 | National service desk / service management | | | | | | 69 | 92 | 92 | 92 | 346 |
| 18 | NWIS Technical Support (analysts/development/integration & test) | | | | | | 495 | 660 | 660 | 660 | 2,474 |
| 19 | Senior Support and Business Analyst (NODi) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 20 | Principal Support & Business Analyst (Integration) | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 21 | Senior Software Developer (Integration) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 22 | Technical Architect (Applications Design) | 8b (M-P) | 69 | 73 | 76 | 76 | 77 | 78 | 79 | 80 | 607 |
| | Total (NWIS Support Costs) | | 246 | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,261 |
| 23 | National Quality Management Team & System | | | | | | | | | | |
| 24 | Quality management system | | 220 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 479 |
| 25 | Quality Manager / Validation Lead | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 25 | Validation Officer | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 25 | QMS Configuration Librarian | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 25 | Administrative Support Officer | 4 (M-P) | 27 | 28 | 28 | 29 | 30 | 30 | 30 | 31 | 234 |
| 26 | UAT Tester x 2 | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 27 | Informatics Manager | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 27 | Informatics Officer | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| | Total (National Quality Management Team & System) | | 540 | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 3,245 |
| | Total Option 2 (Do Minimum) Revenue | | 786 | 4,662 | 7,020 | 6,208 | 4,041 | 3,318 | 3,324 | 3,330 | 32,689 |
| | Capital | | | | | | | | | | |
| 28 | InterSystems implementation costs as capital | | | 4,200 | 6,813 | | | | | | 11,013 |
| | Total Option 2 (Do Minimum) Capital | | 0 | 4,200 | 6,813 | 0 | 0 | 0 | 0 | 0 | 11,013 |
| | Grand Total Option 2 (Do Minimum) Capital & Revenue | | 786 | 8,862 | 13,833 | 6,208 | 4,041 | 3,318 | 3,324 | 3,330 | 43,702 |

Table 20: Costs of Option 3 – Preferred Option

| Notes Ref | Resource | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|-----------|--|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | Pathology Solution | | | | | | | | | | |
| 2 | TCL 2016 dual running wef June 2020 | | | | | | | | | | |
| 3 | TrakCare technical assistance & software updates | | | 1,296 | 1,728 | 1,728 | 432 | | | | 5,184 |
| 4 | Third party validation services | | | 30 | 40 | 40 | 10 | | | | 120 |
| 4 | NWIS Hosting environment and support | | | 236 | 315 | 315 | 79 | | | | 946 |
| 4 | Infrastructure - third party maintenance | | | 622 | 830 | 830 | 207 | | | | 2,489 |
| 4 | National service desk / service management | | | 69 | 92 | 92 | 23 | | | | 277 |
| 4 | NWIS Technical Support (analysts/development/integration & test) | | | 495 | 660 | 660 | 165 | | | | 1,979 |
| | Total (TCL 2016 dual running costs) | | 0 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| 5 | New LIMS Service supplier hosted in NHS data centre | | | | | | | | | | |
| 6 | New LIMS (VAT recoverable) | | | | 1,100 | 2,200 | 2,200 | 2,200 | 2,200 | 2,200 | 12,100 |
| 7 | Integration costs | | | 500 | 1,000 | | | | | | 1,500 |
| 8 | Legacy data | | | 500 | 1,500 | | | | | | 2,000 |
| 9 | Scanning system | | | | 23 | 45 | 45 | 45 | 45 | 45 | 248 |
| 10 | Voice recognition | | | | 10 | 20 | 20 | 20 | 20 | 20 | 110 |
| 11 | Blood tracking | | | | 12 | 24 | 24 | 24 | 24 | 24 | 132 |
| 12 | NPEX (for sendaways) | | | 45 | 15 | 30 | 30 | 30 | 30 | 30 | 210 |
| 13 | Electronic test requesting | | | 500 | 88 | 175 | 175 | 175 | 175 | 175 | 1,463 |
| | Total (New LIMS Service supplier hosted in NHS data centre) | | 0 | 1,545 | 3,747 | 2,494 | 2,494 | 2,494 | 2,494 | 2,494 | 17,762 |
| 14 | NWIS Support Costs | | | | | | | | | | |
| 15 | Change management | | 50 | 50 | 100 | 100 | | | | | 300 |
| 16 | Change budget for new LIMS | | | | | | 100 | 100 | 100 | 100 | 400 |
| 17 | National service desk / service management | | | | | | 69 | 92 | 92 | 92 | 346 |
| 18 | NWIS Technical Support (analysts/development/integration & test) | | | | | | 495 | 660 | 660 | 660 | 2,474 |
| 19 | Senior Support and Business Analyst (NODi) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 20 | Principal Support & Business Analyst (Integration) | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 21 | Senior Software Developer (Integration) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 22 | Technical Architect (Applications Design) | 8b (M-P) | 69 | 73 | 76 | 76 | 77 | 78 | 79 | 80 | 607 |
| | Total (NWIS Support Costs) | | 246 | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,261 |
| 23 | National Quality Management Team & System | | | | | | | | | | |
| 24 | Quality management system | | 220 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 479 |
| 25 | Quality Manager / Validation Lead | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 25 | Validation Officer | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 25 | QMS Configuration Librarian | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 25 | Administrative Support Officer | 4 (M-P) | 27 | 28 | 28 | 29 | 30 | 30 | 30 | 31 | 234 |
| 26 | UAT Tester x 2 | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 27 | Informatics Manager | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 27 | Informatics Officer | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| | Total (National Quality Management Team & System) | | 540 | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 3,245 |
| | Grand Total Option 3 (Preferred Approach) Revenue | | 786 | 4,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 37,264 |
| | Capital | | | | | | | | | | |
| 28 | Hosting costs as capital | | | 8,000 | | | | | | | 8,000 |
| | Total Option 2 (Do Minimum) Capital | | 0 | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| | Grand Total Option 2 (Do Minimum) Capital & Revenue | | 786 | 12,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 45,264 |

4.9. Quantifiable Risks

A workshop was held on 12 October to financially quantify the risks of each shortlisted option, based on:

- **Option 1: Business as usual**
 - Supplier sues for breach of contract as no procurement undertaken;
 - Supplier unable to deliver a fit for purpose solution within required timescales;
 - Each health board implementation takes longer than planned
 - System continues to have unplanned downtime;
 - Inadequate funding;
 - System no longer supported and have to take TCLE (as indicated will be the case by InterSystems after 2025).
- **Option 2: Do Minimum**
 - Supplier sues for breach of contract as no procurement undertaken;
 - Supplier unable to deliver a fit for purpose solution within required timescales;
 - Each health board implementation takes longer than planned
 - System continues to have unplanned downtime;
 - Inadequate funding;
 - Supplier costs are higher than indicated, because TCL is £1 million more per annum than anticipated in the WLIMS1 full business case and differential between recent indicative figures and original market soundings.
- **Option 3: Preferred Approach**
 - Supplier unable to deliver a fit for purpose solution within required timescales;
 - Each health board implementation takes longer than planned
 - System continues to have unplanned downtime;
 - Inadequate funding.
 - Supplier issues, potential re-procurement of system;
 - Supplier costs are higher than indicated but lower risk if a consequence of a procurement.

Risk Summary and Analysis

The risk evaluation is presented in Table 21 and the overall summary in Table 22. This demonstrates that the preferred approach is the least risk financially.



LINC Risk
Evaluation 3Dec2018

Table 21: LINC risk evaluation

Table 22: Financial quantification of the risks

| Quantifiable Risks | | | |
|---------------------------------|-------------------|-----------------|------------------------|
| | Option 1 | Option 2 | Option 3 |
| | Business As Usual | Upgrade to 2016 | Commercial Procurement |
| Estimated Financial Impact | £22,718,750 | £14,400,000 | £2,424,000 |
| Rank | 3rd | 2nd | 1st |
| (1 st = lowest risk) | | | |

4.10. Net Present Cost (NPC) Findings and Analysis

The NPC of each option has been calculated to establish the preferred option on an economic basis taking into account financial costs (excluding inter-governmental transfers such as VAT and depreciation), quantification of cash and non-cash releasing benefits, quantification of risks and discounting. The calculations are shown in [Appendix 12](#).

The overall position in terms of the NPC is set out in Table 23. This shows that although option 3 is the most expensive, taking account of benefits and risks, it has the least NPC.

Table 23: LINC OBC net present cost

| Financial Details | Option 1: BAU | Option 2: Do Minimum | Option 3: Preferred Approach |
|--------------------------------------|---------------|----------------------|------------------------------|
| | £k | £k | £k |
| Financial cost total | 26,875 | 42,916 | 44,478 |
| Optimism Bias @ 20% | 0 | 8,583 | 8,896 |
| Total including optimism bias | 26,875 | 51,499 | 53,374 |
| Quantification of benefits | -6,222 | -12,444 | -18,667 |
| Risk Quantification | 22,719 | 14,400 | 2,424 |
| Total – Pre-Discounting | 43,371 | 53,455 | 37,131 |
| Net Present Cost | 40,105 | 51,447 | 35,713 |

4.11. The Preferred Option: Summary of Overall Findings

Because of this economic appraisal, Options 1 and 2 are rejected and option 3 is the preferred option.

The remainder of this OBC is based on option 3, the preferred approach to procure a new LIMS service.

5. The Commercial Case

The commercial case considers the commercial feasibility of the preferred option.

5.1. Procurement Scope

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single supplier-provided solution with that supplier taking prime contract responsibility for in-scope aspects of the requirement. A service requirement is therefore under consideration whose key components would include:

- Provision, ongoing development, upgrade and maintenance of an All Wales Laboratory Information Management application;
- Development and testing of the solution by the Supplier, including system configuration;
- Deployment of the solution in NHS Wales clinical and laboratory environments and any other hosting locations;
- Seamless end-to-end solution covering electronic requesting and reporting;
- Supplier managed hardware and software environments:
 - In NHS data centres or accredited data centre;
 - Using Welsh PSBA;
- Business intelligence and reporting tools.

The successfully procured solution will include the following core disciplines, broken down into more detail in the Pathology Overview **Error! Reference source not found.:**

- Andrology
- Blood Sciences
- Cellular Pathology
- Microbiology
- Screening services (Ante-natal, Cervical and New born blood spot)

The new LIMS will be a national application integrated with the national technical architecture to provide a seamless solution from requesting to reporting results.

The contract will be a managed service with one supplier responsible for the national application in partnership with NWIS for integration services.

5.2. Procurement Regulations

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Approval to proceed with any contract will be governed by the authorisation of a Full Business Case by the Welsh Government.

5.3. Procurement Strategy

Purpose of the Procurement Strategy

The purpose of the LINC Procurement Strategy is to set down in a formalised manner the key aspects of the scope of the procurement of the LIMS solution, including the route to market in accordance with Procurement regulations, the contractual form and the governance required to be established to ensure that a robust contract is developed. The strategy will enable the procurement to be planned and run in advance of final approval via a Full Business Case (FBC) so that all key issues have been considered and, where appropriate, decisions made on such key aspects. FBC approval will be managed in parallel with the final stages of the procurement so that it is obtained prior to the award of contract.

The Procurement Strategy will form an important part of the audit trail for this procurement as it sets out the strategic objectives of the procuring body in advance of the commencement of the formal process. The strategy was signed off at the LINC Programme Board.

Objectives of the Procurement

The principle aim of the procurement is to procure a LIMS to replace the existing Legacy solution/s.

The objectives of the procurement are that the new LIMS will:

- Meet the identified functional characteristics and requirements
- Meet the investment objectives as set out in the business case
- Provide additional functional capabilities over the contract term (future proof the solution)
- Be interoperable with other national infrastructure, systems and services
- Provide value for money
- Meet national information and business strategies in accordance with Welsh Government strategies for health.

- Be implemented in a fully supported manner within the required timescale for migration off the existing legacy solution

Single Supplier versus Multiple Supplier

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single supplier-provided solution with that supplier taking prime contract responsibility for in-scope aspects of the requirement.

In line with the infrastructure strategy of NHS Wales, the solution will be hosted in either an NHS Wales data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network) or an accredited datacentre. Solution delivery therefore has a 'multi-supplier environment' characteristic and it is thought efficient to procure the solution from a single prime supplier in order to achieve:

- A full end-end solution i.e. a managed service;
- Flexibility in bringing about business change-driven requirements for the solution and its development;
- Clear responsibility for integration and end-to-end delivery of the solution. This approach removes the risk of "boundary disputes" with other contractors.

Contract Duration

The length of contract for the Laboratory Information Solution Procurement will be tailored to give best value for money for the project. The appropriate length will need to:

- Allow for adequate flexibility for the Authority during the investment life;
- Attract a sufficient range of bidders for the project;
- Enable a viable return on any investment;
- Ensure continuity of support as a minimum to achieve the potential; short to medium term aims of the Programme.

The OJEU will indicate a maximum length of contract of 14 years a minimum of 7 years (initially with options to extend on a year-by-year basis up to a maximum contract term of 14 years). Value for money will be tested on various options, which will be explored during the procurement phase. The subsequent contract will include benchmarking provisions to ensure that the Authority is able to secure benchmarking services from an independent contractor to assess that value for money is being achieved under the LIMS contract.

Contracting Approach

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement.

Advice will be sought on the construction of the draft contract using the NHS Wales Informatics Service commercial, legal and technical advisers. Each health board will “call off” their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts “Deployment Orders” with the Contractor.

Procurement Route

The value of the procurement will exceed current EU thresholds of approximately £118,000.00 ex VAT, and therefore the procurement must comply with the Public Contracts Regulations 2015, including the requirement to place an advertisement in the Official Journal of the European Union. There are a number of procurement routes and procedures open to NHS Wales for procuring its clinical IT solutions, each is dependent upon the complexity of what is being procured. They are as set out below:

- Procurement under an existing Framework Agreement
- Open Procedure (OJEU)
- Restricted (OJEU)
- Competitive Dialogue Procedure (OJEU)

Following an evaluation of these alternative routes, undertaken by the Commercial Lead for this procurement, the LINC Programme Board has agreed that this requirement is procured under the Public Procurement Directives 2015 Competitive Dialogue Procedure. This procedure, according to the Public Contracts Regulations 2015, should be used in the case of particularly complex contracts, where purchasers may be well aware of their needs but not know in advance, what the best technical, legal or financial solution for satisfying those needs is.

The LINC Programme is keen to explore a range of technical solutions, in conjunction with suppliers, including the introduction of new and potentially innovative solutions, as well as ensuring that the most appropriate commercial deal is secured, and therefore considers the Competitive Dialogue appropriate for this requirement.

Procurement Approach

The following is an outline of the basic procurement approach, which will be developed further in a more detailed Procurement Plan:

- 1) **Supplier engagement/ Market assessment** has been undertaken to validate the proposed approach and ensure an adequate level of interest, capability and capacity to deliver the requirements. Whilst a preliminary engagement has been undertaken, further presentation days will be required closer to the commencement of the formal procurement process. This approach will be supported through advertisements on national platforms and via the use of Social Media. Such events will be managed formally in line with the spirit of procurement regulations.
- 2) **Procurement training and awareness sessions** for key staff on an ongoing basis throughout the Competitive Dialogue process is a requirement. Initial briefing sessions will set the scene for ongoing training allowing the procurement team to ascertain the level of experience of this type of procurement and the amount of additional training that will be required. The Procurement team will augment such training with ongoing advice and attendance at key supplier meetings during the competitive procurement process.
- 3) **Contract Notice** – Issue of a Contract Notice to be placed in the OJEU under the Competitive Dialogue Procedure.
- 4) **Prequalification** – screening of responses to the Pre-Qualification Questionnaire will be undertaken with pre-qualification information to be received from candidates within 35 days of the issue of the Notice (in accordance with the statutory timescale of 30 days for the Notice). Assessment of pre-qualification information (to include details of previous relevant experience as well as financial and technical capability and capacity questions).
- 5) **An Invitation to Participate in Dialogue (ITPD)** will be issued to long-listed suppliers. The ITPD will require supplier responses to the Specification, initial pricing, Contract Terms and Conditions and Draft Contract Schedules and adherence to the Commercial Principles governing the procurement.
- 6) **ITPD Evaluation.** ITPD responses will be evaluated to arrive at a shorter list of suppliers. Reference checks will be included during this period. From this exercise, a final list of providers (anticipated to be four suppliers) will be invited to participate in the detailed dialogue process to develop a common set of contract schedules.
- 7) **Detailed Dialogue.** A second stage of dialogue with providers passing the first stage of the ITPD stage will be conducted to finalise draft contracts to an appropriate level and identify the commercial terms on which the solution would be provided. The draft contracts will be based on an amended version of the CCS standard form IM&T contract. It is anticipated that three suppliers will be taken forward to the Invitation to Submit Final Tenders Stage to maintain competition in the process and ensure that the Authority's options are not restricted prematurely.
- 8) **Trial Invitation to Submit Final Tender** will be issued in order to assess the readiness of suppliers to proceed to the final ISFT stage.

Submissions will not be formally evaluated but will be reviewed to ensure completeness and appropriate understanding of the Authority's requirements.

- 9) **Invitation to Submit Final Tender** is the stage at which bidders will provide their final tender and solutions.
- 10) **Final Tenders** will be evaluated and a most favoured tender selected based on the most economically advantageous tender.

Subject to fine-tuning and minor refinements concerning the final tender submission, if required, and approval of the Final Business Case, a contract will be awarded to the supplier with the most economically advantageous tender, executed, and come into force following the ten-day standstill period. The Award Notice will be placed within 48 days of the award decision.

Selection and Evaluation

Selection and evaluation criteria will guide the evaluation at the three stages of the procurement:

- 1) PQQ responses;
- 2) Invitation to Participate in Dialogue (IPD) responses (Dialogue Stage);
- 3) Final Tenders (at the end of the Detailed Dialogue Stage)

In accordance with PCR 2015, all key documents for the procurement will be issued at the start of the procurement i.e. when the OJEU Advert is issued to the market.

Contract Award

On conclusion of the ISFT phase and final evaluation of the ISFT responses, a recommendation will be made on the most economically advantageous tender. This recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision and will require to be signed via the agreed governance process

Any award will be subject to a mandatory 10-day standstill period. Final award will also be subject to approval by the LINC Programme Board, the NHSW CEG, the CIO (Health)/Director of NWIS and the Velindre Trust Board. Full Business Case Approval and Notification will be required from the Welsh Government Cabinet Secretary for Sport, Health and Wellbeing.

Suppliers will be allowed an opportunity for a full debrief following the formal decision being ratified and approved.

Following the completion of the formal award process a Contract Award Notice will be placed in OJEU (Official Journal of the European Union).

Risk Transfer

Project risks have already been documented as part of the preparation stage of the project. (See Project Risk register). Risk transfer as part of the contract will need to be identified as part of the dialogue process.

Resources

The Head of Commercial Services, NHS Wales Informatics Service supported by appropriately experienced members of the Commercial Services team, will manage the procurement and specialist advisers sourced through external consultancy organisations if required.

With a procurement of this complexity, a Procurement Team will be created comprising suitably qualified and competent resources. NWIS Commercial Services has provided an estimate of costs for the external specialist advisers, which has been included in the costs for the economic analysis. It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy team will cover the following roles for the procurement:

- a) **NWIS Procurement Team:** comprising four full time staff, including administrative support for the procurement;
- b) **LINC Programme National Team:** comprising the Programme Director, Programme Manager, Senior Project Support Officer and Discipline Specific Subject Matter Experts. A full time Project Manager will be appointed to manage the Procurement Project and deliver the planned outputs as expected within quality, time and budget constraints;
- c) **Legal Advisers:** NWIS will utilise its current legal services provider, Blake Morgan LLP to provide the required legal advice;
- d) **Commercial Advisor:** This resource will be secured under a new contract via a competitive procurement process;
- e) **Laboratory Information Solution Subject Matter Experts:** Laboratory Scientists, who understand the requirements for the new LIMS and are experienced with the procurement of WLIMS1 and the InterSystems TCL will provide SME expertise;
- f) **Financial Expert:** A financial expert will be needed to assist with the financial modelling required for this project.

Specialist teams will be created, as required at key stages during the procurement process, to provide the specific skills and expertise required to support the procurement, including:

- **Requirements definition teams:** to specify the service and technical requirements to be delivered by the new LIMS service

utilising Pathology subject matter experts, NWIS technical experts and IT experts from across NHS Wales;

- **Supplier evaluation team:** to screen the PQQ responses, score responses against the IPD and evaluate the final Tenders;
- **Dialogue team:** to negotiate the draft Contracts including representation from the Evaluation Team, commercial, legal and technical advisers.

Timescale

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the design and development of the new service under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan. The aim will be to complete the implementation by the end of March 2023, subject to detailed negotiations with the chosen commercial supplier and the commitment of the local HBs. Further details are provided in the [Management Case](#).

6. Financial Case

6.1. Introduction

The primary purpose of the financial case is to set out the financial implications of the preferred option, as set out in the Economic Case, to ensure that the solution is affordable.

6.2. Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed with the DoFs for the LINC Programme. A paper was prepared and submitted to the Deputy DoFs for their meeting on 19 September 2018. The Deputy DoFs did not make a recommendation on the basis that they wished to see the full costs of the preferred option and are discussing this again at their meeting on 20 December.

For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts. Based on the information provided in the WHC (2017) 053 Health board 2018-9 Allocations, the apportionment is presented in Table 24.

Table 24: Percentage allocation by health board and NHS trust

| | 2018/9 | |
|-----------------------------------|------------------------------------|--|
| | Total Revenue Resource Limit £m | Percentage Total Revenue Resource Allocation |
| Abertawe Bro Morgannwg UHB | 1,073.228 | 17.4% |
| Aneurin Bevan UHB | 1,175.837 | 19.0% |
| Betsi Cadwaladr UHB | 1,391.509 | 22.5% |
| Cardiff and Vale UHB | 868.527 | 14.0% |
| Cwm Taf UHB | 643.137 | 10.4% |
| Hywel Dda UHB | 758.962 | 12.3% |
| Powys Teaching HB | 273.478 | 4.4% |
| Total | 6,184.678 | 100.0% |

6.3. Scope of the OBC Costs

The scope of the LINC OBC is set out in the Strategic Case: Potential business scope and key service requirements. In summary, this includes:

- Dual running of the upgraded TCL 2016 from June 2020 – June 2023;
- The procurement of a new LIMS service, which also includes additional tools including document scanning, dictation and voice recognition, blood tracking with remote issue, NPEX for referrals in and out of wales and, optionally, electronic test requesting.

- A national quality management team and quality management system (QMS);
- NWIS costs including technical, service management, application support and business change services.

The scope excludes:

- LINC Programme costs for 2018/9, for which a budget has been agreed;
- The replacement of Welsh Blood Service WTAIL system;
- Local pathology and ICT service resources to support the LINC programme, such as backfill for staff training;
- Any local infrastructure, peripherals and laboratory equipment;

The costs of maintaining Telepath and Masterlab has been show in the current costs but excluded from the dual running costs on the basis that all HBs have agreed to fully migrate to TCL. However, some HBs may choose to continue to use their current LIMS for Blood Transfusion if issues arise in migrating to TCL.

In accordance with the guidance, no VAT or inflation has been included in the figures. Staff costs are based on the NHS agenda for change pay scales 2018/9 and have allowed for increments (as appropriate) and a 1% annual cost of living increase.

Revenue only costs have not been considered in the light of the recent financial guidance. IFRS16 has clarified the definition of a service contract where the client controls the use of the identified asset, in this case a supplier-hosted service. As NHS Wales intends to secure economic benefits in the form of savings and direct the use of the asset to support current and future Pathology services, expenditure should be classified as capital. It may be that more of the cost could be classified as capital than that currently shown.

6.4. Impact on the Health Boards and Trusts Income and Expenditure Account

In summary, the costs of the preferred option for the Pathology solution are and set out per health board in Table 25 and broken down per annum in Table 26:

- Total cost over the eight years of the life of the OBC from 2019/20 – 2026/27 = £41.6 million (revenue only) or £37.2 million revenue plus £8 million capital from Welsh Government
- Per annum cost around £4.8 million (revenue only) or £4 million (with a capital injection) following deployment.

The cost of the current systems is £4.2 million, comprising TCL (£3.7 million) and Telepath & Masterlab (£0.5 million).

Table 25: Whole Life Costs and Per Annum Costs of the Preferred Option

| Health Board / Trust | Capital and Revenue £k | | | | | | |
|----------------------|--|----------------|---------------|---------------------------------------|------------------------|-------------------|----------------------------|
| | Whole Life Costs (2019/20 - 2026/7) | | | Per Annum Costs of Pathology Solution | | | |
| | Pathology Solution | LINC Programme | Total Cost | New Annual Cost | Costs of Current LIMS' | Potential Savings | Additional Costs / Savings |
| ABM UHB | 6,483 | 1,037 | 7,521 | 690 | 859 | 716 | -884 |
| Aneurin Bevan UHB | 7,080 | 1,133 | 8,213 | 754 | 688 | 784 | -718 |
| Betsi Cadwaladr UHB | 8,384 | 1,341 | 9,726 | 893 | 765 | 928 | -800 |
| Cardiff and Vale UHB | 5,217 | 835 | 6,051 | 556 | 803 | 579 | -826 |
| Cwm Taf UHB | 3,875 | 620 | 4,495 | 413 | 386 | 429 | -403 |
| Hywel Dda UHB | 4,583 | 733 | 5,317 | 488 | 483 | 506 | -501 |
| Velindre NHST | 0 | 0 | 0 | 0 | 220 | 0 | -220 |
| Powys Teaching HB | 1,640 | 262 | 1,902 | 175 | | 59 | 116 |
| Grand Total | 37,263 | 5,961 | 43,224 | 3,968 | 4,205 | 4,000 | -4,236 |

NHS Wales CEG approved an earlier version of the costs of the preferred option at its meeting held on 23 October 2018 based on a revenue only model.

6.5. Overall Affordability

The annual running costs of the new solution for Pathology services is estimated at £4 million per annum, which is more than TCL but less than the current overall costs. However, the potential to realise savings of up to £4 million per annum could cover the cost of the new LIMS service, once the new service is deployed and benefits have been realised.

Ignoring potential savings, some organisations will see a saving just compared to the current costs of the solution, but this is dependent on the decision relating to apportionment. All organisations will see a reduction of costs once the potential savings are taken into account but this is dependent on the extent to which they have already transformed their services and, for example, reduced administrative overheads as far as possible. Velindre shows a potential saving but is essentially the cost of WTAIL for which ongoing costs will continue.

The treatment of capital and the impact on the balance sheet has yet to be assessed and will be included in the next version of this OBC

The most expensive years are 2020/21 and 2022/23, where between £6m - £10m (revenue only) or £5m - £8m (with capital injection) additional revenue funds are required per annum due to dual running costs and one off costs of development. This could be reduced if development costs can be converted to capital monies, plus the costs of the programme. For 2019/20, £790k is required and programme costs.

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 26: Costs of preferred option per health board / trust (Revenue only)

| Notes Ref | Resource | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|-----------|--|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | Pathology Solution | | | | | | | | | | |
| 2 | TCL 2016 dual running wef June 2020 | | | | | | | | | | |
| 3 | TrakCare technical assistance & software updates | | | 1,296 | 1,728 | 1,728 | 432 | | | | 5,184 |
| 4 | Third party validation services | | | 30 | 40 | 40 | 10 | | | | 120 |
| 4 | NWIS Hosting environment and support | | | 236 | 315 | 315 | 79 | | | | 946 |
| 4 | Infrastructure - third party maintenance | | | 622 | 830 | 830 | 207 | | | | 2,489 |
| 4 | National service desk / service management | | | 69 | 92 | 92 | 23 | | | | 277 |
| 4 | NWIS Technical Support (analysts/development/integration & test) | | | 495 | 660 | 660 | 165 | | | | 1,979 |
| | Total (TCL 2016 dual running costs) | | 0 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| 5 | New LIMS Service supplier hosted in NHS data centre | | | | | | | | | | |
| 6 | New LIMS (VAT recoverable) | | | | 1,500 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 16,500 |
| 7 | Integration costs | | | 500 | 1,000 | | | | | | 1,500 |
| 8 | Legacy data | | | 500 | 1,500 | | | | | | 2,000 |
| 9 | Scanning system | | | | 23 | 45 | 45 | 45 | 45 | 45 | 248 |
| 10 | Voice recognition | | | | 10 | 20 | 20 | 20 | 20 | 20 | 110 |
| 11 | Blood tracking | | | | 12 | 24 | 24 | 24 | 24 | 24 | 132 |
| 12 | NPEX (for sendaways) | | | 45 | 15 | 30 | 30 | 30 | 30 | 30 | 210 |
| 13 | Electronic test requesting | | | 500 | 88 | 175 | 175 | 175 | 175 | 175 | 1,463 |
| | Total (New LIMS Service supplier hosted in NHS data centre) | | 0 | 1,545 | 4,147 | 3,294 | 3,294 | 3,294 | 3,294 | 3,294 | 22,162 |
| 14 | NWIS Support Costs | | | | | | | | | | |
| 15 | Change management | | 50 | 50 | 100 | 100 | | | | | 300 |
| 16 | Change budget for new LIMS | | | | | | 100 | 100 | 100 | 100 | 400 |
| 17 | National service desk / service management | | | | | | 69 | 92 | 92 | 92 | 346 |
| 18 | NWIS Technical Support (analysts/development/integration & test) | | | | | | 495 | 660 | 660 | 660 | 2,474 |
| 19 | Senior Support and Business Analyst (NODi) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 20 | Principal Support & Business Analyst (Integration) | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 21 | Senior Software Developer (Integration) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 22 | Technical Architect (Applications Design) | 8b (M-P) | 69 | 73 | 76 | 76 | 77 | 78 | 79 | 80 | 607 |
| | Total (NWIS Support Costs) | | 246 | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,261 |
| 23 | National Quality Management Team & System | | | | | | | | | | |
| 24 | Quality management system | | 220 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 479 |
| 25 | Quality Manager / Validation Lead | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 25 | Validation Officer | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 25 | QMS Configuration Librarian | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 25 | Administrative Support Officer | 4 (M-P) | 27 | 28 | 28 | 29 | 30 | 30 | 30 | 31 | 234 |
| 26 | UAT Tester x 2 | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 27 | Informatics Manager | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 27 | Informatics Officer | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| | Total (National Quality Management Team & System) | | 540 | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 3,245 |
| | Grand Total Option 3 (Preferred Approach) Revenue | | 786 | 4,912 | 8,495 | 7,658 | 5,491 | 4,768 | 4,774 | 4,780 | 41,664 |

Table 27: Costs of preferred option per health board / trust (Capital & Revenue)

| Notes Ref | Resource | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Apr 24 - Mar 25 £k | Apr 25 - Mar 26 £k | Apr 26 - Mar 27 £k | Total Cost £k |
|-----------|--|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | Pathology Solution | | | | | | | | | | |
| 2 | TCL 2016 dual running wef June 2020 | | | | | | | | | | |
| 3 | TrakCare technical assistance & software updates | | | 1,296 | 1,728 | 1,728 | 432 | | | | 5,184 |
| 4 | Third party validation services | | | 30 | 40 | 40 | 10 | | | | 120 |
| 4 | NWIS Hosting environment and support | | | 236 | 315 | 315 | 79 | | | | 946 |
| 4 | Infrastructure - third party maintenance | | | 622 | 830 | 830 | 207 | | | | 2,489 |
| 4 | National service desk / service management | | | 69 | 92 | 92 | 23 | | | | 277 |
| 4 | NWIS Technical Support (analysts/development/integration & test) | | | 495 | 660 | 660 | 165 | | | | 1,979 |
| | Total (TCL 2016 dual running costs) | | 0 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| 5 | New LIMS Service supplier hosted in NHS data centre | | | | | | | | | | |
| 6 | New LIMS (VAT recoverable) | | | | 1,100 | 2,200 | 2,200 | 2,200 | 2,200 | 2,200 | 12,100 |
| 7 | Integration costs | | | 500 | 1,000 | | | | | | 1,500 |
| 8 | Legacy data | | | 500 | 1,500 | | | | | | 2,000 |
| 9 | Scanning system | | | | 23 | 45 | 45 | 45 | 45 | 45 | 248 |
| 10 | Voice recognition | | | | 10 | 20 | 20 | 20 | 20 | 20 | 110 |
| 11 | Blood tracking | | | | 12 | 24 | 24 | 24 | 24 | 24 | 132 |
| 12 | NPEx (for sendaways) | | | 45 | 15 | 30 | 30 | 30 | 30 | 30 | 210 |
| 13 | Electronic test requesting | | | 500 | 88 | 175 | 175 | 175 | 175 | 175 | 1,463 |
| | Total (New LIMS Service supplier hosted in NHS data centre) | | 0 | 1,545 | 3,747 | 2,494 | 2,494 | 2,494 | 2,494 | 2,494 | 17,762 |
| 14 | NWIS Support Costs | | | | | | | | | | |
| 15 | Change management | | 50 | 50 | 100 | 100 | | | | | 300 |
| 16 | Change budget for new LIMS | | | | | 100 | 100 | 100 | 100 | 100 | 400 |
| 17 | National service desk / service management | | | | | 69 | 92 | 92 | 92 | 92 | 346 |
| 18 | NWIS Technical Support (analysts/development/integration & test) | | | | | 495 | 660 | 660 | 660 | 660 | 2,474 |
| 19 | Senior Support and Business Analyst (NODI) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 20 | Principal Support & Business Analyst (Integration) | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 21 | Senior Software Developer (Integration) | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 22 | Technical Architect (Applications Design) | 8b (M-P) | 69 | 73 | 76 | 76 | 77 | 78 | 79 | 80 | 607 |
| | Total (NWIS Support Costs) | | 246 | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,261 |
| 23 | National Quality Management Team & System | | | | | | | | | | |
| 24 | Quality management system | | 220 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 479 |
| 25 | Quality Manager / Validation Lead | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 25 | Validation Officer | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 55 | 56 | 57 | 427 |
| 25 | QMS Configuration Librarian | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 25 | Administrative Support Officer | 4 (M-P) | 27 | 28 | 28 | 29 | 30 | 30 | 30 | 31 | 234 |
| 26 | UAT Tester x 2 | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| 27 | Informatics Manager | 8a (Top) | 63 | 64 | 64 | 65 | 66 | 66 | 67 | 68 | 523 |
| 27 | Informatics Officer | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 47 | 47 | 48 | 353 |
| | Total (National Quality Management Team & System) | | 540 | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 3,245 |
| | Grand Total Option 3 (Preferred Approach) Revenue | | 786 | 4,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 37,264 |
| | Capital | | | | | | | | | | |
| 28 | Hosting costs as capital | | | 8,000 | | | | | | | 8,000 |
| | Total Option 2 (Do Minimum) Capital | | 0 | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| | Grand Total Option 2 (Do Minimum) Capital & Revenue | | 786 | 12,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 45,264 |

7. The Management Case

7.1. Introduction

The management case addresses the *achievability* of the proposed investment and the actions required to ensure successful delivery in accordance with best practice.

7.2. Programme Management Arrangements

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The Programme is managed in accordance with the OGC Managing Successful Programmes and PRINCE2 standards.

The LINC Programme Board is well established and has been meeting monthly since December 2017. The membership is made up of representatives from each HB and key Pathology organisations and groups as presented in [Appendix 13](#). Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB is the LINC Senior Responsible Owner and chairs the Board. Judith Bates is The LINC Programme Director supported by a Programme Management Office (PMO).

NHSW CEG approved the proposed programme governance, presented in Figure 8, at their meeting on 23 October 2018. Roles and responsibilities of each organisation are listed in [Appendix 14](#) and their specific role in relation to LINC is detailed below:

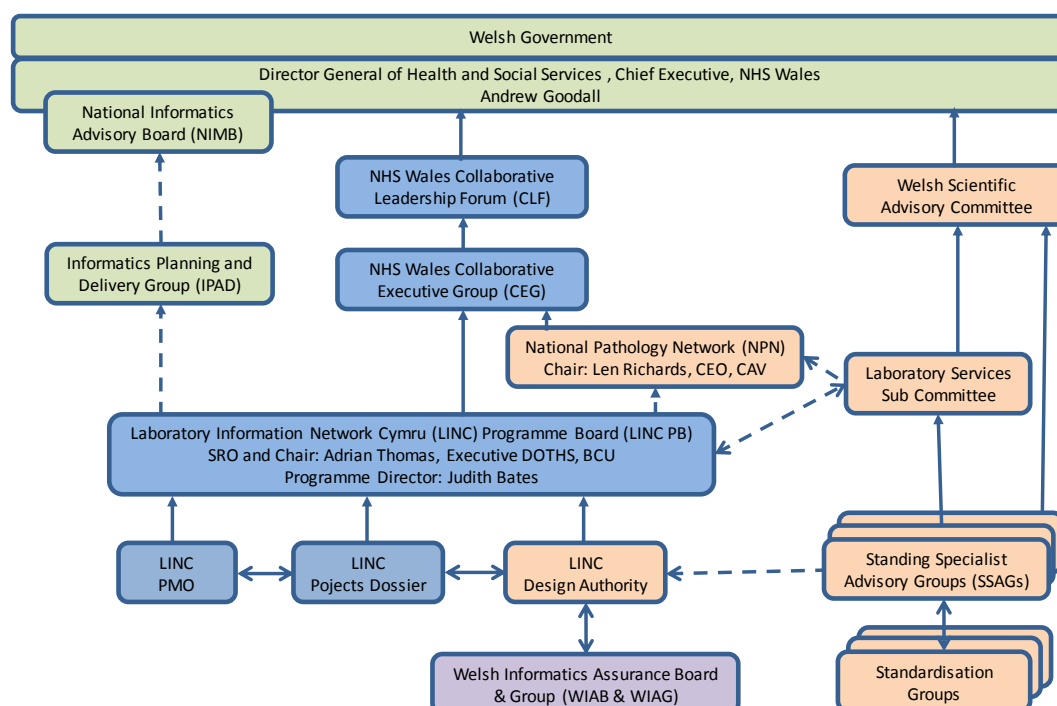


Figure 8: LINC programme governance

LINC programme governance comprises several strands:

- Corporate governance (shaded blue)
- Business case assurance process (shaded green)
- Pathology service and professional assurance (shaded orange)
- Informatics assurance (shaded purple)

Corporate governance and funding

The LINC Programme Board reports to the CEG to secure corporate approval of health boards / trusts / PHW to the programme approach and to requests for revenue funding and provides a monthly update to the CEG.

Business case assurance process

Welsh Government has agreed that a Strategic Outline Case (SOC) is not required for LINC, as it is driven by the need to re-procure a new LIMS. LINC has produced this Outline Business Case (OBC) and, following the procurement, will produce a Full Business Case (FBC). A robust business case assurance process is in place to assure that the OBC had made the case for investment in public monies. It has been reviewed or is planned to be considered by the following groups:

- Advice and assurance from NHS Wales Informatics Service Business Assurance (Mike Flanagan, Hugh Morgan, Gail Medcraft and Brent Varley) throughout the OBC development by email and in meetings;
- IPAD reviewed version 0.8 at its meeting on 19 October;
- Informal feedback on version 0.8 at meetings held with Peter Jones and Ian Gunney on 17 September and with Frances Duffy and Rob Orford on 22 November;
- IPAD Subgroup reviewed version 0.13 at its meeting on 27 November;
- NIMB considered version 0.16 at its meeting on 11 December and has asked that a decision be taken on the approach to delivering ETR and that benefits be better evaluated as part of the OBC;
- Welsh Government has offered support by taking the OBC to their scrutiny panel early in 2019. In the meantime work has already started on benefits evaluation and discussions planned with NWIS to assess their capacity to develop the WCP for ETR.;
- The aim is still to achieve Ministerial sign off by the end of February 2019.

In addition, the business case is going through a corporate assurance process, including:

- Review by the LINC Programme Board throughout OBC development;
- Funding model considered and approved by NHS Wales Collaborative Executive Group at its meeting on 18 September;
- Apportionment of costs considered by the Deputy DoFs at their meeting on 19 September, to be finalised on 20 December;

- Financial costs of the preferred option sent to the DoFs and deputy DoFs on 15 November to include in IMTP planning;
- Review via the Health Boards / Trusts / PHW internal business case assurance process during December
- Approval by each Health Board in January 2019;
- Signed letter of approval from each health board / trust / PHW CEO, Director of Finance and Director responsible for Pathology services to commit to the programme and funding by the end of February 2019.

The business case is also going through a professional assurance process including:

- Version 0.10 was sent to the SSAGs for review on 31 October;
- Version 0.11 was sent to the National Pathology Network and discussed at their meeting on 30 November;
- The Laboratory Services Subcommittee will receive the OBC at its quarterly meeting on 18 January 2019.

Pathology service and professional assurance

The National Pathology Network is responsible for the implementation of the Pathology Statement of Intent, of which LINC is a key element. The LINC SRO and the LINC Programme Director are members of the NPN.

The LINC Programme Director is also a member of and provide regular updates to the LSSC.

LINC documentation is sent out to SSAG leads to secure feedback from their SSAG. For the Cellular Pathology SSAG, which is does not currently have a lead, a circulation list has been created to share documentation and seek feedback. SSAGs are invited to and promote workshops and events.

In addition, presentations have been made to a range of All Wales groups and bodies, including ADIs, Deputy DOFs, Directors of Planning and the Welsh Clinical Informatics Council.

Informatics assurance

NHS Wales has an informatics assurance process in place via WIAB and WIAG. A well-documented assurance process is in place and will be applied at all stages of the LINC Programme and work closely alongside the LINC Design Authority to assure that the new services and systems are safe.

7.3. Proposed LINC Operational Governance

One of the key questions asked of LINC is '*who owns the new LIMS system*'. This has been widely discussed and the proposed operational governance discussed by the NSW CEG at its meeting on 23 October. The interim arrangements are presented in Figure 9. This will be updated

following the national review of governance arrangements. Roles and responsibilities of each organisation are listed in [Appendix 14](#) and their specific role in relation to LINC is detailed below:

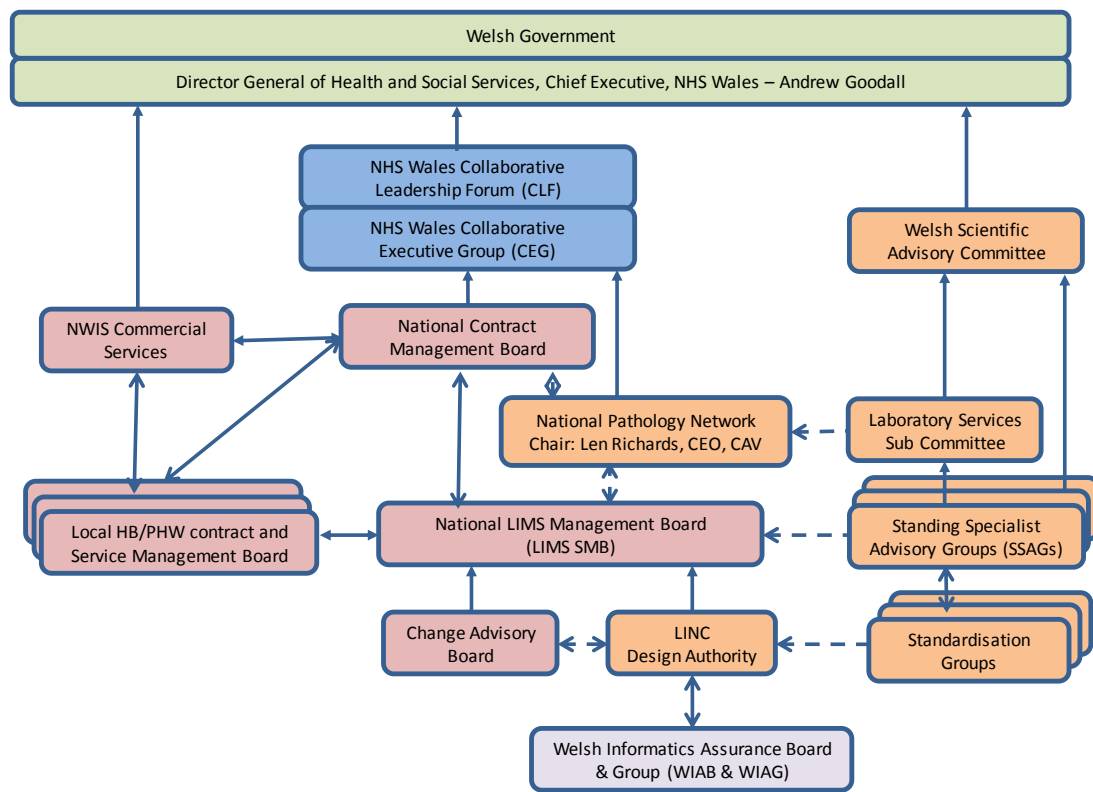


Figure 9: LINC operational governance

It has been agreed that the contract form will be a Master Services Agreement providing a national framework agreement with a single supplier. NWIS will be the contracting authority and will facilitate a national contract management board (CMB) and service management board (SMB) both chaired by the NHS. The SMB Chair will be a member of the NPN.

Each health board / PHW will have its own deployment order with the supplier and put in place a local Contract and Service Management Board to manage the relationship with the supplier and link to the national CMB.

The national LIMS SMB will monitor service levels provided by the LIMS supplier in accordance with Schedule 2.2 service levels and compliance against the wider national contract schedules for the live LIMS service. It will also monitor service levels for the internal service provided by NWIS and in accordance with an agreed service level agreement (SLA).

All health boards / PHW providing Pathology services and holding a deployment order as part of an MSA will have a place on the SMB. The NSW CEG will approve the Chair of the SMB, which will report to the CMB and each HB Contract and Service Management Board on performance of the service. Local Contract and Service Management Boards can also escalate issues to the national LIMS SMB as required.

The national contract management board (CMB) will deal with issues escalated by the local C&SMB and the national LIMS SMB. The NHSW CEG will approve the Chair of the CMB, which will report by exception to the NHSW CEG. The mechanism for representation of the local C&SMB on the national CMB will need to be agreed but collectively they will resolve contractual issues supported by NWIS commercial services.

The Change Advisory Board (CAB) reviews and approves any changes to the LIMS. This has been a challenge for WLIMS1 as there has been no budget allocated to support this work. Consequently, it has depended on superfluous end of year monies. A change budget has therefore been included in the OBC to ensure funding is available for changes in future. Each main discipline should be able to request and manage changes specific to its own discipline to allow agile system maintenance and configuration without compromise to other disciplines.

7.4. LINC Workstreams

The LINC Programme is being delivered through four workstreams as set out below:

- **Clinical workstream:** to engage the Pathology and wider NHS service in defining the requirements, take forward standardisation to eliminate all unwarranted variation in service and design the standard solution, and the deployment of the developed solution;
- **Commercial workstream:** to deliver the business case, manage the procurement of the new service and the chosen supplier;
- **Technical workstream:** to define and deliver the technical requirements to design and deliver a seamless end-to-end solution from electronic requesting to results reporting, develop the new standard solution at national level, migrate the data and the local ICT develops required to be in place to deploy the new solution;
- **Programme Governance workstream:** to ensure the LINC Programme is professionally managed and assured.

Some activities within each workstream are best delivered by a project. A Projects Dossier has been defined as presented in Figure 10. WTAIL will also need to come on board once their business case is completed.

7.5. High Level Programme Plan

The programme will be delivered in tranches over four – five years from 2018/19 to 2023/24 as set out in Table 28, subject to OBC approval and sign off. This timescale is very tight with some contingency built in. The NHS needs to commit to delivering this plan or accepting a longer timescale, for which the costs of the programme and dual running of the systems will add to the overall costs of implementation.

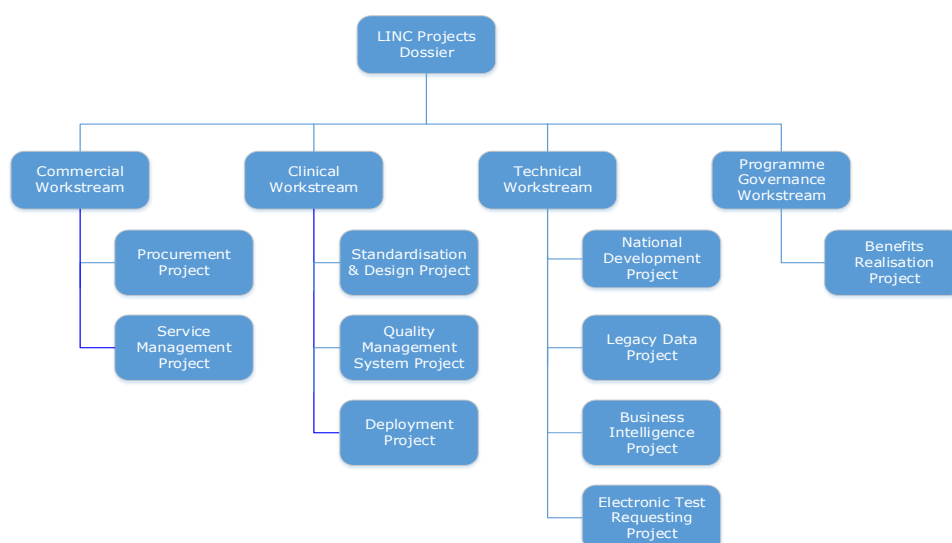


Figure 10: LINC Projects Dossier

Table 28: LINC Programme Tranches

| Tranche | Scope | Key Milestones | Timeframe |
|---------|---|---|--|
| 0 | Pre-Procurement | <ul style="list-style-type: none"> OBC developed & signed off Procurement planned and draft schedules completed Gateway review 2 | Jan 2018 – February 2019 |
| 1 | Procurement Standardisation & Design work National QMS & team Integration work designed Benefits realisation planned | <ul style="list-style-type: none"> OJEU notice published Contract in place Standardised design National QMS implemented Integration designed Benefits realisation FBC signed off Gateway review 3 | March 2019 – Mar 2020 |
| 2 | Develop, test and validate the service for Wales | <ul style="list-style-type: none"> End-to-end Pathology solution designed, developed and tested including electronic test requesting User acceptance testing Clinical assurance sign off Validation / accreditation Gateway review 4 | Apr 2020 – Sep 2021 |
| 3 | Deployment | <ul style="list-style-type: none"> Go live in CAV UHB Go live in remaining UHBs | Oct 2021 – Mar 2022 Apr 2022 – Jun 2023 |
| 4 | Benefits realisation | <ul style="list-style-type: none"> Benefits realisation Gateway Review 5 Programme Closure | Jul 2023 – Mar 2024 |

7.6. Resource Requirements

Programme Team

The LINC programme team comprises:

- The Programme Management Office (PMO)
- The Pathology Team
- NWIS Programme Resources
- Procurement Advice

The Programme Management Office (PMO)

The Programme Director is supported by the PMO, comprising seven staff to plan, coordinate and manage the programme on a day-to-day basis. The Programme Manager will manage the PMO staff.

LINC Pathology Team

The LINC Pathology Team will comprise subject matter experts (SME) and analysts in each of the main disciplines to collectively support the work on standardisation and business change, as well as procurement, development, testing, training and deployment of the new LIMS, including:

NWIS Programme Resources

NWIS are dedicating some staff to the programme as follows:

- LIMS Service Manager to act as the subject matter expert for service management to coordinate NWIS resources for the programme;
- Head of Procurement to act be the procurement lead for the programme;
- A contractor (special adviser) who specialises in the new integration service product, Fiorano to support the development of the new interfaces and transfer skills to new staff.
- Testing services team to support the testing of the new solution
- Business change team to support the business change required to enable service integration.

Procurement Advice

The Procurement Team will include 'special advisers' for commercial and legal adviser plus two advisers from the Pathology service.

Special advisers will be used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers. This has been limited to advice for legal and commercial services as set out in the Commercial Case.

Funding agreements for the NHS advisers will be put into place to cover their time or backfill their post.

Programme Costs

The costs of the programme is presented in Table 29, which includes the costs of the staff listed above plus non-pay and 10% contingency with effect from 2019/20. These costs exclude 2018/9, for which a budget has been agreed with the NHSW CEG to be apportioned on the same basis as WLIMS1 national costs.

Notes associated with the assumptions underpinning each of these costs are provided in [Appendix 15](#). In summary, the LINC Programme costs total £6 million over 5 years, comprising

- Programme management office £1.9 million
- Pathology team £2.4 million
- NWIS programme resources £687k
- Procurement costs £226k
- Non-pay & contingency £767k

7.7. Outline Arrangements for the Programme

Outline arrangements for change and contract management

The strategy, framework and plan for dealing with change and associated contract management is as follows:

- A LINC Procurement Project will manage the procurement and completion of all contract documentation, including any changes requested;
- A Contract Management Board, chaired by the NHS and facilitated by NWIS will manage the contract and any contract changes will be managed in accordance with contract schedule 8.2 change control;
- A LIMS Service Management Board (SMB) will monitor the service, supported by a LIMS Change Advisory Board to control changes to the live service.
- All documentation will be configured and managed to provide an audit trail of any changes made.

Outline arrangements for benefits

The strategy, framework and plan for dealing with the management and delivery of benefits will be developed and include a benefits register that will identify how each benefit will be assessed and who will be responsible for delivering each benefit. A Benefits Project will be set up and run throughout the life of the programme. A draft benefit template for a benefit profile is listed in [Appendix 16](#).

Table 29: LINC Programme Costs

| Notes Ref | Resource | Grade | Apr 19 - Mar 20 £k | Apr 20 - Mar 21 £k | Apr 21 - Mar 22 £k | Apr 22 - Mar 23 £k | Apr 23 - Mar 24 £k | Total Cost £k |
|-----------|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| 1 | LINC Programme | | | | | | | |
| 2 | Programme Management Office (PMO) | | | | | | | |
| 3 | Programme Director | 8d (Actual) | 97 | 102 | 108 | 109 | 110 | 525 |
| 4 | Programme Manager | 8a (Actual) | 54 | 56 | 58 | 61 | 62 | 290 |
| 5 | Senior Project Manager | 7 (M-P) | 48 | 50 | 52 | 54 | 55 | 260 |
| 5 | Project Manager | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 212 |
| 6 | Programme Officer / Planner | 6 (M-P) | 39 | 41 | 42 | 43 | 46 | 212 |
| 6 | SPSO (Procurement & Technical Projects) | 4 (M-P) | 27 | 28 | 28 | 29 | 30 | 143 |
| 7 | Senior Project Support Officer (PMO) | 4 (Actual) | 25 | 26 | 26 | 27 | 28 | 133 |
| 8 | SPSO (Standardisation and Deployment Projects) | 4 (Actual) | 26 | 27 | 28 | 28 | 29 | 140 |
| | Total (PMO) | | 356 | 370 | 384 | 396 | 407 | 1,913 |
| 9 | Pathology Team | | | | | | | |
| 9 | Standardisation leads 2 sessions per week x 5 | 9 (Top) | 129 | 131 | 132 | 133 | | 525 |
| 9 | Blood Sciences SME | 8a (Top) | 63 | 64 | 64 | 65 | | 256 |
| 9 | Biochemistry Analyst | 7 (M-P) | 48 | 50 | 52 | 54 | | 205 |
| 9 | Haematology Analyst | 7 (M-P) | 48 | 50 | 52 | 54 | | 205 |
| 9 | Immunology Analyst | 7 (M-P) | 48 | 50 | 52 | 54 | | 205 |
| 9 | Blood Transfusion Analyst | 7 (M-P) | 48 | 50 | 52 | 54 | | 205 |
| 9 | Cellular Pathology SME | 8a (Top) | 63 | 64 | 64 | 65 | | 256 |
| 9 | Cytology Screening SME | 8a (Top) | 63 | 64 | 64 | 65 | | 256 |
| 9 | Microbiology SME | 8a (Top) | 63 | 64 | 64 | 65 | | 256 |
| | Total (Pathology Standardisation Team) | | 575 | 586 | 597 | 611 | | 2,369 |
| 10 | NWIS Programme Resources | | | | | | | |
| 11 | LIMS Service Manager (backfill) | 7 (M-P) | 48 | 50 | 52 | 54 | | 205 |
| 12 | Procurement Lead (backfill) | 8c (M-P) | 77 | | | | | 77 |
| 13 | Senior Software Developer (Integration) | Contractor | | 55 | | | | 55 |
| 14 | Testing services | SLA | | 50 | 50 | | | 100 |
| 15 | Business change | SLA | 50 | 50 | 100 | 50 | | 250 |
| | Total (NWIS Short Term Resources) | | 176 | 205 | 202 | 104 | | 687 |
| 16 | Procurement Project (Additional resource requirements) | | | | | | | |
| 17 | Legal Adviser | Contract | 96 | | | | | 96 |
| 18 | Commercial Adviser | Contract | 96 | | | | | 96 |
| 19 | Service Adviser (Kevin Williams) | Backfill | 26 | | | | | 26 |
| 20 | Service Adviser (Mike Redman) | Backfill | 8 | | | | | 8 |
| | Total (Procurement Project Additional Resources) | | 226 | | | | | 226 |
| 21 | Non-Pay Costs | | 50 | 50 | 50 | 50 | 25 | 225 |
| 22 | Contingency @ 10% | | 138 | 121 | 123 | 116 | 43 | 542 |
| | Grand Total (LINC Programme Costs) | | 1,522 | 1,332 | 1,356 | 1,277 | 475 | 5,961 |

Outline arrangements for risk management

The strategy, framework and plan for dealing with the management of risk are as follows:

- Risks can be raised by anyone on the programme and added to the risk register;
- The risk register has been designed in accordance with good practice guidelines within PRINCE2 and NHS Wales Health Collaborative standards;
- The risks are reviewed at least once a month by the PMO and the LINC Programme Board;
- The LINC Programme Manager will escalate any risks that cannot be managed by the PMO and require urgent action to the LINC Programme Director. If required, she will in turn escalate to the LINC SRO and jointly decide on the appropriate action;
- The LINC Programme Director in liaison with the LINC SRO will escalate any risks that cannot be dealt with at the level of the LINC Programme Board to the National Pathology Network for professional advice and to the NSW CEG for corporate decision, having first consulted with the service via the LINC Programme Board and / or appropriate service networks.

A copy of the programme risk register is attached at [Appendix 17](#) and the guidance in [Appendix 18](#).

Outline arrangements for post project evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and are as follows.

Post implementation review (PIR)

These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place between March and September 2023.

Project evaluation reviews (PERs)

PERs appraise how well the project was managed and delivered compared with expectations and are timed to take place between March and September 2023.

Gateway review arrangements

Gateway reviews are planned for at the end of each tranche of the programme, starting with the gateway review 2 to assure the delivery strategy.

Contingency plans

In the event that this programme fails, the following arrangements are in place for continued delivery of the required services and outputs. The aim will be to ensure business continuity, managed by:

- Ensure the continuity of the current LIMS system until the new LIMS has been developed, tested and fully deployed;
- A regular 'health check' to ensure the new LIMS has the capacity to maintain a service past the anticipated replacement date;
- Review the contractual issues as an option as the programme progresses;
- Explore the opportunities to contract with another supplier within the procurement.

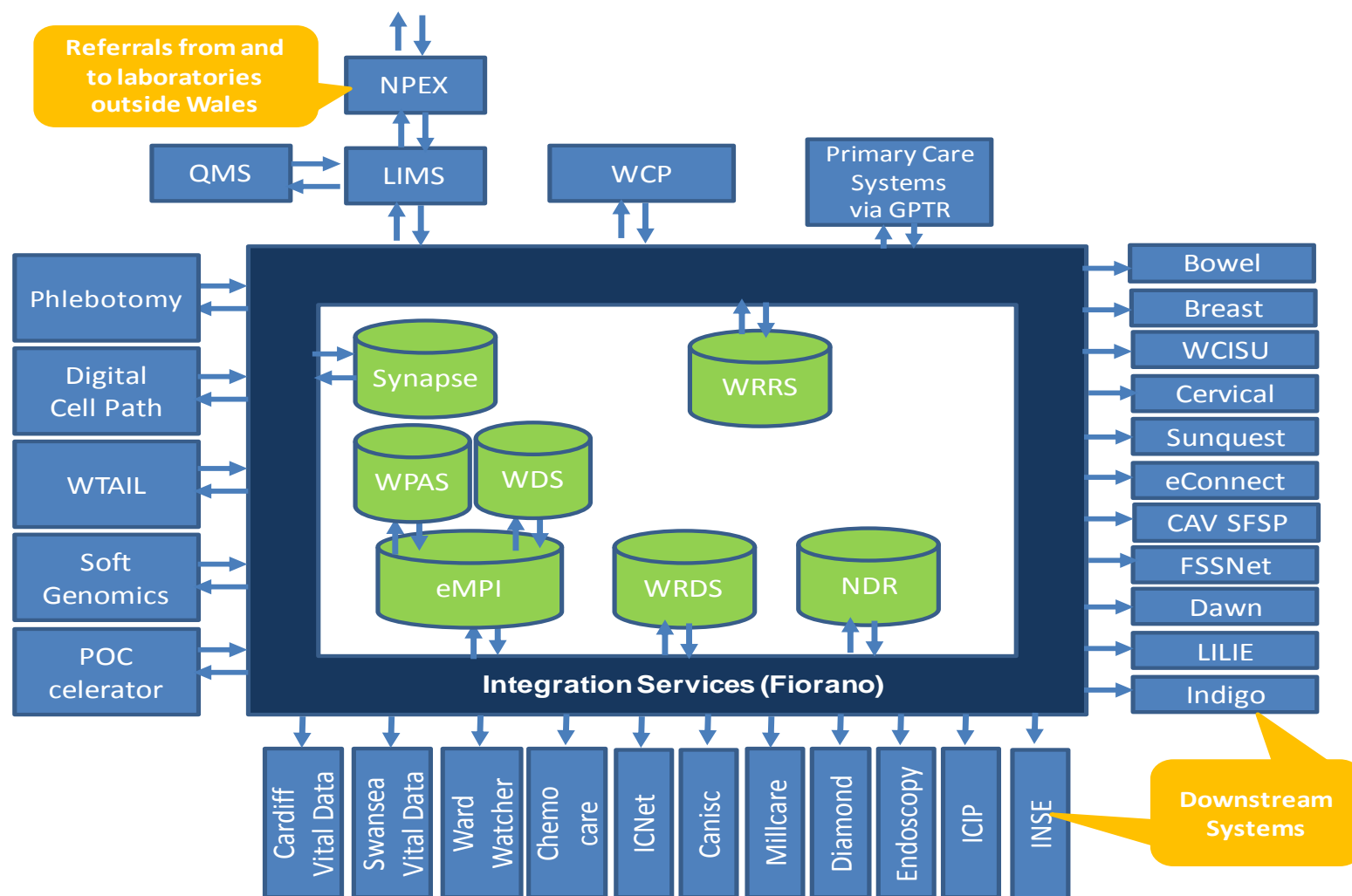


Appendix 1: Pathology Tests

| Discipline | Activity | Year | ABM UHB | AB UHB | BC UHB | CAV UHB | CT UHB | HD UHB | PHW | Total | Source |
|-----------------------------|----------------|--------|------------------|------------------|------------------|------------------|------------------|------------------|---------------|-------------------|------------|
| Andrology | Auth Test Sets | 2017/8 | 1,142 | 1,719 | 1,474 | 1,101 | 419 | 704 | | 6,559 | TrakCare |
| Blood Sciences | Auth Test Sets | 2017/8 | 5,388,203 | 5,692,385 | 6,063,215 | 4,840,657 | 2,491,488 | 3,775,297 | | 28,251,245 | TrakCare |
| Cellular Pathology | Auth Test Sets | 2017/8 | 39,713 | 17,250 | 45,665 | 67 | 1,654 | 25,976 | | 130,325 | TrakCare |
| Cervical Cytology | Auth Test Sets | 2017/8 | | | | | | | 96,137 | | TrakCare |
| Microbiology | Auth Test Sets | 2017/8 | 442,884 | 392,176 | 419,029 | 549,935 | 285,036 | 216,412 | | 2,305,472 | TrakCare |
| Sub-Total | | | 5,871,942 | 6,103,530 | 6,529,383 | 5,391,760 | 2,778,597 | 4,018,389 | 96,137 | 30,693,601 | |
| Cellular Pathology | Episodes | 2017/ | 38,832 | 30,567 | | 40,999 | 22,095 | 227 | | 132,720 | Telepath |
| Blood Products & Components | Total Tests | 2016/7 | 33,977 | 21,522 | 34,441 | | | | | 89,940 | Keele data |
| Blood Bank | Total Tests | 2016/7 | 110,043 | 118,685 | 153,200 | | | | | 381,928 | Keele data |
| Histopathology | No. of slides | 2017 | 215,584 | | 132,017 | | | | | 347,601 | |
| Mortuary | Post Mortems | 2017 | 935 | | 1,350 | | | | | 2,285 | Keele data |
| Cervical Cytology | Specimens | 2017 | | | 35,198 | | | | | 35,198 | Keele data |
| Cervical Cytology | Samples | 2017/8 | 42500 | 25500 | 29000 | | | | 45000 | 142000 | Trakcare |
| Diagnostic Cytology | Specimens | 2017 | 2,983 | | 3,164 | | | | | 6,147 | Keele data |

N.B. Data for all organisations not yet all-available.

Appendix 2: The new LIMS as a component of the national technical platform



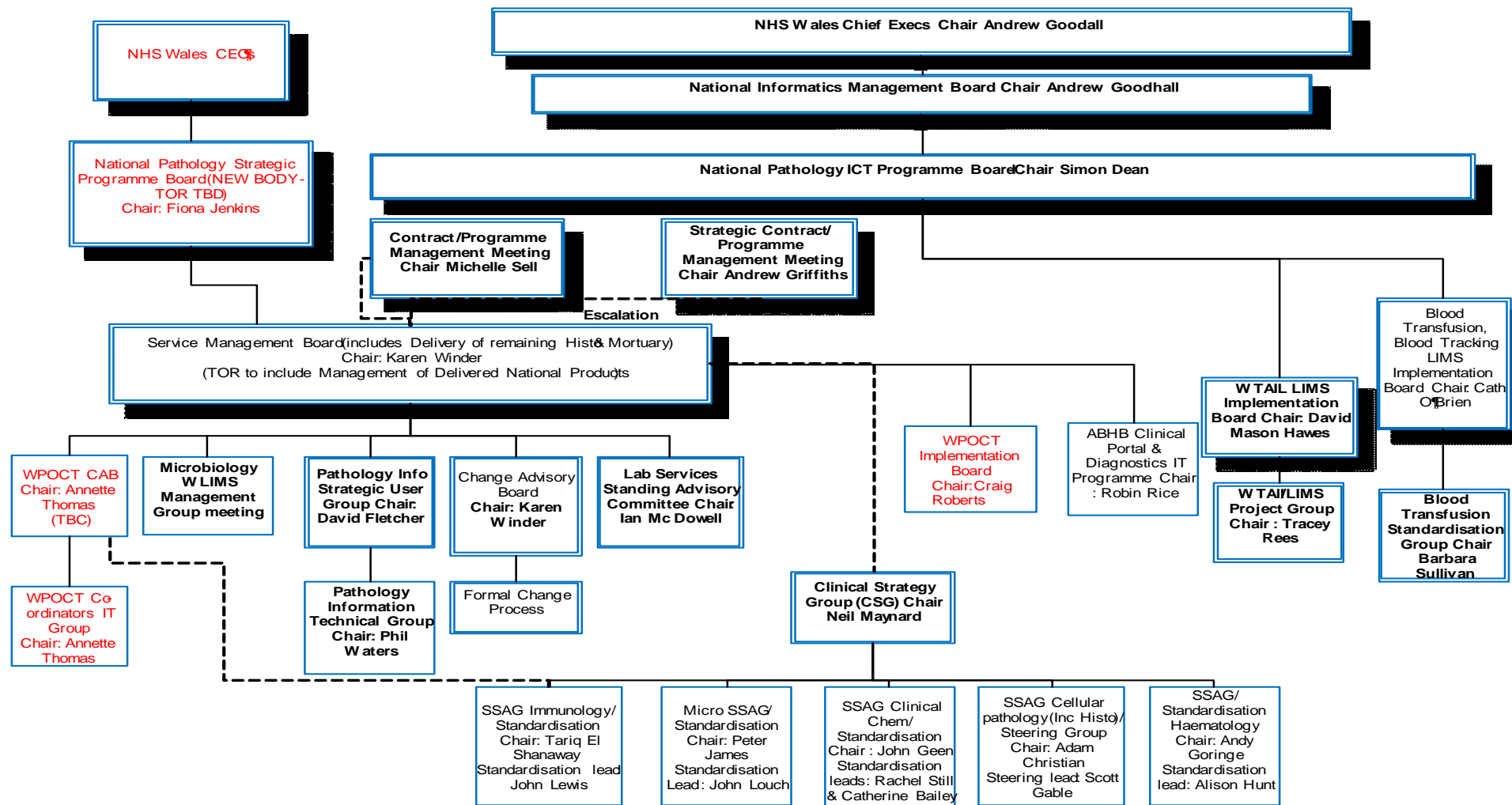
Appendix 3: Pathology Statement of Intent: Key areas and relationship to LINC

| Ref | Priority | Key features | Relationship to LINC |
|-----|---------------------------------|--|--|
| 1 | Public involvement & engagement | NHSW to develop meaningful linkages with the public to facilitate co-production of Pathology services. | LINC aims to improve patient care, safety and outcomes, for which measurable benefits have been developed. |
| 2 | Workforce development | NHSW will support a prudent, cross discipline and flexible skill-mix approach to future workforce models HEIW ⁸ will support the development of targeted strategies for workforce development | The new end-to-end technical solution will automate processes and support changing roles and associated access controls |
| 3 | Equipment | WG will support the development of a prioritised and sustainable capital replacement programme NHSW will co-ordinate planning and adoption of new Pathology technologies taking account of regional working & workforce issues | To fully integrate to other technologies Standardisation of equipment as far as possible will reduce costs and simplify maintenance of the new LIMS |
| 4 | Quality and Safety | WG will support the introduction of a Regulated National Quality Framework to ensure: <ul style="list-style-type: none"> • A fully accredited Pathology service for NHS Wales • Patient safety will remain a priority • Evidence based standardised practice • Unwarranted variation evidenced and acted upon • Patient feedback mechanisms are developed • Errors / sample losses and waste are minimised | A single quality management system for Wales with single standard operating procedures (SOPs) will make the design, development and maintenance of the new LIMS easier and more cost effective; minimise variation of practice and facilitate validation of services |
| 5 | Services | WG & NHSW will direct regional Pathology planning to improve service efficiency and effectiveness, including | The new solution will enable the redesign of Pathology services and the delivery of |

⁸ Health Education and Improvement Wales
Outline Business Case
Author: Judith Bates

| Ref | Priority | Key features | Relationship to LINC |
|-----|-------------------------------|---|---|
| | | <ul style="list-style-type: none"> Service reconfiguration based on regions A formal structured network for POCT services The adoption of the "Choose Wisely" campaign Ensure services are "designed for demand" WG and NHS Wales to include Pathology in service planning | the 'Choose Wisely' and 'Designed for Demand' initiatives. |
| 6 | Informatics & information | <p>NHSW to review Pathology informatics arrangements to best meet service and clinical needs.</p> <p>NHSW will develop new performance indicators to improve the quality and consistency of services.</p> | Informatics support for the new LIMS and enhanced business intelligence will be a key feature of the end-to-end technical solution via the new LIMS and the National Data Resource (NDR). |
| 7 | Research & information | <p>NHSW will develop the relationship with academia to improve innovation and improvement outcomes.</p> <p>WG will develop collaborative working to exploit opportunities in innovation and technology.</p> <p>NHSW will develop a strategic plan to seize research and innovation opportunities.</p> | The new solution will support developments in innovation and technology such as artificial intelligence and machine learning and Digital Cellular Pathology. |
| 8 | Regional working & governance | <p>NPN accountable to NHSW Chief Executives</p> <p>Service specification developed to support development of Pathology services</p> <p>Laboratory Services Subcommittee and SSAGs to support service development</p> | <p>The new solution will support the development of Pathology services</p> <p>LINC to work with NPN to define ownership of new LIMS and relationship to NPN going forward.</p> <p>LSSC and SSAGs are key stakeholders in the LINC Programme</p> |

Appendix 4: WLIMS1 Governance Model



Appendix 5: Lessons Learned from WLIMS1

| Ref | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|-----|---------------|---|--|---|--|
| 1 | Strategic fit | IO1: A fully supported networked LIMS available for implementation by January 2011 | Implementation took far longer than planned | The new LIMS will be developed and tested once for Wales and be the same solution subject only to agreed warranted variation. It will then be deployed as is to local sites. | Programme approach and plan |
| 2 | Strategic fit | IO2: To support improved clinical data and management information flows to meet NHS Wales' needs | It has not been possible to share workload across sites | Information governance to be addressed so that the system can be configured to allow tests to be processed, validated and reported at different sites | Information governance |
| 3 | Strategic fit | IO3: To improve the functionality and flexibility of the Pathology IT system to meet current and future strategic service needs | The system has proven to be less efficient to use with more screens and workarounds and only one version has been implemented. | Increased standardisation resulting in a simpler design and build that's easier to use, maintain and keep up-to-date. | Standardisation and Design Project |
| 4 | Governance | Programme governance | WLIMS1 programme governance not sufficient to ensure service commitment to the programme. | Whole system responsibility to be clarified for LINC. | Programme governance clearly defined via the Collaborative Executive Group. |
| 5 | Governance | Programme governance | LINC SRO accountability | Clarify SRO accountability | LINC SRO to be a member of the National Pathology Network and individual accountability to be aligned to the revised Welsh Government governance arrangements that will impact NPN |
| 6 | Governance | LIMS ownership | Who owns the LIMS as no single pathology service | National Pathology Network (NPN) does not have the authority to take ownership. It is proposed that LIMS ownership sits with the Collaborative Executive Group with professional advice from the NPN. | Proposals shared with LINC Programme Board, National Pathology Network and Collaborative Executive Group. |
| 7 | Governance | Contract management | NWIS contracting authority with little service input. InterSystems see NWIS, and not the Pathology service, as the customer | Use a master services agreement and review membership of the contract management board. | Procurement strategy includes using a Master Services Agreement. Organisational governance arrangements to include the chair of the LIMS Service Management Board. |
| 8 | Governance | Contract management | No visibility of InterSystems performance against the contract and plans for delivering against the requirements matrix | Progress reported via LIMS Service Management Board | Terms of reference and design of contract management reporting to the SMB and the service. |
| 9 | Governance | Service management | Service feel ill-informed in relation to WLIMS1 live service | Review communications mechanisms to the service for the Contract Management board, WLIMS1 Service Management Board and Change Advisory Board. | Review terms of reference of the WLIMS1 Contract Management board, WLIMS1 Service Management Board and Change Advisory Board and consult with the service about communications. |

| Re | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|----|----------------|---|--|--|--|
| 10 | Governance | Change management | Small changes can take a long time to implement in the live service. | Put an SLA in place with supplier and the LINC SMB in relation to turnaround times for changes. | Agree the turnaround times for changes to be completed and have monitoring processes to report on progress. |
| 11 | Communications | Communications to primary care | Asking GPs to reduce workload during go live | Ensure GPs aware of change and can plan to reduce workload during go live | Include in stakeholder engagement strategy and communications plan |
| 12 | Communications | Communications to secondary care | This went well with Go LIVE comms - global emails and letters going out to consultants and GPs and contact made to nurses and specialist teams. | Plan go live comms with local comms team to maximise distribution of information. | Include in stakeholder engagement strategy and communications plan |
| 13 | Communications | Communications to all lab staff | Difficult to get the same message to all lab staff | Need to ensure method of cascading information within the lab | Include in stakeholder engagement strategy and communications plan |
| 14 | Communications | Communications of changes | Insufficient communications of changes during implementation | Ensure changes are notified so that staff know what to expect | Deployment communications plan |
| 15 | Procurement | Requirements specification | Requirements were well specified mostly but weak in some areas like business intelligence and audit | Ensure requirements well specified and widely reviewed and approved by the service with a separate section on business intelligence and audit | Ensure requirements well specified and widely reviewed and approved by the service with a separate section on business intelligence and audit |
| 16 | Procurement | Requirements specification | Requirements not sufficiently future proofed in terms of size and capacity and deal with business change and technological developments | Ensure requirements and the contract cover the need to support future requirements | Requirements and contract to explicitly cover future requirements |
| 17 | Procurement | Procurement process | Supplier demonstrated really good system but provided a vanilla product for Wales NHS to configure with a new, inexperienced supplier team | Ensure that supplier can deliver what has been demonstrated and the the solution will not need development to deliver what has been demonstrated | Ensure that supplier can deliver what has been demonstrated and the the solution will not need development to deliver what has been demonstrated |
| 18 | Procurement | Procurement process | Underestimation of the complexity and the effort required to develop WLIMS1 to meet the needs of the service. | To procure a solution that has a proven track record and met national accreditation and validation requirements | (1) to ensure the the requirements include the need to for a working solution; (2) to ensure that the procurement process requires suppliers to demonstrate current and not potential capability; (3) to ensure that payment milestones are related to delivery. |
| 19 | Procurement | Need to communicate with other systems | WLIMS1 cannot communicate with other systems. For example, inability to communicate with NHS England means that Welsh laboratories are at a significant disadvantage when competing for sendaway (income generating) work. | Include NPEx (or similar) in required specification. | NPEx has been included in the requirements specification for the new LIMS. |
| 20 | Procurement | Be wary of suppliers who state a requirement is under development | InterSystems stated that Blood Transfusion, full-featured BI and a working Mortuary module were all under development but WLIMS1 was delivered without these modules being completed. | Careful scoring of supplier responses that state 'under development' | Evaluation criteria to take note of supplier responses 'under development'. |

| Re | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|----|-----------------------|---|--|--|---|
| 21 | Development & testing | Testing | The service does not have the capacity to support testing causing delays in the development, roll out and maintenance of WLIMS1. | Ensure system documentation is maintained and employ testers to support user acceptance testing. | Two testers included in the OBC costs, approved by the CEG. |
| 22 | Development & testing | Data migration | Data migration did not progress as originally planned and has proven to be time consuming and problematic. | To have a clear plan for data migration taking account of the issues experienced with WLIMS1 and to explore the potential to use the national data resource, if this will be ready in time. | Draw up a plan for data migration and explore the potential to use the national data resource. |
| 23 | Development & testing | Validation | Validation has been time consuming and costly, using external consultancy. | Put in place national post as part of the quality management team to develop in-house expertise in validation. | Validation post part of the proposed national quality management team and approved by the CEG to include in the OBC |
| 24 | Development & testing | Development of new requirements | Missing requirements needed development in early stages. | Clearly map out all new requirements and ensure a plan in place to show by when they will be delivered against the requirements traceability matrix. | Contract to include plan for delivery of requirements. |
| 25 | Implementation | Business change | Staff say they didn't know what they were going to get until they got it and changes were not well communicated, combined with significant variation and workarounds at a local level. | To put in place a business change programme from the outset to promote standardisation, respond to local queries and keep all staff up-to-date with progress as well as manage expectations. | Funding has been requested to support business change in the LINC Programme |
| 26 | Implementation | Implementation planning | Implementation plan did not take account of the complexities of the roll out | To ensure the implementation plan sufficiently detailed and interdependencies well defined, taking account of lessons from WLIMS1. | Robust implementation planning |
| 27 | Implementation | Training | There was not enough training provided and no training has been offered for new staff or in relation to upgrades. There is no longer a training environment and training materials are not kept up-to-date. The responsibility for training sat with the supplier but has not been fully delivered or supported throughout the contract. | Training requirements need to be recognised, supported and resourced. A train the trainer approach to be adopted from the outset. | The contract with the supplier to include a train the train approach, ensuring the supplier provides and continues to support a training database and system documentation to support training maintenance of training materials. The national pathology team will support training for the programme and the responsibility will sit with the national application team going forward. |
| 28 | Implementation | Training | For Cellular Pathology, learning the new LIMS was only achieved by visiting the live sites and not from the trainer. | The standard of training needs to be improved but also the value of visiting live sites to be recognised and resourced. | Training strategy, plans and resources to ensure training is the required standard. The opportunity to learn from live sites included in the deployment planning. |
| 29 | Implementation | Health Board readiness for implementation | HBs not fully prepared for implementation causing delays. | Ensure HBs are ready for implementation. | (1) Communications and engagement in place with each HB to ensure good planning for implementation; (2) Readiness checklist and good communications during implementation to ensure HB is ready. |

| Re | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|----|-----------------------|---|--|--|---|
| 30 | Implementation | Roll out | Delays in deployment caused by delays in LIMS development and rectification of issues raised by the supplier, compounded by the lack of service availability for revised timelines to support deployment | Will not go deploy until solution developed, tested and validated across all disciplines for all Wales. Then deploy fully at one site across all disciplines before moving to the next site. | (1) Stronger procurement (2) Requirements better scoped (3) Use of a MSA contract form (4) Robust planning and communications |
| 31 | Implementation | Incident logging | Mechanism for incident logging not clear to staff | Make sure there is a clear and easy mechanism for incident logging and follow up shared with all staff | Deployment planning change management and |
| 32 | Operational fit | Electronic test requesting | No budget for changes to the LIMS once live | Include a budget for changes to the live services into the OBC | Annual budget available to support changes requested by the service. |
| 33 | Operational fit | Laboratory processes | WLIMS1 does not fully support efficient running of the lab or meet all the original requirements. | To ensure the requirements are specified to meet service requirements and the supplier is held to account for delivery against a requirements traceability matrix. | (1) Wide consultation and engagement to develop requirements. (2) Strong contract management to hold the supplier to account for requirements. |
| 34 | Operational fit | Laboratory equipment | It takes a long time and costs a lot to get each new analyser integrated to the LIMS | To include turnaround times and negotiate reduced costs to connect analysers as part of the contract. | (1) Service levels to include turnaround times for analyser interfaces (2) Costs to be included in the contract. |
| 35 | Operational fit | Quality management | The lack of a national quality management system makes standardisation hard to deliver and maintain. | To put in place a national quality management system (QMS) like Q-Pulse to support standardisation. | The procurement of a national QMS and a team to support this system has been approved by the CEG to include in this OBC. |
| 36 | Operational fit | Sendaways | Sendaways managed manually causing errors and delays and reducing potential income from offering a service outside Wales. | To use NPEx to manage sendaways and referrals into Wales | The use of NPEx has been approved by the CEG to include in this OBC. |
| 37 | Operational fit | Combined reporting across different disciplines | The need for combined reporting for Haematology, and for Cellular Pathology, was specified at the start of the WLIMS1 project but never delivered. | The company was never forced to provide this functionality. Four years past "go-live", there is still no functional combined reporting mechanism, beyond what can be configured locally. | The absolute need for Combined reporting across different disciplines MUST be identified upfront as a key specification requirement for LINC, and tendering companies MUST show how this will be delivered. Delivery of this functionality should be included in the KPI. |
| 38 | Business intelligence | TrackCare BI - DeepSee | Supplier demonstrated huge potential but service left to develop BI solution for themselves | Ensure clarity about what supplier will provide in terms of solution and experienced resources. | Stronger procurement and detailed BI requirements specified in advance. |
| 39 | Business intelligence | TrackCare BI - DeepSee | DeepSee not working before go live or post go live | Ensure BI solution developed, tested and signed off prior to go live | Contract with supplier clearly includes requirement for BI to be working before any milestone payments are made. |
| 40 | Business intelligence | TrackCare BI - DeepSee | A lack of resource and expertise within the service to help to develop the product; | Have staff dedicated to developing and supporting BI tool in conjunction with the supplier and not going live until BI working. | Two staff included in the OBC |

| Re | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|----|-----------------------|---|---|---|---|
| 41 | Business intelligence | TrackCare BI - DeepSee | Keele Benchmarking returns and feedback from the service reveals that different methods of collecting data has resulted in continued inconsistencies and lack of comparability of data, despite having a national LIMS. | Require a national solution to BI | (1) Stronger procurement (2) Requirements better scoped (3) Detailed, standardised design ready at the outset for solution development |
| 42 | Technical | National technical platform | NWIS hosting the technical platform has experienced difficulties in supplier relationship over where the boundaries lie in responsibility for hardware and software | Supplier to host and be responsible for the whole technical environment | Procure a managed service based on service levels where the supplier can host the solution in an NHS data centre, or a data centre of their choice, using cloud services if preferred. |
| 43 | Technical | Unplanned downtime | Significant unplanned downtime has been experienced during 2018 causing service issues and overtime costs. | Supplier to guarantee no unplanned downtime and to demonstrate reliability of their service before any milestone payment is made. | Contract with supplier clearly includes requirement for no unplanned downtime and for this to be proven during development and testing before any milestone payments are made. |
| 44 | Technical | Planned downtime | Planned downtime for updates and patches causing issues with business continuity. | No planned downtime required for routine patches and minimal downtime for annual upgrades. | Contract with supplier clearly includes requirement for minimal planned downtime and for this to be proven during development and testing before any milestone payments are made. |
| 45 | Technical | Integration to downstream systems | WLIMS1 is integrated to more than individual 60 downstream systems. This causes significant issues when the system goes down and takes a long time to restore and allow the system to go live. | (1) The new LIMS to generate a single data extract and NWIS to manage the integration to downstream systems (2) To reduce the number of interfaces to those systems with a workflow dependent on the result. Otherwise results provided via the WCP. | (1) Requirements to specify a single downstream system (2) Additional NWIS staff to support integration, potentially saving money on current costs of integration (3) To develop interfaces during the upgrade to TCL2016 so that the new integration service is up and running in time for the new LIMS potentially reducing time for development and testing. |
| 46 | Technical | Local HB technical environment | Local ICT environments not ready for deployment of WLIMS1, in part due to lack of communications with local ICT services and, in part, due to local HBs not procuring the required peripherals to support WLIMS1. | Local ICT infrastructure and peripherals are excluded from the LINC OBC, so clear communications and local plans required to ensure the local infrastructure is developed and tested ready for local deployment. | Ensuring the Collaborative Executive Group and the Associate Directors of Informatics are kept informed of progress with LINC, what is expected of local HBs and plans in place to deliver. |
| 47 | Technical | Technical architecture of the solution too interdependent across the disciplines. | Technical changes made to one discipline impact on other disciplines causing service issues. | The new solution must be able to separate the different disciplines so that changes made to the system for one discipline do not impact another discipline. | (1) Technical requirements to specify this (2) Supplier to demonstrate how this will be achieved (3) Requirement to be included in the contract |

| Re | Category | Title | WLIMS1 Issue | Lessons Learned | Applied to LINC Programme |
|----|---------------------|---|--|--|--|
| 48 | Technical | Incorrect reference ranges | applied to Folate test results by the Laboratory at Royal Glamorgan Hospital since the go-live of the Wales Laboratory Information Management Systems (WLIMS) on 25th November 2013, | Any future go-live of modules must include a redundant check of the test items, analysers and reference ranges where applicable | (1) Technical requirements to specify this (2) Testing requirements to specify this |
| 49 | Resources | National resources | Key national resources were requested but not provided to support data quality, quality management, informatics, business change, testing and training causing delays, additional costs, lack of development of a national BI solution and system complexity. | To ensure the right level of national support is in place to support the development and deployment of the new solution | Required staffing has been included in the LINC OBC. |
| 50 | Resources | Local resources | No funding was provided for local resources to support the development and testing of WLIMS1 resulting in a lack of consistency of staff involved, delays in development and implementation and an inconsistent approach to the solution design. | Staffing is even more stretched now due to move to on call arrangements and resource constraints impacting staffine levels, so a different approach is proposed, based on a national team of subject matter experts and analysts to support the bulk of the work, whihc will be more standardised but in consultation with local services. | Funding for a national pathology team has been included in the LINC OBC and a paper on standardisation and warranted variation agreed as a basis for moving forward with standrdisation. |
| 51 | Application Support | Changes (even small changes) to the live service have taken too long to deliver | Microbiology was the first main service to go live but then found it took too long to get small changes made such as two years for a comment in a report to be changed impacting patient safety. Since other services have gone live this difficulty has been replicated across specialities across Wales. Changes which used to occur in less than an hour can now take months (sometimes years). | Adequately resourced application support has to be in place for the live service from day one. The culture from the support provider needs to change - "requests for change" should perhaps be renamed "required changes" and are important for service safety, efficiency and quality improvement. | (1) Service level agreement in place for application support for the NHS team as well as the supplier. (2) Need to agree where responsibilities lie for changes between the NHS and supplier. |
| 52 | Application support | ServicePoint is not fit for purpose | Putting a request for change on ServicePoint does not mean that it will be actioned, nor is there necessarily any feedback if the call is not actioned. Calls are closed even when they haven't been resolved. | There needs to be a cultural change to recognise that requests put through service point are important for the safe, effective delivery of pathology services. Users of Servicepoint (or equivalent) should receive feedback and calls should not be closed inappropriately. | Review the first line of support provided for the live LIMS service to meet the needs of pathology. |
| 53 | Application support | Lack of engagement from NWIS | NWIS application support team do not have the capacity to meet with all the standardisation groups. Improvements in service safety, efficiency and quality are hindered. | The application support team needs to have the capacity to attend the discipline specific standardisation meetings. | Additional SME support for standardisation work to be provided by the LINC Programme |

Appendix 6: New LIMS Scoping Options

| Business as Usual | Minimum | Intermediate | Maximum |
|---|--|---|--|
| Disciplines: | Disciplines: | Disciplines: | Disciplines: |
| <p>Andrology</p> <p>Blood Sciences:</p> <p>Haematology</p> <p>Biochemistry/Toxicology</p> <p>Immunology</p> <p>Laboratory Blood Transfusion</p> <p>Cellular Pathology:</p> <p>Diagnostic Cytology</p> <p>Histopathology</p> <p>Mortuary</p> <p>Microbiology:</p> <p>Bacteriology</p> <p>Food, Water & Environ Services</p> <p>Infection Genomics</p> <p>Mycology</p> <p>Parasitology</p> <p>Virology</p> <p>Screening Services:</p> <p>Antenatal Serum</p> <p>Cervical Screening</p> <p>New Born Blood Spot Screening</p> | <p>Blood Sciences</p> <p>Phlebotomy</p> <p>Cellular Pathology:</p> <p>Microbiology:</p> <p>Screening Services:</p> | <p>Blood Sciences</p> <p>Full vein-to-vein blood tracking</p> <p>Cellular Pathology</p> <p>Microbiology:</p> <p>Screening Services:</p> | <p>Blood Sciences</p> <p>Cellular Pathology:</p> <p>Microbiology:</p> <p>Screening Services:</p> <p>Bowel Cancer Screening</p> <p>Downs Syndrome Screening</p> |

| Business as Usual | Minimum | Intermediate | Maximum |
|---|--|---|---|
| Core Functionality: | Core Functionality: | Core Functionality: | Core Functionality: |
| Limited electronic requesting Patient demographics Request registration Testing Results entry Scientific validation Clinical validation Quality management Referrals inside Wales Referrals outside Wales Results enquiry Results reporting Access controls Coding & classification Configuration Data validation Results viewed capability Remote validation Rules based functionality Search facilities Legacy data Specimen tracking Stock control | Reagent module Enhanced specimen tracking Enhanced stock control Enhanced electronic requesting | Electronic requesting in full for all disciplines Image management Mobile working | Artificial intelligence Machine learning |

| Business as Usual | Minimum | Intermediate | Maximum |
|---|--|--|---|
| Discipline Specific Functionality: | Discipline Specific Functionality: | Discipline Specific Functionality: | Discipline Specific Functionality: |
| Blood Sciences Remote issue Batch products Blood fating Cellular Pathology Mortuary Microbiology Screening | Blood Sciences Enhanced blood tracking Cellular Pathology Post mortem Standard data sets Microbiology Non-human testing Screening | Blood Sciences Full vein-to-vein blood tracking with remote issue Cellular Pathology Microbiology System driven workflows Screening | Blood Sciences Digital Microscopy Cellular Pathology Digital Cellular Pathology Microbiology Screening |
| Integration: | Integration: | Integration: | Integration: |
| National Applications: Enterprise master patient index Electronic test requesting (ETR) GP links and test requesting Point of care testing Welsh clinical portal Welsh reference data service Welsh results & reporting service Pathology Applications: Blood tracking WTAAIL | National Applications: Enhanced ETR Pathology Applications: Medical genetics Phlebotomy NPEX QMS | National Applications: Clinical data repository Fully developed ETR Synapse (image repository) Pathology Applications: Digital Cellular Pathology | National Applications: National data resource (NDR) Pathology Applications: |

| Business as Usual | Minimum | Intermediate | Maximum |
|--|--|--|---|
| Downstream Systems: Direct interfaces to downstream systems | Downstream Systems: Single extract from LIMS to NWIS integration services to replace all direct interfaces to downstream systems | Downstream Systems: | Downstream Systems: Artificial intelligence systems |
| Additional Systems | Additional Systems | Additional Systems | Additional Systems |
| Blood tracking system (vein to vein with remote issue) | Dictation and voice recognition Scanning NPEX Quality management system Legacy data system | | |
| Business Intelligence: | Business Intelligence: | Business Intelligence: | Business Intelligence: |
| Limited audit capability Benchmarking extracts National data extracts Limited billing | Some improvement in business intelligence functionality such as enhanced billing | Billing (full functionality) Costing Epidemiology data Full audit capability Outbreak data Real time reporting Real time dashboards Turnaround times Performance management Ad hoc research | Artificial intelligence |
| Standards: | Standards: | Standards: | Standards: |
| Andrology: PVSA for Andrology WHO guidelines Blood Transfusion: | GPDR Current GMP GAMP5 Human Tissue Act 2004 | SNOMED CT fully standardised HL72.5 / FHIR integration standards W3C Web standards | |

| Business as Usual | Minimum | Intermediate | Maximum |
|--|--|--|---|
| BSQR BT requirements MHRA BT requirements Generic: ISO90001 QMS Read codes mapped to SNOMED Clinical Terms | ISO/IEC 20000 ITSM ISO27001: 2013 ISMS MHRA CE marking Improve SNOMED CT standardisation UKAS ISO15189:2012 | ISO13485: Medical devices ISO9241-11:2018 Ergonomics of human-system interaction | |
| Business Change: | Business Change: | Business Change: | Business Change: |
| Standardisation continues at current rate No business change No additional validation support Initial deployment training Initial training materials Training database for deployment | Standardisation work completed as part of the LINC Programme Minimal business change run by the LINC PMO Validation support in programme team Train the trainer (TTT) training Training materials maintained by NHS Training database maintained by Supplier | Standardisation work completed as part of a LINC Project Plus some external support for business change Validation support in programme team Train the trainer (TTT) training Training materials maintained by Supplier Training database maintained by Supplier | Standardisation work completed as part of a LINC Project Plus significant external support for business change Plus external validation support Permanent on-site supplier provided training Training database maintained by Supplier |
| Documentation: | Documentation: | Documentation: | Documentation: |
| Full system documentation Release notes | Electronic repository of the system documentation provided by the supplier, including e.g.: <ul style="list-style-type: none"> • Hardware validation • Software validation • Change control • System documentation • Risk assessments | | |

Appendix 7: LINC Stakeholders



Appendix 8: LINC Workshops and Events 2018

| Date | Time | Workshop Name | Location |
|---------|---------------|--|-------------------------------------|
| 23 Jan | 11.30-15.30 | Business Case Workshop | Mawr Room, River House |
| 30 Jan | 11.00-15.00 | Requirements Planning Workshop | Mawr Room, River House |
| 6 Feb | 9.00-17.00 | Supplier Day | Holiday Inn, Cardiff Central |
| 16 Feb | 9.30-13.30 | Technical Workshop | Hafren Room, NWIS |
| 27 Feb | 12.30-17.00 | Core Requirements | Mawr Room, River House |
| 7 Mar | 14.00-17.00 | Business Intelligence & Reporting | Mawr Room, River House |
| 15 Mar | 19.30-16.00 | Antenatal, Cervical & Newborn Bloodspot Screening Requirements | 3/6 , 3 rd floor No.2 CQ |
| 23 Apr | 10.00-13.00 | Andrology Requirements | Mawr Room, River House |
| 23 Apr | 14.00-17.00 | Blood Transfusion Requirements | Mawr Room, River House |
| 24 Apr | 10.00-13.00 | Cellular Pathology Requirements | Mawr Room, River House |
| 24 Apr | 14.00-17.00 | Clinical Biochemistry Requirements | Mawr Room, River House |
| 25 Apr | 14.00-17.00 | Haematology Requirements | Mawr Room, River House |
| 26 Apr | 10.00-13.00 | Microbiology Requirements | Mawr Room, River House |
| 27 Apr | 10.00-13.00 | Immunology Requirements | Mawr Room, River House |
| 3 May | 12.30 - 15.30 | Quality workshop | Mawr Room, River House |
| 12 June | 13.30 - 16.30 | Andrology Requirements | Mawr Room, River House |
| 13 June | 12.30 - 15.30 | Blood Transfusion Requirements | Mawr Room, River House |
| 18 June | 12.30 - 15.30 | Cellular Pathology Requirements | Mawr Room, River House |
| 20 June | 10.30 - 13.30 | Clinical Biochemistry Requirements | Mawr Room, River House |
| 21 June | 12.30 - 15.30 | Haematology Requirements | Mawr Room, River House |
| 26 June | 12.30 - 15.30 | Microbiology Requirements | Mawr Room, River House |
| 27 June | 12.30 - 15.30 | Benefits Realisation Workshop | Mawr Room, River House |
| 16 July | 12.30 - 15.30 | Security and Role Based Access Controls | Mawr Room, River House |
| 23 July | 12.30 - 15.30 | Schedule 2.2 Service Management | Mawr Room, River House |

| Date | Time | Workshop Name | Location |
|--------|---------------|--|---------------------------------------|
| 17 Aug | 10:30 – 13:30 | OBC Economic Case | Canolig Room, River House |
| 3 Sep | 10:30 – 15:30 | LINC-NWIS Joint Conference | Life Sciences Hub, Cardiff Bay |
| 7 Sep | 10:00 – 13:00 | Technical Workshop | Yr Hen Llyfrgell, Cardiff Central |
| 25 Sep | 10:30 – 12:30 | Feedback from Informal Site Visits | Mawr Room, River House |
| 27 Sep | 10:30 – 13:30 | Schedule 2.2 Service Levels | Mawr Room, River House |
| 8 Oct | 11:30 – 14:30 | Financially Quantify the Benefits | Bach Room, River House |
| 12 Oct | 12:30 – 14:30 | Financially Quantify the Risks | Bach Room, River House |
| 24 Oct | 12:30 – 15:30 | Electronic Requesting and the WCP Gap Analysis | Innovation Area, NWIS Cardiff offices |
| 14 Nov | 13:00 – 16:00 | Technical Workshop | Taf Room, NWIS Cardiff offices |
| 28 Nov | 11:00 – 13:00 | BI Reporting | Bach Room, River House |
| 3 Dec | 9:30 – 12:30 | Mortuary & Histopathology Requirements | Bach Room, River House |
| 10 Dec | 10:30 – 16:30 | Electronic Requesting and the WCP Gap Analysis | Life Sciences Hub, Cardiff Bay |
| 14 Dec | 10:30 – 16:30 | Overall Requirements | Life Sciences Hub, Cardiff Bay |

Appendix 9: Benefits mapped to spending objectives

| Spending objectives | Main benefits criteria by stakeholder group (source of data) |
|--|--|
| S01: To improve patient care, patient safety and patient outcomes | Patients <i>Economic (Non cash releasing (£s))</i> <ul style="list-style-type: none"> Automated LIMS environment synchronisation (staff time saved) Repeated tests halved (WLIMS1 audit) <i>Qualitative</i> <ul style="list-style-type: none"> Clinical incidents halved (Datix) 95% turnaround times within standard (BI systems) Zero transcription errors via electronic requests (Datix) Auditable action in WCP against viewed results (baseline survey required) Zero incidents of missing samples (Datix, QMS) |
| S02 To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability | Service Management <i>Economic</i> <ul style="list-style-type: none"> Ability to validate and report on samples analysed from any site (Currently unable to do this) <i>Qualitative</i> <ul style="list-style-type: none"> Halve the number of duplicated controlled documents & documents past review (QMS systems) |
| S03 To deliver a seamless, end-to-end technical solution for Pathology services | Service Management, Operations & Laboratory Staff <i>Financial</i> <ul style="list-style-type: none"> Generate income from referrals (use of NPEx) Halve integration costs to downstream systems (cost analysis) <i>Economic</i> <ul style="list-style-type: none"> Reduced system downtime, availability to meet required standard (Hours per quarter) <i>Qualitative</i> <ul style="list-style-type: none"> Configuration changes delivered within defined turnaround times (Service Point records) |
| S04 To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk | Service Management, Operations & Laboratory Staff <i>Financial</i> <ul style="list-style-type: none"> Reduce overall costs of Pathology service by 1% 0.25WTE BMS per lab tracking samples (% tracked online) Halve WTE sample reception staff booking in samples (Staffing figures) <i>Economic</i> <ul style="list-style-type: none"> Halve the WLIMS1 costs of validation (WLIMS1 costs) Reduced calls for blood availability (WCP development) Reduced calls to the labs for test results (WCP on tablets) Halve number of forms scanned (Audit) Reduced overtime costs (Survey) |
| S05 To meet current and future service requirements | Clinicians <i>Economic</i> <i>Qualitative</i> <ul style="list-style-type: none"> Mobile access to results (Take up of mobile working) Improved clinical decision making (notepad functionality) |

Appendix 10: LINC Programme main risks and their mitigation

| Main risk | Counter Measure |
|--------------------------|---|
| Design Risks | |
| Design | <p>To take forward standardisation, develop the design as far as possible during the procurement, and complete the design with the supplier for the chosen solution once the procurement is completed.</p> <p>To ensure that the design of the integration requirements have been completed, assured and approved.</p> <p>To design and run the LINC Programme in accordance with Managing Successful Programmes (MSP) and PRINCE2 and ensure appropriate governance, programme and projects controls are in place including risk, issue and change management.</p> |
| Development Risks | |
| Supplier | <p>To assure the supplier has the record of accomplishment and can evidence the required competencies, methods and approach as part of the procurement process and build incentives into the contract for delivery.</p> <p>NWIS does not have the technical capacity to support the development work so backfill costs have been included for technical, infrastructure and service management. The application support team are fully committed to TCL2011 but their expertise is required for the new LIMS design, so discussions will need to take place to enable their contribution.</p> |
| Specification | <p>To assure that the requirement is fully developed and approved by the Pathology stakeholders (including the service and NWIS) through workshops, consultation and formal approval mechanisms. In particular to build in standardisation to the design.</p> <p>Also to ensure that the integration is fully specified and approved by all technical parties including NWIS, ADIs, Pathology IT Managers and the supplier.</p> <p>To ensure full end-to-end, regression and volume testing are planned for and undertaken.</p> |
| Timescale | <p>To assure the timescale is robust but also include key milestones and contingency, allowing for design, development, testing and validation prior to implementation.</p> |
| Change management | <p>To build in change management into the LINC Programme to create the capacity for change, provide training and support and address resistance to change. In particular to build the support for standardisation.</p> <p>To ensure changes can be made within each discipline without dependency or conflict with other pathology services.</p> |

| Main risk | Counter Measure |
|-------------------------------|---|
| Project management | To design and run the Development Project in accordance with PRINCE2, with clear product definitions, plans, roles and responsibilities, governance and project controls to manage risks, issues and change. |
| Implementation Risks | |
| Supplier | To assure that the supplier has the right capacity, method and approach to support implementation as part of the procurement process and build incentives into the contract for delivery. |
| Timescale | To ensure detailed planning of the implementation process with preparation milestones, training and cutover plans and ensure that local services are prepared and their organisation committed to delivering within the agreed timescale. To assure business continuity of the current LIMS until the new LIMS is ready to deploy. |
| Specification & data transfer | To ensure that all legacy data agreed to go into the live system has been successfully migrated, that all interfaces are live and that data flows are working as planned with tests for data integrity. To ensure that the technical specification for legacy data is fully defined, that the legacy data solution is fully populated and data accessible and transferable to the live LIMS as specified. |
| Cost risks | To develop and assure detailed plans that will identify all cost requirements and cost pressures. To include payment milestones into the supplier contract, which along with the use of a Master Services Agreement contract form will commit the supplier and health boards to deliver agreed outputs and meet agreed deadlines to minimise impact on costs. |
| Change management | To design a change management strategy to build into the LINC Programme to minimise resistance to change, have mechanisms to avoid prevarication, support decision making and provide the necessary leadership to ensure local and national resources are available when required. Combined with governance processes for managing change requests. To ensure changes can be made within each discipline without dependency or conflict with other pathology services. |
| Project management | To design and run the Deployment Project in accordance with PRINCE2, with clear product definitions, plans, roles and responsibilities, governance and project controls to manage risks, issues and change. |
| Training and user | To develop a training strategy, undertake a training needs analysis, develop training materials and then plan and deliver training in flexible ways to meet the needs of the service. The service does not have the capacity to support the LINC Programme especially if an interim upgrade to TCL2016 is required, which may affect programme timescales. |

| Main risk | Counter Measure |
|--------------------------|---|
| Operational risks | |
| Supplier | To assure that the supplier has the capacity and capability to support the development, testing and delivery of an All Wales Pathology LIMS service and to engage with end users during the procurement process with well-defined governance mechanisms and escalation procedures. InterSystems may not agree to support TCL2011 after their contract expires in June 2020. Informal discussions are underway to agree a way forward. |
| Availability | To assure the business continuity plans and technical architecture design, delivery and testing to ensure it can deliver the availability required to provide a stable service. |
| Performance | Put in place a contract and schedule 2.2 on service management to clearly define the supplier's responsibilities and have the governance mechanism in place to monitor supplier performance, combined with financial incentives to deliver and other good practice mechanisms to address an issue with supplier performance. |
| Operating cost | To ensure that all costs are known up front through thorough review of anticipated costs with a wide range of stakeholders and mechanisms in place to manage change and costs. InterSystems have indicated that they will wish to increase their costs to continue to support TCL after the end of the contract, so this risk has to be tolerated dependent on the outcome of the discussions. Early engagement with HBs and / or the Welsh Government is essential in case they do not agree to the resources required at a national or local level to deliver the programme causing delays and consequent additional costs. |
| Project management | To ensure well defined processes and procedures in place to close down the deployment project and handover to operations |
| Termination risks | |
| Termination risks | To ensure that termination risks are addressed as part of the procurement process and contract schedules. |

Appendix 11: Notes of the Pathology Solution Costs

| Notes Ref | Notes |
|-----------|---|
| 1 | Pathology Solution includes dual running costs of the current LIMS until the new LIMS is fully deployed; the costs of the new LIMS plus other tools including the QMS and NPEx; and the proposed additional support services for the new LIMS |
| 2 | Dual Running Costs: This includes the cost of the InterSystems and NWIS support services for the current LIMS plus third party hardware support costs. No uplift has been applied so same costs for the contract period. |
| 3 | Dual running costs of InterSystems TrakCare: Assumes costs of current LIMS continued. No costs included for an upgrade. Also assumes required for 2.5 years although up to five years is being negotiated. |
| 4 | NWIS dual running costs: Cost of proving application, technical, integration and testing support services, the service desk and service management costs. |
| 5 | New Pathology solution: Costs of the new LIMS and associated tools. Some of these (Blood tracking, NPEx) may be included in the new contract with the supplier but initial market soundings did not include these tools. |
| 6 | Market soundings has indicated £30m over 10 years revenue only or £22m over 10 years revenue plus £8m capital. Excludes integration costs. Assumes initial payment once system developed, tested, validated and signed off ready for deployment during 2021/22. |
| 7 | Notional estimate of integration costs to national applications, create a single data extract for integration with downstream systems and laboratory equipment. Needs to cover InterSystems and NWIS costs. |
| 8 | Notional estimate of legacy data costs. InterSystems quoting £250k per extract. Assumed one plus delta per HB/PHW = 8 overall |
| 9 | Notional costs for a scanning system system, using annual maintenance costs for BCU rounded up for each HB. Assume this will be provided via the chosen supplier. Will be included in supplier service. |
| 10 | Notional costs for voice recognition. Will be included in supplier service. |
| 11 | Notional costs for a blood tracking system, using annual maintenance costs for Cwm Taf rounded up for each HB. Assume this will be provided via the chosen supplier and may be able to novate current licence to new supplier. Will be included in supplier service. |
| 12 | Crude estimated costs of an electronic requesting solution for primary and secondary care either to develop WCP to meet pathology ETR requirements or to procure a separate to ETR tool. |
| 13 | Costs of a quality management system being hosted via NWIS using an NHS data centre. This includes the costs based on a quotation from Ideagen of a Q-Pulse licence and implementation and estimated NWIS hosting costs. |
| 14 | Costs based on NPEx quote from December 2017 to Brent Varley. Will include this in the requirements for the LIMS supplier to provide as part of the whole solution. Will be included in supplier service. |
| 15 | Annual budget for changes to the new LIMS system, after go live. |
| 16 | Proposed Additional LIMS Support Services Costs These are posts over and above the current establishment to support the new LIMS based on lessons learned from WLIMS1. |
| 17 | Band 6 Senior Support and Business Analyst for integration services. The National Operational databased and Information (NODi) Team are fully stretched at the moment, supporting current and upcoming Test Result and document feeds, including the current LIMS system. There will be no resource available to support the new LIMS and in particular the complex number of message flows to be transitioned to the new environment. NODi look after the WRRS, WCRS and WRDS. This post would look after the LIMS components of these systems. Vacant so mid-point assumed wef April 2019. |

| Notes Ref | Notes |
|-----------|---|
| 18 | Principal Support & Business Analyst. The Integration Team requires a band 7 to assist with the coordination between the development of the new implementation and the User Acceptance Testing of the new LIMS, while providing continuity of service to the current environments. The significant number of message flows to be migrated will require a considerable amount of coordination, and I would expect this role to take the lead on this, under the guidance of the Senior Product Specialist. Vacant so mid-point assumed wef April 2019. |
| 19 | Senior Software Developer. A band 6 development is required as the Integration Team currently has only one active developer. We have 6 active flows for LIMS which are extremely complex and the expectation is that the additional flows will have the same impact to develop. We would require a dedicated developer for this work so that this does not leave the team with no capacity to develop other system flows or carry out essential system upgrades. Due to the complexity of FIORANO it requires a substantial amount of time to train an individual up to develop and support the service. We are unlikely to find contract resource with these skills, and hence the recommendation for a permanent resource. Vacant so mid-point assumed wef April 2019. |
| 20 | NWIS application architect required dedicated to LIMS. Vacant, so mid-point assumed wef April 2019 |
| 21 | Quality Management Team to support the development and implementation of a national quality management system to facilitate and maintain a standardised approach across Wales and manage system documentation. All posts assumed wef April 2019 Quality Manager / Validation Lead vacant but have assumed top of the scale as experience essential. Validation Officer required to facilitate standardisation and prepare for validation (mid-point assumed) Configuration Librarian to manage QMS documentation (mid-point assumed) Administrative support office for the team (mid-point assumed) |
| 22 | Two UAT testers to be part of the Quality team to support the laboratories in testing new releases, patches and updates to support validation requirements |
| 23 | Informatics roles to maintain and develop operational reports, real time dashboards and business intelligence for the new LIMS Experienced 8a top of the scale supported by a band 6 (mid-point assumed) wef April 2019. |
| 24 | Capital Monies Typical value of capital monies identified as part of the market soundings exercise. |

Appendix 12: Net Present Cost Calculations

Table 30: Net Present Cost Option 1 Business as usual

| Net present costs of Option 1 BAU: Upgrade to TCL 2016 | Apr 20 - Mar 21 £k Year 1 | Apr 21 - Mar 22 £k Year 2 | Apr 22 - Mar 23 £k Year 3 | Apr 23 - Mar 24 £k Year 4 | Apr 24 - Mar 25 £k Year 5 | Apr 25 - Mar 26 £k Year 6 | Apr 26 - Mar 27 £k Year 7 | Total Cost £k |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------------|
| Upgrade to TCL 2016 | 2,500 | 0 | 0 | 0 | 0 | 0 | 0 | 2,500 |
| Total Capital (excluding optimism bias) | 2,500 | 0 | 0 | 0 | 0 | 0 | 0 | 2,500 |
| Optimism Bias @ 20% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |
| Total Capital (including optimism bias) | 2,500 | 0 | 0 | 0 | 0 | 0 | 0 | 3,000 |
| TCL 2016 | 2,749 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 24,375 |
| Total Revenue (excluding optimism bias) | 2,749 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 24,375 |
| Optimism Bias @ 20% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,875 |
| Total Revenue (including optimism bias) | 2,749 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 29,250 |
| | | | | | | | | |
| Total annual costs excluding optimism bias | 5,249 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 26,875 |
| | | | | | | | | |
| Total annual costs including optimism bias | 5,249 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 3,604 | 26,875 |
| | | | | | | | | |
| Deduct: calculation of benefits | 0 | -222 | -667 | -1,333 | -1,333 | -1,333 | -1,333 | -6,222 |
| | | | | | | | | |
| Add: Risk quantification | 13,130 | 50 | 50 | 50 | 50 | 866 | 1,273 | 15,469 |
| | | | | | | | | |
| Total | 18,379 | 3,432 | 2,988 | 2,321 | 2,321 | 3,137 | 3,544 | 36,121 |
| | | | | | | | | |
| Discounting | 1.00 | 0.97 | 0.93 | 0.90 | 0.87 | 0.84 | 0.81 | |
| | | | | | | | | |
| Net Present Cost | 18,379 | 3,316 | 2,789 | 2,093 | 2,023 | 2,641 | 2,883 | 34,124 |

Table 31: Net Present Cost Option 2 Do minimum

| Net present costs of Option 2 Do Minimum | Apr 20 - Mar 21 £k Year 1 | Apr 21 - Mar 22 £k Year 2 | Apr 22 - Mar 23 £k Year 3 | Apr 23 - Mar 24 £k Year 4 | Apr 24 - Mar 25 £k Year 5 | Apr 25 - Mar 26 £k Year 6 | Apr 26 - Mar 27 £k Year 7 | Total Cost £k |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------|
| No capital costs | 4,200 | 6,813 | 0 | 0 | 0 | 0 | 0 | 11,013 |
| Total Capital (excluding optimism bias) | 4,200 | 6,813 | 0 | 0 | 0 | 0 | 0 | 11,013 |
| Optimism Bias @ 20% | 840 | 1,363 | 0 | 0 | 0 | 0 | 0 | 2,203 |
| Total Capital (including optimism bias) | 5,040 | 8,176 | 0 | 0 | 0 | 0 | 0 | 13,216 |
| Current LIMS dual running wef June 2020 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| TCLE in NHS data centre | 1,295 | 2,672 | 1,844 | 1,844 | 1,844 | 1,844 | 1,844 | 13,187 |
| NWIS support costs | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,015 |
| National quality management team and system | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 2,706 |
| Total Revenue (excluding optimism bias) | 4,662 | 7,020 | 6,208 | 4,041 | 3,318 | 3,324 | 3,330 | 31,903 |
| Optimism Bias @ 20% | 932 | 1,404 | 1,242 | 808 | 664 | 665 | 666 | 6,381 |
| Total Revenue (including optimism bias) | 5,594 | 8,424 | 7,449 | 4,849 | 3,982 | 3,989 | 3,996 | 38,284 |
| | | | | | | | | |
| Total annual costs excluding optimism bias | 8,862 | 13,833 | 6,208 | 4,041 | 3,318 | 3,324 | 3,330 | 42,916 |
| | | | | | | | | |
| Total annual costs including optimism bias | 10,634 | 16,600 | 7,449 | 4,849 | 3,982 | 3,989 | 3,996 | 51,499 |
| | | | | | | | | |
| Deduct: calculation of benefits | 0 | -444 | -1,333 | -2,667 | -2,667 | -2,667 | -2,667 | -12,444 |
| | | | | | | | | |
| Add: Risk quantification | 11,950 | 950 | 360 | 360 | 260 | 260 | 260 | 14,400 |
| | | | | | | | | |
| Total | 22,584 | 17,105 | 6,476 | 2,542 | 1,575 | 1,582 | 1,589 | 53,455 |
| | | | | | | | | |
| Discounting | 1.00 | 0.97 | 0.93 | 0.90 | 0.87 | 0.84 | 0.81 | |
| | | | | | | | | |
| Net Present Cost | 22,584 | 16,527 | 6,045 | 2,293 | 1,373 | 1,332 | 1,293 | 51,447 |

Table 32: Net Present Costs Option 3 Preferred option

| Net present costs of Option 3 Preferred Option | Apr 20 - Mar 21 £k Year 1 | Apr 21 - Mar 22 £k Year 2 | Apr 22 - Mar 23 £k Year 3 | Apr 23 - Mar 24 £k Year 4 | Apr 24 - Mar 25 £k Year 5 | Apr 25 - Mar 26 £k Year 6 | Apr 26 - Mar 27 £k Year 7 | Total Cost £k |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------|
| | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| Total Capital (excluding optimism bias) | 8,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8,000 |
| Optimism Bias @ 20% | 1,600 | 0 | 0 | 0 | 0 | 0 | 0 | 1,600 |
| Total Capital (including optimism bias) | 9,600 | 0 | 0 | 0 | 0 | 0 | 0 | 9,600 |
| Current LIMS dual running wef June 2020 | 2,749 | 3,665 | 3,665 | 916 | 0 | 0 | 0 | 10,995 |
| New LIMS Service | 1,545 | 3,747 | 2,494 | 2,494 | 2,494 | 2,494 | 2,494 | 17,762 |
| NWIS support costs | 254 | 311 | 318 | 889 | 1,079 | 1,081 | 1,084 | 5,015 |
| National quality management team and system | 364 | 372 | 381 | 392 | 395 | 399 | 403 | 2,706 |
| Total Revenue (excluding optimism bias) | 4,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 36,478 |
| Optimism Bias @ 20% | 982 | 1,619 | 1,372 | 938 | 794 | 795 | 796 | 7,296 |
| Total Revenue (including optimism bias) | 5,894 | 9,714 | 8,229 | 5,629 | 4,762 | 4,769 | 4,776 | 43,774 |
| | | | | | | | | |
| Total annual costs excluding optimism bias | 12,912 | 8,095 | 6,858 | 4,691 | 3,968 | 3,974 | 3,980 | 44,478 |
| | | | | | | | | |
| Total annual costs including optimism bias | 15,494 | 9,714 | 8,229 | 5,629 | 4,762 | 4,769 | 4,776 | 53,374 |
| | | | | | | | | |
| Deduct: calculation of benefits | 0 | -667 | -2,000 | -4,000 | -4,000 | -4,000 | -4,000 | -18,667 |
| | | | | | | | | |
| Add: Risk quantification | 420 | 470 | 570 | 429 | 335 | 100 | 100 | 2,424 |
| | | | | | | | | |
| Total | 15,914 | 9,517 | 6,799 | 2,058 | 1,097 | 869 | 876 | 37,131 |
| | | | | | | | | |
| Discounting | 1.00 | 0.97 | 0.93 | 0.90 | 0.87 | 0.84 | 0.81 | |
| | | | | | | | | |
| Net Present Cost | 15,914 | 9,195 | 6,347 | 1,856 | 956 | 732 | 713 | 35,713 |

Appendix 13: LINC Programme Board Membership

| Name | Representing |
|--------------------|---|
| Adrian Thomas | Senior Responsible Owner |
| Judith Bates | Programme Director |
| Melanie Barker | Senior Programme Manager, Pathology PMO, NHWSHC |
| Jane Long | Senior Project Support Officer, Pathology PMO, NHSWHC |
| Jane Fitzpatrick | Director Strategic Programmes, NHSWHC |
| Andar Gunneberg | Abertawe Bro Morgannwg University Health Board Representative |
| Rachel Still | Abertawe Bro Morgannwg University Health Board Deputy |
| Craig Roberts | Aneurin Bevin University Health Board Representative |
| Michael Redman | Aneurin Bevin University Health Board Deputy |
| Rachael Surridge | Betsi Cadwaladr University Health Board Representative |
| Pearl Huey | Betsi Cadwaladr University Health Board Deputy |
| Matthew Temby | Cardiff & Vale University Health Board Representative |
| Carol Evans | Cardiff & Vale University Health Board Deputy |
| Esther Youd | Cwm Taf University Health Board Representative |
| Paul Seddon | Cwm Taf University Health Board Deputy |
| Andrea Stiens | Hywel Dda University Health Board Representative |
| Dylan Jones | Hywel Dda University Health Board Deputy |
| Ruth Young | All Wales Medical Genetics Service Representative |
| Rachel Butler | All Wales Medical Genetics Service Deputy |
| Robin Howe | Public Health Wales Representative - Microbiology |
| Annette Thomas | Point of Care Testing Representative |
| (various) | Point of Care Testing Deputy |
| David Heyburn | Public Health Wales Deputy - Microbiology |
| Helen Clayton | Public Health Wales Representative - Screening |
| Guy Stevens | Public Health Wales Deputy – Screening |
| David Mason Hawes | Welsh Blood Service Representative |
| Emyr Adlam | Welsh Blood Service Deputy |
| Declined | Nominated Powys Teaching Health Board Representative |
| Declined | Nominated Welsh Ambulance Trust Representative |
| Michelle Sell | NHS Wales Informatics Service Representative |
| Elizabeth Waites | NHS Wales Informatics Service Deputy |
| Carol Evans | Laboratory Services Sub Committee Representative |
| Tariq El-Shanawany | Laboratory Services Sub Committee Deputy |
| Rob Tovey | Deputy Directors of Finance Representative |
| Karen Winder | Directors of Informatics Representative |
| Anthony Tracey | Directors of Informatics Deputy |
| Clive Morgan | Directors of Therapies and Healthcare Sciences Representative |
| Michael Redman | Directors of Therapies and Healthcare Sciences Deputy |
| Fiona Jenkins | National Pathology Programme Board Chair |

Appendix 14: Organisational Roles and Responsibilities

Welsh Government

The Welsh Government is the devolved Government for Wales with responsibility for the economy, education, health and the Welsh NHS, business, public services and the environment of Wales. It provides capital and revenue funding subject to approved business cases.

Director General of Health and Social Services, Chief Executive, NHS Wales – Andrew Goodall

Dr Goodall will head the Welsh Government's Department for Health and Social Services, and will be responsible and accountable to the Minister for Health and Social Services and Deputy Minister for Social Services for all health, public health and social care policy in Wales. In addition, he will also serve as Chief Executive of NHS Wales.

National Informatics Advisory Board (NIMB)

NHS Informatics Management Board (NIMB) The Informatics Service's direction is overseen by the NIMB, which is chaired by Chief Executive of the NHS in Wales – Dr. Andrew Goodall. The board oversees the delivery and operation of national information and technology programmes and services.

Informatics Planning and Delivery Group (IPAD)

IPAD reports directly to NIMB, will advise NIMB on IM&T-related business cases.

Welsh Scientific Advisory Committee (WSAC)

Part of the Welsh Government Directorate of Public health, WSAC advises the Welsh Government on matters relating to health sciences and the health scientist profession

Laboratory Services Sub Committee (LSSC)

A subcommittee of WSAC, providing expert scientific and professional advice to Ministers of the Welsh Government through the Welsh Scientific Advisory Committee on laboratory and clinical Pathology services. In addition, advising on policy matters and the education and training of staff involved the provision of cost-effective, quality laboratory and clinical Pathology services in Wales.

Standing Specialist Advisory Groups (SSAGs)

SSAGs for Biochemistry, Cellular Pathology, Haematology Immunology and Microbiology report to the LSSC. SSAGs for Point of Care Testing (POCT) and Genetics will report directly to WSAC.

Standardisation Groups

Reporting to each SSAG, standardisation groups consider and agree on the standardisation and warranted variation for their discipline across Wales.

NHS Wales Collaborative Leadership Forum (CLF)

The CLF is a quarterly meeting of the Chairs and CEOs of the Health Boards, Trusts and national services, such as Public Health Wales (PHW) and Health Education and Improvement Wales (HEIW) to consider all Wales issues and initiatives.

NHS Wales Collaborative Executive Group (CEG)

Reporting to the CLF, the CEG is a monthly meeting of the CEOs of the Health Boards, Trusts and national services, such as Public Health Wales (PHW) and Health Education and Improvement Wales (HEIW) to agree and oversee all Wales programmes. The NHS Wales Health Collaborative (NHSWHC) is the body set up to run and deliver these programmes on behalf of the CEG. This includes collective corporate accountability for the LINC Programme.

National Pathology Network (NPN)

Reporting to the CEG, the NPN acts in lieu of a national Pathology service to develop a modern, sustainable Pathology service providing high quality, safe and prudent services to the NHS contributing to the national strategy of *A healthier Wales: Our plan for health and social care*. The NPN provides a voice for the Pathology service at a national level and will have overall responsibility for the Pathology Statement of Intent. This includes professional oversight of the LINC programme, which is a key component of the PSOI.

LINC Programme Board (LPB)

The LPB is responsible for managing a portfolio of programmes and projects to deliver an end-to-end technical solution to support Pathology services including the procurement and implementation of a new, national laboratory information management system (LIMS) for Wales. These programmes and projects are being designed and managed in accordance with the managing successful programmes (MSP) and PRINCE2 project management methodologies.

The membership of the LPB includes representatives of:

- Associate Directors of Informatics (ADIs)
- Deputy Directors of Finance (DDoFs)

- Directors of Therapies and Health Sciences (DOTHS)
- Each Health Board and PHW
- LSSC
- NHSWHC Strategic Programmes
- NWIS
- POCT, Welsh Blood Service (WBS) and Medical Genetics

LINC Design Authority (LDA)

The LDA, currently being set up, will maintain a consistent, coherent and complete perspective of the programme design, defining the programme critical interfaces, such that business operations can be changed and benefits secured in a coordinated manner across Wales. The LDA is accountable for ensuring the integrity of the programme; focusing inwardly on the internal consistency of the programme; and outwardly on its coherence with Health Board (HB) corporate and operational requirements and, other national programmes and external requirements such standards, validation and accreditation.

The proposed membership of the LDA includes the following with the aim to cover all health boards and services as part of the membership:

- Clinical leads for each main discipline
- SSAG chairs
- LINC Programme Director
- NWIS key personnel including: LIMS Service Manager, LIMS Technical Architect, National Diagnostic IT Programme Manager
- Plus representatives of: ADIs, Pathology Clinical Directors, Pathology IT Managers, Pathology Quality Managers and Pathology Service Managers.

Welsh Informatics Assurance Board (WIAB)

The WIAB provides independent advice and support to the Clinical Chief Information Officer for Wales, Rhidian Hurlle on all aspects of quality assurance related to the delivery of national informatics services. The board has the authority to exercise clinical, managerial and technical judgement to ensure that health informatics services are safe and ready to be used by NHS Wales and Welsh social care services. It has a scrutiny role to ensure that the national informatics services provided to NHS organisations, from whatever source, are safe and have been appropriately assured.

Welsh Informatics Assurance Group (WIAG)

The WIAG provides quality assurance to WIAB on all aspects of assurance related to the delivery of national informatics services. WIAG has the authority to exercise clinical, managerial and technical judgement to ensure

that national informatics services are safe and ready to be used by NHS and Social Care services in Wales once approved by the WIAB.

National LIMS Service Management Board (SMB)

The LIMS SMB is hosted by NWIS as part of the IT service management arrangements and will provide governance in accordance with ISO 20000.

National Contract Management Board (CMB)

The national CMB, chaired and led by the NHS, will directly manage the contract with the supplier, agree any contractual change notices (CCNs) and ensure compliance against the contract. The supplier will be held to account against a requirements traceability matrix to ensure delivery of The Authority's Requirements (Schedule 2.1) against an agreed delivery plan.

LIMS Change Advisory Board (CAB)

The purpose of the LIMS CAB is to review and approve changes to the LIMS and to consider the impact of any changes in relation to other national and local applications. Clinical changes will be managed via the SSAGs and standardisations groups in conjunction with the LDA.

Appendix 15: Notes for the LINC Programme Costs

| Notes Ref | Notes of Programme Costs |
|-----------|--|
| 1 | Costs of the LINC Programme: comprising the LINC PMO, Standardisation team, NWIS programme costs, Additional procurement costs, non-pay costs and contingency. Staffing costs based on NHS employers AfC 25% on-costs per increment for Mid-Point (M-P) or Top of the scale. Plus an annual 1% cost of living increase assumed. |
| 2 | LINC PMO assumes costs from staff take-on until September 2023. Initially three year appointments, it is assumed contracts will be extended until the end of the programme. |
| 3 | Programme Director actual salary costs. Currently on a three year contract due to end November 2020 |
| 4 | Programme Manager actual salary costs. Currently on a three year contract due to end July 2021 |
| 5 | Senior Project Manager and Project Manager posts, currently out to advert on three year contracts. Mid-point assumed wef December 2018. |
| 6 | Programme Officer / Planner for the programme and SPSO for the Procurement & Technical Projects Mid-point assumed wef April 2019. |
| 7 | SPSO (PMO) actual salary costs. Currently on a three year contract due to end August 2021 |
| 8 | SPSO actual salary costs, currently based in ABM supporting Biochemistry standardisation and funded via LINC Programme |
| 9 | Pathology Standardisation Team Vacant but top of the scale estimated as it is assumed these will be secondments from the service wef April 2019 for four years. Assumed all posts will be full-time except for the standardisation leads which will be 2 sessions per week x 5 (2 for Biochemistry) |
| 10 | NWIS Programme Costs These are short term costs for NWIS to provide staff of services to the programme |
| 11 | Band 7 backfill for LIMS Service Manager to be relased to work full time on the LIMS Programme wef November 2018 |
| 12 | Band 8c backfill for NWIS Procurement Lead to be relased to work full-time on the procurement wef November 2018 |
| 13 | Band 6 Senior Software Developer contractor for NWIS integration services. Assumed top of the scale plus 20% agency fees. Depending on the precise detail of the requirement, it is anticipated that this could be a significant piece of work, which would see the NODi service used as a hub for test result and document dissemination. A dedicated resource will be required to ensure delivery of such a complex piece of work. |
| 14 | Potential to use the busines schange service being explored, notional costs included |
| 16 | Procurement Project Additional Resource Requirements Costs of providing legal and commercial advice and Service representation on the procurement project |
| 17 | Quote for legal adviser = £96k |
| 18 | Quote for commercial adviser assumed to be the same |
| 19 | On secondment 2 days a week @ £288.90 per day = £26,001 (45 weeks) Expenses to be covered by non-pay budget |
| 20 | On secondment 2 days a month. Top band 8d assumed @£330 per day = £7,920 Expenses to be covered by non-pay budget |
| 21 | Notional estimate of non-pay costs |
| 22 | 10% contingency assumed of total LINC Programme costs incuding non-pay |

Appendix 16: Draft benefit profile template

| Benefit Profile | |
|--|--|
| Item: | BP/18/001 |
| Title: | Category |
| Description: | |
| Programme Objectives Supported | |
| Observable Outcomes | |
| KPIs in business operations that will be affected by this benefit: | |
| Immediately after realisation | |
| In the future | |
| Current/Baseline Performance levels | |
| Anticipated Trajectory | Improvement / Detrioriation (<i>Delete as appropriate</i>) |
| Benefit realisation and business change costs | |
| Capabilities required for benefit realisation | |
| Related projects | |
| Outcomes required for benefit realisation | |
| Business change required for benefit realisation | |
| Risks | |
| Issues | |
| Dependencies | |
| Owner | |
| Attribution | |
| Measurement | |

Appendix 17: LINC Risk Register

| Ref | Date Raised | Raised By | Risk Description (including Impact) | Current Overall Rating | Since last review | Owner | Risk Status | Date Reviewed | Reviewer | Mitigation | Proposed Mitigation | Closure/ Transfer Date | Related Risks & Issues | Update Sep-18 | Update Oct-18 | Update Nov-18 |
|-----|-------------|--------------|--|------------------------|-------------------|---------------|-------------|---------------|----------|--------------------|---|------------------------|------------------------|---|---|---|
| 4 | 27/12/2017 | Judith Bates | Failure to complete implementation of WLIMS1 impacting LINC implementation plan and WLIMS1 resources to support LINC | H | ↔ | Simon Dean | Open | 22/11/2018 | PMO | Tolerate | To monitor progress with WLIMS1 implementation | | | TCL2011 BT implementation has been delayed due to instability of the technical platform, so this remains an ongoing risk | BT implementation has been delayed and won't necessarily be completed by the end of March. This risk will be expanded to include upgrade to TCL2016. This risk is linked to risk 20 | No change |
| 7 | 27/12/2017 | Judith Bates | Lack of capacity of Pathology, NWIS and HB ICT staff to work on the Programme due to lack of resources to backfill or lack of operational capacity | H | ↔ | Adrian Thomas | Open | 22/11/2018 | PMO | Treat - Contingent | To identify resource requirements in the Resource Management Strategy for the attention of the CEOs | | | NWIS has identified resource requirements and the LINC Programme Resource requirements have been drafted. CEG has approved funding for the rest of 2018/9, so probability has been reduced to medium | A mapping exercise is required to look at resource requirements. This is will be undertaken by the joint LINC-WLIMS1-SMB sub-group | There is a meeting planned between KT and Allison Roblin to discuss resource mapping. |
| 16 | 17/04/2018 | Judith Bates | The appetite may not be there to support the culture change required to deliver further standardisation | H | ↔ | Adrian Thomas | Open | 22/11/2018 | PMO | Treat - Contingent | Prepare a paper for NIMB addressing this risk | | | Biochemistry and Haematology SSAGs did not agree on the wording in the paper of standardisation & warranted variation, but revised wording has now been agreed and paper on the Oct LPB meeting for sign off. | The NHSW CEG has approved a National Pathology Team as part of the LINC Programme to take forward the work on standardisation. The LPB were given more time to comment on the paper but no comments received. | No change |
| 21 | 18/09/2018 | LPB | Delay in HBs sending letters of commitment to the LINC OBC may delay the programme | M/H | ↔ | Adrian Thomas | Open | 22/11/2018 | PMO | Treat - Contingent | Judith Bates to raise the risk with the CEG | | Risk 22 | Risk raised | LPB agreed to reduce this risk to medium/high as the procurement process has been delayed. | No change |
| 23 | 06/11/2018 | LPB | Health Boards/Trusts/PHW may not agree to fund LINC | H | | Adrian Thomas | Open | 22/11/2018 | PMO | Treat - Contingent | Ensure potential savings cover any additional costs in the OBC | | | | | OBC updated to show savings |

Appendix 18: Risk Guidance

| Item | Definition |
|--------------|--|
| RISK | A risk is one or more uncertain event(s) that, should it occur, will have an effect on the achievement of objectives. It consists of the probability of a perceived threat or opportunity occurring and the magnitude of its impact on objectives. |
| ISSUE | An issue is any relevant event that has happened, that was not planned, and requires management action. They can be anything to do with the project such as a concern, query, request for change or suggestion. |

| Mitigation | |
|---------------------|---|
| Treat - Contingent | Lessen the likelihood before the risk materialises |
| Treat - Containment | Actions to be put in place after the risk has happened to reduce the impact |
| Transfer | Moved to third party |
| Tolerate | Accept but monitor |
| Terminate | Do things differently and remove the risk |

| Risk Matrix | | Low | Low/Medium | Medium | Medium/High | High |
|--------------------|--|-----|------------|--------|-------------|------|
| Impact | Impact if the risk materialises | 2 | 4 | 6 | 8 | 10 |
| Probability | Probability that the risk materialises | 2 | 4 | 6 | 8 | 10 |

The overall rating is (impact) x (probability). The overall rating is **High** if >60, **Medium** if between 35 and 60, and **Low** if <35

| Overall Rating Matrix | | Impact | | | | |
|-----------------------|--------------------|--------|------------|--------|-------------|------|
| | | Low | Low/Medium | Medium | Medium/High | High |
| Probability | Low | 4 | 8 | 12 | 16 | 20 |
| | Low/Medium | 8 | 16 | 24 | 32 | 40 |
| | Medium | 12 | 24 | 36 | 48 | 60 |
| | Medium/High | 16 | 32 | 48 | 64 | 80 |
| | High | 20 | 40 | 60 | 80 | 100 |

| Issue Scoring | |
|-----------------|---|
| Scoring | Guidance |
| Critical | A show stopper that impacts the whole programme or the critical path and requires immediate remedial action |
| High | A serious issue that impacts one or more workstreams and / or the critical path |
| Medium | A moderate issue that impacts one or more projects within a workstream that may impact the critical path |
| Low | A minor issue within a project that does not impact other projects or workstreams |

| Movement | | |
|-------------|----------|-------------|
| Category | Movement | Input Value |
| Improvement | ↑ | # |
| No Change | ↔ | 1 |
| Worsened | ↓ | \$ |

Appendix 19: Glossary of Terms

| Acronym | Full Title |
|-------------------|---|
| A&E | Accident & Emergency |
| ABA | Association of Biomedical Andrologists |
| ABMULHB | Abertawe Bro Morgannwg University Health Board |
| ABUHB | Aneurin Bevan University Health Board |
| ACB | Association of Clinical Biochemistry |
| ADIs | Associate Directors of Informatics |
| AI | Artificial intelligence |
| AWMGS | All Wales Medical Genetics Service |
| BAU | Business As Usual |
| BCUHB | Betsi Cadwaladr University Health Board |
| BI | Business Intelligence |
| BMA | British Medical Association |
| BSQR | Blood Safety and Quality Regulations |
| C&SMB | Contract & Service Management Board |
| CAB | Change Advisory Board |
| CANISC | Cancer Network Information System Cymru |
| CAV SFSP | Cardiff and Vale Secure File Sharing Portal |
| CDR | Clinical Data Repository |
| CEO | Chief Executive Officer |
| CMB | Contract Management Board |
| CSF | Critical Success Factor |
| CTUHB | Cwm Taf University Health Board |
| CVUHB | Cardiff and Vale University Health Board |
| DATIX | Patient Safety Software |
| DAWN | Anti-coagulation downstream system |
| DCP | Digital Cellular Pathology |
| DDoFs | Deputy Directors of Finance |
| DIAMOND | Downstream System |
| DoFs | Directors of Finance |
| DoTHS | Directors of Therapies and Health Sciences |
| Downstream system | A local clinical system electronically updated with Pathology results |

| Acronym | Full Title |
|---------|---|
| DXC | Owner of TCL |
| eMPI | Enterprise Master Patient Index |
| ETR | Electronic Test Requesting |
| FBC | Full Business Case |
| FHIR | Fast Healthcare Interoperability Resources |
| FSS NET | Food Surveillance System |
| FTE | Full Time Equivalent |
| GMC | General Medical Council |
| GP | General Practitioner |
| GPTR | GP Test Requesting |
| HB | Health Board |
| HDUHB | Hywel Dda University Health Board |
| HL72.5 | Protocol for Electronic Data Exchange in Healthcare |
| HTA | Human Tissue Authority |
| ICIP | Intensive Care System |
| ICnet | Infection control downstream system |
| ICT | Information Communication Technology |
| IM&T | Information Management & Technology |
| INDIGO | Locum Provider |
| INSF | National Service Framework |
| IPAD | Informatics Planning and Delivery group |
| ISFT | Invite to Submit Final Tender |
| ISMS | Information Security Management System |
| ITIL | IT Management Service |
| ITPD | Invitation to Participate in Dialogue |
| IUVO | Healthcare Messaging Service |
| KPI | Key Performance Indicator |
| LDA | LINC Design Authority |
| LILIE | Sexual health downstream system |
| LIMS | Laboratory Information Management Systems |
| LINC | Laboratory Information Network Cymru |
| LLP | Limited Liability Partnership |
| LPB | LINC Programme Board |

| Acronym | Full Title |
|--------------|--|
| LSSC | Laboratory Services Sub Committee |
| MHOL | My Health Online |
| MHRA | Medicines and Healthcare Products Regulatory Agency |
| Millcare | Sexual health downstream system |
| MSA | Master Services Agreement |
| NDR | National Data Resource - planned big data capability for Wales |
| NHS | National Health Service |
| NHSW | NHS Wales |
| NHSW | NHS Wales |
| NHSW CEG | NHS Wales Collaborative Executive Group |
| NHSW CLF | NHS Wales Collaborative Leadership Forum |
| NHSWHC | NHS Wales Health Collaborative |
| NIMB | National Informatics Management Board |
| NPEx | National Pathology Exchange |
| NPN | National Pathology Network |
| NPPB | National Pathology Programme Board |
| NWIS | NHS Wales Informatics Service |
| NWSSP | NHS Wales Shared Service Partnership |
| OBC | Outline Business Case |
| OGC | Project Management Service |
| OJEU | Official Journal of the European Community |
| PACS | Picture Archiving and Communications System |
| PBM | Programme Board Meeting |
| PCR2015 | Public Contracts Regulation 2015 |
| PER | Post Evaluation Review |
| PHW | Public Health Wales |
| PIN | Prior Information Notice |
| PIR | Post Implementation Review |
| PMO | Programme Management Office |
| POCcelerator | Point of Care Testing system |
| POCT | Point of Care Testing |
| PQQ | Pre-Qualification Questionnaire |
| PRINCE2 | Project Management Service |

| Acronym | Full Title |
|---------------|--|
| PSBA | Public Sector Broadband Aggregation |
| PSOI | Pathology Statement of Intent |
| PTHB | Powys Teaching Health Board |
| QMS | Quality Management Service |
| Q-PULSE | Quality Management Software |
| RCN | Royal College of Nursing |
| RCP | Royal College of Pathology |
| SIR | Synapse image repository |
| SLA | Service Level Agreement |
| SMART | Specific, Measurable, Achievable, Realistic, Time-based |
| SMB | Service Management Board |
| SME | Subject Matter Expert |
| SME | Subject Matter Expert |
| SNOMED | Healthcare Standards Service |
| SOC | Strategic Outline Case |
| Soft genomics | Medical genetic system currently being implemented |
| SOP | Standard Operating Procedures |
| SPSO | Senior Project Support Officer |
| SRO | Senior Responsible Owner |
| SSAG | Standing Specialist Advisory Group |
| Sunquest ICE | Order communications system used in Wrexham, North Wales |
| Synapse | Database store for radiology images from Welsh PACs |
| TB | Tuberculosis |
| TCL | InterSystems TCLab - TCL2011 is the current LIMS |
| TCLE | InterSystems TCLab Enterprise |
| TTT | Train The Trainer |
| UHB | University Health Board |
| UKAS | UK Accreditation Service |
| VAT | Value Added Tax |
| VFM | Value for Money |
| WBS | Welsh Blood Service |
| WCIC | Welsh Clinical Informatics Council |
| WCISU | Welsh Cancer Intelligence and Surveillance Unit |

| Acronym | Full Title |
|---------|---|
| WCP | Welsh Clinical Portal |
| WDS | Welsh Demographics Service |
| WG | Welsh Government |
| WIAB | Welsh Informatics Assurance Board |
| WIAG | Welsh Informatics Assurance Group |
| WLIMS1 | Welsh Laboratory Information Management System One |
| WMIC | Welsh Medicines Information Centre |
| WPH | Welsh Pathology Handbook |
| WPOCT | Welsh Point of Care Testing |
| WPOCT | Welsh Point of Care Testing system, POCcelerator |
| WRDS | Welsh Reference Data Service |
| WRRS | Welsh Results and Reporting Service |
| WSAC | Welsh Scientific Advisory Committee |
| WTAI | Welsh Transplantation and Immunogenetics Laboratory |
| WTE | Whole Time Equivalent |

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| Health Board 24.1.19 |  <div data-bbox="963 210 1209 293"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p style="text-align: center;">To improve health and provide excellent care</p> |
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| Report Title: | Redevelopment of the Mental Health Inpatient Unit at Glan Clwyd Hospital – Strategic Outline Case |
| Report Author: | Mr Ian Howard, Assistant Director of Strategic and Business Analysis |
| Responsible Director: | Mr Andy Roach, Director of Mental Health and Learning Disabilities Mr Mark Wilkinson, Director of Planning and Performance |
| Public or In Committee | Public |
| Purpose of Report: | The Strategic Outline Case (SOC) 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: | <p>In line with the organisation's Procedure for Managing Capital Projects the SOC has been endorsed by the Project Board, the Executive Team and the Finance and Performance Committee (F&P).</p> <p>It should be noted that in the time between the preparation of the case for the F&P Committee and the submission to the Board, the Health Board has been notified by NWSSP Specialist Estates Services - on behalf of Welsh Government - of an increase in the index that should be used for estimating capital costs. The advice is as follows: <i>"The BCIS... PUBSEC Firm Price Index for Business Case Reporting is stated as 195, this index has applied since 1st March 2015 and is under review by the Department of Health. However, pending this long awaited decision and with the agreement of Welsh Government (Capital Estates and Facilities) the reporting level for Wales from 1st November 2018 will be 248, which is the last firm index (2Q 2018)."</i></p> <p>This is a 27% increase, which will apply to all capital schemes being developed in Wales. It should be emphasised that the PUBSEC index is used for estimating capital costs at the early stages of the development of a business case. When the scheme is finally approved at Full Business Case Stage, costs will have been fully tendered.</p> <p>The draft case presented to the F&P Committee gave an estimated capital cost of £20.22 million, based on the PUBSEC Index of 195. The increase in the Index to 248 means that the estimated capital cost is now £25.75 million. This is the only change in the case compared to the one endorsed by the F&P Committee.</p> |
| Governance issues / risks: | An Equality Impact Assessment has been undertaken as part of the development of the business case. The improved facilities proposed in |

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| | <p>the case will have a positive impact on the following groups:</p> <ul style="list-style-type: none"> ▪ Age ▪ Disability ▪ Gender Reassignment ▪ Pregnancy & Maternity ▪ Religion or Belief ▪ Sex ▪ Sexual Orientation ▪ Welsh Language ▪ Human Rights <p>The scheme will also mitigate the Estates risk issues associated with the Ablett Unit.</p> |
| Financial Implications: | <p>The business case provides indicative capital and revenue costs for the project. A more in-depth analysis is undertaken at the next stage of the project's development – the Outline Business Case.</p> <p>The indicative capital cost is £25.75 million, which is proposed to be funded by Welsh Government.</p> <p>In terms of revenue, the scheme is projected to produce a small saving of £21,000.</p> |
| Recommendation: | The Board is asked to approve the Strategic Outline Case for submission to Welsh Government. |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 | √ |

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| | | | |
| 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

Mental Health: Implementation of strategy progressing including Local Partnership Board actions plans agreed and being delivered by the local implementation teams with full engagement of service users and partners.

Equality Impact Assessment

An Equality Impact Assessment has been undertaken as part of the development of the business case. It concludes that there are positive impacts on a number of groups, and it does not have any negative impact on any protected characteristic groups or the wider community. The EQIA will be revisited as part of the development of the OBC.

Disclosure:

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

Redevelopment of the Mental Health Inpatient Unit at Glan Clwyd Hospital

Strategic Outline Case (SOC)

VERSION HISTORY

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|-----------|-------------|---|--------------|
| Draft 1.0 | 05.11.18 | First Draft Version | Ian Howard |
| Draft 1.1 | 06.11.18 | Amendments following review by Division | Ian Howard |
| Draft 1.2 | 07.11.18 | Appendices added | Ian Howard |
| Draft 1.3 | 13.11.18 | Amendment following review by Executive Team | Ian Howard |
| Draft 1.4 | 07.01.19 | Amendment to reflect F&P Approval and change in PUBSEC index from 195 to 248, in line with new NWSSP Specialist Services guidance | Ian Howard |

Contents

| | Page |
|--|-------------|
| 1 Executive Summary | 3 |
| 2 Structure and Contents of the Document | 4 |
| 3 The Strategic Case | 5 |
| 4 The Economic Case | 21 |
| 5 The Commercial Case | 24 |
| 6 The Financial Case | 26 |
| 7 The Management Case | 28 |
| 8 Conclusion and Recommendation | 29 |
| 9 Appendices | 30 |

1. Executive Summary

This Strategic Outline Case (SOC) addresses issues with the provision of Adult and Older People's Mental Health inpatient services in the Central Area of Betsi Cadwaladr University Health Board. Currently the majority of these services are provided at the Ablett Unit, on the Glan Clwyd Hospital site, with an additional unit at Bryn Hesketh - a stand-alone Older People's Mental Health (OPMH) facility in Colwyn Bay.

There are significant issues with: the limitations of the Estate, which hampers the provision of high quality care and has been the subject of various external reviews; the need to adapt the Estate to support changing models of care, including reducing the level of admissions and supporting early discharge; and a shortage of beds to meet current and projected future needs. The scheme is clearly highlighted as a priority in the organisation's three year plan, which was approved by the Board in March 2018.

The objectives of the scheme are as follows:

1. To create ward environments that are fit for purpose, safe and humane;
2. To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;
3. To provide an environment that supports staff to deliver safe, effective care to patients, carers and families;
4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery;
5. To improve the quality of the Estate by reducing backlog maintenance, lowering running costs per square metre, and achieving environmental sustainability.

The SOC proposes that various options to deliver these objectives are now explored in depth. In terms of the physical building solution, these options include: a combination of new build and refurbishment at Glan Clwyd hospital; and a new build on the Glan Clwyd site. In terms of service provision, the option to transfer the OPMH beds from Bryn Hesketh to Glan Clwyd should also be explored.

At this early stage in the development of the project, the best estimate of the capital cost is £25.75 million, based on PUBSEC index 248. The scheme is likely to be revenue-neutral or to show a small saving, as the greater efficiencies of the revised service model and physical ward design offset the increase in the number of beds and the costs of running a larger estate.

2. Structure and Contents of the Document

There are three key stages in the development of a project business case. These are: the Strategic Outline Case (SOC); the Outline Business Case (OBC); and the Full Business Case (FBC).

This SOC:

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The OBC: identifies the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme. Subject to SOC approval, it is anticipated that the OBC will be produced in January 2020.

The FBC: sets out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme. The intention is to produce the FBC for the scheme in January 2021, and for the scheme to complete in January 2023.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the *Five Case Model*, and comprises the following at SOC stage:

- 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 – or how best 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.

3. The Strategic Case

3.0 Introduction

The purpose of this section is to explain how the scope of the proposed scheme fits within the existing strategies of the Health Board and provides a compelling case for change, in terms of the existing and future operational needs of the service.

Part A: The strategic context

3.1 Organisational overview

BCUHB was established on 1st October 2009 and is the largest health organisation in Wales. It 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 three Acute Hospitals.

BCUHB employs approximately 16,500 staff and has an annual revenue budget of approximately £1.4 billion.

3.2 Business strategy – Together for Mental Health in North Wales

The key strategy that drives this business case is Together for Mental Health in North Wales, which was adopted by the Health Board in 2017 and is enclosed as Appendix A. This is an all-age mental health strategy developed in partnership to support the delivery of the objectives outlined in the Welsh Government Mental Health Strategy (2012).

Together for Mental Health in North Wales is also an integral part of the Health Board's overall clinical strategy, Living Healthier, Staying Well, which was published in 2018. This overarching strategy sets out the vision for the Health Board over the next ten years, with a particular focus on: the shift of resources to community settings; the movement of care closer to home; the development of seamless multi-agency services; and the emphasis on a well-being system.

Together for Mental Health in North Wales commits the Health Board to six key principles in everything it does:

- We will treat people who use our services, and their carers and families, as equal partners – all of us must be seen as essential assets in improving the mental health and wellbeing of the communities of North Wales;
- We will ensure everything we do is as integrated as possible – across disciplines, across agencies, across services – in both planning services, and delivering services. Fragmented care must be replaced by joined-up and continuous care;
- We will work to ensure everyone feels valued and respected;
- We will support and promote the best quality of life for everyone living with mental health problems;
- We will promote local innovation and local evaluation in how we provide services;

- We will continually measure our impact on outcomes, within both national and local quality and outcomes frameworks – whether we have improved the lives of people for and with whom we provide services.

The mental health strategy confirms the Health Board's intention to offer a comprehensive range of services which:

- Promote health and wellbeing for everyone, focussing on prevention of mental ill health, and early intervention when required;
- Treat common mental health conditions in the community as early as possible;
- Are community-based wherever possible, reducing our reliance on inpatient care;
- Identify and treat serious mental illness as early as possible;
- Manage acute and serious episodes of mental illness safely, compassionately, and effectively;
- Support people to recovery, to regain and learn the skills they need after mental illness;
- Assess and treat the full range of mental health problems, working alongside services for people with physical health needs.

The strategy therefore commits the Health Board to a range of specific actions and ambitions. Significant amongst those are:

- New services and approaches will be available to promote good mental health: promotion of the five ways to wellbeing; schools-based programmes; employer-based approaches; welfare rights and money advice;
- Peer support services will be available as a step-down option from statutory community care;
- Social prescribing will be more widely available, promoting access to education, exercise, personal and creative development;
- There will be new integrated teams to manage very common co-morbidities between physical and mental health, for example anxiety and COPD;
- We will improve the availability of a range of psychological therapies, including online therapeutic interventions;
- People experiencing first episode psychosis will have access to the full range of NICE-approved interventions;
- There will be alternatives available to inpatient admission for those able to manage safely in more intensive community situations;
- All ward environments will be fit for purpose, safe and humane;
- Information about patients' history, and care and treatment plans will be available in real-time to all staff working with them;
- There will be a realistic and sustainable fit between our service commitments, and the numbers and skills of staff to deliver them;

- We will ensure full and effective governance of both our commissioned services, and those we directly provide.

In terms of the Estate, the strategy contains an analysis of the significant problems with the existing inpatient facilities. In particular:

- All of the wards at the Ablett Unit at Glan Clwyd are out-of-date in design, with cramped facilities, lack of en-suite provision and narrow corridors;
- Bryn Hesketh has limited bathroom facilities, no ensuite facilities, and significant backlog maintenance problems. It is also isolated from other services;
- The Hergest Unit in Bangor is not designed to modern standards, and is of an age where upgrade to elements of the fabric and services are required;
- Coed Celyn rehabilitation unit is dated and cramped in its design;
- Cefni requires improvement to internal and external facilities.

The strategy commits the organisation to an approach which “will make use of existing building envelopes, where practicable, and...generate new ward/unit designs that support future service requirements. We would expect to close more remote and isolated units, and incorporate their services in larger hubs.”

A central tenet of both Living Healthy Staying Well and Together for Mental Health is the delivery of care closer to home. The commitment given in Living Healthy Staying Well is that in order to deliver services to meet future needs the three main hospitals at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital will provide core services to meet the needs of the population. It is important to ensure parity of esteem across physical and mental health provision. Parity of esteem means equal access to effective care and treatment; equal efforts to improve the quality of care; equal status within health care education and practice; equally high aspirations for service users; and equal status in the measurement of health outcomes. This is a key objective within the mental health strategy for North Wales. Also addressing mental and physical health needs together is better for patients' outcomes and can be more cost-effective. The Health Board will continue to operate acute admissions on all three sites to ensure that patients admitted under the Mental Health Act in an acute phase will remain closer to home in relation to their treating team and families which will impact positively on length of stay and enable timely discharge to Home treatment. The three site model will ensure that all acutely ill patients will not be travelling for extended periods of time and also takes into account operational pressures of partners such as the six Local Authorities in relation to Adult Mental Health provision, and North Wales Police in terms of crisis response.

The practical impact of this analysis is that there is a need for three inpatient units across North Wales, on the District General Hospital sites at Bangor, Glan Clwyd and Wrexham, to ensure the effective delivery of person centred, locality-based Acute care.

To deliver the ambition laid out in the strategy, there is a clear requirement for a substantial programme of investment in the estate across North Wales. Within that context there is a particular priority to address the issues related to the Ablett Unit and Bryn Hesketh in the Central Area, which are summarised above and outlined in depth in the section below on issues with current service provision.

Part B: The case for change

3.3 Investment objectives

The investment objectives for this project are as follows:

1. To create ward environments that are fit for purpose, safe and humane;
2. To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;
3. To provide an environment that supports staff to deliver safe, effective care to patients, carers and families;
4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery;
5. To improve the quality of the Estate by reducing backlog maintenance, lowering running costs per square metre, and achieving environmental sustainability.

A set of specific measurables that contribute to each of these high level objectives, including baseline measurements, will be developed as part of the OBC.

3.4 Existing arrangements

This section describes the existing service arrangements for Mental Health services.

All of the Health Board's services, not only the specialist mental health services, play a part in maintaining and improving the mental health and wellbeing of communities in North Wales. This includes the "universal" services available across the community, such as primary care, health visiting and school nursing. It also includes the roles that other specialist and acute services take in supporting the wellbeing of people who use them, particularly services which have long-term relationships with their patients and clients.

The role of the specialist mental health services is therefore to work with the smaller number of people who have more serious and complex mental health problems.

Mental health services include primary, community and therapy services within localities across North Wales, and from inpatient services from four hospital sites. As such we make an important contribution to improving the health and wellbeing to a population of around 700,000 people. This encompasses prevention of mental ill health as well as treating illness and providing healthcare services.

The Health Board currently provides the following services for adults, based across North Wales:

- Community mental health teams for adults
- Home treatment teams
- Community rehabilitation teams, and mental health services for offenders
- Community mental health teams for older people
- Memory clinics for older people with dementia
- Day hospitals for older people
- Specialist community-based substance misuse services
- Specialist community-based learning disability services
- An acquired brain injury service
- A range of specialist psychological therapy services
- Liaison teams working across mental health and physical health with the acute hospitals
- Inpatient wards, including services for:
 - Adults
 - Older people with functional mental health problems (a range of serious mental health problems, such as schizophrenia, bipolar disorder, or severe depression)
 - Older people with organic mental health problems (dementia and related conditions)
 - Rehabilitation
 - Rehabilitation within a locked, secure environment
 - A medium secure unit (a service for people with serious mental health problems and a history of criminal offences).

The main inpatient facilities are located in the Ablett Unit on the Glan Clwyd hospital site at Bodelwyddan, close to Rhyl; the Heddfan Unit adjacent to the Wrexham Maelor Hospital Site in Wrexham; the Hergest Unit on the Ysbyty Gwynedd hospital site on the outskirts of Bangor, and the Bryn y Neuadd site in Llanfairfechan.

In addition, there exist smaller specialist teams such as Complex Cases (for people with trauma and attachment problems), a small Early Intervention in Psychosis Team, Criminal Justice and Forensic Team and Primary Care Mental Teams.

The Primary Care Mental Health Teams cover all localities, are linked to General Practices, and bridge the divide between primary and secondary care. They are subject to Part 1 of the Mental Health Measure, and performance of these teams is comparable to other Health Boards.

3.5 Business needs

This section describes the problems associated with the existing service in relation to current and future needs. It focuses on the Central Area, which is the subject of this business case, and addresses three inter-related elements: the limitations of the Estate in delivering the current model of care; the need to adapt the Estate to meet changing models of care; and a shortage of inpatient beds in the Central area to meet current and projected future needs.

The limitations of the Estate in supporting the delivery of the current service model

External reviews and inspections of the current facilities have been undertaken by the Community Health Council, Health Inspectorate Wales and Welsh Government as part of the review of services over the last 4 years, all of which have reached similar conclusions, including:

- The remote older people's mental health unit at Bryn Hesketh: although significant improvements have been made in relation to environment and staffing there is still a risk to managing patients with high levels of acuity along with co-occurring physical health needs so far away from the acute general hospital;
- The mixing of older people with mental illness alongside young adults is not appropriate and does not deliver good patient experience, as well as causing significant challenges for staff to manage the differing dynamics within the ward;
- The ward environments are not fit for purpose, including lack of space (indoor and outdoor) to undertake meaningful recreation. There is a lack of space to undertake therapeutic work. Some areas are not Disability Discrimination Act compliant. Mixed sex accommodation is common and the line of sight in ward areas is not to the standard it should be;
- Privacy and dignity standards are not being met across the inpatient environments including the use of dormitory style wards, the lack of en-suite facilities and the availability of separate lounge facilities.

To give more detail in relation to the specific facilities in the Ablett Unit:

- **Tegid ward**, which hosts older people with functional illness, is not fit for purpose; the ward is very short of space with a small day room and dining area and very narrow corridors. Access is particularly challenging for those with mobility issues particularly into the bedrooms and bathrooms. There are limited sanitary and bathing facilities; the lounge and dining area are small, cramped and used for multiple functions. Health Inspectorate Wales comment that in the longer term, the suitability of this environment for the patient group must be addressed.
- **Dinas ward**, which hosts Adult services, has 14 single bedrooms & 3 twin rooms, none of which are en-suite. Corridors are narrow, the circulation / lounge areas are too small and it lacks dedicated recreational and therapeutic space.

- **Cynnydd ward** is an 8 bedded rehabilitation ward, which has sufficient space for the patient group. There is a large communal area in the centre of the ward, two separate lounges and a games / recreational area. The bedrooms are all single occupancy but do not have en-suite facilities.
- **Tawel Fan** (an Adult inpatient ward) is currently closed. The ward has 14 bedrooms and 20 bed spaces, none of which are en-suite.

There have been two recent investigations related to care on Tawel Fan: the Ockenden Review of the Governance Arrangements relating to the care of patients on Tawel Fan ward prior to its closure on 20th December 2013; and the Independent Investigation into the Care and Treatment Provided on Tawel Fan Ward: a Lessons for Learning Report undertaken by Health and Social Care Advisory Service Consultancy Limited (HASCAS).

This SOC will support the delivery of a number of recommendations contained within both the HASCAS and Ockenden investigations, namely:

- **HASCAS recommendation 13: Restrictive Practice Guidance**
The potential alignment of Organic services onto one acute site will increase the pool of trained Restrictive Practice Intervention staff to ensure that all older adults are in receipt of lawful and safe interventions throughout a 24 hour period.
- **HASCAS recommendation 15: End of Life Care Environments**
The potential alignment of Organic services onto one acute site linked to a DGH will enable timely access to diagnostics and more suitable environments for end of life care.
- **Ockenden recommendation 10: A review of all external reviews in relation to older people.**
HIW have raised concerns in relation to the environment of Tegid ward not being fit for purpose for older persons. Redevelopment of the Ablett site would enable the environmental concerns to be addressed for both organic and functional patients.
- **Ockenden recommendation 11: Outstanding estates issues**
Redevelopment of older person's services in Ablett would enable the creation of wards that fit the Kings fund Enhancing Healing Environments standards specific to Dementia care.

The estate limitations outlined above also represent a barrier to recruiting and retaining high calibre staff, and implementing some of the exciting improvements set out in the mental health strategy, including the introduction of a new acute care model.

It is also worthy of note that the focus on the Ablett unit over the last 4 years in relation to the HASCAS investigation into standards of care has resulted in very

negative perceptions of the unit with the public and partners. The reconfiguration of the unit would provide a real opportunity to rebuild confidence and reputation of psychiatric services provided on the Glan Clwyd site.

The changing model of care

As outlined earlier, Together for Mental Health in North Wales sets out a significant programme of change in how Mental Health services are delivered. Some of the current issues with the acute care model across North Wales are:

- The model for crisis response is under-developed and inconsistent. Access to Home Treatment Teams (HTT) is not equitable, with an absence of HTT service for people aged over 65 years old, and with reports that HTT is often above capacity and unable to take referrals;
- There are no crisis houses, or safe havens to offer a short-term alternative to inpatient admission. Models for such services vary, but the most effective are those with rigorous gatekeeping by statutory services, and which focus on offering stays of only a handful of days to people whose needs are relatively straightforward but who otherwise might have been admitted to hospital. This can include the needs of people at an early intervention stage;
- The interface between mental health services and criminal justice services does not work as well as one would wish at present. As well as the lack of alternatives to admission, as identified above, targeted diversion services are not well developed in North Wales.

Together for Mental Health in North Wales envisages an acute and urgent care system within which:

- No-one waits more than 4 hours for mental health assessment in crisis;
- Once assessed, people are placed immediately in accommodation suitable for their needs. For most people, this should be their own home, with sufficiently intensive home treatment support. For some, it could mean a short-stay crisis house. For a minority, it will mean acute inpatient care;
- No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of step-down support;
- No-one is admitted to an acute mental health bed outside North Wales.

In terms of Rehabilitation, Mental Health Rehabilitation services provide specialist assessment, treatment and support to stabilise the person’s symptoms and help them gain/regain the skills and confidence to live successfully in the community. They are often the next step in a pathway for people moving on from acute inpatient services or from secure services who have not recovered sufficiently to be discharged home.

The future model of rehabilitation services across North Wales will operate as a whole system that includes a range of other agencies and organisations. Collaborative and partnership working is key to this. This will ensure the provision is holistic and delivers a comprehensive care pathway that can support people using

services to make incremental improvements in their everyday and social functioning, and to successfully take on increasing levels of responsibility in managing as many aspects of their own life as possible.

There is a view that the existing locked rehabilitation ward on the Ablett unit does not deliver against the proposed future model. The current facility is unable to deal with the complexity of patients required and is not fit for purpose.

The work on the model of care within hospital and in the community is being developed through 2 groups. The Quality and Workforce group is a clinically led group that has multi-professional representation. The purpose of the group is to define how service pathways across North Wales operate and support recovery, including their strengths and weaknesses, workforce implications and agreeing the professional standards required. This will ultimately produce options for a multi-disciplinary model that improves people's recovery outcomes.

Alongside this work the Local Implementation Teams are examining some of the wider determinants of mental health such as housing, benefits, and the social conditions in which people live in our communities. They are currently analysing detailed information about some of their priority populations in order to better understand exactly how our services need to change to best meet their needs.

Initial work has thus far focussed on scoping out and developing alternatives to hospital admission in the community, such as crisis cafes and sanctuaries, which can be co-delivered by our partners in the third sector. Once established, these will provide better community support for people in crisis and a more integrated pathway across our acute services.

As well as the lack of alternatives to admission, as identified above, targeted diversion services are not well developed in North Wales. In consequence, too many incidents are being managed by the police with insufficient mental health support and advice; this is also leading to high use of section 136 of the Mental Health Act, with a very low conversion rate to longer-term assessment or treatment sections of that Act. Work has commenced in line with the service model discussion to assess the opportunity to transform section 136 hospital based place of safety provision for North Wales.

Physical Capacity

As outlined above, the national and local strategic intent is to shift the balance of care from Acute to Community settings. However even within this strategic context, the bed capacity for Adults and Older People's Mental Health in the Central Area is insufficient to meet current needs, and may also be insufficient in the future. The overall analysis that has led to this conclusion is summarised below, with supporting information included in Appendix B.

Current position across BCUHB

Currently the number of Adult and Older People's Mental Health (OPMH) beds open in North Wales are as follows:

| | Adult | OPMH | Total |
|--------------|-----------|-----------|------------|
| West | 34 | 14 | 48 |
| Centre | 20 | 24 | 44 |
| East | 36 | 27 | 63 |
| Total | 90 | 65 | 155 |

The NHS Benchmarking Network published "Inpatient and Community Mental Health Benchmarking 2017/18" in October 2018. It includes data from every English Mental Health Trust and every Welsh Health Board, as well as growing representation from Northern Ireland and Scotland. A summary of key findings is as follows:

For Inpatient Adult Mental Health: BCUHB is essentially in line with the national average in terms of both beds per 100,000 (BCUHB 20.9, benchmark mean 19.9) and average length of stay (BCUHB 30.1, benchmark mean 31.3). Admissions per 100,000 are well above the national average (252.7 admissions per 100,000 population, compared to a mean of 221.2). Average bed occupancy at midnight is also well above the national average (BCUHB 98.7%, benchmark mean 91.7%). 98.7% is also substantially higher than the national target for mental health of 85% occupancy. A system running at above 85% occupancy on average at midnight will frequently have insufficient beds to cope with normal variations in demand, and in a Mental Health service this is likely to lead to home leave being used as "a pragmatic response to scarce bed capacity as well as a tool for managing patient discharge."¹

For Older People's Mental Health: BCUHB is a little below the national average in terms of beds per 100,000 (BCUHB 40.5, benchmark mean 43.5). In contrast with Adults, admissions per 100,000 are well below the national average (135.4 admissions per 100,000 population, compared to a mean of 174.2). Average length of stay is well above the national average (BCUHB 89.7, benchmark mean 74.3). Average bed occupancy at midnight is also well above the national average (BCUHB 91.5% - with the benchmark mean close to the 85% target, at 86.2%).

A high level piece of modelling has been done, to look at the bed numbers required for the current BCUHB population if the benchmarked average admission rate and length of stay were achieved as well as an average occupancy level of 85%. This indicates a need for 93 adult beds across North Wales, compared to the current 90, and 65 OPMH beds, compared to the current 64. It is worth noting that at this stage in the analysis the average has been used rather than the upper quartile because, as the NHS Benchmarking Network report states, it cannot be assumed that upper quartile performance in any single metric is necessarily a good thing – for example if the average length of stay is low but the readmission rate is high and community

¹ NHS Benchmarking Network "Inpatient and Community Mental Health Benchmarking 2017/18" October 2018 p.21.

systems are not well resourced this may indicate issues with the quality of care. Realistic targets will be established as part of the in-depth modelling at OBC stage.

Current position in the Central Area

The above analysis relates to BCUHB as a whole. However as the table in the previous section illustrates, beds are not currently distributed evenly across North Wales. This is particularly the case for Adults in the Centre, where the average number of Adult beds per 100,000 population for North Wales is 20.9, but is only 16.5 in the Central Area. As a result, a high number of Conwy and Denbighshire residents are receiving their inpatient care in the West (Hergest) and the East (Heddfan), which is not in line with the strategic intention to treat patients closer to home. Very few patients are receiving their care in England. Based on current activity levels, if the Central Area had 36 Adult beds it would be able to meet the demand from its local population.

Future requirements

The future scale of bed requirements will be determined by a range of factors, in particular demographic change, the achievement of efficiencies, and the impact of changing models of care.

The analysis above has indicated the potential for efficiencies and the impact of changing models of care to reduce the admission rate for Adults, and the high length of stay for OPMH. Set against these potential ways to reduce demand for inpatient care, the current levels of occupancy are far too high. In terms of demography, for Adults future population projections do not indicate a change in levels of demand. However for OPMH, even if admission rates remain at their current relatively low level and nothing else changes, demand is set to increase by 17% by 2026, with further increases after that.

As regards Rehabilitation, the existing locked rehabilitation ward on the Ablett unit does not deliver against the proposed future model. It is proposed that this facility is closed and patients treated in other BCUHB facilities as part of the developing model of rehabilitation outlined on page 12.

Potential conclusion

Based on the above analysis, a preliminary estimate has been made of the number of beds required as follows:

| | Adult | OPMH | Rehabilitation | Clinical Decision Unit | Vacant [Tawel Fan] | Total Physical beds | Total Open beds |
|--------------|-------|------|----------------|------------------------|--------------------|---------------------|-----------------|
| Current Beds | 20 | 24 | 8 | 0 | 20 | 72 | 52 |
| Future Beds | 36 | 24 | 0 | 4 | 0 | 64 | 64 |
| Change | 16 | 0 | -8 | 4 | -20 | -8 | 12 |

[Note that the Clinical Decision Unit has been included in the bed calculation for costing purposes].

This bed configuration proposes an increase in Adult beds in the short-to-medium term to meet current demand. However over time this bed requirement is intended to reduce, as the new community-based model of care is developed and implemented. Set against this the demand for OPMH beds is likely to increase due to demographic change. It is therefore essential that the design solution supports the flexible use of inpatient accommodation.

This proposal would reduce bed pressures in Hergest and Heddfan. Given the current high levels of occupancy in these hospitals it is likely that this will result in a qualitative benefit, rather than a cash-releasing reduction in the number of beds on those sites. However this will be reviewed at OBC stage.

These bed numbers have been used as the basis for both the capital costs and the revenue model. It is important to emphasise that this is currently regarded as the maximum number of beds that are likely to be required. The bed numbers have been derived from a high level model with a series of explicit simplifying assumptions, which is appropriate at SOC stage. Further work will be done to refine the model, test and potentially change the conclusions as part of the preparation of the OBC.

Further supporting information on the bed modelling is enclosed as Appendix B.

Engagement

It is important to emphasise that the analysis of issues outlined above, and the proposed solutions, have been developed through a wide range of engagement exercises. In October 2016 CANIAD which is a local service user-led organisation who supports people who want to have their voices heard, influence decisions and help shape the services they use, participated in five open events for adult service users across North Wales. 153 people attended the workshop events or gave one to one feedback, and 71 people responded to an on-line survey issued as part of the same process.

Across the patient journey, the CANIAD engagement process reported there was a strong view that both the physical and therapeutic environment of hospital wards needed to be improved. Many people spoke about there being a lack of privacy on the ward, and that some psychiatric wards felt more like a prison than a hospital. Many people also spoke about a lack of meaningful activities, having nothing to do, and feeling bored.

A Patient Flow Programme was also undertaken in response to a number of challenges such as the Division being placed in Special Measures. A Rapid Improvement Event was held on the 17th March 2016 attended by members from across Older People and Adult Services from all functions and professional groups with one of the outcomes being that people need to be treated and cared for in a safe environment and protected from avoidable harm.

A multi-agency mental health summit was held in January 2017, to stimulate and draw together leaders of a wide range of local agencies which concluded that we must work together to create recovery-focused services.

Conclusion – summary of the case of need

In summary, the current configurations of both the Ablett Unit and Bryn Hesketh do not provide the right environment to deliver high quality services that meet the privacy and dignity requirements of a modern day mental health facility. In addition the limitations of the current units do not allow any flexibility for changing the size and the configuration of each ward that would allow for new pathways to be implemented, improving the flow of patients within the system and improving outcomes for patients. There is also insufficient capacity to meet current and projected future need.

3.6 Potential scope

This section describes the potential scope for the project, which follows from the above analysis of needs.

Given the specific issues related to service provision and the estate, the project focuses on the provision of inpatient Adult and Older People's Mental Health services in the Central Area of BCUHB. In Estates terms, the case therefore addresses issues at the Ablett Unit and at Bryn Hesketh.

Work has already been carried out on a potential model of care and physical solution which further defines and interprets this project scope. It is outlined in full in *Redevelopment of the Ablett Unit*, which is enclosed as Appendix C.

In summary it proposes:

- A reduction in the overall number of the rehabilitation beds by the re-designating Cynnydd ward for OPMH Functional patients.
- Cynnydd ward will be completely refurbished within the current envelope to provide a 10 bed OPMH Functional ward that incorporates bedrooms with en-suite facilities, improved circulation and recreational spaces and improved observation.
- Tegid Ward will be extended to form a new fit for purpose 14 bed ward for OPMH organic patients. This involves demolishing part of the current Dinas ward to provide a space suitable for patients with dementia. The unit will have clear circulations routes, with no dead ends, a secure courtyard that will bring light into the ward, en-suite facilities to all bedrooms, recreational and therapy spaces and improved visibility. This ward would take the patients from the remote Bryn Hesketh Unit.
- The remaining half of Dinas Ward will be converted into a 4 bed Clinical Decisions Unit. This unit will be configured to provide en-suite bedrooms that have a separate sitting area shared between two rooms. Through adapting the door locking, one room could be separated from the sitting area leaving the other with a private bedroom and lounge space. There are also dining and communal seating spaces provided.

- A new 136 suite would be built adjacent to the Clinical Decisions unit and connect directly into the main Ablett Unit corridor.
- A new de-stimulation area will be incorporated into the Ablett Unit as there is currently no provision on site. This will support the reduction of transfers to other facilities, in and out of North Wales, it will provide teams more options to manage patients differently.
- The Tawel Fan ward will be demolished and a new purpose built 36 bedded adult ward created. This ward will comprise of three main zones with the centre area acting flexibly to allow adjustments.

This proposal would allow the OPMH service at Bryn Hesketh to be transferred to the Ablett Unit, and so resolve the risk of managing patients with high levels of acuity along with co-occurring physical health needs so far away from the acute general hospital. It therefore delivers the maximum proposed service scope of the project. However it is important to emphasise that a decision about Bryn Hesketh will be made as part of the development of the OBC, and will entail an appropriate level of public and stakeholder engagement. The exact approach is under discussion with the CHC.

3.7 Main benefits criteria

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to business needs.

Satisfying the potential scope for this investment will deliver the following high-level strategic and operational benefits. By investment objectives, these are as follows:

| Investment objectives | Main benefits criteria |
|---|--|
| To provide services which meet the Strategic Direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups | <ul style="list-style-type: none">▪ No-one waits more than 4 hours for mental health assessment in crisis▪ Once assessed, people are placed immediately in accommodation suitable for their needs. For most people, this should be their own home, with sufficiently intensive home treatment support. For some, it could mean a short-stay crisis house. For a minority, it will mean acute inpatient care▪ No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of step-down support▪ No-one is admitted to an acute mental health bed outside North Wales |
| To create ward environments that are fit for purpose, safe and humane | <ul style="list-style-type: none">▪ Provision of 100% single rooms.▪ Anti-ligature risks fully addressed in design▪ Improved observation of patients by staff▪ Access to safe outside and indoor recreational space▪ Provision of dedicated Interview space for patients, carers and families▪ Meet all required space standards▪ Improved patient satisfaction▪ Improved outcomes |
| To provide an environment that supports staff to deliver safe, effective care to patients, carers and families | <ul style="list-style-type: none">▪ Meet the National Association of Psychiatric Intensive Care Units (NAPICU) standards. The aims of NAPICU are to improve service user experience and outcome and to promote staff support and development with Psychiatric Intensive Care Units |

| | |
|--|---|
| To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery | <ul style="list-style-type: none"> ▪ Space is adaptable for future change in use – e.g. between Adult and OPMH services |
| To improve the quality of the Estate by reducing backlog maintenance, reducing running costs, and achieving environmental sustainability | <ul style="list-style-type: none"> ▪ Reduced backlog maintenance costs and risks ▪ Lower running costs per sqm ▪ Achieves BREEAM excellent |

3.8 Main risks

The main business and service risks associated with the scope for this project are:

- Unexpected changes in service capacity/demand
- Failure to deliver the model of care, in particular the development of integrated community services
- Recruitment and retention of the workforce
- Capital affordability

These issues will be addressed systematically as the project develops.

3.9 Constraints

The requirement to co-locate services on an Acute site means that there are space constraints, which limit design options.

3.10 Dependencies

The project is dependent on capital funding from Welsh Government.

4. The Economic Case

4.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

4.2 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.

4.3 The long-listed 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.

This 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' – i.e. continue with current arrangements for service provision, with incremental investment to prevent further | Discounted – because it would not address the service and estates issues outlined in the strategic case – but retained as a comparator against which to assess whether other options offer value for |

| | |
|---|--|
| deterioration of the estate | money |
| 1.2 Minimum – resolve the issues at the Ablett Unit, retain the existing service model at Bryn Hesketh | Possible – because it would resolve the issues at the Ablett Unit, and further consideration (including a formal process of engagement to be agreed with the CHC) is required before a decision can be made about Bryn Hesketh |
| 1.3 Intermediate – resolve the issues at the Ablett Unit and Bryn Hesketh, and fully implement the proposed service model | Possible – because it would address the service and estates issues at both the Ablett Unit and Bryn Hesketh, and further consideration (including a formal process of engagement to be agreed with the CHC) is required before a decision can be made about Bryn Hesketh |
| 1.4 Maximum - expand the catchment area served by the Central Area to include all Acute admissions | Discounted – because greater centralisation of services is not in line with the Health Board's strategy |
| 2.0 Service solutions | |
| 2.1 Combination of refurbishment and new build on the Glan Clwyd site | Preferred, as a pragmatic value-for-money solution which can support the delivery of the objectives of the scheme |
| 2.2 New build on the Glan Clwyd site | Possible, but unlikely on the basis of cost and value for money |
| 3.0 Service delivery | |
| 3.1 In-house | Preferred, in line with Welsh Government policy |
| 3.2 Outsource | Discounted – not in line with Welsh Government policy |
| 3.3 Strategic partnership | Discounted – not in line with Welsh Government policy |
| 4.0 Implementation | |
| 4.2 “Big bang” or single phase implementation | Preferred – the service and estates issues are interlinked, and need to be resolved as a single project. |
| 4.3 Phased | Discounted – for the reason given above. |
| 5.0 Funding | |
| 5.1 Private Funding | Discounted as unaffordable |
| 5.2 Public Funding | Preferred |

4.4 Short-listed options

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

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

- **Option 1** – business as usual: i.e. continue with current arrangements for service provision, with incremental investment to prevent further deterioration of the estate. This is included as a baseline to compare the value for money of other options.
- **Option 2** – A combination of refurbishment and new build at Glan Clwyd. Full implementation of the proposed service model, except for retaining the existing services at Bryn Hesketh. In summary:
 - Demolish Tawel Fan
 - Create new adult / OPMH functional ward(s)
 - Create a clinical decisions unit
 - Form a 136 suite fit for purpose
 - Create a de-stimulation area
 - Significantly improved environment with en-suite facilities for all service users at the Ablett Unit.
- **Option 3** – A combination of refurbishment and new build at Glan Clwyd in line with the proposed service model, including transferring services from Bryn Hesketh (meets the objectives). The specifics are outlined in "Redevelopment of the Ablett Unit", attached). In summary:
 - Demolish Tawel Fan
 - Create new adult / OPMH functional ward(s)
 - Create a clinical decisions unit
 - Form a 136 suite fit for purpose
 - Create a de-stimulation area
 - Significantly improved environment with en-suite facilities for all service users
 - Transfer OPMH Organic patients from Bryn Hesketh to the Ablett site.
- **Option 4** – Introduce the service model outlined in option 3, through an entirely new build on the Glan Clwyd site.

5. The Commercial Case

5.1 Introduction

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a very high level, preliminary view. Detailed analysis will take place at OBC stage.

5.2 Required services

Given the estimated capital spend of £25.75 million, the scheme is likely to be procured under the Designed for Life Regional Framework.

5.3 Potential for risk transfer

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 as outlined above.

5.5 Procurement strategy and implementation timescales

The project will be procured via Welsh Government's *Designed for Life: Building for Wales Framework*.

Subject to agreement of the SOC, it is anticipated that the implementation milestones will be as follows:

| Milestones | Target Date |
|---|--------------|
| Completion of Outline Business Case (OBC) | January 2020 |
| Completion of Full Business Case (FBC) | January 2021 |
| Completion and Handover | January 2023 |

6. The Financial Case

6.1 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) and the proposed deal (as described in the commercial case section). The detailed analysis of the financial case, including affordability, takes place at OBC stage.

6.2 Capital Costs

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision about the scope of services and the physical solution, which will be determined at OBC stage.

Indicative design work has been undertaken on what is believed to be the maximum potential scope of the scheme as outlined in the Economic Case – i.e. the transfer of services from Bryn Hesketh to Glan Clwyd, and a combination of refurbishment and new build on the Glan Clwyd.

The estimated total cost of this solution is **£25.75 million** at PUBSEC index 248, and the cost forms are enclosed as Appendix E. It is emphasised that this is intended to give an estimate of the maximum capital expenditure - and should not be regarded as the cost of the preferred option, which is yet to be determined.

6.3 Impact on the organisation's income and expenditure account

As with the capital costs, the revenue impact will depend on the preferred option, which will be determined at OBC stage.

High level indicative costings have been undertaken on the same option as that used for the capital calculation – i.e. assuming that the service at Bryn Hesketh transfers to Glan Clwyd.

The primary driver of cost is the nursing cost per bed. The current bed layout of the wards is very inefficient. In particular Dinas ward in the Ablett Unit is split in two by a corridor and has poor line of sight to patients' beds. It therefore requires more nurses on each shift to provide safe care. The locked rehabilitation ward is also expensive due to the type of patients cared for. An establishment review has been undertaken to determine the appropriate staffing levels for the current configuration of beds at the Ablett Unit and Bryn Hesketh. Using the figures from that review, the average current nursing cost per bed per year for the two units combined is £84,165. Based on national benchmarking on required establishment for the new beds, it is estimated that for the new development the average cost per bed can be reduced to £64,805 – a 23% reduction. As a result, despite the increase in the number of beds from 52 to 64, there is a potential saving of £229,000.

This saving needs to be offset by the increase in Estates costs. Although the new and refurbished facilities will be more efficient, and so cost less per square metre to run, there is an overall increase in floor area of approximately 950sqm. The estimated increase in Estates running costs is £208,000.

In summary:

| | Current | Proposed | Variance |
|---------------------------|------------|------------|-----------|
| Beds | 52 | 64 | 12 |
| Nursing cost per bed | £84,165 | £64,805 | - £19,360 |
| Total Nursing Cost | £4,376,578 | £4,147,537 | -£229,041 |
| Increase in Estates costs | | £208,000 | £208,000 |
| | | | |
| Net Revenue Position | | | -£21,041 |

Further detail is included in Appendix F.

In-depth costing, challenge and testing will be undertaken at OBC stage, including a review of medical, non-pay and support services costs, which are currently assumed to be unchanged.

7. The Management Case

7.1 Introduction

This section of the SOC 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.

7.2 Project management arrangements

The project management arrangements for capital projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The project will be managed in accordance with PRINCE 2 project management methodology to enable a well-planned and smooth transition to the new service models. There will be a strong focus on the delivery of the objectives and benefits.

The SRO for the project is Andy Roach, Director of Mental Health and Learning Disabilities.

7.3 Target Milestones

The target milestones for the project are as follows:

| Milestones | Target Date |
|---|--------------------|
| Completion of Outline Business Case (OBC) | January 2020 |
| Completion of Full Business Case (FBC) | January 2021 |
| Completion and Handover | January 2023 |

7.4 Use of special advisers

Special advisers will be used as required, procured via the Designed for Life framework.

8.0 Conclusion and Recommendation

This Business Case is recommended for approval.

Appendices

| | |
|------------|---|
| Appendix A | Together for Mental Health in North Wales |
| Appendix B | Bed Modelling |
| Appendix C | Redevelopment of the Ablett Unit |
| Appendix D | EQIA |
| Appendix E | Capital Costs forms |
| Appendix F | Revenue Costing |

| | |
|---|--|
| Health Board 24.1.19 |  <div data-bbox="1054 203 1145 309"> GIG CYMRU NHS WALES </div> <div data-bbox="1169 215 1414 297"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p data-bbox="946 320 1414 385">To improve health and provide excellent care</p> |
|---|--|

| | |
|---|--|
| Report Title: | Integrated Quality & Performance Report |
| Report Author: | Dr Jill Newman, Director of Performance |
| Responsible Director: | Mr Mark Wilkinson, Executive Director of Planning & Performance |
| Public or In Committee | Public |
| Purpose of Report: | This report provides the Board with a summary of key quality, performance, financial and workforce indicators. |
| Approval / Scrutiny Route Prior to Presentation: | This paper has been scrutinised and approved by the Director of Performance, QSE Committee and F&P Committee. |
| Governance issues / risks: | <p>Governance</p> <p>There are concerns regarding compliance with the timetables for submission of Exception Reports.</p> <p>Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee.</p> <p>This month sees the second presentation of the report in the new format with all measures presented in Chapter form.</p> <p>The Summary of the report is now included as an Executive Summary within the report itself.</p> |
| Financial Implications: | N/A |
| Recommendation: | The Board is asked to note the report and to assist in addressing the governance issues raised. |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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

This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides. It also addresses key indicators for mental health and primary care.

Equality Impact Assessment

The Health Board's Performance Team are establishing a rolling programme to evaluate the impact of targets across the Equality & Diversity agenda.

Disclosure:

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

Integrated Quality and Performance Report – Health Board

1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



November 2018

| | | | |
|---|-----------|--|-----------|
| Cover Page | 1 | Cancer Care | 23 |
| Table of Contents | 2 | Follow Up Waiting List | 24 |
| About This Report | 3 | Chapter 3b: Operational Performance in Unscheduled Care Summary Dashboard | 25 |
| Summary Dashboard | 4 | Emergency Department: 4 Hours (inc MIU) and 12 Hours (ED only) | 26 |
| Executive Summary | 5 | Emergency Department: 12 Hours (ED only) | 27 |
| Escalations from Committees | 6 | Ambulance Handovers | 28 |
| Chapter 1: Quality Summary Dashboard | 7 | Delayed Transfers of Care (DToC) | 29 |
| Infection Prevention | 8 | Delayed Transfers of Care (DToC): Critical Care | 30 |
| Healthcare Acquired Pressure Ulcers (HAPU) | 9 | Out of Hours (OOH) | 31 |
| Mortality | 10 | Stroke Care | 32 |
| Never Events | 11 | Chapter 5: Mental Health Summary Dashboard | 33 |
| Flu Vaccination | 12 | Mental Health Measures: Assessment and Therapy 28 Days | 34 |
| Chapter 2: Finance and Resources Summary Dashboard | 13 | Mental Health Measures: Assessment and Therapy 28 Days | 35 |
| Ward Nurse Staffing Levels | 14 | Mental Health Measures: Care Treatment Plan (CTP) | 36 |
| Finance: Agency & Locum Spend | 15 | Mental Health: Delayed Transfers of Care (DToC) | 37 |
| Finance: Financial Balance | 16 | Chapter 6: Primary Care Summary Dashboard | 38 |
| Sickness Absence | 17 | Appendix A: Further Information | 39 |
| Mandatory Training | 18 | | |
| PADR | 19 | | |
| Chapter 3a: Operational Performance - Planned Care Summary Dashboard | 20 | <i>Chapter 4 has been reserved for Strategic Improvement Measures and these will</i> | |
| Referral to Treatment (RTT) | 21 | <i>Be included in the IQPR as soon as they have been agreed.</i> | |
| Diagnostic Waits | 22 | | |

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.

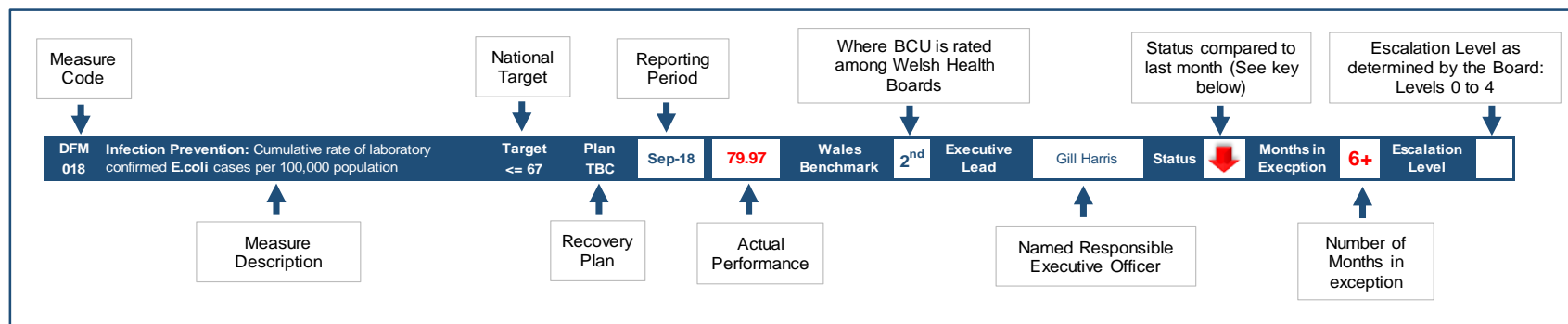
Escalated Exception Reports

When performance on a measure is worse than expected, the Lead for that measure is asked to provide an exception report to assure the relevant Committee that a) that they have a plan and set of actions in place to improve performance, b) that there are measurable outcomes aligned to those actions and c) that they have a defined timeline/ deadline for when performance will be 'back on track'. Although these are normally scrutinised by Quality & Safety or Finance & Performance Committees, there may be instances where they need to be 'escalated' to the Board. These will be included within the relevant Chapter on an 'as-required' basis.

Statistical Process Control Charts (SPC)

Where possible SPC charts are used to present performance data. This will assist with tracking performance over time, identifying unwarranted trends and outliers and fostering objective discussions rather than reacting to 'point-in-time' data.

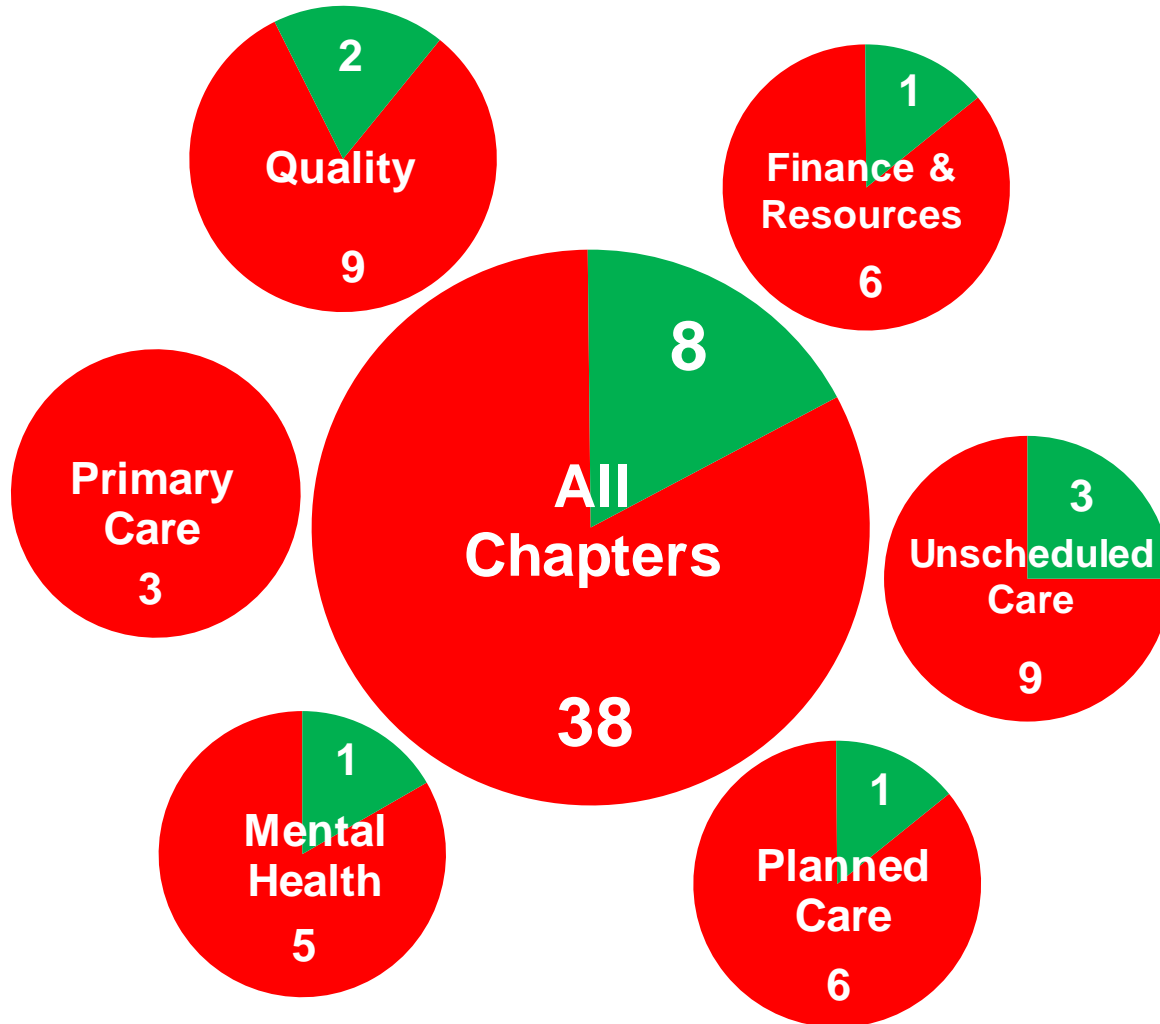
Description of the KPI bar Components:



Status Key:

| | | | | | |
|---------------------|---|---------------------------|---|--------------------|---|
| Achieved & Improved |  | Achieved but Worse |  | Achieved Static |  |
| Not Achieved Static |  | Not Achieved but Improved |  | Not Achieved Worse |  |

Summary Dashboard



Integrated Quality and Performance Report
Health Board Version

Headlines

4

Most Improved

| Measure | Status | (Target) |
|-----------------------------------|--------|-----------|
| Total Number of Measures Improved | 30 | 46 |
| Total Number of Measures Static | 2 | N/A |
| Finance: Agency & Locum Spend | £2.3m | <= £2.8m |
| Follow Up Waiting List Backlog | 80,712 | <= 75,000 |
| Confirmed Cases MRSA | 0 | 0 |
| Diagnostic Waits: 8 Weeks | 1,275 | 0 |
| Ambulance Handovers over 1 Hour | 404 | 0 |

Of Most Concern

| Measure | Status | (Target) |
|---|--------|----------|
| Total Number of Measures Worse | 14 | 0 |
| Emergency Department 4 Hour Waits (inc MIU) | 71.53% | >= 95% |
| Cancer 62 Day | 80.88% | >= 95% |
| Mental Health Assessments within 28days | 66.80% | >= 80% |
| Finance: Financial Balance | 2.60% | <= 2.0% |

November 2018



Overall summary of performance

Where we are:

This report focusses on the key performance indicators reported to Welsh Government based on performance at the end of November 2018. The timing of the report is such that the end of December reported figures are now available.

The report demonstrates improvement in the delivery of the unscheduled care indicators following the launch of the 90 day improvement plan in October. Of particular note is the reduction in volume of patients awaiting handover from ambulance arrival to the emergency department and the improvement in the delayed transfer of care of patients. It is nevertheless recognised that this improvement needs to be sustained and that further improvement is required across the whole unscheduled care system. The planned care indicators demonstrated an improvement in access times for diagnostic services, in particular the impact of the actions taken in relation to non-obstetric ultrasound resulted in the expected improvement in this area. Overall diagnostics remain challenged to deliver zero patients waiting beyond 8 weeks by year end, especially in relation to endoscopy investigations where capacity is not meeting the current demand on services. The Referral to Treatment (RTT) performance continues to be better than in 2017/18, however the performance was worse than in October 2018 with more patients waiting over 36 weeks. Orthopaedics remains the specialty with the highest volume of long waiters. The infection prevention work is proving effective in controlling the level of infection, although performance remains challenging against the reduction trajectories set. Recruitment of nursing staff to provide good skill mix and coverage of ward rotas remains low despite the actions taken to attract staff. The financial position and delivery against the savings plan are described more fully in the finance report.

What we are doing: The 90 day plan for unscheduled care is being managed via the Unscheduled Care Transformation Group chaired by the Executive Director of Nursing and Midwifery. The trajectories are in place and being used to assess impact of the actions within the 3 programmes of work: Demand, Flow and Discharge. The single integrated clinical assessment service launched on time and is showing benefits in joint working with Wales Ambulance Service NHS Trust (WAST) to enable patients to be treated outside of Emergency Departments (ED) where possible. Work on the discharge programme is proving effective in reducing delays to discharge reflected in the lower Delayed Transfers of Care (DToCS) figures.

The Health Board is continuing to work with the Delivery Unit on the capacity required for endoscopy and has commissioned additional activity for weekend working, however this may not be sufficient to deliver the required access times taking into account the need to manage urgent referrals, bowel screening demand and surveillance work through the service. The planned care transformation group is being re-established to manage all programmes into planned care and ensure that the RTT position is sustained to year end, however delivery isn't expected to improve on the 2017/18 year end position. Infection prevention 90 day cycles are continuing with additional elements added to each cycle to further impact on the improvement required.



Escalations from Committees

As part of the normal cycle of business going forward this template will be used to record any areas escalated from committee meetings of the Board to be considered by the Board. As this is the first month in which this format has been used the Committees have not met to populate this template.

QSE Committee

No additional indicators were escalated following scrutiny this month, however it is noted that a deep dive into CAHMS is scheduled for January 2019.

Measure Escalated

Reason Escalated

F&P Committee

USC and RTT are already in escalation status and form part of the key indicators to the Board. No additional indicators were identified for escalation this month

Measure Escalated

Reason Escalated

Chapter 1: Summary

Quality

7

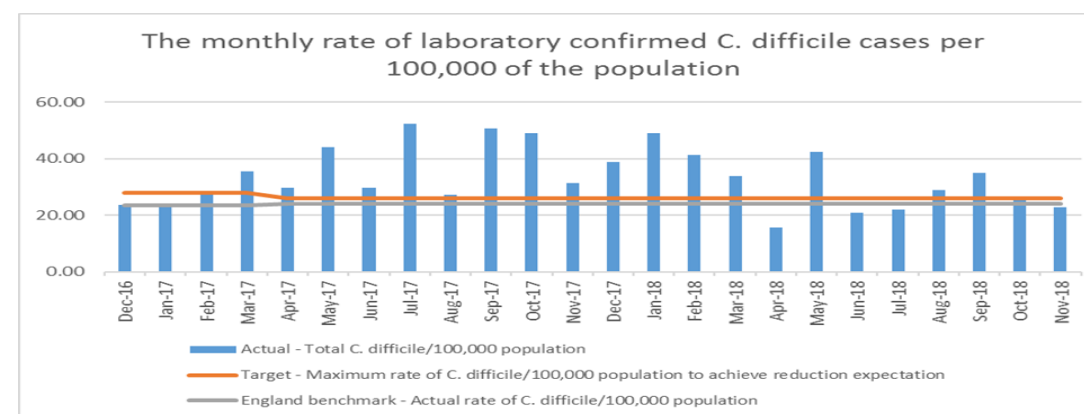
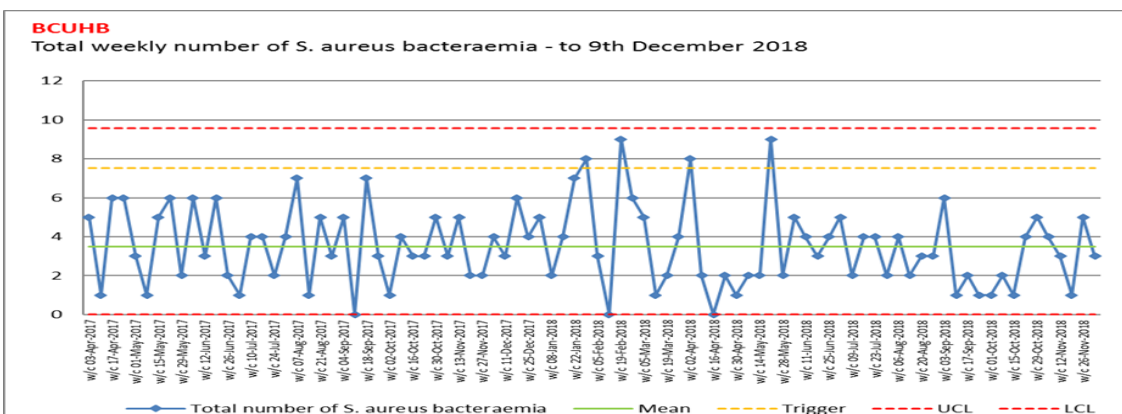


| Measure | Status | (Target) |
|--|----------|----------|
| Infection Prevention: C.Difficile | 27.23 ↓ | <= 26.00 |
| Infection Prevention: S.Aureus | 22.79 ↑ | <= 20.00 |
| Infection Prevention: MRSA | 0 ↑ | 0 |
| Healthcare Acquired Pressure Ulcers (HAPU) | 42 ↑ | <= 21 |
| New Never Events | 0 ↑ | 0 |
| Mortality: Crude Under 75 yoa | 0.74% ↑ | <= 0.70% |
| Mortality: Universal Mortality Reviews | 90.70% ↑ | >= 95% |
| Falls Prevention (Reported as Serious Incidents) | 11 ↑ | 0 |
| Flu Vaccination: Over 65's | 68.00% ↑ | >= 72% |
| Flu Vaccination: Under 65's at Risk | 43.80% ↑ | >= 53% |
| Flu Vaccination: Workforce | 48.00% ↑ | >= 65% |

Integrated Quality and Performance Report
Health Board Version

November 2018

| | | | | | | | | | | | | | | |
|---------|---|-------------|----------|--------|-------|-----------------|-----------------|----------------|-------------|--|---------------------|----|------------------|--|
| DFM 018 | Infection Prevention: Cumulative rate of laboratory confirmed E.coli cases per 100,000 population | Target ≤ 67 | Plan TBC | Nov-18 | 84.70 | Wales Benchmark | 2 nd | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |
| DFM 019 | Infection Prevention: Cumulative rate of laboratory confirmed S. Aureus cases per 100,000 population | Target ≤ 20 | Plan 20 | Nov-18 | 22.79 | Wales Benchmark | 1 st | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |
| DFM 020 | Infection Prevention: Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population | Target ≤ 26 | Plan 26 | Nov-18 | 26.66 | Wales Benchmark | 4 th | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |



Actions

- 3rd phase 90 Day plan of Safe Clean Care in Acute sector
- 2nd phase 90 Day plan in BCU-wide Community hospitals
- Prioritise Aseptic non-touch technique (ANTT)
- Nurses 'right-to-challenge' antibiotic prescribing
- Focus on UTI diagnosis & management following latest guidance

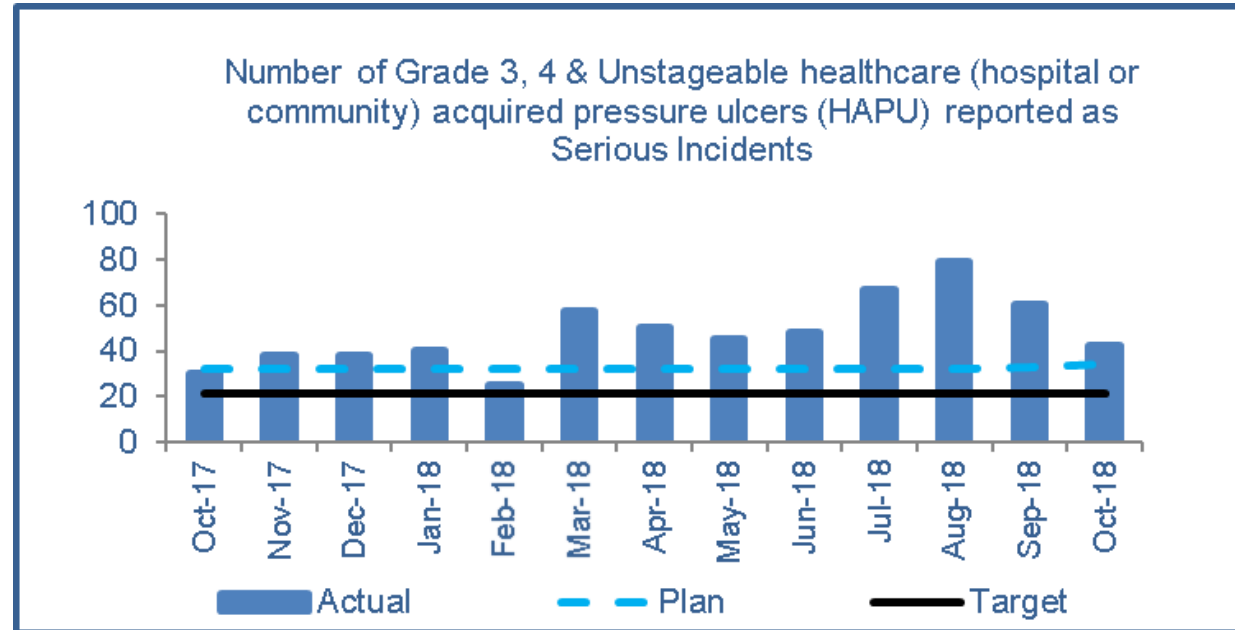
Outcomes

- Increased awareness of and reduction of infection rates in Primary, Secondary & Community Care
- Sharing of knowledge across Acute to Community
- Reduction in infections from invasive devices
- Reduction in unnecessary antibiotic prescribing
- Reduction in Gram negative bacteraemia

Timeline

Improved performance is expected during the 90 day phases and together with continued focus on 'right-to-challenge', adoption of ANTT methods across BCU & compliance with national guidance it is expected to achieve and sustain the reduction targets set for 2018/19 (as shown in header bar).

| | | | | | | | | | | | | | | | |
|------------|---|-----------------|-------------|---------------|-----------|------------------------|-----------------------|-----------------------|-------------|---------------|---|----------------------------|-----------|-------------------------|--|
| DFM | Number of Healthcare Acquired Pressure Ulcers (HAPU) | Target | Plan | Oct-18 | 42 | Wales Benchmark | 7th | Executive Lead | Gill Harris | Status |  | Months in Exception | 6+ | Escalation Level | |
| 026 | Grade 3,4 or unstageable reported as Serious Incidents | <= 21 | | | | | | | | | | | | | |



Actions

- PU Collaborative Phase 2 commenced December
- All areas now provided with access to own level data
- Work has commenced to review the data recording of PU's

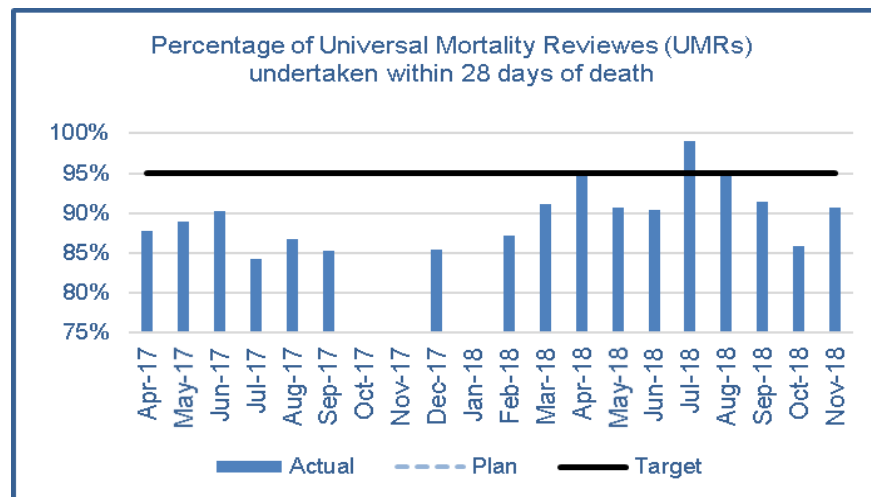
Outcomes

- Aim is to focus on areas of highest occurrence to identify improvement potentials
- Aim to use own data to start to focus on problem areas
- Clarity of data recording is essential for understanding what improvements are being made

Timelines

New guidance issued by Welsh Government requires process change which are being urgently assessed. Data for improvement sessions in January. Data cleansing January & February Further timelines to be determined

| | | | | | | | | | | | | | | |
|---------|--|----------------------|------------------|--------|--------|-----------------|-----------------|----------------|------------|--------|---------------------|----|------------------|--|
| DFM 032 | Mortality: % Universal Mortality Reviews (UMR) carried out within 28 days of death | Target $\geq 95\%$ | Plan $\geq 95\%$ | Nov-18 | 90.70% | Wales Benchmark | 2 nd | Executive Lead | Evan Moore | Status | Months in Exception | 6+ | Escalation Level | |
| DFM 033 | Mortality: % Crude under 75 years of age | Target $\leq 0.70\%$ | Plan | Nov-18 | 0.74% | Wales Benchmark | 4 th | Executive Lead | Evan Moore | Status | Months in Exception | 6+ | Escalation Level | |



Actions

- Focus on improving Sepsis response with 60 minutes of a triple trigger
- Focus on AKI as area of work which requires further attention
- Improvements in mortality reviews

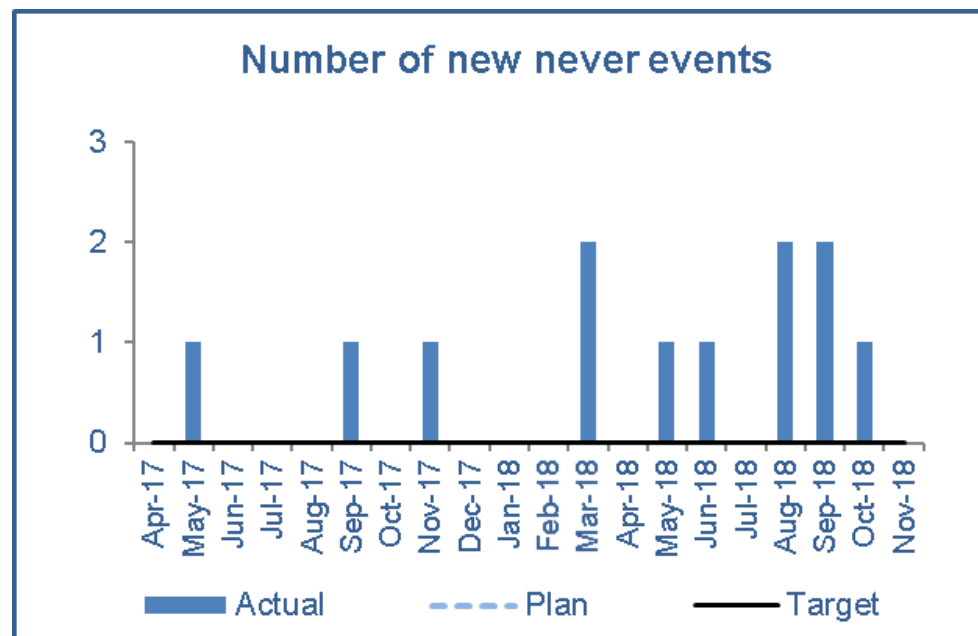
Outcomes

- Sepsis collaborative launched 5th November 2018, further events during January and April 2019
- AKI lead identified and data collection tool completed so we can target efforts for collaborative to be launched in 2019
- Focussed work on improving further mortality review process

Timelines

- Sepsis complete by end of 2019
- AKI collaborative- date for collaborative to be confirmed
- Ongoing work and will be supported further by introduction of the DATIX electronic system and introduction of the medical examiner during 2019

| | | | | | | | | | | | | | | | |
|------------|-----------------------------------|-------------|-----------|--------|---|--------------------|-----------------|-------------------|-------------|--------|---|------------------------|----|---------------------|--|
| DFM 024 | Number of new Never Events | Target 0 | Plan 0 | Nov-18 | 0 | Wales Benchmark | 1 st | Executive Lead | Gill Harris | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
|------------|-----------------------------------|-------------|-----------|--------|---|--------------------|-----------------|-------------------|-------------|--------|---|------------------------|----|---------------------|--|



Actions

- There were no Never Events reported for November
- 7 Never Events are currently open and under investigation

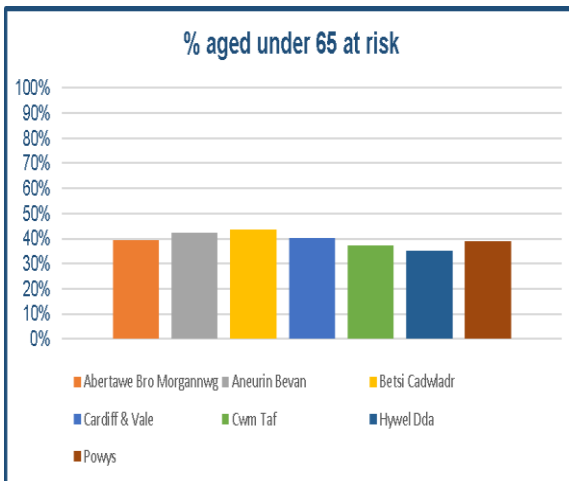
Outcomes

- 3 Never Events have been closed by Welsh Government to date, with another 2 awaiting confirmation of closure.

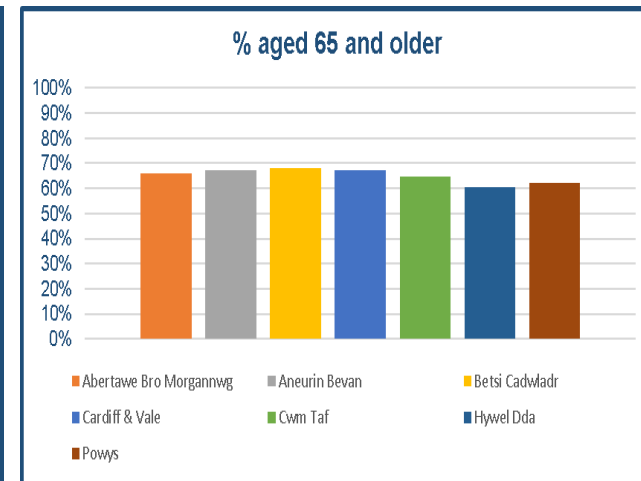
Timelines

The current Never Event is under investigation and within required time scales

| | | | | | | | | | | | | | | | |
|-----------------|---|-----------------|---------------|--------|--------|-----------------|-----|----------------|-------------|--------|---|---------------------|----|------------------|--|
| DFMO 05a | % uptake of influenza vaccine in Under 65's at risk | Target ≥ 55% | Plan ≥ 53% | Nov-18 | 43.80% | Wales Benchmark | 1st | Executive Lead | Teresa Owen | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
| DFMO 05b | % Uptake of influenza vaccine in Over 65's | Target ≥ 75% | Plan ≥ 72% | Nov-18 | 68.00% | Wales Benchmark | 1st | Executive Lead | Teresa Owen | Status | ↑ | Months in Exception | 6+ | Escalation Level | |



| Health Board | Patients aged 65 and Older | | | Patient aged under 65 at risk | | |
|------------------------|----------------------------|----------------|---------------|-------------------------------|----------------|---------------|
| | Immunised | Eligible | % | Immunised | Eligible | % |
| Abertawe Bro Morgannwg | 74,962 | 113,971 | 65.80% | 29,755 | 75,441 | 39.40% |
| Aneurin Bevan | 81,080 | 120,881 | 67.10% | 35,117 | 82,549 | 42.50% |
| Betsi Cadwaladr | 110,355 | 162,294 | 68.00% | 39,665 | 90,521 | 43.80% |
| Cardiff & Vale | 55,191 | 81,892 | 67.40% | 25,434 | 63,049 | 40.30% |
| Cwm Taf | 37,967 | 58,474 | 64.90% | 15,960 | 42,982 | 37.10% |
| Hywel Dda | 57,796 | 95,673 | 60.40% | 17,395 | 49,570 | 35.10% |
| Powys | 20,736 | 33,411 | 62.10% | 5,856 | 15,027 | 39.00% |
| All Wales | 438,087 | 666,596 | 65.70% | 169,182 | 419,139 | 40.40% |



Actions

- The BCUHB Flu Plan is being implemented across North Wales
- Data circulated to GP practices and Cluster Leads to raise awareness about differences in uptake and to ensure the data being submitted is accurate.
- Long stay inpatients in BCUHB are being offered the Flu vaccine.



Outcomes

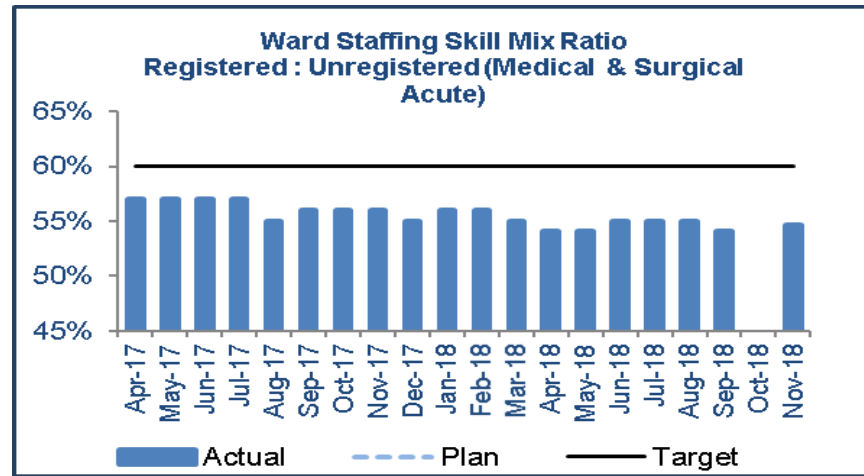
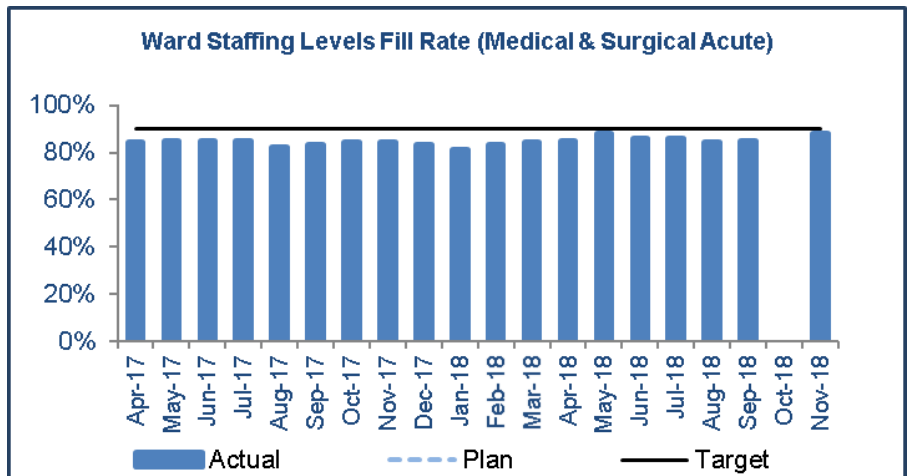
- Increase in uptake of flu vaccinations

Timelines Although BCUHB is the best performing Health Board in Wales with regards the Flu Vaccination campaign, the target rate will not be achieved but we are aspiring to vaccinate as many as possible over the next 12 weeks.



| Measure | Status | (Target) |
|--|--------|----------|
| Ward nurse staffing fill rate (%) | 85% | >= 95% |
| Ward nurse staffing skill mix ratio (% Reg) | 54% | >= 60% |
| Finance: Agency & Locum Spend | £2.3m | <= £2.8m |
| Sickness absence rates (% Rolling 12 months) | 4.97% | <= 4.94% |
| Mandatory Training (Level 1) Rate (%) | 84% | >= 85% |
| PADR Rate (%) | 59% | >= 85% |
| Finance: Financial Balance (%) | 2.60% | <= 2% |

| | | | | | | | | | | | | | | |
|----------------|--|--------------------|------|--------|--------|-----------------|-----|----------------|-------------|--|---------------------|----|------------------|--|
| WGM 201 | Ward nurse staffing fill rate (%) | Target $\geq 95\%$ | Plan | Nov-18 | 85.00% | Wales Benchmark | N/A | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |
| WGM 202 | Ward nurse staffing skill mix ratio (% Registered) | Target 60% | Plan | Nov-18 | 54.00% | Wales Benchmark | N/A | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |



Actions

- Each acute site having completed a Recruitment and Retention action plan
- Representation at national recruitment events
- Continuous rolling advert on TRAC / NHS Jobs
- Safe Care now introduced across all 3 acute sites
- HCA Level 4s supported to undertake Fast Track into nursing course

Outcomes

- One candidate was recruited and appointed at the recent Birmingham Nursing Times event
- Staff deployed according to acuity per shift where necessary

Timelines

Vacancy situation unlikely to be resolved in next 6 months although recruitment ongoing.

LM
501F

Finance: Agency & Locum Spend

Target
Reduce

Plan
≤ £2.8m

Nov-18

£2.3m

Wales
Benchmark

N/A

Executive
Lead

Russ Favager

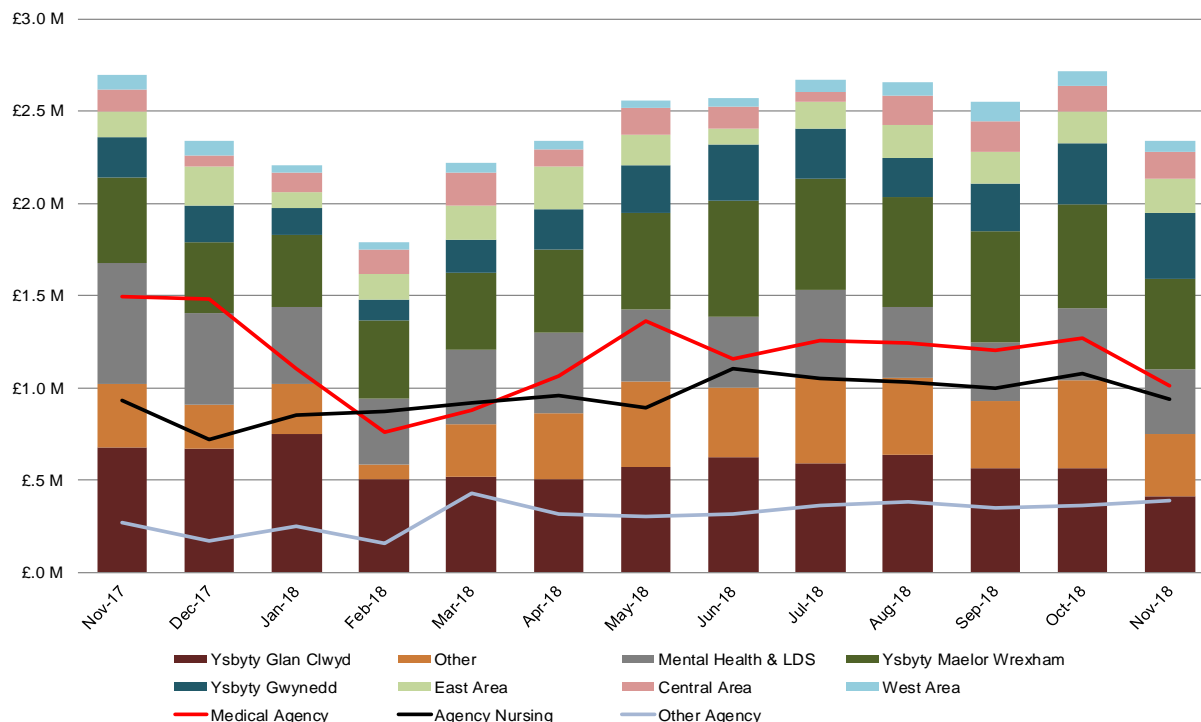
Status
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Months in
Exception

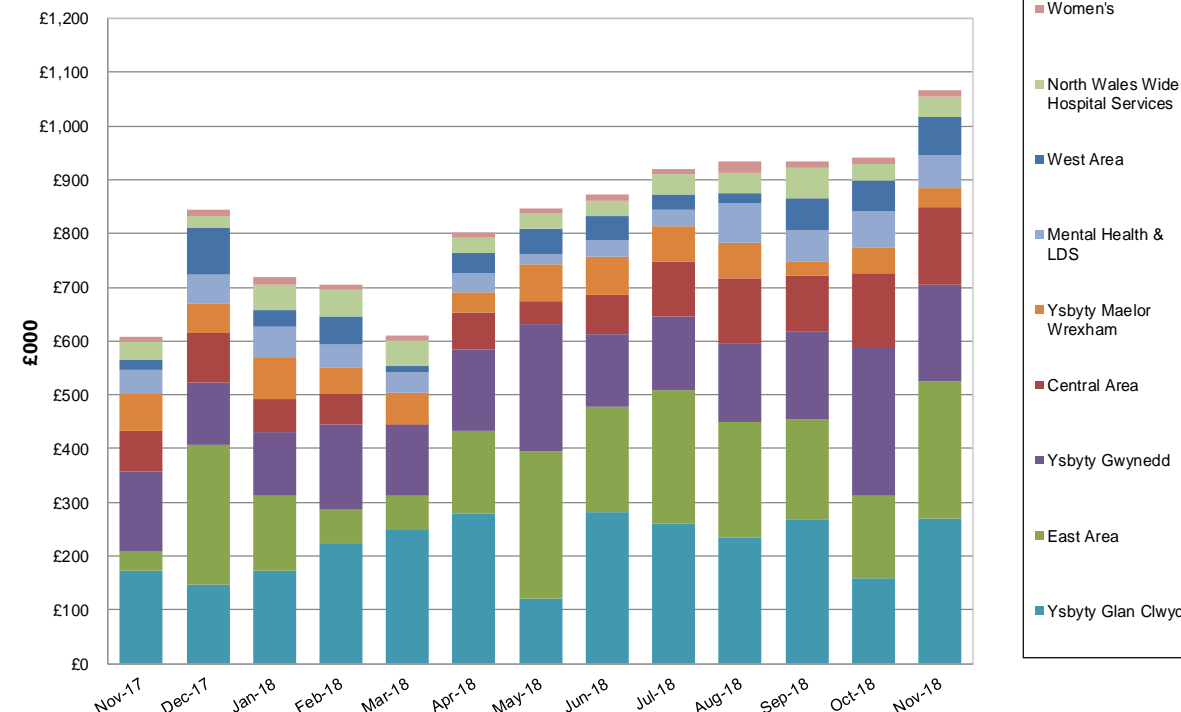
6+

Escalation
Level

Agency Spend



Locum Spend

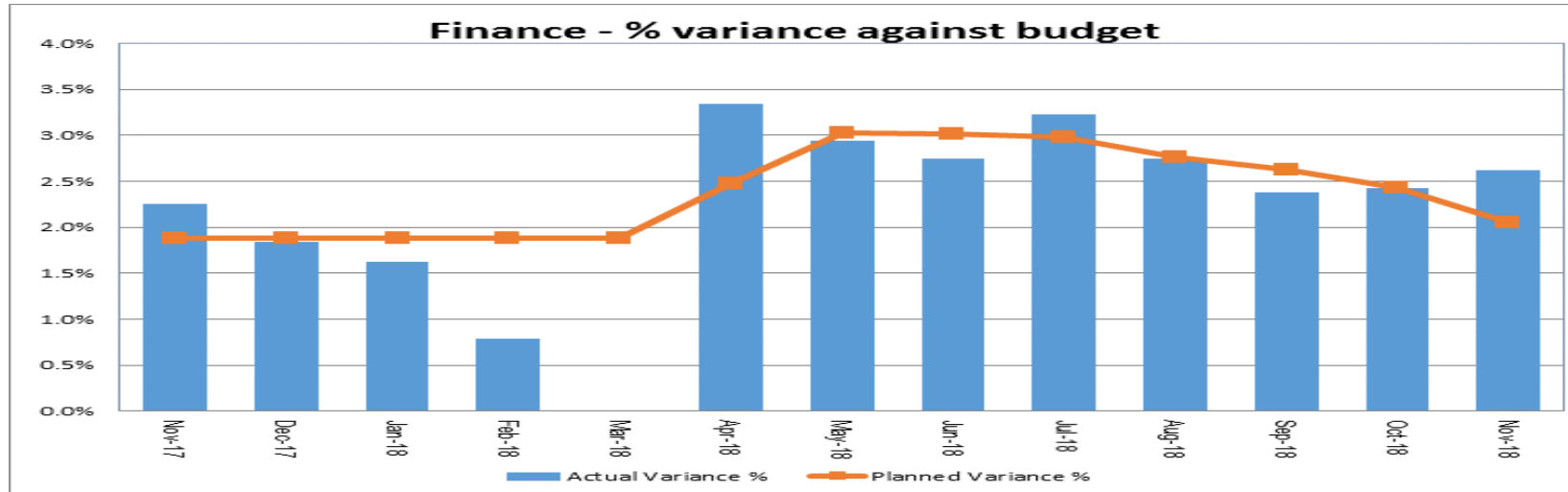


LM 502F Finance: Financial Balance

| | | | | | | | | | | |
|--------|------|--------|-------|-----------------|----------------|--------------|--------|---------------------|----|------------------|
| Target | Plan | Nov-18 | 2.60% | Wales Benchmark | Executive Lead | Russ Favager | Status | Months in Exception | 6+ | Escalation Level |
|--------|------|--------|-------|-----------------|----------------|--------------|--------|---------------------|----|------------------|

Actions

- Additional scrutiny of rosters is now being undertaken together with assessment of 1:1 nursing requirements
- All staff sickness has been reviewed
- Details monitoring and review of CHC places and focus on numbers
- CHC equipment purchased through joint stores
- Medical agency, pursue opportunities to re-negotiate on hourly rate for long standing agency doctors
- New AMD pathway ready should the switch to Avastin be given approval through D&T
- Executive Director of Finance to sit on D&T
- Urgent review of Hospital drug expenditure



Outcomes

- The reported savings achieved to date in 2018/19 are £22.3m against a plan of £24.9m. The savings shortfall of £2.6m is largely due to under-delivery on Mental Health (£1.3m), transactional schemes (£1.5m) and workforce schemes (£1.2m), offset by over-performance on Medicines Managements schemes.
- Identification of savings opportunities for 2019/20 and future years is progressing and being fed into the work to develop the 3 year plan 2019-22.

Timelines

The financial plans and savings schemes are being developed and details will be provided in the Integrated Medium Term Plan which is due to be submitted to Welsh Government in January. Delivery of the Health Board's 2018/19 Financial Plan is dependent on the delivery of savings targets and this is essential to achieve a sustainable finance position.

Integrated Quality and Performance Report
Health Board Version

November 2018

| | | | | | | | | | |
|---------|--|---------------|-------------|-------|---------------------------------|--------------------------|--|------------------------|------------------|
| DFM 097 | Sickness & absence Rates (% Rolling 12 months) | Target ≤ 4.5% | Plan Nov-18 | 4.97% | Wales Benchmark 2 nd | Executive Lead Sue Green | Status  | Months in Exception 6+ | Escalation Level |
|---------|--|---------------|-------------|-------|---------------------------------|--------------------------|--|------------------------|------------------|

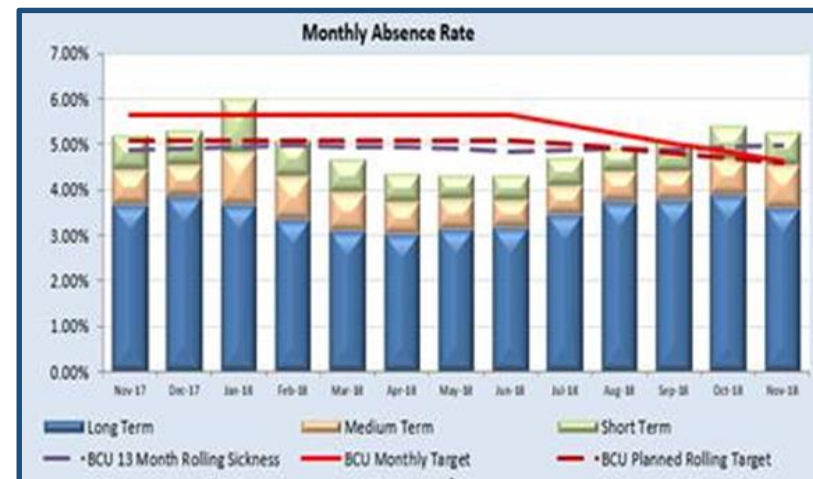
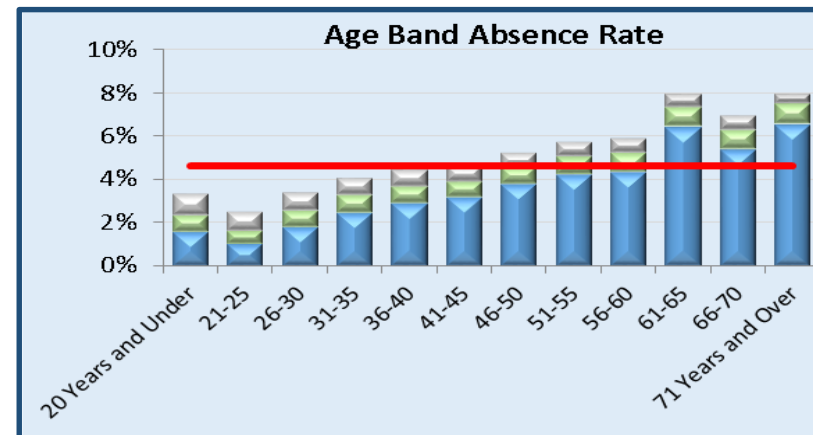
Where we are: The current NHS Wales target is 4.5% changing to 4.2% in January 2019 (as part of the Pay Award conditions).

- The plan for BCU is to maintain the target of 4.5% by 31st March 2019 reducing further to 4.2% by 30th September 2019.
- The absence level for the rolling 12 months period as at 30/11/18 was 4.97% an increase of 0.09% from September 2018

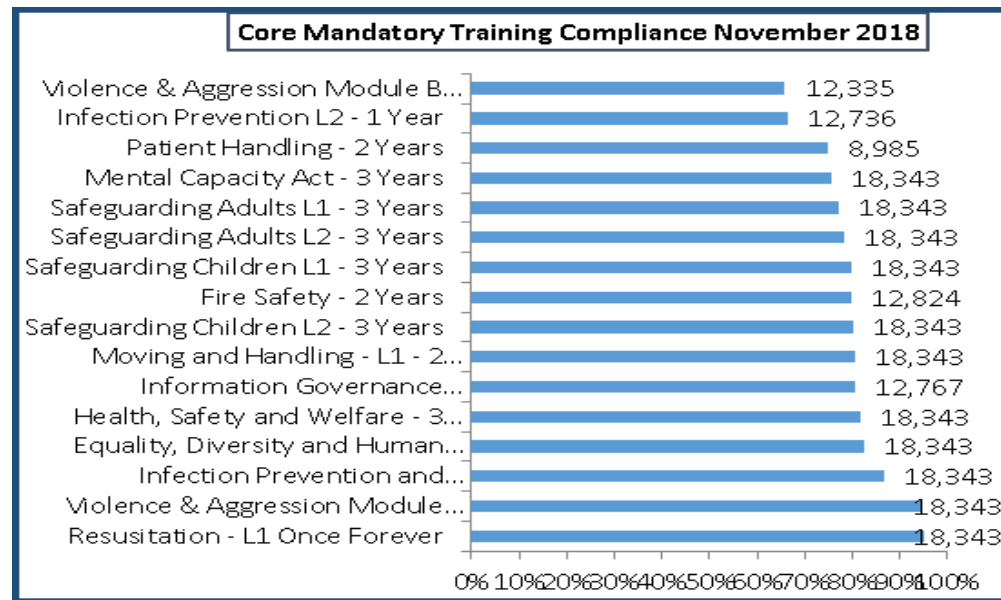
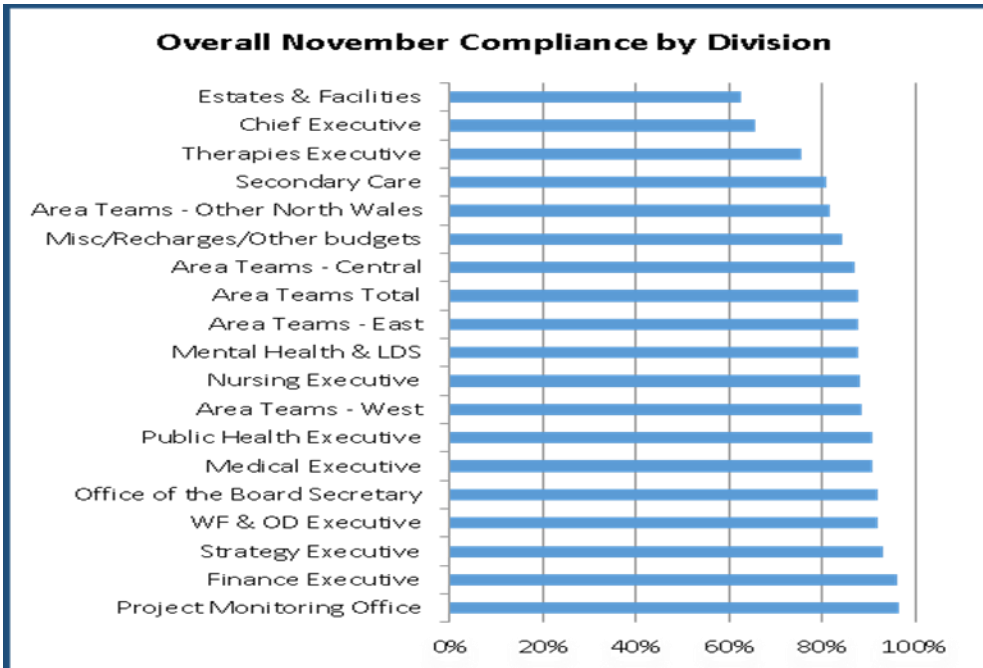
What are we doing about it:

- Analysis of the data has been used to inform the prioritisation of action required and is a key element of the Attendance Improvement Plan. This will be supported by the roll out of the All Wales Sickness Management Training that will be rolled out to the 1,800 managers from early 2019. Training of the trainers has commenced.
- Longer term absence has been a particular focus, however there appears to be a surge in the number of staff reporting sick. As such analysis of this data is taking place, to understand what has changed.
- Other and unknown remained the 2nd and 4th most prevalent reasons recorded for absence which may indicate a lack of management control. It is extremely important to understand the reasons for sickness in order to identify trends and provide targeted support where appropriate. The local workforce teams are addressing this issue with managers and this will also be highlighted in the sickness training. Stress, anxiety, depression and mental health illnesses remain the main reported reason for absence.
- As previously stated additional measures are being identified for the areas of greatest concern i.e. mental health, emergency departments and theatres. Plans will be finalised by the end of December regarding targeted support for these areas.

When we expect to be back on track: Attendance Improvement Plan is being finalised. This include trajectories for improvement for the remainder of 2018/19 towards the target of 4.5%.



| | | | | | | | | | | | | | | | |
|---------|---------------------------------------|-----------------|---------------|--------|--------|-----------------|-----------------|----------------|-----------|--------|---|---------------------|----|------------------|--|
| DFM 096 | Mandatory Training (Level 1) Rate (%) | Target ≥ 85% | Plan ≥ 84% | Nov-18 | 83.00% | Wales Benchmark | 1 st | Executive Lead | Sue Green | Status | ← | Months in Exception | 6+ | Escalation Level | |
|---------|---------------------------------------|-----------------|---------------|--------|--------|-----------------|-----------------|----------------|-----------|--------|---|---------------------|----|------------------|--|



Actions

- Continued monitoring of “did not attend” levels
- Identified training that is taking place but not been uploaded through to ESR
- Completed review of WP30 Mandatory/Statutory Training policy and awaiting ratification.

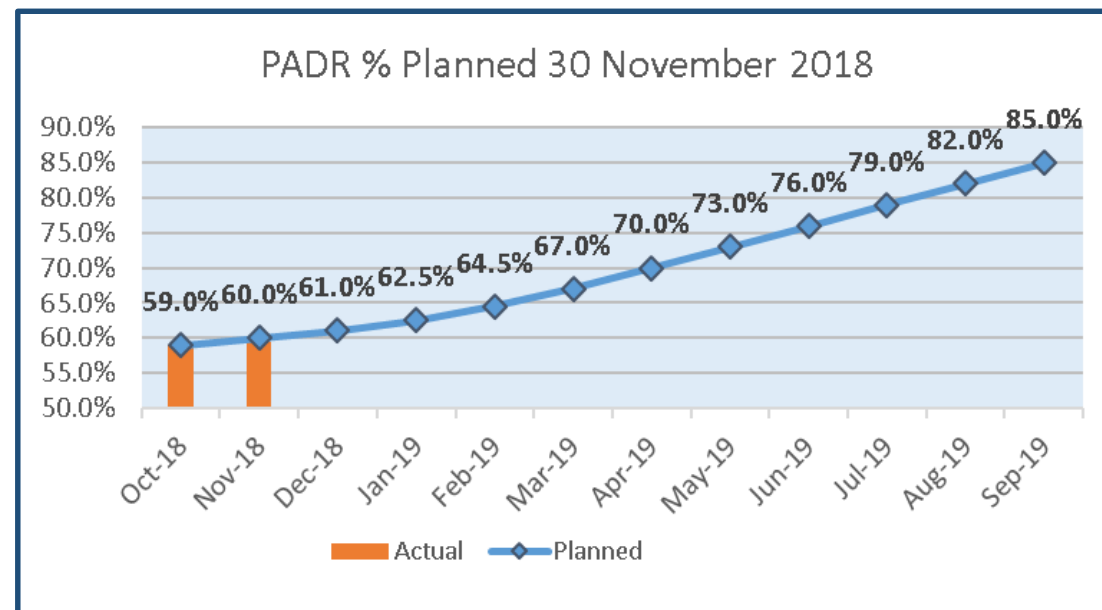
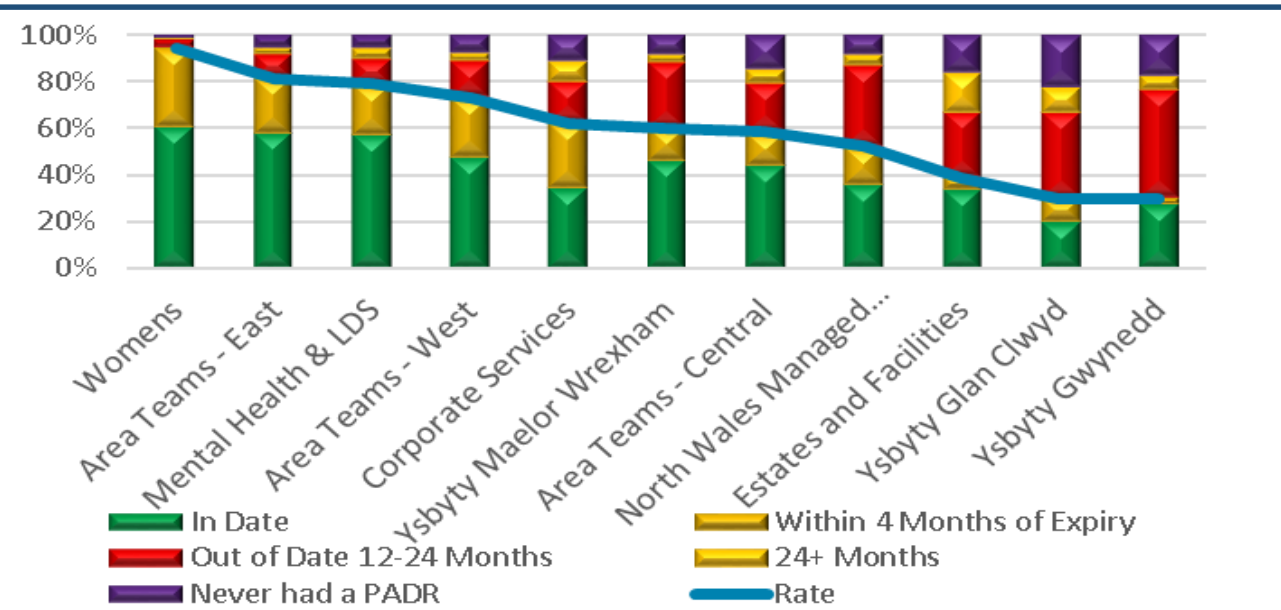
Outcomes

- Reduce levels of non attendance
- Improved recording of training on ESR

Timelines

Considering the average 1% increase bi-monthly we anticipate being at target of 85% for level 1 training by the end of the Quarter 4, 2018/19.

| | | | | | | | | | | | | | | | |
|---------|---------------|--------------------|------------------|--------|--------|-----------------|-----------------|----------------|-----------|--------|---|---------------------|----|------------------|--|
| DFM 093 | PADR Rate (%) | Target $\geq 85\%$ | Plan $\geq 65\%$ | Nov-18 | 59.00% | Wales Benchmark | 5 th | Executive Lead | Sue Green | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
|---------|---------------|--------------------|------------------|--------|--------|-----------------|-----------------|----------------|-----------|--------|---|---------------------|----|------------------|--|



Actions

- Review guide on how to record a PADR on ESR
- Offer support to the Divisions/departments with highest numbers of 'No PADR recorded' once data cleanse complete

Outcomes

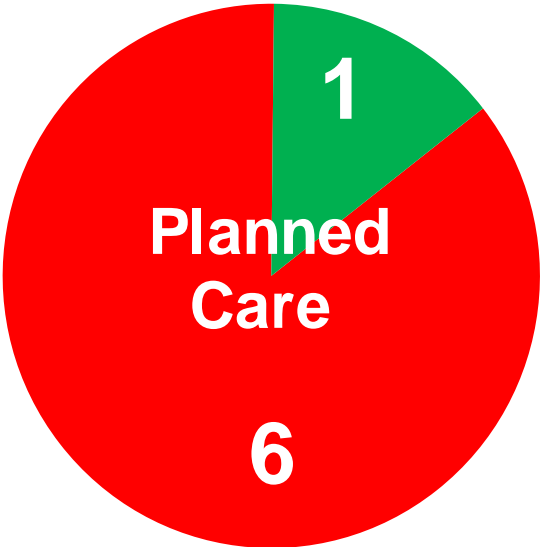
- Ensure guide is as user friendly as possible in order to encourage managers to record the PADR's on ESR
- Reduce numbers of staff showing as Never had a PADR

Timeline

To be reviewed and circulated by 14th December 2018








Divisional/departments improvement plan in place by 18th January

Chapter 3a: Summary



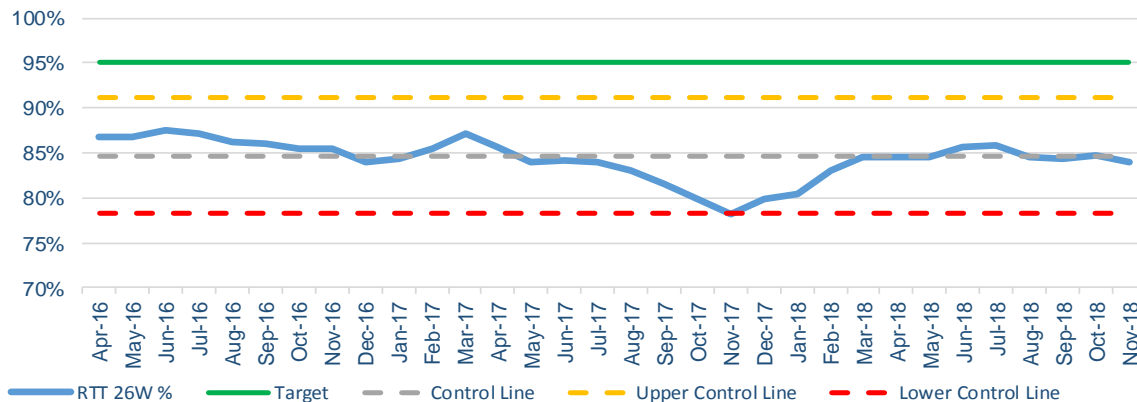
Operational Performance: Planned Care

20

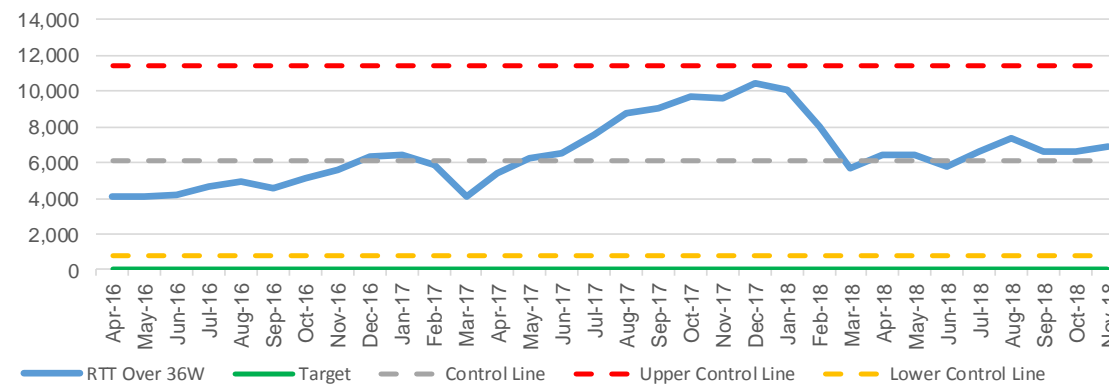
| Measure | Status | (Target) |
|---|--|----------|
| Referral to Treatment (RTT): < 26 Weeks | 84.05%  | >= 95% |
| Referral to Treatment (RTT): > 36 Weeks | 6,932  | 0 |
| Referral to Treatment (RTT): > 52 Weeks | 2,356  | 0 |
| Diagnostic Waits: > 8 Weeks | 1,275  | 0 |
| Follow-up Waiting List Backlog | 80,712  | 75,000 |
| Cancer: 31 Days (non USC Route) | 99.50%  | >= 98% |
| Cancer: 62 Days (USC Route) | 80.88%  | >= 95% |

| | | | | | | | | | | | | | | | |
|---------|---|--------------------|------------------|--------|--------|-----------------|-----------------|----------------|------------|--------|---|---------------------|----|------------------|--|
| DFM 058 | RTT: % of patients waiting less than 26 weeks for treatment | Target $\geq 95\%$ | Plan $\geq 84\%$ | Nov-18 | 84.05% | Wales Benchmark | 7 th | Executive Lead | Evan Moore | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| DFM 059 | RTT: Number of patients waiting over 36 weeks for treatment | Target 0 | Plan | Nov-18 | 6,932 | Wales Benchmark | 7 th | Executive Lead | Evan Moore | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| LM 059A | RTT: Number patients waiting over 52 weeks for treatment | Target 0 | Plan | Nov-18 | 2,356 | Wales Benchmark | N/A | Executive Lead | Evan Moore | Status | ↓ | Months in Exception | 6+ | Escalation Level | |

BCU Level - RTT Waits % ≤ 26 Weeks: November 2018



BCU Level - RTT Waits Number > 36 Weeks: November 2018



Actions

- Established processes being reviewed
- Dedicated leadership of planned care processes being put in place from January 2019
- Further remedial actions, including additional capacity being put in place to ensure Q4 delivery.

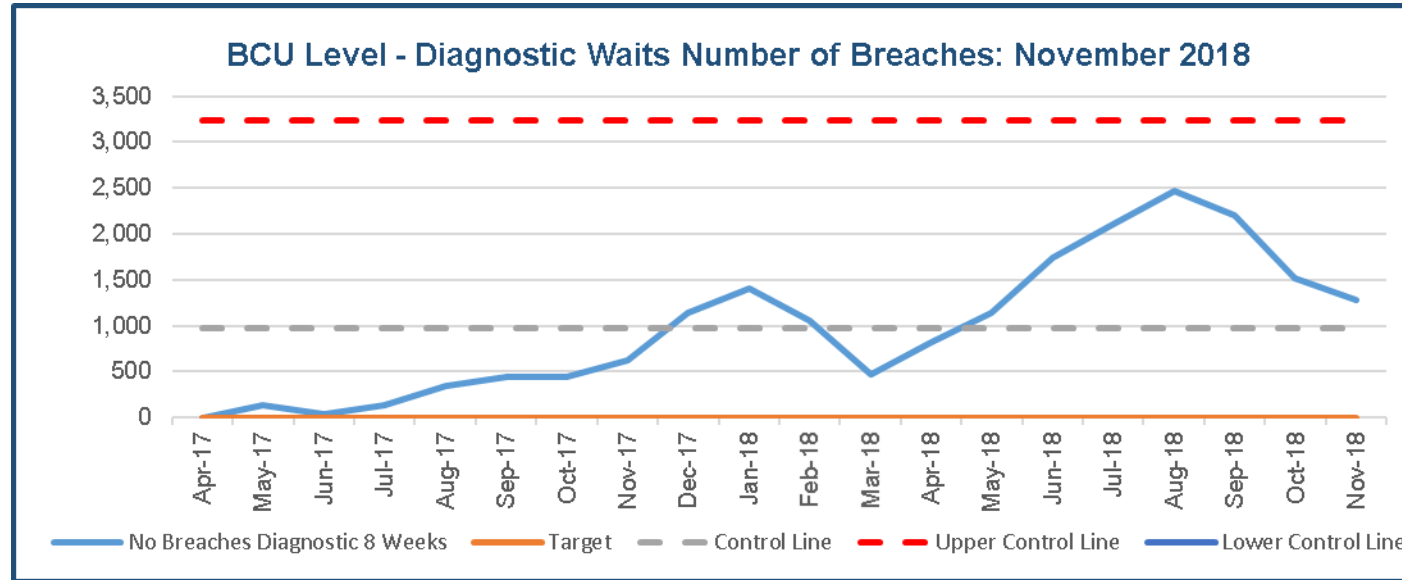
Outcomes

- Continued reduction in the number of patients waiting more than 36 weeks or more than 52 weeks for their Treatment
- Current cohort of patients waiting ahead of same period in 17/18. Needs to be maintained.

Timelines

Whilst continuing to work on minimising the number of patients waiting at the end of March within resources, the Health Board has not formally agreed a forecast with Welsh Government. Discussions regarding the formal position are ongoing.

| | | | | | | | | | | | | | | |
|---------|--|----------|--------|--------|-------|-----------------|-----------------|----------------|-------------------------------|--|---------------------|----|------------------|--|
| DFM 060 | Diagnostic Waits: Number patients waiting over 8 weeks for a diagnostic test | Target 0 | Plan 0 | Nov-18 | 1,275 | Wales Benchmark | 7 th | Executive Lead | Gill Harris/ Adrian Thomas | Status  | Months in Exception | 6+ | Escalation Level | |
|---------|--|----------|--------|--------|-------|-----------------|-----------------|----------------|-------------------------------|--|---------------------|----|------------------|--|



Actions

- Radiology continue with additional capacity – an issue with subspecialty ultrasound has arisen; solutions being sought.
- Endoscopy insourced additional capacity and 3rd Endoscopy room in West now open but lost capacity in East from infrastructure & staffing issues; further remedial plans will be required

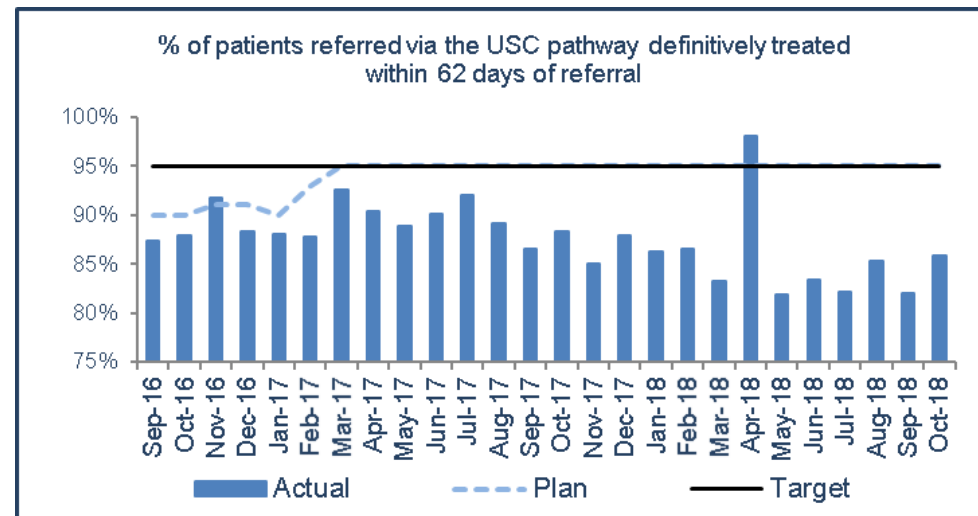
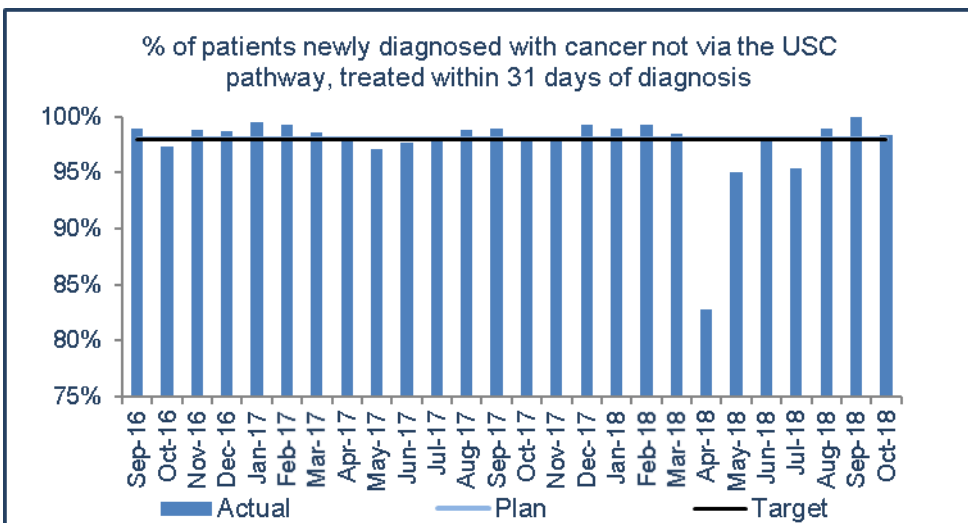
Outcomes

- Continued reduction in backlog of long waiting patients with improved compliance.
- Potential impact of new imaging subspecialty issues and endoscopy in East will adversely affect performance.

Timelines

Radiology may now have a small variance at end of December from subspecialty issue
Endoscopy for Central and West predicted compliance end of Q3. Full impact of East issues being assessed to confirm whether compliant in Q4

| | | | | | | | | | |
|---------|---|--------------------|-------------|--------|---------------------------------|------------------------------|--------|------------------------|------------------|
| DFM 071 | Cancer:% of patients newly diagnosed with cancer not via USC pathway, treated within 31 days | Target $\geq 98\%$ | Plan Nov-18 | 99.50% | Wales Benchmark 5 th | Executive Lead Adrian Thomas | Status | Months in Exception 6+ | Escalation Level |
| DFM 072 | Cancer:% of patients referred via the USC pathway definitively treated within 62 days of referral | Target $\geq 95\%$ | Plan Nov-18 | 80.88% | Wales Benchmark 5 th | Executive Lead Adrian Thomas | Status | Months in Exception 6+ | Escalation Level |



Actions

- Increased endoscopy capacity through insourcing weekend activity in Central and the continued use of the 3rd room in West
- Additional outpatient clinics held in order to reduce waits – this is via a combination of WLI activity, locum cover and insourced capacity in some specialties
- New oncology appointment booking process introduced in November and further review of process underway
- Forward planning for Christmas period through weekly tracking meetings

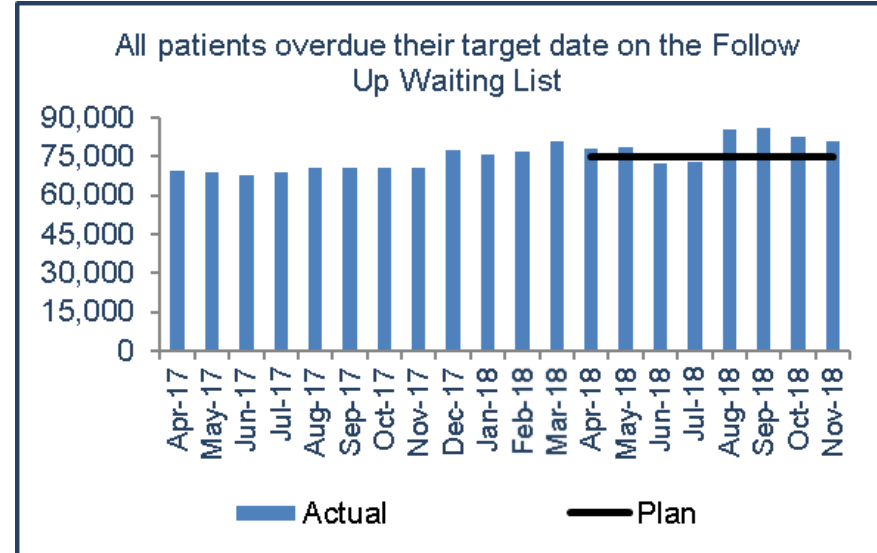
Outcomes

Reduction in waits for endoscopy and outpatient appointments

Timelines

There remains a significant risk to achievement of the cancer waiting times targets in particular due to endoscopy capacity.

| | | | | | | | | | |
|---------|--|----------|----------------|---------------|---------------------------------|----------------------------|--|------------------------|------------------|
| DFM 062 | Number of patients passed their Follow-up due date | Target 0 | Plan <= 75,000 | Nov-18 80,712 | Wales Benchmark 6 th | Executive Lead Gill Harris | Status  | Months in Exception 6+ | Escalation Level |
|---------|--|----------|----------------|---------------|---------------------------------|----------------------------|--|------------------------|------------------|



Actions

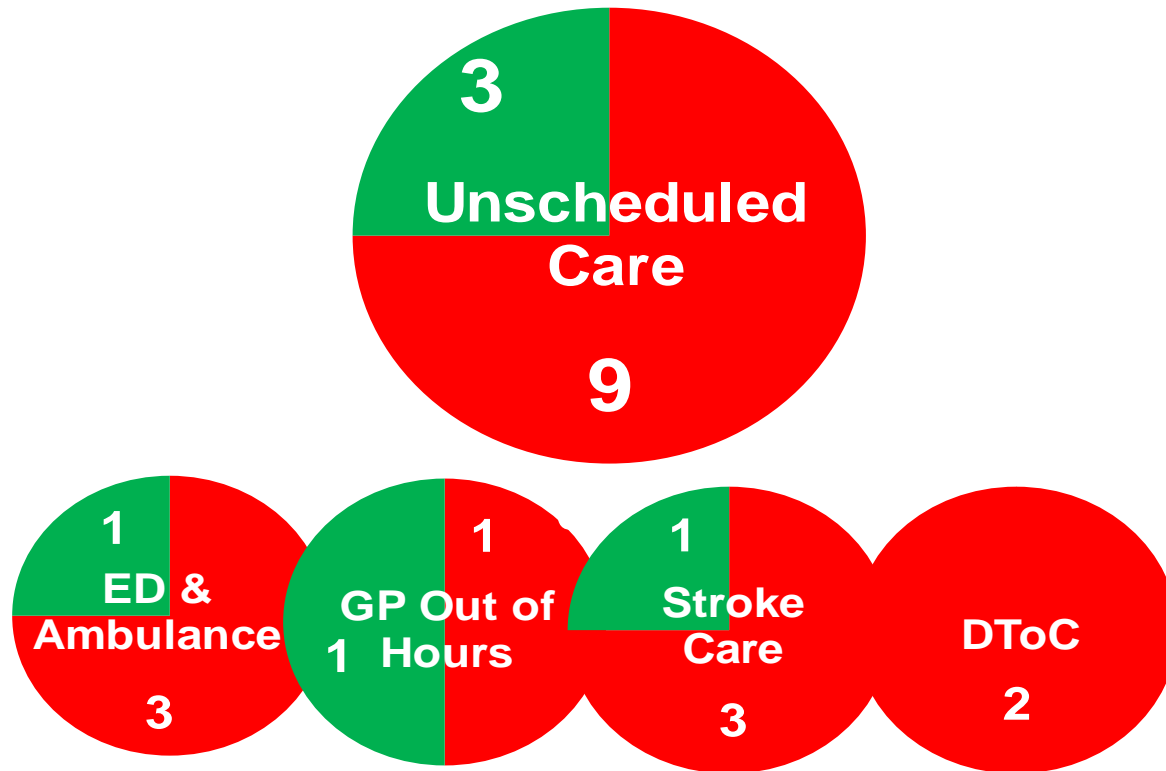
- Follow-up is being targeted for quality improvement, cost avoidance and efficiency savings opportunities as part of the Outpatients PRG, to achieve a 10% reduction in Follow-ups
- Reconstituting the 'Follow up clinical safety improvement group
- need to agree a standardised process for the management of follow-up across the Health Board

Outcomes

- Progress is being made on planning the pathways aligned to the National Planned Care Programme, specifically the 5 national specialties (ENT, Urology, Orthopaedics, Ophthalmology and Dermatology).
- Priority patients are receiving appointments and any potential harm is being reviewed

Timelines

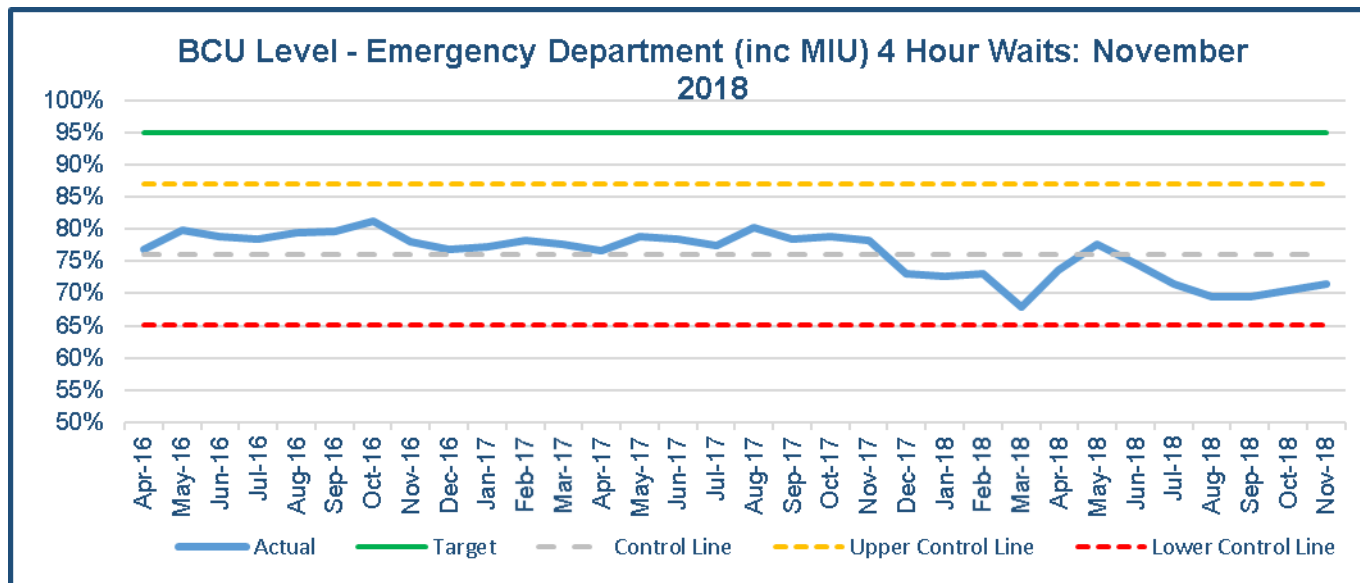
Chapter 3b: Summary



Operational Performance: Unscheduled Care 25

| Measure | Status | (Target) |
|---|--------|----------|
| Emergency Department 4 Hour Waits (inc MIU) | 71.53% | >= 95% |
| Emergency Department 12 Hour Waits | 1,405 | 0 |
| Ambulance Handovers within 1 Hour | 404 | 0 |
| Ambulance Response within 8 minutes | 71.40% | >= 65% |
| Out of Hours: Within 20 Minutes | 80.00% | >= 98% |
| Out of Hours within 60 Minutes | 100% | >= 98% |
| Stroke Care: Admission within 4 Hours | 41.24% | >=58.7% |
| Stroke Care: CT Scan within 1 Hour | 36% | >= 52.8% |
| Stroke Care: Review by consultant 24 Hours | 93% | >= 84.5% |
| Stroke Care: Thrombolysed DTN < 45 mins | 14.30% | Improve |
| Delayed Transfers of Care (DToC): Non MH | 1,142 | <= 1,030 |
| Delayed Transfers of Care (DToC): ITU | 7.81% | <= 5% |
| Discharges within 4 Hours: ITU | 49.10% | >= 95% |

| | | | | | | | | | | | | | | |
|---------|--|--------------------|-------------|--------|--------|-----------------|-----------------|----------------|-------------|--|---------------------|----|------------------|--|
| DFM 069 | % of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units) | Target $\geq 95\%$ | Plan 71.73% | Nov-18 | 71.53% | Wales Benchmark | 7 th | Executive Lead | Gill Harris | Status  | Months in Exception | 6+ | Escalation Level | |
|---------|--|--------------------|-------------|--------|--------|-----------------|-----------------|----------------|-------------|--|---------------------|----|------------------|--|



Actions

- Implemented Internal Professional Standards for Emergency Quadrant (EQ)
- Focused on reducing paediatric breaches in the Emergency Department (ED)
- Realigned medical cover to better meet the needs of demand
- Consistent use of Navigation within ED

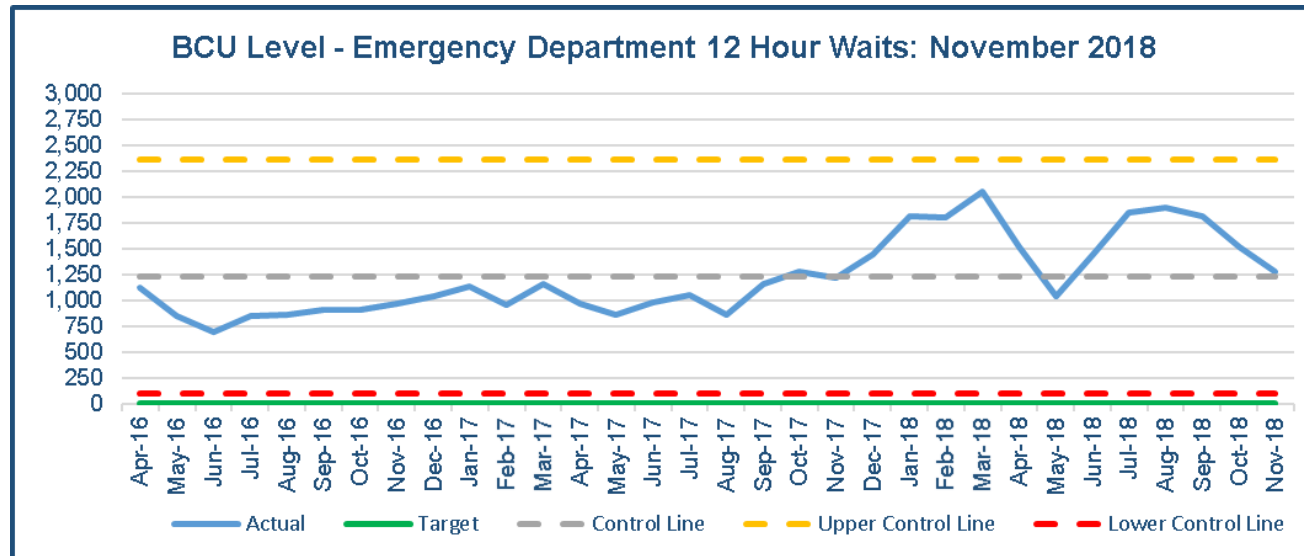
Outcomes

- Improvement in the 4 hour performance across all 3 Regions compared to October (71.5% against a target of 67% and compared to 70.6% in October)
- 2 Reduction in the mean and average time patients spend in ED
- 3 Reduction in the number of paediatric breaches (with exception of YWM)

Timeline

First 90 day Unscheduled Care improvement cycle ends on the 12th of January. To date the trajectories set are being achieved. Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the 'flow' programme which are producing the improvement being reported in November.

| | | | | | | | | | | | | | | | |
|---------|--|------------|------|--------|-------|-----------------|-----------------|----------------|-------------|--------|---|---------------------|----|------------------|--|
| DFM 070 | % of new patients spend no longer than 12 hours in A&E | Target ≤20 | Plan | Nov-18 | 1,405 | Wales Benchmark | 7 th | Executive Lead | Gill Harris | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
|---------|--|------------|------|--------|-------|-----------------|-----------------|----------------|-------------|--------|---|---------------------|----|------------------|--|



Actions

- Direct access pathways are being implemented for acute medical and surgical GP referrals
- Ward based daily Board rounds are a focus in acute and community
- Early Consultant ward rounds are being job planned across the 3 sites
- Discharges are being expedited with increased pace

Outcomes

- The number of patients waiting in ED for 12 hours or more has reduced at all 3 sites compared to October. This means that across the Health Board 394 fewer patients waited in ED in November compared to October
- The number of Delayed Transfers of Care (DToC) has reduced across the Health Board
- Medical capacity is better meeting demand

Timeline

First 90 day Unscheduled Care improvement cycle ends on the 12th of January. To date the trajectories set are being achieved.

Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the 'flow' programme which are producing the improvement being reported in November.

DFM
068

Number of Ambulance Handovers over 1 hour

Target
0

Plan

Nov-18

404

Wales
Benchmark

6th

Executive
Lead

Gill Harris

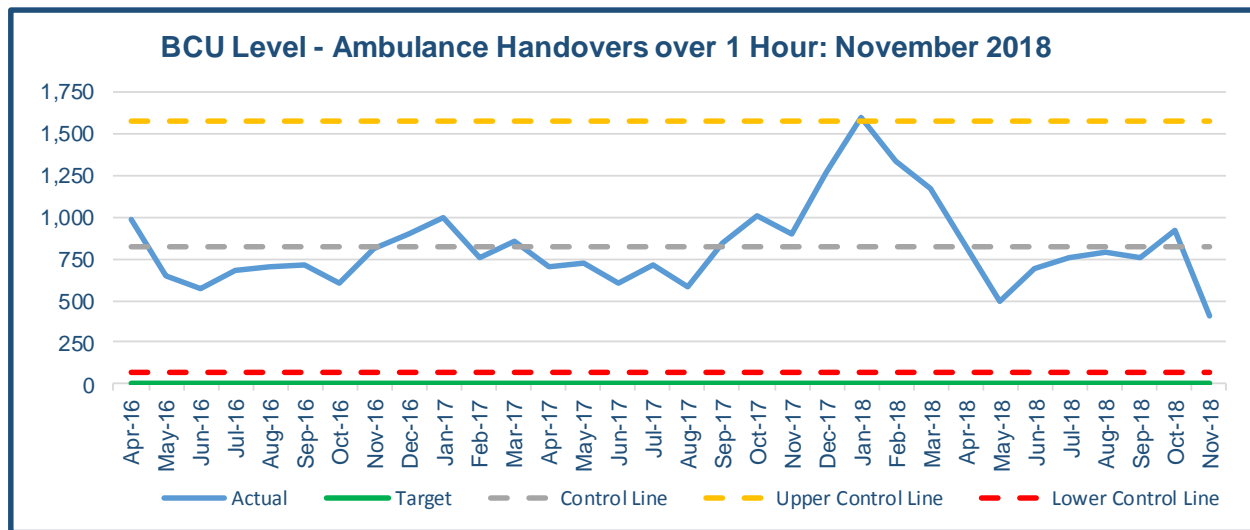
Status



Months in
Exception

6+

Escalation
Level



Actions

- Greater focus by the ED teams on offloading ambulances in a timely way
- Time delayed is now considered as part of the clinical priority for offloading
- Reverse boarding on wards and corridor nursing in ED is in place across the 3 sites
- Improved flow out of ED onto wards and direct access pathways releases capacity to provide timely offloading

Outcomes

- A month on month reduction in the number of patients delayed in ambulances for 60 minutes or more (with the exception of October)
- November 2018 saw the lowest number of patients delayed outside our EDs since 2015
- All 3 sites reduced their numbers delayed in October by 50%.

Timeline

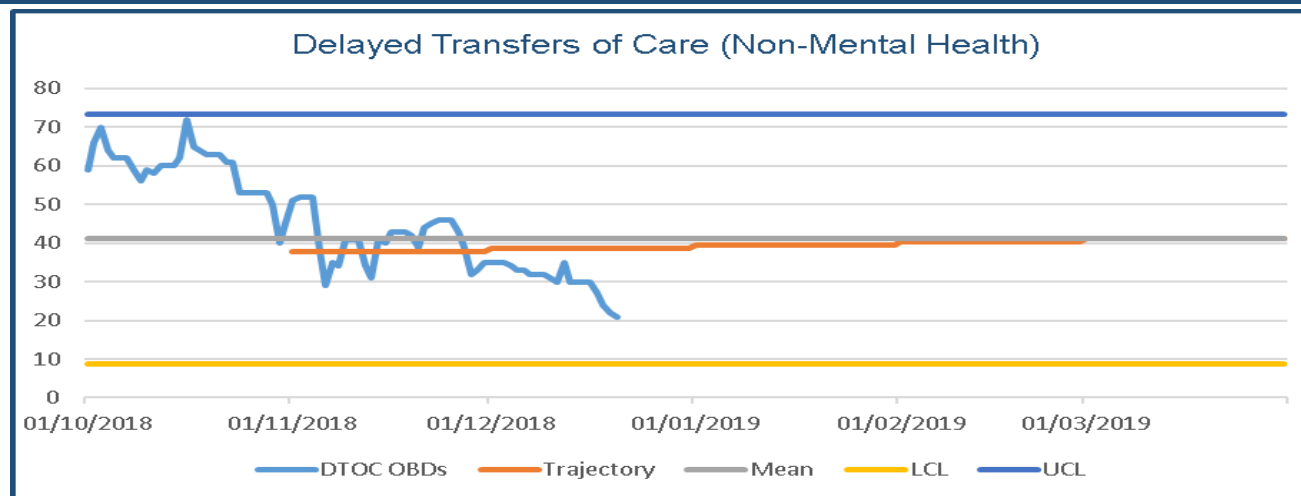
First 90 day Unscheduled Care improvement cycle ends on the 12th of January. To date the trajectories set are being achieved.

Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the 'flow' programme which are producing the improvement being reported in November.

Integrated Quality and Performance Report
Health Board Version

November 2018

| | | | | | | | | | | | | | | | |
|----------------|--|-------------------|------|--------|--------|-----------------|-----------------|----------------|-------------|--------|---|---------------------|----|------------------|--|
| DFM 031 | Delayed Transfers of Care(DToC): Rolling 12 months - Number of non-Mental Health | Target ≤ 1,030 | Plan | Oct-18 | 1,142 | Wales Benchmark | 7 th | Executive Lead | Gill Harris | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| LM 031A | Delayed Transfers of Care (DToC): Non-Mental Health Rate aged over 65 | Target ≤ 129.5 | Plan | Oct-18 | 168.57 | Wales Benchmark | N/A | Executive Lead | Gill Harris | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
| LM 031B | Delayed Transfers of Care (DToC): Non-Mental Health Bed days | Target ≤ 2,089 | Plan | Oct-18 | 1,227 | Wales Benchmark | N/A | Executive Lead | Gill Harris | Status | ↑ | Months in Exception | 6+ | Escalation Level | |



Actions

- Time to Plan discharge leaflets in use
- BCU CEO Meeting with Local Authority CEO in Wrexham
- Closer working with Local Authorities having positive impact
- Reinforcing the Choice Policy

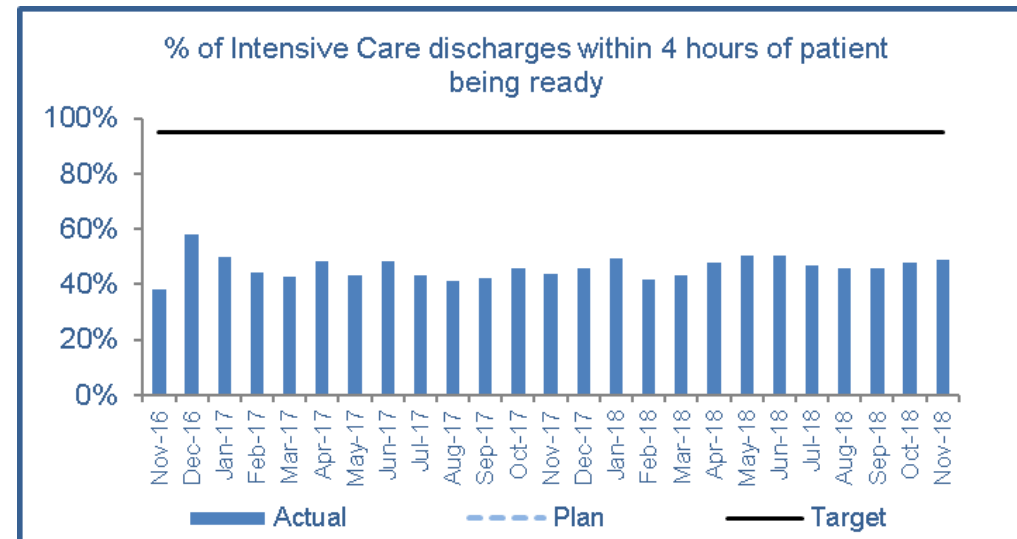
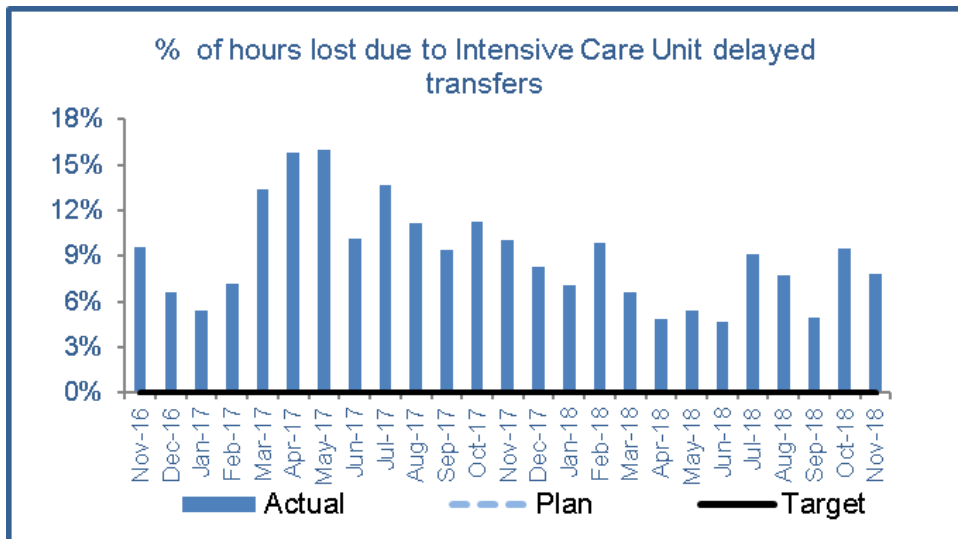
Outcomes

- Reduction in number of patients experiencing delayed transfers of care
- Increased flow of patients through system

Timelines

We are delivering on the trajectories as part of the 90 Day Plan for Unscheduled Care and expect this to continue.

| | | | | | | | | | | |
|---------|--|---------------|------------|--------|--------|---------------------|----------------------------|--------|------------------------|------------------|
| LM 131A | Delayed Transfers of Care (DToC): Critical Care - % hours lost due to ITU DToC | Target <= 5% | Plan <= 5% | Nov-18 | 7.81% | Wales Benchmark N/A | Executive Lead Gill Harris | Status | Months in Exception 6+ | Escalation Level |
| LM 131B | Delayed Transfers of Care (DToC): Critical Care - % Discharged within 4 Hours of patient being ready | Target >= 95% | Plan | Nov-18 | 49.10% | Wales Benchmark N/A | Executive Lead Gill Harris | Status | Months in Exception 6+ | Escalation Level |



Actions

- In the short term, over winter, YG have increased Level 2 capacity by 1 bed
- Performance shared at each site's Safety Huddle
- DToC prioritised to ensure ICU emergency bed is available

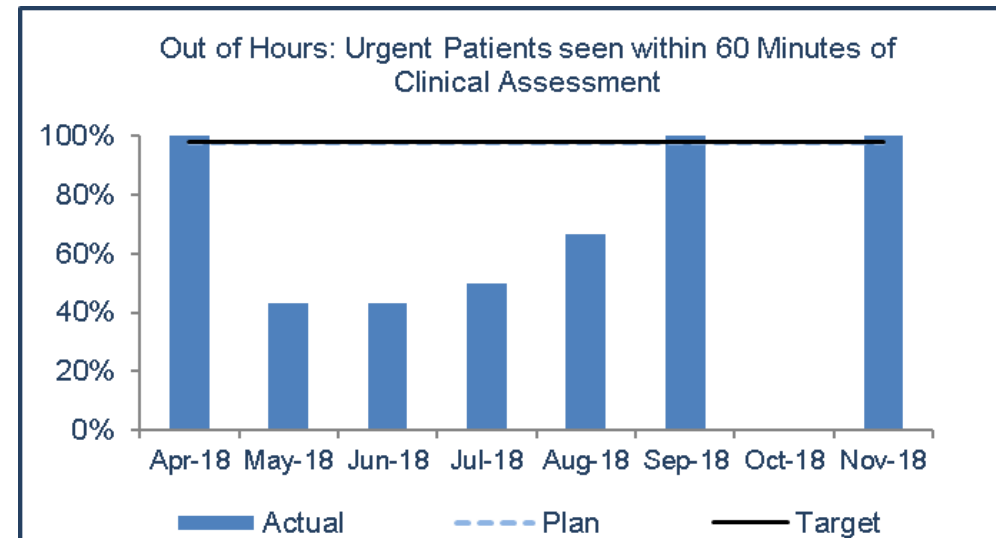
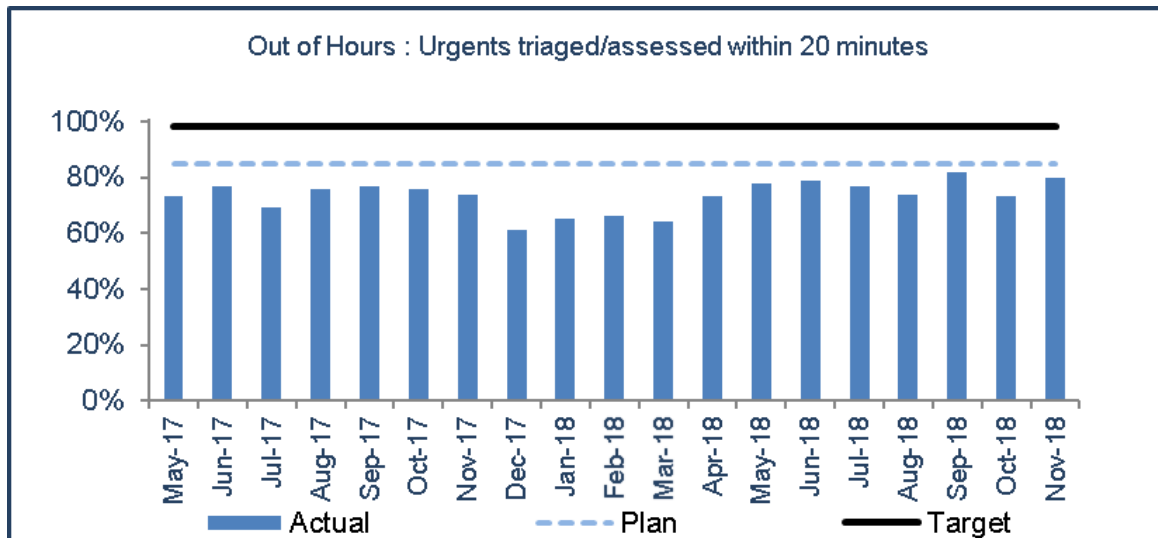
Outcomes

- Performance improved at YG
- Increased focus on each site with view to increased performance

Timeline

- YG increased Level 2 capacity by 1 bed until end of March 2019
- WMH increased Level 3 capacity by 1 bed until end of March 2019

| | | | | | | | | | | | | | | |
|---------|---|--------------------|------|--------|--------|-----------------|-----------------|----------------|-------------|--------|---------------------|----|------------------|--|
| DFM 055 | GP Out of Hours: Urgents triaged/assessed within 20 minutes | Target $\leq 95\%$ | Plan | Nov-18 | 80.00% | Wales Benchmark | 5 th | Executive Lead | Teresa Owen | Status | Months in Exception | 6+ | Escalation Level | |
| DFM 056 | GP Out of Hours: Patients prioritised as Urgent seen within 60 minutes of initial clinical assessment | Target $\leq 95\%$ | Plan | Nov-18 | 100% | Wales Benchmark | 6 th | Executive Lead | Teresa Owen | Status | Months in Exception | 6+ | Escalation Level | |



Actions

- 93% of triage nurse shifts filled
- Several new starters in place

Outcomes

- More staff enables more calls to be triaged within the allotted timeframes

Timelines

As new staff embed into the service, performance against this measure should improve over the final quarter of 2018/19.

| | | | | | | | | | | | | | | | |
|---------|--|-------------------|------|--------|--------|-----------------|-----------------|----------------|-------------|--------|---|---------------------|----|------------------|--|
| DFM 063 | Stroke Care: % of stroke patients who have a direct admission to an acute stroke unit within 4 hours | Target ≥ 58% | Plan | Nov-18 | 41.24% | Wales Benchmark | 6 th | Executive Lead | Gill Harris | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| DFM 064 | Stroke Care: Thrombolysed patients with a door to needle (DTN) time ≤ 45 minutes | Target Improve | Plan | Nov-18 | 14.30% | Wales Benchmark | 4 th | Executive Lead | Gill Harris | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| DFM 065 | Stroke Care: % of stroke patients who receive a CT scan within 1 hour | Target ≥ 52% | Plan | Nov-18 | 36.00% | Wales Benchmark | 6 th | Executive Lead | Gill Harris | Status | ↓ | Months in Exception | 6+ | Escalation Level | |
| DFM 066 | Stroke Care: % patients with suspected stroke seen a stroke specialist consultant within 24 Hours | Target ≥ 84% | Plan | Nov-18 | 93.00% | Wales Benchmark | 5 th | Executive Lead | Gill Harris | Status | ↑ | Months in Exception | 6+ | Escalation Level | |

Actions

- Each site to run process mapping session with ED to identify specific issues in transfer to ASU
- Each site to consider the outcome of the DU Audit
- Each site to review options to improve the 1 CT timeline
- Discussion on the impact of removal of Consultants from GIM rotas and change of job plans

Outcomes



- Understanding of the blocks with opportunity to implement improvement
- Understanding of the process improvement opportunities and opportunity to implement improvement
- improvement in the 1 hour performance
- Understanding of ability to amend job plans and introduce change

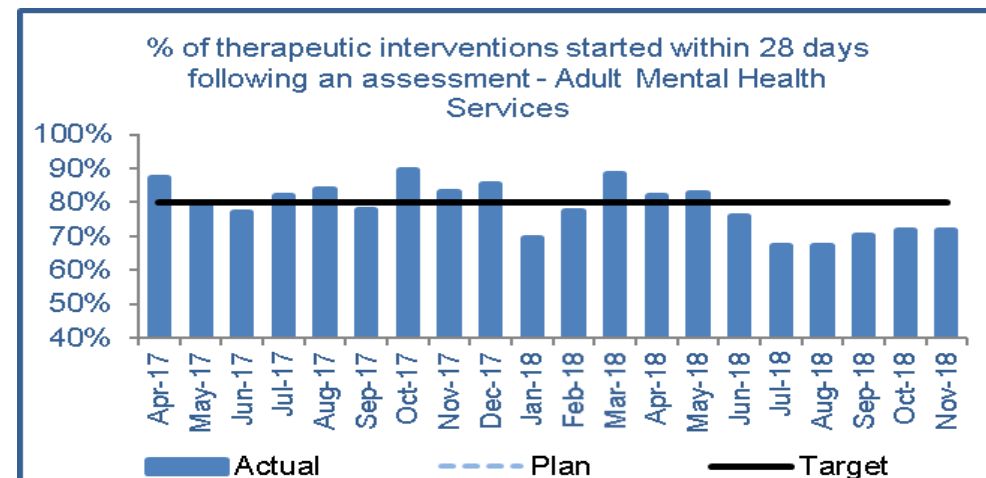
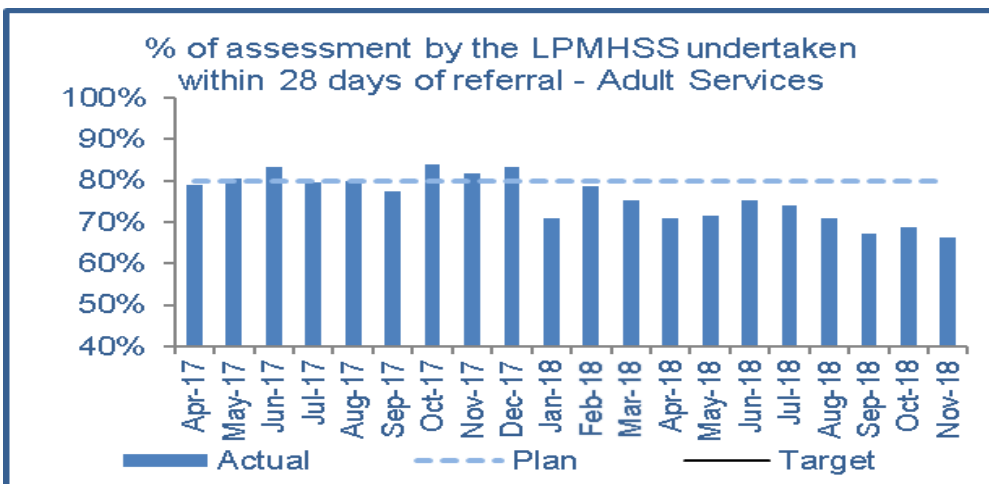
Timelines

Process mapping session in January 2019
Report expected in February from DU
CT review by end of January 2019
Initial job plan discussions with Area in January 2019



| Measure | Status | (Target) |
|---|----------|----------|
| MHM1a - Assessments within 28 Days | 66.80% ↓ | >= 80% |
| MHM1b - Therapy within 28 Days | 64.00% ↑ | >= 80% |
| MHM2 - Care Treatment Plans (CTP) | 89.20% ↑ | >= 95% |
| MHM3 - Copy of Agreed plan within 10 Days | 100% → | 100% |
| Delayed Transfers of Care (DToC) Days Number Rolling 12 Months | 239 ↑ | <= 2.70 |

| | | | | | | | | | | | | | | |
|---------|--|--------------------|------|--------|--------|-----------------|-----|----------------|------------|--|---------------------|----|------------------|--|
| LM 074A | % of assessment by the LPMHSS undertaken within 28 days of the date of referral: Adult | Target $\geq 80\%$ | Plan | Nov-18 | 66.20% | Wales Benchmark | N/A | Executive Lead | Andy Roach | Status  | Months in Exception | 6+ | Escalation Level | |
| LM 075A | % of therapeutic interventions started within 28 days following an assessment by LPMHSS: Adult | Target $\geq 80\%$ | Plan | Nov-18 | 71.70% | Wales Benchmark | N/A | Executive Lead | Andy Roach | Status  | Months in Exception | 6+ | Escalation Level | |



Actions

- Timely weekly reporting direct to teams
- MHM Lead(s) supporting allocated area to increase focus on specific issues / actions plan
- Regular and timely data cleansing & validation
- Closer monitoring & scrutiny of referral activity
- Increased Senior Manager focus & support
- Clinical & Social care staff deployed to focus on areas performing below target
- Exploring other opportunities to respond to demand
- Longest waiters seen first

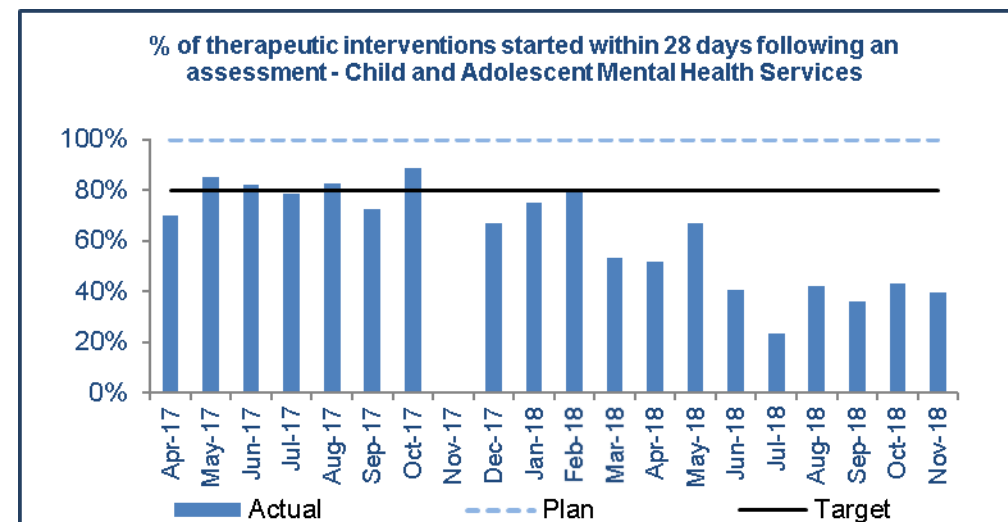
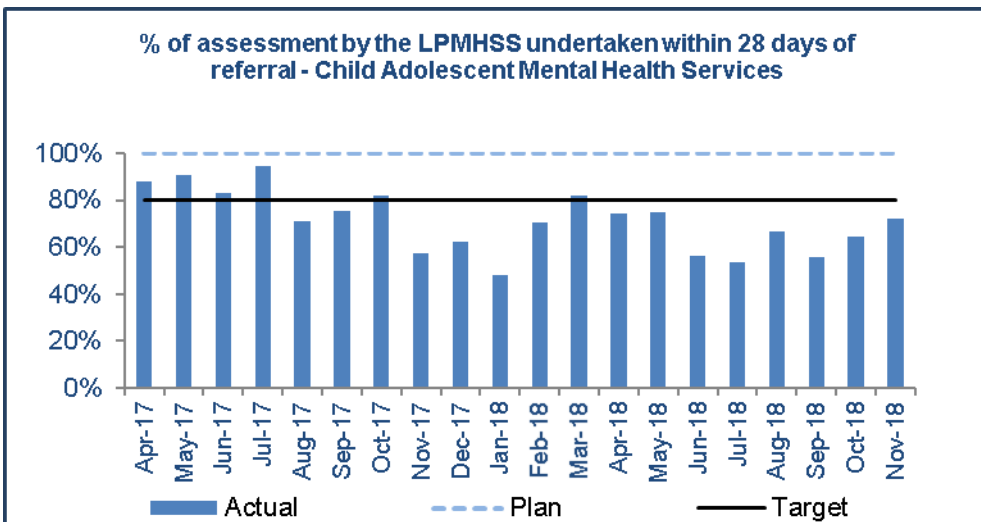
Outcomes

- Further education
- Correct & validated information
- Teams timely informed and engaged
- Decreased waiting times
- Recruitment

Timelines

With sustained focus, the Division expects to be back on track by end of January 2019

| | | | | | | | | | | | | | | |
|---------|--|--------------------|------|--------|--------|-----------------|-----|----------------|------------|--------|---------------------|----|------------------|--|
| LM 074B | % of assessment by the LPMHSS undertaken within 28 days of the date of referral: CAMHS | Target $\geq 80\%$ | Plan | Nov-18 | 72.00% | Wales Benchmark | N/A | Executive Lead | Andy Roach | Status | Months in Exception | 6+ | Escalation Level | |
| LM 075B | % of therapeutic interventions started within 28 days following an assessment by LPMHSS: CAMHS | Target $\geq 80\%$ | Plan | Nov-18 | 39.40% | Wales Benchmark | N/A | Executive Lead | Andy Roach | Status | Months in Exception | 6+ | Escalation Level | |



Actions

- Clinical Task & Finish Groups for Assessment and Therapy to focus wholly on the backlog
- Weekly demand and capacity meetings
- Additional funding secured from Welsh Government for Psychological Therapies

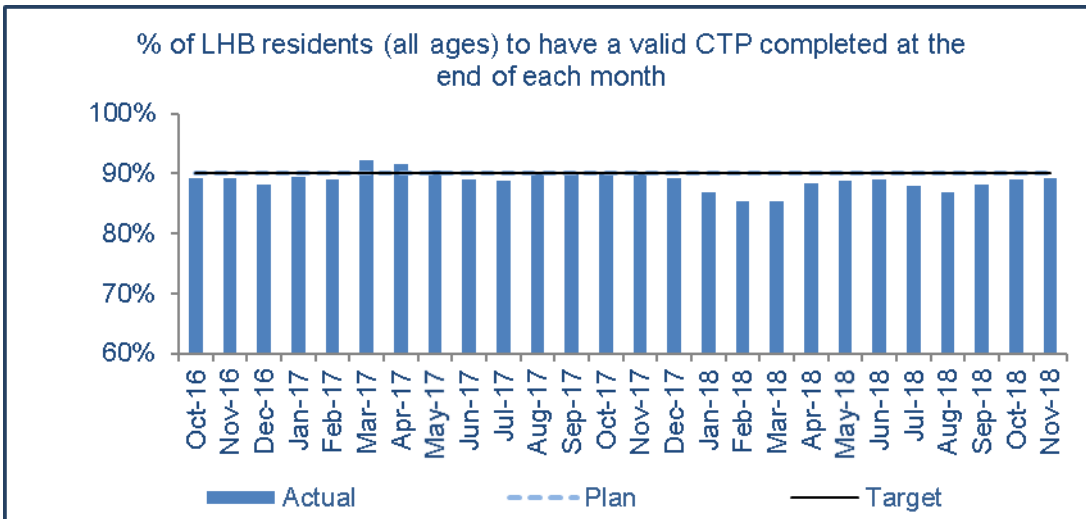
Outcomes

- As the assessment backlog is addressed it has increased the therapy waiting list meaning only urgent cases are addressed within the 28 days until the therapy backlog is addressed.

Timelines

West: Assessment targets to be maintained, Therapy targets will be met in March 2019. Central: Assessment targets and Therapy targets will require additional investment in year to be met East: Assessment targets were met in October 2018, Therapy targets will be met in March 2019.

| | | | | | | | | | | | | | | | |
|---------|--|-------------|------|--------|--------|-----------------|-----------------|----------------|------------|--------|---|---------------------|-----|------------------|--|
| DFM 085 | % of LHB residents (all ages) to have a valid CTP completed at the end of each month | Target | Plan | Nov-18 | 89.20% | Wales Benchmark | 3 rd | Executive Lead | Andy Roach | Status | ↑ | Months in Exception | 6+ | Escalation Level | |
| DFM 086 | Service users assessed under part 3 to be sent a copy of the assessment in 10 working days | Target 100% | Plan | Nov-18 | 100% | Wales Benchmark | 1 st | Executive Lead | Andy Roach | Status | → | Months in Exception | N/A | Escalation Level | |



Actions

- Detailed & timely reports disseminated to teams and individual care coordinators.
- The Mental Health Measure Leads are aligned to local areas to improve performance and overall quality of services to patients.
- Regular data cleansing & caseload validation
- Close and regular monitoring of activity and compliance rates
- Developed and implemented local action plans to improve targets.

Outcomes

- Further education
- Correct & validated information
- Teams informed and engaged

Timelines

With sustained focus, the Division expects to be back on track by end of January 2019

DFM 030 Delayed Transfers of Care(DToC): Rolling 12 months - Cumulative Number of Mental Health DToC

Target
≤ 194

Plan

Nov-18

239

Wales
Benchmark

6th

Executive
Lead

Andy Roach

Status

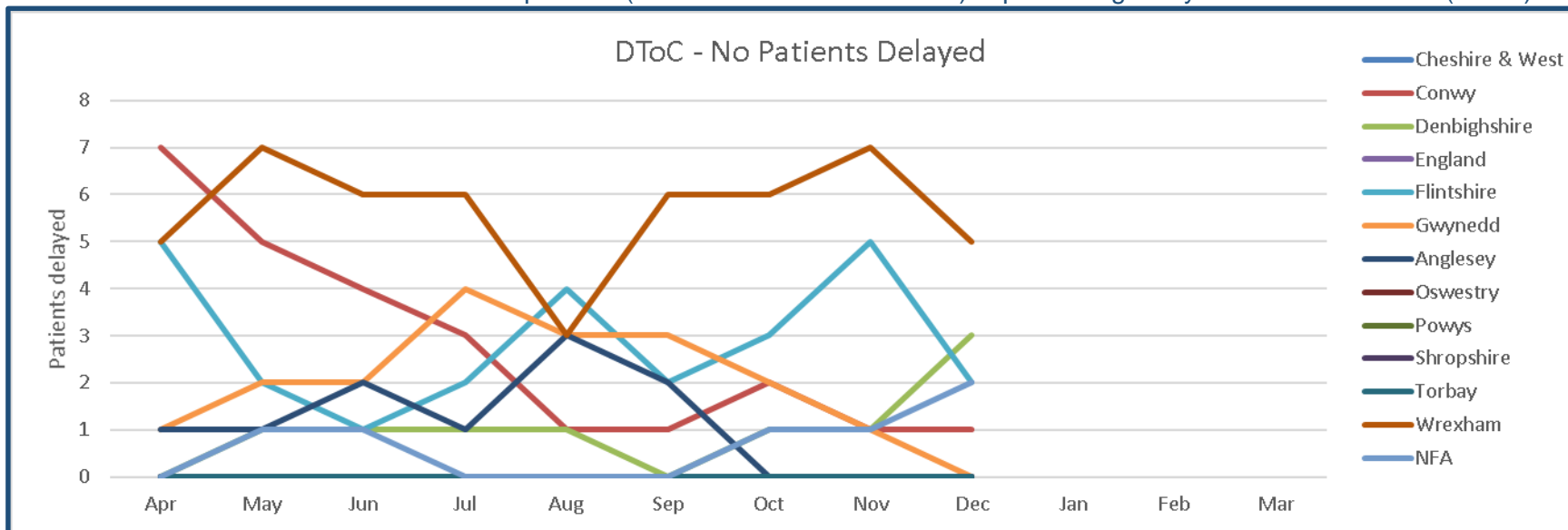


Months in
Exception

6+

Escalation
Level

The measure is the cumulative number of patients (of all North Wales residents) experiencing delays in transfers of care (DToC) in Mental Health



Actions

Strengthened adherence to the DToC procedure

- DTOC processes have been streamlined and have effective high level scrutiny
- Discussion in the acute care / daily bed management calls / MDT meetings
- Scrutiny at weekly operational / area meetings lead by Heads of Operations
- Greater scrutiny and review
- Regular and timely reporting to Divisional Directors on DToC position
- Closer engagement with CHC and local authorities to address delays and improved accuracy of reporting DToC

Outcomes

- Reduction sustained
- Tracked improvement
- Improved experience for patients and their families

Timelines

Actions are underway; process is in place to manage.

Integrated Quality and Performance Report
Health Board Version

November 2018



| Measure | Status | (Target) |
|---|--------|----------|
| % GP practices open during daily core hours | 87.90% | >= 91% |
| % GP practices open between 17:00 and 18:30 | 95.40% | >= 99% |
| % Population accessing NHS Dentists | 49.30% | >= 50% |

Key Performance Indicators for Primary Care are being developed and as soon as they have been agreed, they will be published here from March 2019 onwards.

| | | | | | | | | | | | | | | |
|---------|---|---------------|-------------|----------|--------|-----------------|-----------------|----------------|-----------------|--------|---------------------|----|------------------|--|
| DFM 053 | % GP practices open during daily core hours or within 1 hour of daily core hours | Target >= 91% | Plan >= 91% | Q2 18/19 | 87.90% | Wales Benchmark | 6 th | Executive Lead | Chris Stockport | Status | Months in Exception | 6+ | Escalation Level | |
| DFM 054 | % GP practices offering appts between 17:00 and 18:30 at least two days a week | Target >= 99% | Plan >= 99% | Q2 18/19 | 95.35% | Wales Benchmark | 7 th | Executive Lead | Chris Stockport | Status | Months in Exception | 6+ | Escalation Level | |
| DFM 057 | Percentage of the health board population regularly accessing NHS primary dental care | Target >= 50% | Plan >= 50% | Nov-18 | 49.30% | Wales Benchmark | 6 th | Executive Lead | Chris Stockport | Status | Months in Exception | 6+ | Escalation Level | |

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
- Stats Wales www.bcu.wales.nhs.uk
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>



| | |
|---|--|
| Report Title: | Finance Report Month 8 2018/19 |
| Report Author: | Mr Eric Gardiner, Finance Director – Provider Services |
| Responsible Director: | Mr Russell Favager, 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 to date and forecast 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: | <p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The £35.0m deficit has now been set as a control total by Welsh Government.</p> <p>At the end of Month 8 the Health Board is overspent by £26.6m. Of this, £25.7m relates to the Health Board's planned budget deficit and £0.9m represents an adverse variance against the financial plan.</p> <p>During the month within Mental Health and Learning Disabilities (MHLD) there was a substantial increase in Continuing Healthcare (CHC) costs due to additional activity, giving rise to a £0.6m in-month over spend (£0.8m total in-month over spend for the Division).</p> <p>Failure to deliver savings plans has been the significant issue this month in the Secondary Care Division contributing £0.9m to the over spend in month.</p> <p>Expenditure on both agency Medical and Nursing costs have reduced in total by £0.4m from the previous month.</p> <p>At the end of November the Health Board has spent £12.7m unbudgeted expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity undertaken up to the end of October.</p> |

| | |
|------------------------|--|
| | <p>Discussions continue regarding the balance of RTT funding for the year and until confirmation is received, this remains a risk.</p> <p>Savings achieved to date are £22.3m against a plan of £24.9m, £2.6m behind the year to date profile and representing 49.6% of the full year target. The savings shortfall to date of £2.6m is largely due to under-delivery on Mental Health, transactional schemes and workforce plans, offset by over performance on medicines management schemes.</p> <p>As the Health Board has set a deficit budget for 2018/19, the full year cash requirement will exceed its cash allocation from Welsh Government. A request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government and a further £4.0m cash will be managed internally. The Health Board has also requested working balances cash support of £11.8m for revenue balances and £9.0m for capital balances.</p> <p>Financial forecasts for the year-end position at Month 8 are a significant cause for concern with £5.0m being considered high risk. Plans are being put in place to mitigate these risks to ensure the forecast, as a minimum, can be achieved.</p> |
| Recommendation: | <p>It is asked that the report is noted, including the forecast outturn of £35.0m recognising the significant risk to this financial position.</p> <p>The Board is asked to note that the management of cash remains a key priority and a request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government (cumulative cash support is £106.7m received since 2014/15) to ensure that payments can continue to be made during March 2019.</p> |

| 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

Board/Committee Coversheet v9.01 draft



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Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 8 2018/19

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Purpose

- The purpose of this report is to outline the financial position and performance for the year to date, confirm performance against financial savings targets and highlight the financial risks and outlook for the remainder of the year.

1.2 Summary of key financial targets

| Key Target | | Annual Target | Year to Date Target | Year to Date Actual | Forecast Risk |
|--|------|---------------|---------------------|---------------------|---------------|
| Achievement against Revenue Resource Limit | £000 | (35,000) | (25,710) | (26,630) | |
| Performance against savings and recovery plans | £000 | 45,000 | 24,900 | 22,300 | |
| Achievement against Capital Resource Limit | £000 | 43,353 | 17,926 | 16,255 | |
| Compliance with Public Sector Payment Policy (PSPP) target | % | 95.0 | 95.0 | 95.1 | |
| Revenue cash balance at month-end | £000 | 7,747 | 7,747 | 4,310 | |

1.3 Revenue position

- At the end of Month 8 the Health Board is overspent by £26.6m. Of this, £25.7m relates to the Health Board's planned budget deficit and £0.9m represents an adverse variance against the financial plan.
- The forecast position for Month 8 was a £2.7m deficit, with the actual position being £0.7m higher than this at £3.4m. The key reasons for the over spend are outlined below.
 - Mental Health & Learning Disabilities (MHLD), substantial increase in Continuing Healthcare (CHC) costs due to additional activity, giving rise to a £0.6m in-month over spend (£0.8m total in-month over spend for the Division).
 - Secondary Care Division, relating to non-delivery against savings targets of £0.9m.
 - Improvements have been seen in the West Area relating to Continuing Healthcare (CHC).

1. Executive Summary

- Expenditure on Medical and Nursing agency costs reduced by £0.4m from October spend.
- At the end of November the Health Board has spent £12.7m unbudgeted expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October. Discussions continue regarding the balance of RTT funding for the year and until confirmation is received, this remains a risk.
- Savings achieved to date are £22.3m against a plan of £24.9m, £2.6m behind the year to date profile and representing 49.6% of the full year target.

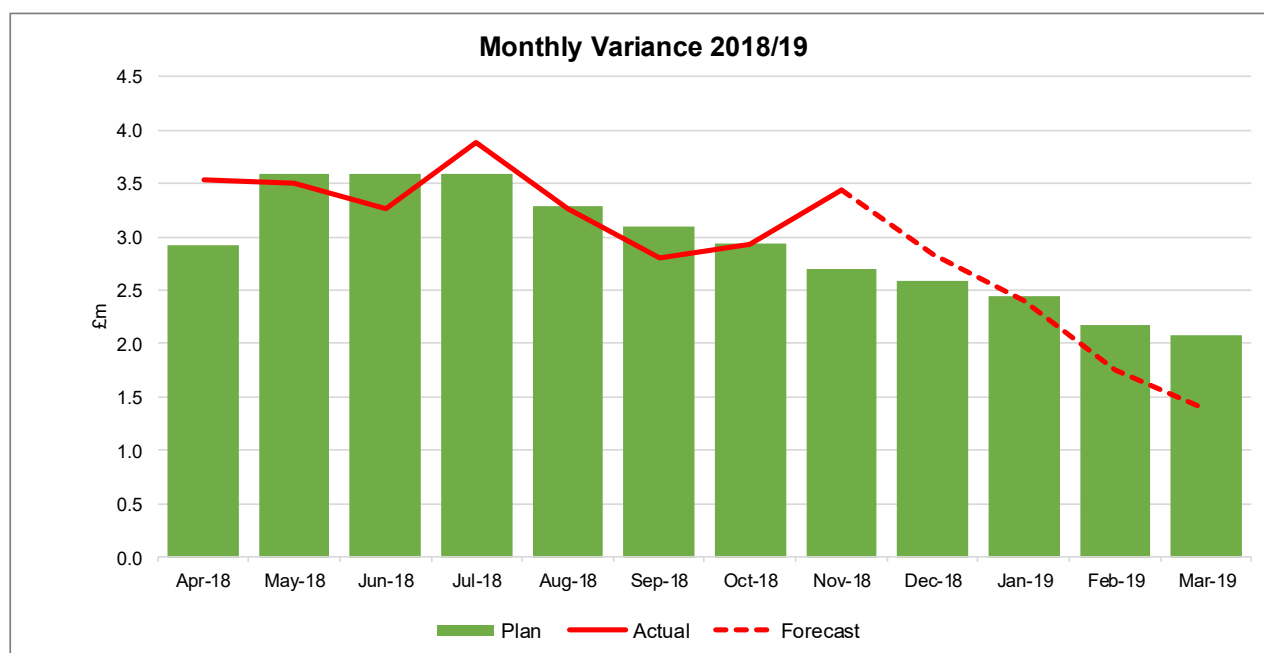
1.4 Balance sheet

- As the Health Board has set a deficit budget for 2018/19, the full year cash requirement will exceed its cash allocation from Welsh Government. A request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government and a further £4.0m cash will be managed internally. The Health Board has also requested working balances cash support of £11.8m for revenue balances and £9.0m for capital balances.

2. Revenue Position and Forecast

2.1 Health Board performance

- The Health Board's in-month reported position is £0.7m higher than the plan, giving a year to date £0.9m adverse variance against the 2018/19 financial plan. The forecast for the remainder of the year is shown graphically below and remains a deficit of £35.0m.



2.2 Financial year forecast position

- The Health Board's forecast at Month 8 remains in line with the interim financial plan, although there are significant risks to this position. Based on Month 8 performance, the Mental Health forecast has deteriorated by £1.0m to £4.5m, which itself is not without significant risks. The forecast by Division is shown below.

| Area | M07 Likely Forecast Variance £m | M08 Likely Forecast Variance £m |
|---|--|--|
| Area Teams | (4.0) | (3.9) |
| Secondary Care | 7.3 | 7.6 |
| Mental Health | 3.5 | 4.5 |
| Corporate | 0.0 | (0.2) |
| Other | 3.4 | (1.3) |
| Sub-total | 10.2 | 6.7 |
| Savings Recovery Schemes | (6.8) | (3.7) |
| Sub-total | 3.4 | 3.0 |
| Other recovery actions to be developed | (3.4) | (3.0) |
| Total | 0.0 | 0.0 |

2. Revenue Position and Forecast

- The movement in 'Other' from £3.4m in M07 to £(1.3)m in M08 relates to the allocation of the balance of the Deficit Reduction Savings Plan to the divisions in month.
- Whilst the overall Operational Divisions forecast outturn has reduced from £10.2m to £6.7m, there remains a £3.0m gap of unidentified Turnaround actions. In addition, of the £3.0m savings recovery schemes, £2.0m are considered high risk and therefore the current risk to delivering the £35.0m control total is assessed as £5.0m.

2.3 Risks and opportunities

- The table below outlines the key risks and the opportunities to achieving the forecast position.
- The issue of the potential financial impact of HRG4+ on WHSSC commissioned services has not been concluded and has a potential full year risk of £3.6m. This has not been included as a Health Board risk as it is a funding flow issue and is being pursued on a national basis.

| | £m | Risk Level | Explanation |
|--------------------------------------|-------|------------|--|
| Risks | | | |
| Under delivery of savings | (7.6) | | To achieve the forecast deficit the Health Board will be required to deliver its savings target. This risk relates to schemes that are classed as having a high risk of being delivered. |
| Continuing Healthcare Packages (CHC) | (1.4) | | The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages. |
| Prescribing | (1.2) | | Current run rates indicate a potential risk of up to £1.2m. This is monitored monthly and additional savings plans are being put in place to mitigate this risk. |
| WHSSC position | (2.2) | | WHSCC are reporting the best case in their position and there is a £2.2m difference between this and the most prudent position for the Health Board. |
| GMS forecast underspend | (0.4) | | Forecast under spend on GMS, as per the Quarter 2 return, leading to a potential funding clawback. GMS forecast continues to be reviewed. |
| GDS forecast underspend | (0.4) | | Forecast under spend on GDS, as per the Quarter 2 return, leading to a potential funding clawback. GDS forecast continues to be reviewed. |
| Opportunities | | | |
| Delivery of high risk savings | 3.7 | | There is an opportunity to deliver an element of the high risk savings schemes. |

2.4 Financial performance by division

- The table below provides an analysis of the Month 8 budget to actual position for the Health Board's operating divisions.

2. Revenue Position and Forecast

| YTD Variances | West £m | Centre £m | East £m | North Wales £m | Total £m | Commentary |
|-----------------|------------|--------------|------------|----------------------|-------------|--|
| Area Teams | 0.3 | (0.5) | 0.0 | (1.0) | (1.2) | The year to date favourable variance is mainly due to Out of Area CAMHS activity as a result of a reduced number of placements, and a reduction in the number of Out of Area Neonatal placements due to the opening of the SuRNICC (Centre) combined with an under spend on GP rates rebates (North Wales). The Month 8 position saw a £0.1m improvement from the October position, with a £0.4m in-month over spend. CHC continues to be a risk for all three Areas. |
| Contracts | | | | (2.5) | (2.5) | Months 6 and 7 saw some significant improvements from the WHSCC contract due to a reassessment of the forecast outturn, with a total favourable adjustment of £1.5m. However during Month 8 there has been a deterioration in some of the local contracts. The North Midlands major trauma contract has seen costs increase by £0.4m due to increased activity and there has also been a rise in the costs of Welsh Non-Contracted Activity (NCAs). |
| Provider Income | | | | (0.1) | (0.1) | Over performance in income from Non Contracted Activity and Overseas Visitors offsets Road Traffic Act and Compensation Recovery Unit income shortfalls. |
| Secondary Care | 0.8 | 2.4 | 2.3 | (1.0) | 4.5 | The in-month over spend for the division is £2.0m, a considerable increase of £1.6m on the previous in-month position. Failure to achieve savings plans has been the significant issue this month, with £0.9m of the in-month over spend relating to non-delivery against savings targets, particularly pay. Pay costs remain a pressure, with a Month 8 over spend of £0.2m (£2.8m year to date). Agency costs have reduced by £0.3m from Month 7, with a total spend of £1.5m this month (£13.6m year to date). The high level of vacancies continues to partly offset these agency costs. |

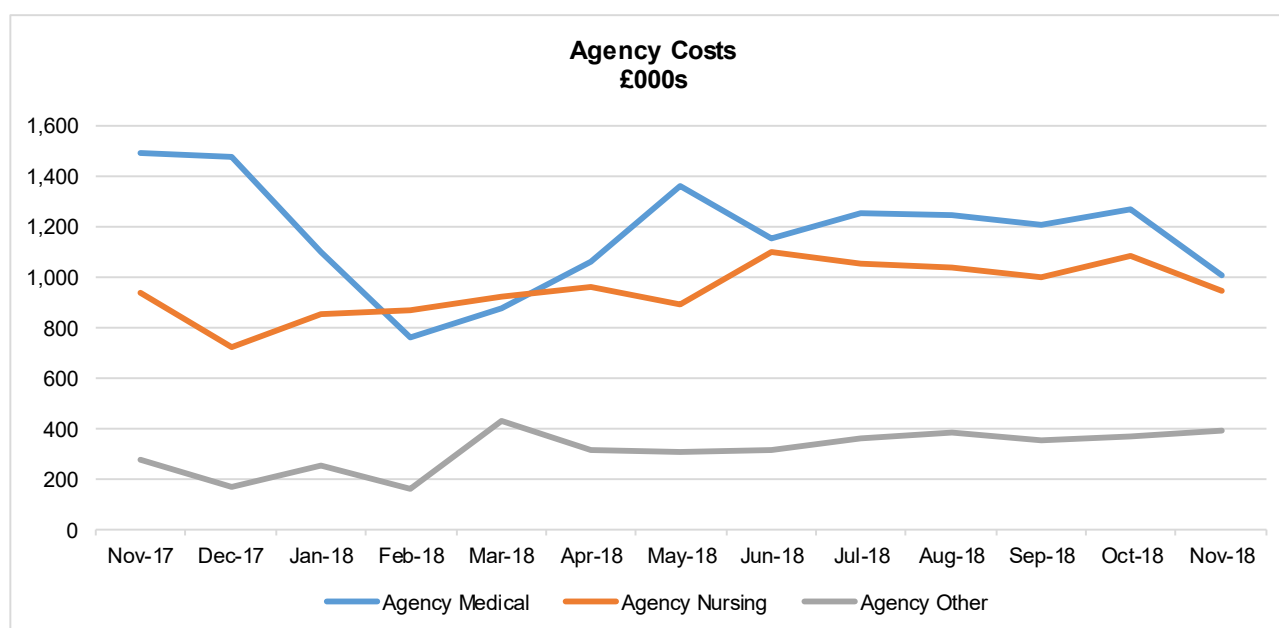
2. Revenue Position and Forecast

| Variances | West £m | Centre £m | East £m | North Wales £m | Total £m | Commentary |
|---------------------------|------------|--------------|------------|----------------------|-------------|--|
| Mental Health | | | | 3.0 | 3.0 | Under delivery of savings targets and underperformance against expected recovery actions continue and represent a key risk area, contributing £0.8m to the year to date overspend. Total pay costs are £0.2m over spent in November (£1.2m year to date) and include £0.3m of agency costs (£3.1m year to date), which are somewhat offset by vacancies. There has been a reduction in pay and non-pay spend this month, showing signs of improvement as the division implements recovery actions. However this has been offset by the considerable increase in CHC costs due to a net increase of 5 patients requiring packages of care during the month, resulting in a £0.6m over spend (£1.6m year to date). |
| Corporate | | | | (0.9) | (0.9) | Most Corporate departments are reporting a small under spend for the period and year-to-date; the favourable position is mainly due to staff vacancies. The largest over spend continues within Estates & Facilities. |
| Other | | | | (1.7) | (1.7) | Other budgets include Reserves, Losses, Medical Education, R&D and Capital Charges. |
| Variance from Plan | 1.1 | 1.9 | 2.3 | (4.4) | 0.9 | |
| Planned Deficit | | | | | 25.7 | |
| Total | 1.1 | 1.9 | 2.3 | (4.4) | 26.6 | |

2. Revenue position

2.5 Pay

- Total Health Board pay (excluding Primary Care functions) is £475.1m, which is an adverse variance against plan of £1.0m.
- November's pay expenditure has increased by £7.7m from the previous month due to the £8.0m payment of the 2018/19 pay award arrears. The trend in pay costs is consistent over the year, although it is an increase on the 2017/18 average monthly spend.
- The expenditure on agency staff for Month 8 is £2.3m, representing 3.5% of total pay, a decrease of £0.4m from October. A number of divisions' savings plans are based on reducing agency costs therefore the reductions seen this month need to be continued throughout the remainder of the year.
- Medical agency costs reduced by £0.3m from October to an in-month spend of £1.0m. The areas primarily responsible for the Month 8 spend are Mental Health, Ysbyty Gwynedd and Women's Services, accounting for 74.4% of the months' spend.
- Nurse agency costs totalled £0.9m for the month, a £0.1m decrease 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 and Ysbyty Glan Clwyd, which together account for 80.5% of these costs in November (79.3% for the year to date).
- The chart below shows the agency costs for the previous thirteen months, showing the fall in both Nursing and Medical agency costs this month.



2. Revenue position

2.6 Non-pay

- Non-pay costs in Month 8 are £75.2m, which is £2.1m higher than the previous month and the highest for the year so far. Non-pay increased in month due to Primary Care expenditure increasing by £2.0m, of this, £1.7m relates to the General Medical Services (GMS) uplift allocation received from Welsh Government.
- Total non-pay to-date is £582.3m giving a cumulative over spend of £3.3m against the planned budget. This is largely driven by over spends in Primary Care drugs (£2.8m), Secondary Care drugs (£1.9m) and Continuing Healthcare (CHC) (£2.7m), offset by under spends in Primary Care (£5.0m).
- As the planned savings profile requires increased savings and a step up in delivery for the second half of the year, additional reductions in non-pay will need to be delivered throughout the remainder of 2018/19.

2.7 Reserves

- The total remaining balance on reserves at the end of November is £13.0m and this includes £7.7m of additional Welsh Government resource allocations to be allocated to divisions. There is an estimated total commitment of £11.7m against reserves for the remainder of the year and the forecast year end variance is an under spend of £1.3m.

3. Savings

3.1 Savings plans

- The financial plan set for the Health Board for 2018/19 identified a savings requirement of £45.0m to deliver a deficit budget of £35.0m; £22.0m of this was cash releasing.
- Savings achieved to date in 2018/19 are £22.3m against a plan of £24.9m (90% achieved), £2.6m behind the year to date profile. This shortfall is largely due to under-delivery on Mental Health (£1.3m), transactional (£1.5m) and workforce schemes (£1.2m), offset by over-performance on medicines management schemes (£2.4m).
- The Table below presents the savings plans by type and risk rating. Delivery of schemes in month was £3.6m. Schemes at a high risk of failing to deliver have increased by £2.7m to £7.6m. Medium risk schemes have significantly reduced from £9.6m (21%) to £5.8m (13%) of the total programme.

| Source | Total Requirement £m | Forecast £m | Planned YTD M8 £m | Delivered M8 £m | Low £m | Med £m | High £m |
|--|-------------------------|----------------|----------------------|--------------------|------------|------------|------------|
| 1% transactional | 10.0 | 11.5 | 8.3 | 6.8 | 3.4 | 0.8 | 0.5 |
| Reducing input costs | | | | | | | |
| Medicines Management | 6.0 | 9.9 | 4.5 | 6.9 | 2.2 | 0.5 | 0.3 |
| Procurement | 4.0 | 0.7 | 0.5 | 0.2 | 0.2 | 0.2 | 0.1 |
| | 10.0 | 10.6 | 5.0 | 7.1 | 2.4 | 0.7 | 0.5 |
| Improved deployment of resources | | | | | | | |
| Workforce | 5.0 | 5.9 | 4.4 | 3.2 | 1.5 | 0.8 | 0.4 |
| | 5.0 | 5.9 | 4.4 | 3.2 | 1.5 | 0.8 | 0.4 |
| Improved utilisation of resources | | | | | | | |
| Theatre efficiency | 1.0 | 0.5 | 0.3 | 0.3 | 0.1 | 0.1 | 0.0 |
| Acute Length of Stay | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Community hospitals | 2.0 | 0.3 | 0.3 | 0.1 | 0.2 | 0.0 | 0.0 |
| Outpatients | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical variation: primary care | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical variation: secondary care | 2.0 | 0.9 | 0.4 | 0.5 | 0.4 | 0.0 | 0.0 |
| | 10.0 | 1.6 | 1.0 | 0.8 | 0.6 | 0.1 | 0.0 |
| Service transformation | | | | | | | |
| CHC | 5.0 | 3.6 | 1.7 | 2.2 | 0.6 | 0.8 | 0.0 |
| MHLD | 4.0 | 4.3 | 2.6 | 1.3 | 0.6 | 2.3 | 0.1 |
| Estates | 1.0 | 1.3 | 1.0 | 0.6 | 0.3 | 0.2 | 0.2 |
| | 10.0 | 9.2 | 5.3 | 4.1 | 1.5 | 3.3 | 0.3 |
| Total Savings | 45.0 | 38.9 | 24.0 | 22.0 | 9.3 | 5.8 | 1.7 |
| Percentage | | 86% | 46% | 57% | 24% | 15% | 4% |

Turnaround Actions

| Source | Total Requirement £m | Forecast £m | Planned YTD M8 £m | Delivered M8 £m | Low £m | Med £m | High £m |
|--------------------------|-------------------------|----------------|----------------------|--------------------|-----------|-----------|------------|
| Total Turnaround Actions | | 6.1 | 0.8 | 0.3 | 0.0 | 0.0 | 5.8 |
| Percentage | | 14% | 2% | 4% | 0% | 0% | 96% |

Savings

| | | | | | | | |
|-----------------------|-------------|-------------|-------------|-------------|------------|------------|------------|
| ALL CATEGORIES | 45.0 | 45.0 | 24.9 | 22.3 | 9.3 | 5.8 | 7.6 |
| Percentage | | 100% | 48% | 49% | 21% | 13% | 17% |

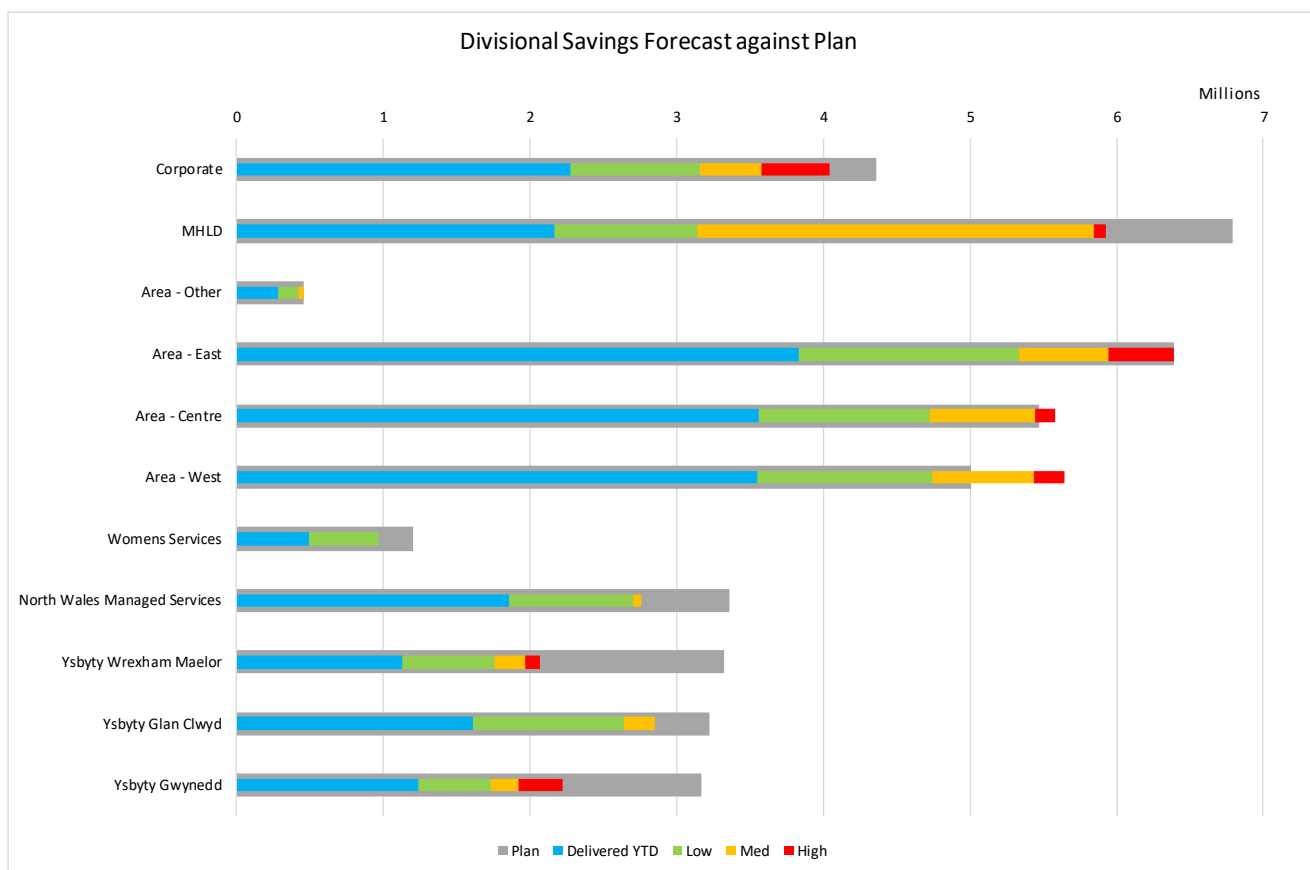
- A number of resource utilisation schemes, which were planned to start delivering from Month 5, have been assessed as not delivering cash savings this year. The schemes will continue to be developed and will form an important strand to the 2019/20 programme. These schemes have been replaced by £7.7m of identified Turnaround Actions with additional requirements placed upon Divisions to deliver the savings.

3. Savings

- At Month 8, Divisions have included £1.6m of these actions as delivering and they are shown within the divisional forecasts in the table. Further work is ongoing to fully reflect the remaining £6.1m within divisional plans as savings schemes are identified. The identification of schemes to address the residual savings requirement is challenging and significant further progress will need to be demonstrated in Month 9.

3.2 Savings performance by division

- The Mental Health Division has reduced its forecast savings by £0.2m in Month 8, reflecting the continued deterioration in the budget position. The Division is seeking to address this through their recovery plan actions.
- Additional work is progressing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. Enhanced establishment control measures have been introduced across all divisions by the Director of Workforce & Organisation Development.



4. Balance Sheet

4.1 Cash

- The closing cash balance as at 30th November 2018 was £8.5m which includes £4.2m of cash held for capital expenditure. The revenue cash balance of £4.3m was within the internal target set by the Health Board.
- The Health Board has set a deficit budget for 2018/19 and the full year cash requirement will therefore exceed its cash allocation from Welsh Government. The current forecast is that there will be a shortfall of £55.1m, consisting of £46.1m revenue and £9.0m capital.
- Management of cash remains a key priority and a request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government (cumulative cash support of £106.7m received from Welsh Government since 2014/15) to ensure that payments can continue to be made to staff, SMEs, other NHS bodies and essential service providers during March 2019. A further £4.0m cash will be managed internally by ensuring that maximum payment terms are being taken on all suppliers' invoices and that robust arrangements are in place for the escalation and collection of monies due to the Health Board.
- The Health Board has also requested working balances cash support of £11.8m for revenue balances and £9.0m for capital balances.

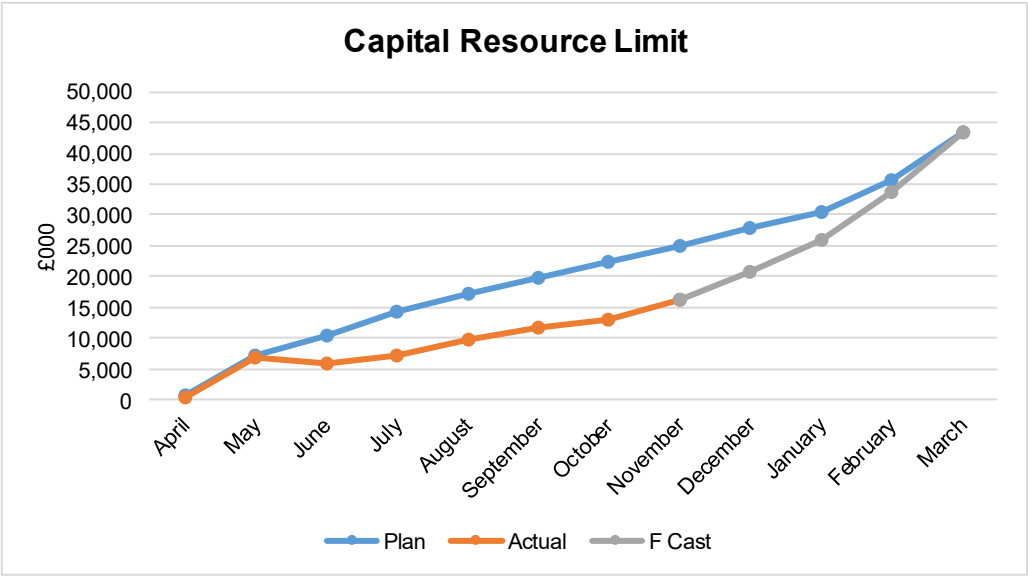
4.2 Accounts payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice.
- Significant improvements in performance over the first half of the year resulted in the Health Board meeting and maintaining the required target with a year to date compliance figure of 95.1%.

4.3 Capital expenditure

- The Capital Resource Limit at Month 8 is £43.4m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG, the Substance Misuse Elms development and the Hybrid Theatre in YGC. In addition, the Health Board has received allocations for upgrades across the Health Board estate and IT.
- Year to date expenditure is £16.3m against the plan of £17.9m. As shown on the chart on the following page, the year to date slippage of £1.6m will be recovered throughout the remainder of the year and the Health Board is forecasting to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.

4. Balance Sheet



5. Conclusions and Recommendations

5.1 Conclusions

- The Health Board's forecast at Month 8 remains a deficit of £35.0m, which is in line with the interim financial plan, and the control total set by Welsh Government, although there is a significant £5.0m risk to this forecast.
- Month 8 has reported a deficit of £0.7m against the budget, giving a year to date position which is £0.9m higher than the forecast deficit spend. Overspends in Secondary Care (£4.5m) and Mental Health (£3.0m) are the contributors to this, offset by underspends on Contracts, Primary Care and Corporate. Current financial forecasts for the year-end position are a significant cause for concern and continue to reflect a risk of £5.0m to the control total.
- The Centre Area, Mental Health and Secondary Care are all significantly overspent in month and Accountability meetings have taken place with the Chief Executive and Executive Director of Finance for these divisions. CHC continues to be a risk for all three Areas and Mental Health, with ambitious savings targets for the remainder of the year.
- The Mental Health position has deteriorated further in-month with an over spend of £0.8m. There is mixed evidence to show the delivery of their Financial Recovery Plan and concerns remain over the division's ability to deliver its savings target at the pace required. Further recovery actions have been requested and identified by the division. Greater traction in the delivery of savings is needed to reduce expenditure and provide evidence that the Recovery Plans are working.
- Significant challenges also remain in Secondary Care across all three hospitals, particularly arising from failure to achieve savings plans.
- Achievement of the financial forecast is dependent on the identified savings plans being delivered, in order to reduce expenditure in line with the plan. In addition, action is required across the Health Board to reduce the underlying run rate. There are a number of known risks to achieving the forecast position and a number of opportunities are also recognised at this time.
- At the end of November the Health Board has spent £12.7m unbudgeted expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity undertaken in the 7 months to the end of October. Discussions continue with Welsh Government regarding the balance of RTT funding and until confirmation is received, this remains a risk.
- The issue of the potential impact of HRG4+ on WHSSC commissioned services has not been concluded and remains a financial risk for 2018/19.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

5. Conclusions and Recommendations

- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The Board approved turnaround methodology and approach is critical to delivering the financial challenge in both the current year and future years. Investment in Turnaround has been made by Welsh Government which is strengthening the programme management of savings and transformation. The Health Board needs to be able to evidence the return on this investment over the remainder of the year. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk. Additional measures have been implemented through the Executive Team to support this activity. Work to build the Turnaround capacity within the organisation continues with some additional capacity deployed.
- Whilst concentrating on in-year delivery focus is also required around tackling unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care for this and future years so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

5.2 Recommendations

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising there is a £5m significant risk to this financial position.
- Note that the management of cash remains a key priority and a request for £31.0m repayable strategic cash support has been submitted and approved by Welsh Government (cumulative cash support of £106.7m received since 2014/15) to ensure that payments can continue to be made during March 2019.



| | |
|---|---|
| Report Title: | Finance Report Month 9 2018/19 |
| Report Author: | Ms Sue Hill, Finance Director – Operational Finance |
| Responsible Director: | Mr Russell Favager, 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 to date and forecast 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: | <p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to £42.0m. This is to reflect the significant risks around the underperformance of savings plans, that are currently forecasting to under deliver by £6.2m, and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.</p> <p>At the end of Month 9 the Health Board is overspent by £30.2m. Of this, £28.3m relates to the Health Board's planned budget deficit and £1.9m represents an adverse variance against the financial plan.</p> <p>The actual Month 9 position was £1.0m higher than plan due to:</p> <ul style="list-style-type: none"> - Under delivery against savings plans across most divisions (£1.0m). - Care packages over spent in month (£0.8m), primarily in Mental Health. - Offsetting underspends seen in Primary Care and other budgets. <p>At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £2.6m</p> |

| | |
|------------------------|---|
| | <p>unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.</p> <p>Savings achieved to date are £25.7m against a plan of £28.7m, £3.0m behind the year to date profile. Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m.</p> <p>The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £46.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances. A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19. Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.</p> |
| Recommendation: | <p>It is asked that the report is noted, including the increased forecast outturn of £42.0m.</p> <p>The Board is asked to note that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.</p> |

| Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | ✓ | WFGA Sustainable Development Principle <i>(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.)</i> | ✓ |
|---|---|---|---|
| 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

Board/Committee Coversheet v9.01 draft



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 9 2018/19

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Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Purpose

- The purpose of this report is to outline the financial position and performance for the year to date, confirm performance against financial savings targets and highlight the financial risks and outlook for the remainder of the year.

1.2 Summary of key financial targets

| Key Target | | Annual Target | Year to Date Target | Year to Date Actual | Forecast Risk |
|--|------|---------------|---------------------|---------------------|---------------|
| Achievement against Revenue Resource Limit | £000 | (35,000) | (28,298) | (30,200) | |
| Performance against savings and recovery plans | £000 | 45,000 | 28,700 | 25,700 | |
| Achievement against Capital Resource Limit | £000 | 47,966 | 20,897 | 19,537 | |
| Compliance with Public Sector Payment Policy (PSPP) target | % | 95.0 | 95.0 | 95.1 | |
| Revenue cash balance at month-end | £000 | 7,749 | 7,749 | 1,075 | |

1.3 Revenue position

- At the end of Month 9 the Health Board is overspent by £30.2m. Of this, £28.3m relates to the Health Board's planned budget deficit and £1.9m represents an adverse variance against the financial plan.
- The plan for Month 9 was a £2.6m deficit. The actual position was £3.6m, £1.0m higher than plan. The key reasons for the in-month over spend are outlined below.
 - Under delivery against savings plans across most divisions (£1.0m).
 - Care packages over spent in month (£0.8m), primarily in Mental Health.
 - Offsetting underspends seen in Primary Care and other budgets.
- At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £2.6m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.

1. Executive Summary

- Savings achieved to date are £25.7m against a plan of £28.7m, £3.0m behind the year to date profile and representing 57.1% of the full year target. Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m.
- The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to £42.0m. This is to reflect the significant risks around the underperformance of savings plans that are currently forecasting to under deliver by £6.2m and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.

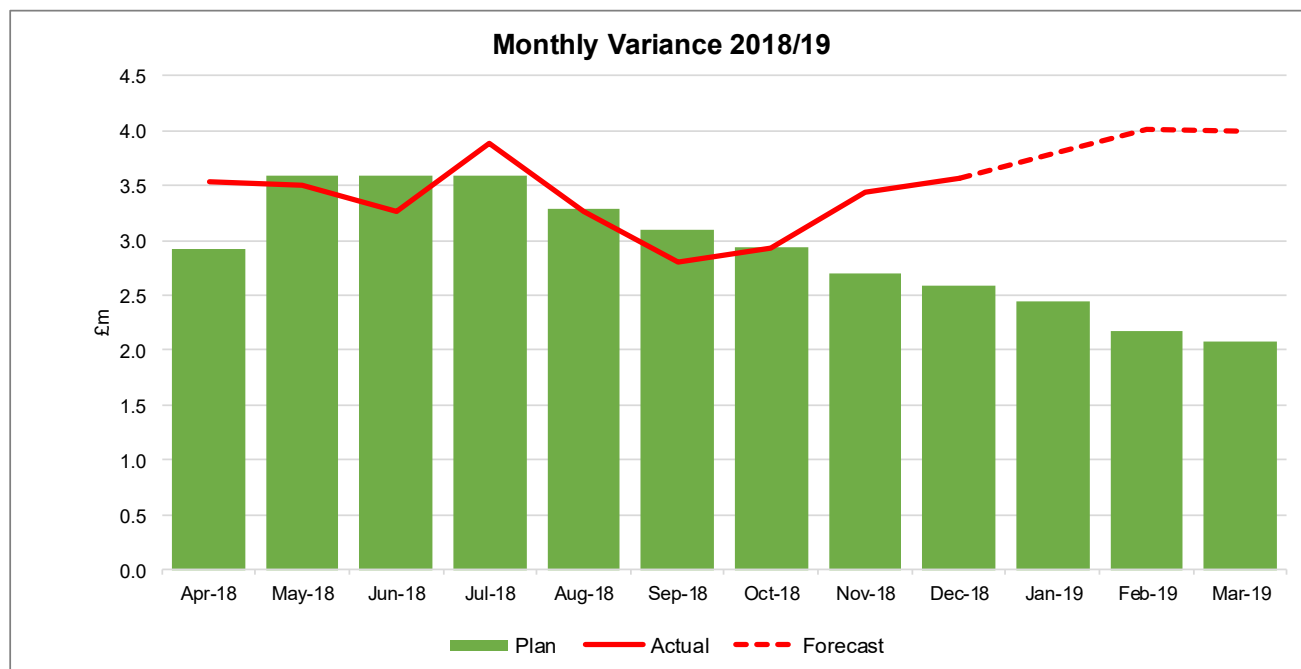
1.4 Balance sheet

- The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £46.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances. A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19. Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.

2. Revenue Position and Forecast

2.1 Health Board performance

- The Health Board's in-month reported position is £1.0m higher than planned, giving a year to date £1.9m adverse variance against the 2018/19 financial plan. The forecast performance for the year is shown graphically below.



2.2 Financial year forecast position

- The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to a deficit of £42.0m. This is to reflect the significant risks around the under delivery of savings plans, where it is expected that £6.2m of the required target will not be achieved, and cost pressures around CHC and Mental Health. The forecast by division is shown below.

| Area | M08 Likely Forecast Variance £m | M09 Likely Forecast Variance £m |
|--|--|--|
| Area Teams | (3.9) | (2.9) |
| Secondary Care | 7.6 | 8.6 |
| Mental Health | 4.5 | 4.5 |
| Corporate | (0.2) | (0.9) |
| Other | (1.3) | (0.6) |
| Sub-total | 6.7 | 8.7 |
| Savings Recovery Schemes | (3.7) | (1.6) |
| Sub-total | 3.0 | 7.1 |
| Other recovery actions to be developed | (3.0) | (0.1) |
| Total | 0.0 | 7.0 |

2. Revenue Position and Forecast

- The Health Board originally agreed to a Deficit Reduction Programme of £8.2m which included efficiency savings relating to Theatres, Length of Stay, Community Hospitals and Clinical Variation. The savings were planned to be managed through the Programme Review Groups (PRGs) with the savings planned to be delivered from August onwards. Over the summer months it became clear that these groups were not going to deliver the savings plans as originally planned and the Director of Turnaround and others started to consider other options. £1.2m of the Deficit Reduction Plan was allocated out based on the original plan, with the balance of £7.0m being allocated out to the Divisions in November.
- Areas were identified to deliver the savings relating to Procurement, Drugs and Pay related savings. Progress is being made with the Drugs and Procurement savings, in the main it is the Pay related savings that are not delivering as forecast and are now impacting on the year-end forecast.

2.3 Risks and opportunities

- The table below outlines the key risks and the opportunities to achieving the forecast position.
- The issue of the potential financial impact of HRG4+ on WHSSC commissioned services has not been concluded and has a potential full year risk of £3.6m. It has not been included as a local risk as it is a national issue with discussions ongoing to resolve it on a national basis.

| | £m | Risk Level | Explanation |
|--------------------------------------|-------|------------|--|
| Risks | | | |
| Under delivery of savings | (1.3) | | To achieve the forecast deficit the Health Board will be required to deliver its savings target. This risk relates to schemes that are classed as having a high risk of being delivered. |
| Continuing Healthcare Packages (CHC) | (1.9) | | The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages. |
| Prescribing | (1.1) | | Current run rates indicate a potential risk of up to £1.2m. This is monitored monthly and additional savings plans are being put in place to mitigate this risk. |
| WHSSC position | (1.9) | | WHSCC are reporting the best case in their position and there is a £2.2m difference between this and the most prudent position for the Health Board. |
| GMS forecast underspend | (1.4) | | Forecast under spend on GMS, as per the Quarter 2 return, leading to a potential funding clawback. GMS forecast continues to be reviewed. |
| GDS forecast underspend | (0.4) | | Forecast under spend on GDS, as per the Quarter 2 return, leading to a potential funding clawback. GDS forecast continues to be reviewed. |

2. Revenue Position and Forecast

| | | | |
|-------------|-------|--|--|
| CHC (FNC) | (0.9) | | The Health Board has not made a provision for any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. |
| HRG4+ | | | Discussion on WHSSC commissioned services has not been concluded and has a potential financial implication for the Health Board, which is being managed at a national level. |
| RTT funding | | | The Health Board's performance against RTT targets may impact on the expected funding stream. |

2. Revenue Position and Forecast

2.4 Financial performance by division

| YTD Budget to Actual Variances | West £m | Centre £m | East £m | North Wales £m | Total £m | Commentary |
|---|------------|--------------|------------|----------------------|-------------|--|
| Area Teams | 0.5 | (0.5) | 0.3 | (1.0) | (0.7) | The year to date favourable variance is mainly due to Out of Area CAMHS activity from a reduced number of placements, and a reduction in the number of Out of Area Neonatal placements due to the opening of the SuRNICC (Centre) combined with an under spend on GP rates rebates (North Wales). The Month 9 position saw a £0.1m deterioration from the November position, with a £0.5m in-month over spend. Under delivery of savings has been a significant issue (£0.3m in-month). CHC continues to be a risk for all three Areas, particularly in the West. |
| Contracts | | | | (2.5) | (2.5) | Previous months saw some significant improvements from the WHSCC contract due to a reassessment of the forecast outturn, with a total favourable adjustment of £1.5m. During Month 9 pressures have arisen from the Countess of Chester contract due to non-elective activity and also from Aintree due to increased major trauma activity. The WHSCC position has also deteriorated in-month due to English contracts. These have been offset against gains in other locally managed contracts to give a balanced position in the month. |
| Secondary Care | 0.7 | 2.4 | 2.0 | 0.2 | 5.2 | The in-month over spend for the division is £0.7m, a decrease of £1.3m on the previous in-month position. Failure to achieve savings plans has been the significant issue again this month, although at a lower level than in Month 8. £0.5m of the in-month over spend relates to non-delivery against savings targets, particularly pay. Pay costs remain a pressure and agency costs have increased by £0.1m from Month 8, with a total spend of £1.6m this month (£15.2m year to date). Clinical non-pay costs are under spent in the month due to reductions in Ysbyty Gwynedd particularly in Wrexham where Pacemakers / ICD activity has reduced. |

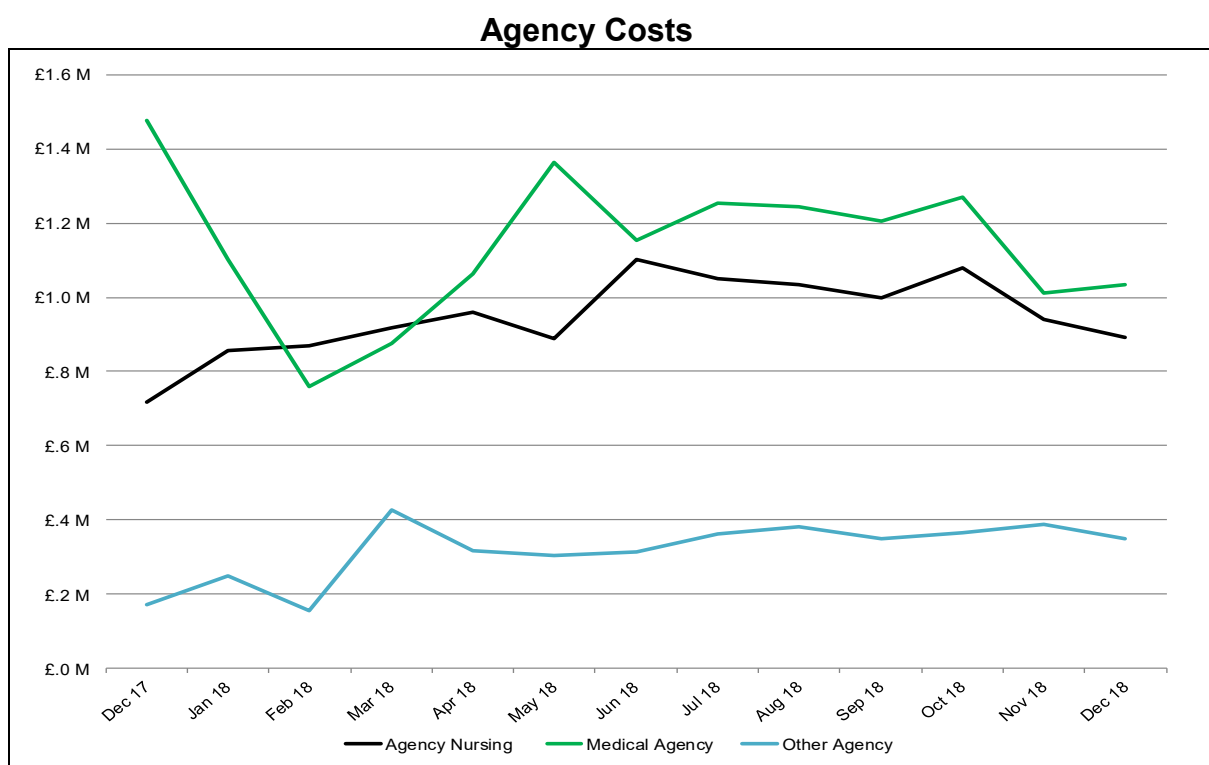
2. Revenue Position and Forecast

| YTD Budget to Actual Variances | West £m | Centre £m | East £m | North Wales £m | Total £m | Commentary |
|--------------------------------|------------|------------|------------|----------------|-------------|--|
| Mental Health | | | | 3.4 | 3.4 | Mental Health is over spent by £0.4m in Month 9, an improvement of £0.4m on the prior month. The over spent position continues to relate to under achievement against savings plans and increasing costs and activity for individual packages of care. CHC costs are £0.6m over spent in the month (£2.2m year to date). Additional cases have arisen in December, compounding the increases seen last month. Under delivery of savings targets and underperformance against expected recovery actions continue and represent a key risk area. |
| Corporate | | | | (1.1) | (1.1) | Most Corporate departments are reporting a small under spend for the period and year-to-date; the favourable position is mainly due to staff vacancies. The largest over spend continues within Estates & Facilities. |
| Provider Income | | | | (0.1) | (0.1) | Over performance in income from Non Contracted Activity and Overseas Visitors offsets Road Traffic Act and Compensation Recovery Unit income shortfalls. |
| Other | | | | (2.3) | (2.3) | Other budgets include Reserves, Losses, Medical Education, R&D and Capital Charges. |
| Variance from Plan | 1.2 | 1.9 | 2.3 | (3.5) | 1.9 | |
| Planned Deficit | | | | | 28.3 | |
| Total | 1.2 | 1.9 | 2.3 | (3.5) | 30.2 | |

2. Revenue position

2.5 Pay

- Total Health Board pay (excluding Primary Care functions) is £536.9m, which is an adverse variance against plan of £0.4m.
- December's pay expenditure has decreased by £5.4m from the previous month due to pay award arrears that were paid in Month 8. However removing the effect of the pay award shows that there was a small increase in underlying pay of £0.1m from November.
- The expenditure on agency staff for Month 9 is £2.3m, representing 3.6% of total pay, and in line with spend in November. A number of divisions' savings plans are based on reducing agency costs and so additional work needs to be directed in these areas to meet targets.
- Medical agency costs increased by £0.02m from November to an in-month spend of £1.0m. The areas primarily responsible are Ysbyty Gwynedd (£0.2m), Ysbyty Glan Clywd (£0.2m), Mental Health (£0.2m), Women's Services (£0.1m) and East Area (£0.1m), accounting for 84.4% of the month's spend.
- Nurse agency costs totalled £0.9m for the month, a £0.05m decrease 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 (£0.5m in month) and Ysbyty Glan Clwyd (£0.3m in month), which together account for 85.0% of these costs in December (79.2% for the year to date).
- The chart below shows the agency costs for the previous thirteen months. This highlights the variability in both Nursing and Medical agency costs.



2. Revenue position

2.6 Non-pay

- Non-pay costs in Month 9 are £73.1m, which is £2.1m lower than the previous month and in line with Month 7, following a spike last month.
- Total non-pay to-date is £655.4m giving a cumulative over spend of £5.0m against the planned budget. This is largely driven by over spends in Primary Care drugs (£2.9m), Secondary Care drugs (£1.1m), Continuing Healthcare (CHC) (£3.3m), transport and travel costs (£1.2m) and slippage on savings schemes (£0.9m). These are offset by under spends in Primary Care (£5.7m).
- As the planned savings profile requires increased savings and a step up in delivery for the second half of the year, additional reductions in non-pay will need to be delivered throughout the remainder of 2018/19.

2.7 Reserves

- The total remaining balance on reserves at the end of December is £9.9m and this includes £4.9m of additional Welsh Government resource allocations to be allocated to divisions. £1.1m of uncommitted reserves have been released to support the financial position. The estimated remaining commitment against reserves is £7.9m, leaving a remaining uncommitted balance of £0.9m

3. Savings

3.1 Savings plans

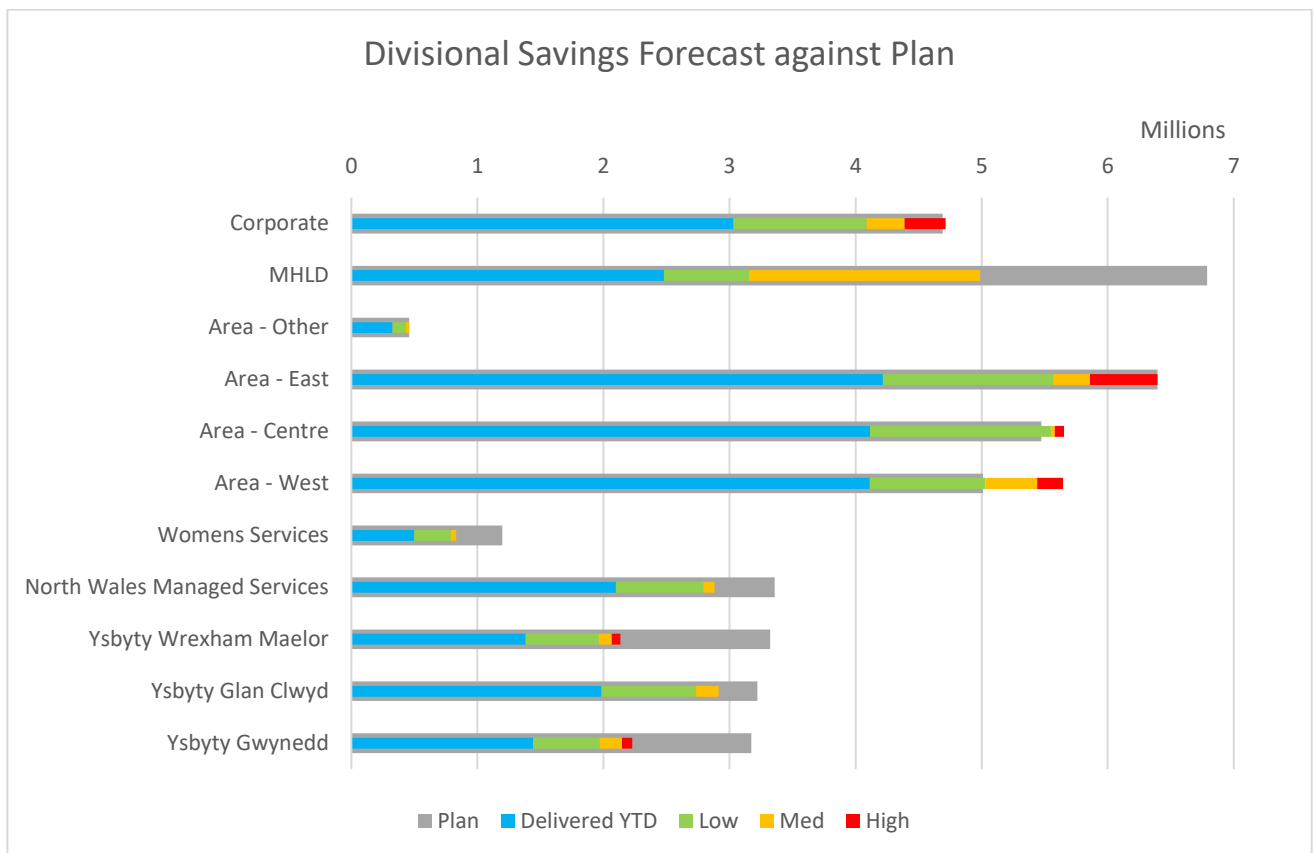
- The financial plan set for the Health Board for 2018/19 identified a savings requirement of £45.0m to deliver a deficit budget of £35.0m; £22.0m of this was cash releasing.
- Savings achieved to date in 2018/19 are £25.7m against a plan of £28.7m (89% achieved), £3.0m behind the year to date profile. The savings shortfall to date of £3.0m (Month 8, £2.6m) is largely due to under delivery on Mental Health (£1.7m), transactional (£1.7m) and workforce schemes (£1.5m), offset by over-performance on Medicines Management schemes (£2.3m).
- At Month 9, savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m. Forecast delivery against the £7.7m turnaround actions reported by divisions has increased to £2.8m. Work is ongoing to address the £6.2m savings shortfall.
- The Table below presents the savings plans by type and risk rating. The risk profile and anticipated delivery of schemes continues to be critically reviewed. There has been a £3.7m increase in-month in the value of delivered schemes, whilst medium risk schemes have reduced from £5.8m to £3.5m of the total programme. £1.3m of schemes included in the forecast remain at high risk of delivery.

| Source | Total Requirement £m | Forecast £m | Planned YTD M9 £m | Delivered M9 £m | Low £m | Med £m | High £m |
|--|-------------------------|----------------|----------------------|--------------------|------------|------------|------------|
| 1% transactional | 10.0 | 12.4 | 9.9 | 8.2 | 2.9 | 0.9 | 0.4 |
| | | | | | | | |
| Reducing input costs | | | | | | | |
| Medicines Management | 6.0 | 10.1 | 5.3 | 7.6 | 1.9 | 0.4 | 0.3 |
| Procurement | 4.0 | 0.8 | 0.7 | 0.3 | 0.3 | 0.1 | 0.2 |
| | 10.0 | 11.0 | 6.0 | 7.9 | 2.2 | 0.5 | 0.4 |
| | | | | | | | |
| Improved deployment of resources | | | | | | | |
| Workforce | 5.0 | 5.9 | 5.3 | 3.8 | 1.4 | 0.5 | 0.3 |
| | 5.0 | 5.9 | 5.3 | 3.8 | 1.4 | 0.5 | 0.3 |
| | | | | | | | |
| Improved utilisation of resources | | | | | | | |
| Theatre efficiency | 1.0 | 0.5 | 0.3 | 0.3 | 0.1 | 0.1 | 0.0 |
| Acute Length of Stay | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Community hospitals | 2.0 | 0.3 | 0.4 | 0.1 | 0.1 | 0.0 | 0.0 |
| Outpatients | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical variation: primary care | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clinical variation: secondary care | 2.0 | 0.7 | 0.4 | 0.5 | 0.2 | 0.0 | 0.0 |
| | 10.0 | 1.5 | 1.2 | 0.9 | 0.4 | 0.1 | 0.0 |
| | | | | | | | |
| Service transformation | | | | | | | |
| CHC | 5.0 | 3.6 | 2.1 | 2.6 | 0.7 | 0.2 | 0.0 |
| MHLD | 4.0 | 3.4 | 3.2 | 1.5 | 0.6 | 1.2 | 0.0 |
| Estates | 1.0 | 1.1 | 1.1 | 0.7 | 0.2 | 0.1 | 0.1 |
| | 10.0 | 8.1 | 6.4 | 4.8 | 1.6 | 1.6 | 0.1 |
| Total Savings | 45.0 | 38.8 | 28.7 | 25.7 | 8.4 | 3.5 | 1.3 |
| Percentage | | 86% | 55% | 66% | 22% | 9% | 3% |

3. Savings

3.2 Savings performance by division

- The Mental Health Division has reduced its forecast savings by £0.9m in Month 9, reflecting the continued deterioration in the budget position. The Division is seeking to address this through their recovery plan actions.
- Work is progressing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. Enhanced establishment control measures have been introduced across all divisions by the Director of Workforce.



4. Balance Sheet

4.1 Cash

- The closing cash balance as at 31st December 2018 was £8.3m which included £7.2m of cash held for capital expenditure. The revenue cash balance of £1.1m was within the internal target set by the Health Board.
- The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £53.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.
- The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances.
- A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19.

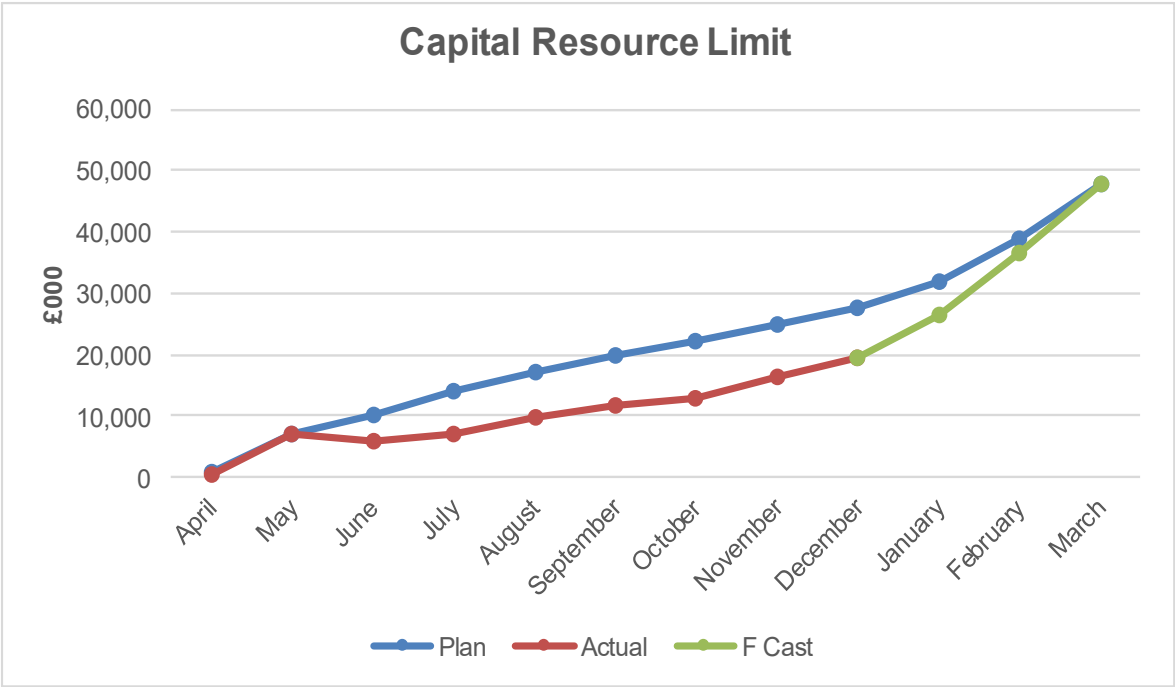
4.2 Accounts payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice.
- Significant improvements in performance over the first half of the year resulted in the Health Board meeting and maintaining the required target with a year to date compliance figure of 95.1%.

4.3 Capital expenditure

- The Capital Resource Limit at Month 9 is £48.0m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG, the Substance Misuse Elms development and the Hybrid Theatre in YGC. In addition, the Health Board has received allocations for upgrades across the Health Board estate and IT.
- Year to date expenditure is £19.5m against the plan of £20.9m. As shown on the chart below, the year to date slippage of £1.4m will be recovered throughout the remainder of the year and the Health Board is forecasting to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.

4. Balance Sheet



5. Conclusions and Recommendations

5.1 Conclusions

- The Health Board's forecast has been increased from a deficit of £35.0m to £42.0m in Month 9, following discussion with the accountable officer and chairman and a letter from the accountable officer will formally notify the Welsh Government.
- This reflects the significant risks the Health Board faces around:
 - Delivery of the planned savings of £45.0m, which are currently forecasting to achieve £38.8m, missing target by £6.2m.
 - Increased activity and cost pressures for Mental Health and CHC.
- Month 9 position is a deficit of £1.0m against the budget, giving a year to date position which is £1.9m higher than the forecast deficit spend. Overspends continue in Secondary Care (£5.2m) and Mental Health (£3.4m) which are offset by underspends on Contracts, Primary Care and Corporate.
- Mental Health, East Area and Secondary Care are all significantly overspent in month and Accountability meetings are being arranged with the Chief Executive and Executive Director of Finance for these divisions. CHC and Mental Health continue to be a risk within the forecast, as well as the ambitious savings targets for the remainder of the year.
- The Mental Health position has improved in-month with an over spend of £0.4m, although there are significant concerns over the division's delivery of its savings target. Further recovery actions have been requested and identified by the division and now greater traction is needed to reduce expenditure and provide evidence that the recovery plans are working.
- Significant challenges also remain in Secondary Care across all three hospitals, particularly arising from failure to achieve savings plans.
- Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m. Non-achievement of the savings targets is having a detrimental effect on the Board's financial performance.
- Focus on the delivery of savings is critical to achievement of the financial forecast and delivering a reduction on the underlying run rate on expenditure. There are a number of known risks to achieving the forecast position, as outlined in Section 4, and while a number of opportunities are also recognised at this time, the Health Board will identify specific mitigating plans to support the financial position.
- At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving £2.6m unfunded expenditure included in the position to date. Discussions continue regarding the balance of RTT funding for the year and until confirmation is received, this remains a risk.

5. Conclusions and Recommendations

- The issue of the potential impact of HRG4+ on WHSSC commissioned services is still under discussion with NHSE and remains a financial risk for 2018/19, as identified in Section 4.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.
- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance in both the current year and future years. Welsh Government's investment in turnaround in 2018/19 and 2019/20 is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk and additional measures have been led by the Executive Team to support this activity. There is a requirement to increase the capacity within the turnaround team continues with additional resource being deployed.
- The Health Board recognises the opportunity to prevent unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care going forward so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

6.2 Recommendations

- It is asked that the report is noted, including that the Health Board's forecast has been increased from a deficit of £35.0m to £42.0m.
- The Board is asked to note that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.

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| Health Board 24.1.19 |  <div data-bbox="949 212 1197 302"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
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| | |
|-------------------------------|---|
| Report Title: | Corporate Risk and Assurance Framework |
| Report Author: | Mrs Justine Parry, Assistant Director of Information Governance and Assurance |
| Responsible Director: | Mrs Grace Lewis-Parry, Board Secretary |
| Public or In Committee | Public |
| Purpose of Report: | <p>Risk Management Strategy Following changes made to executive portfolios during 2018, alongside the commitment made by the Board to examine its risk management system, it was determined that the annual review of the Risk Management Strategy be extended to March 2019 to allow for a full and comprehensive update to be undertaken. During the Board Workshop on the 20th December 2018, the Health Board explored its approach to risk management, discussed in detail its risk appetite, objective setting in the context of a 3 year plan, the calibration of risks and opportunities to improve reporting mechanisms.</p> <p>Building on these discussions a revised version of the Risk Management Strategy is now in development which will include the separation of the Risk Appetite Statement to improve its visibility and ownership. It is envisaged that the revised statement will be relaunched and presented with the Health Board's values. Work is also progressing to test the emerging corporate objectives against the updated risk appetite statement and the current corporate risks. Once this has been completed it is anticipated that performance and any associated risks to achieving the objectives will be reported in a revised format. This format will also include any key operational risks which have been considered and escalated in line with the Risk Management Strategy which will be presented to the Audit Committee in March 2019.</p> <p>Corporate Risk and Assurance Framework Attached is the latest iteration of the Betsi Cadwaladr University Health Board's (BCUHB) combined Corporate Risk and Assurance Framework which is presented for review and comment.</p> <p>The format remains the same as in previous submissions as a 'risk on a page' with the inclusion of the graph which plots any deviation to the initial, current and target risk scores. Text indicating the movement in the risk rating since last reviewed by the Board has been amended to make clear that this refers to the Current Risk Rating.</p> |

The Health Board's Committees have undertaken a review of their assigned Corporate risk entries and following final review by the Audit Committee a number of current risk ratings have been amended to reflect the improvement work to date and the increased controls. Where a change to the risk rating has taken place, this will be indicated on the graph included with each record. The Board are requested to note the following:

- CRR01 Population Health. Updated in line with risk management strategy requirements.
- CRR02 Infection Prevention and Control. Risk and risk score formally reviewed by the executive lead and although improvements are being made, risk score remains at 20 as BCUHB is not yet meeting key infection targets.
- CRR03 Continuing Health Care. Following the review of executive portfolios, this risk has been realigned from the Executive Nurse Director to the Executive Director of Primary and Community Care, and the target risk date has been reconsidered.
- CRR05 Learning from Patient Experience. Updated following review at the Quality, Safety and Experience Committee.
- CRR06 Financial Stability. Risk controls have been strengthened and further actions have been identified.
- CRR07 Capital Systems. Following feedback from the Audit Committee the current risk rating has been reviewed by the executive lead and reduced in line with the strengthened controls in place and the target risk date has also been reconsidered.
- CRR09 Primary Care Sustainability. No further updates since previous submission and review by the Strategy, Partnership and Population Health Committee.
- CRR10 Informatics Risk. During the inaugural Information Governance and Informatics Committee meeting in November, it was agreed to split the risk into 2 new risks forming a) Informatics Infrastructure and b) Health Records to provide a greater oversight of the individual risks to improve the monitoring, assurance of controls and completion of identified actions. This will be presented to the Information Governance and Informatics Committee in February 2019.
- CRR11a Unscheduled Care Access. No further updates since previous submission and review by the Finance and Performance Committee.
- CRR11b Planned Care Access. Following the review of Executive portfolios, this risk has been realigned from the Executive Nurse Director to the Executive Medical Director. The controls have been strengthened, further actions identified and the target risk date has been reconsidered.





- CRR12 Estates and Environment. Following feedback from the Audit Committee, the risk controls have been strengthened and further actions have been identified.
- CRR13 Mental Health Services. Further work ongoing to review current risk rating scores.
- CRR14 Staff Engagement. Risk controls have been strengthened.
- CRR15 Recruitment and Retention. Current impact risk rating score increased to 5.
- CRR16 Safeguarding. Risk controls have been strengthened, further actions have been identified and the target risk date has been reconsidered.
- CRR17 Development of Integrated Medium Term Plan. No further updates since previous submission and review by the Strategy, Partnership and Population Health Committee.

Deescalated Risks

- CRR04 Maternity Services. Risk previously recommended for de-escalation is now being managed at Tier 2 as the organisational development action has been completed.
- CRR08 Strategy Development. Risk previously recommended for de-escalation is now being managed at Tier 2.

New risk

- CRR18 - A new risk linked to BREXIT has been developed and approved for escalation to Tier 1 by the Executive Team. The risk will be presented to the Strategy, Partnership and Population Health Committee meeting in February 2019.
- The Executive Director of Workforce and Organisational development has advised the Board that the risks relating to Health and Safety are being reviewed and it is anticipated that these may be escalated in due course.
- The table below is an overview of each current corporate risk rating since the last submission to the Board:

| | Current Risk Level | | Impact | | | | | |
|---|---|--|--------------|----------------|---|----------|--|--|
| | | | Very low - 1 | Low – 2 | Moderate – 3 | High – 4 | Very high - 5 | |
| Likelihood | Very Likely - 5 | | | | CRR01 CRR02 CRR11a CRR11b | |  Extreme  High  Moderate  Low | |
| | Likely - 4 | | | CRR05 CRR13 | CRR03 CRR06 CRR09 CRR10 CRR16 CRR17 CRR18 | | | |
| | Possible - 3 | | | CRR07 | CRR12 CRR14 | CRR15 | | |
| | Unlikely - 2 | | | | | | | |
| | Rare -1 | | | | | | | |
| Approval / Scrutiny Route Prior to Presentation: | Board Committees and Executive Management Group. | | | | | | | |
| Governance issues / risks: | As set out in the Corporate Risk and Assurance Framework spreadsheet attached. | | | | | | | |
| Financial Implications: | | | | | | | | |
| Recommendation: | The Board is asked to review the latest iteration of the corporate Risk and Assurance Framework and comment as appropriate. | | | | | | | |

| 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 | | | |
| Governance Theme – To ensure an effective approach to the management of risk. | | | |
| Equality Impact Assessment | | | |
| Due to the nature of this report an Equality Impact Assessment is not required. | | | |

Key to abbreviations within the attached register.

Strategic Goals

- 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 experiences of individuals.
- 6) Support, train and develop our staff to excel.
- 7) Use resources wisely, transforming services through innovation and research.

Principal Risks

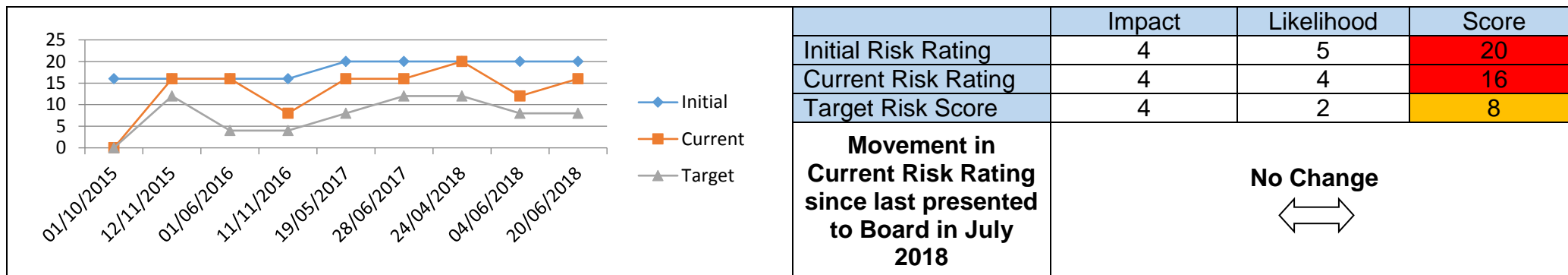
The Health Board has determined its principal risks to achieving its strategic goals as follows:-

- Principal Risk 1: Failure to maintain the quality of patient services.
- Principal Risk 2: Failure to maintain financial sustainability.
- Principal Risk 3: Failure to manage operational performance.
- Principal Risk 4: Failure to sustain an engaged and effective workforce.
- Principal Risk 5: Failure to develop coherent strategic plans.
- Principal Risk 6: Failure to deliver the benefits of strategic partnerships.
- Principal Risk 7: Failure to engage with patients and reconnect with the wider public.
- Principal Risk 8: Failure to reduce inequalities in health outcomes.
- Principal Risk 9: Failure to embed effective leadership and governance arrangements.

Disclosure:

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

| | | |
|---|---|---------------------------------------|
| CRR01 | Director Lead: Executive Director of Public Health | Date Opened: 01/10/2015 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Population Health | Target Risk Date: 31/03/2019 |
| There is a risk that the Health Board fails to deliver Improvements in Population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This could widen the gap in inequality of health outcomes. | | |



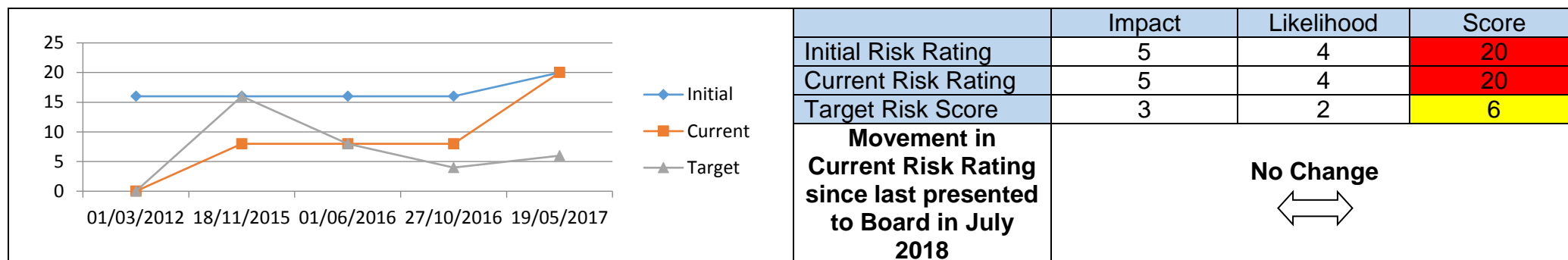
| Controls in place | Further action to achieve target risk score |
|--|---|
| <ol style="list-style-type: none"> Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. Review of Board cycle of business completed to enable focus on population health issues. Wellbeing Assessments completed and approved. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention. Baseline Assessment informing LHSW completed, underpinned by | <ol style="list-style-type: none"> Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards. November 2018 Update - Response to "A Healthier Wales" developed via Regional Partnership Board. The bid includes funding to support 3 proof of concept projects for implementation. Implementation of "Ein Dyfodol" programme a targeted Health Inequalities Programme in a small number of communities, alongside other Well North Wales activities. (By March 2019). November 2018 update - A report being drafted for Executive Team to recommend closure of the project due to lack of identified funding. New partnership approaches which are developing will support the original aims of the Project, and are included in the 2019/22 IMTP. 2018/19 Budget setting process to reflect increase in resources allocated to prevention and wellbeing ensuring provision of both universal and targeted interventions. |

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| <p>WG Public Health Outcomes Framework.</p> <p>9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.</p> <p>10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.</p> <p>11. 2018/19 BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP.</p> <p>12. Mapping of community-based assets underway to highlight key community issues using Community Insight software.</p> <p>13. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.</p> <p>14. Delivery of Public Health Team workplan is aligned with operational Area Teams.</p> <p>15. Public Service Boards Wellbeing Plans developed.</p> <p>16. Health Improvement and Inequalities Transformation Group now fully established.</p> | <p>November 2018 - Developed Business Case for additional resources be reviewed by Review Group on 3/12/18.</p> <p>4. Health Improvement and Inequalities Transformation (HIIT) Group to lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent.</p> <p>5. Identify substantive PMO support for this programme.</p> <p>November 2018 Update - Funding for permanent support included in Business case (see 3 above).</p> <p>6. Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate learning which can be shared across Wales.</p> <p>November 2018 Update - Live Lab work now focused on Healthy Weight in pregnancy and children. Commencing a test site focused on Betws, Cerrigydrudion and Llanrwst.</p> |
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| Assurances | Links to | | |
|---|-----------------|-----------------|--------------------------------|
| | Strategic Goals | Principal Risks | Special Measures Theme |
| <p>1. Oversight by Public Service Boards and Local Authority Scrutiny Committees.</p> <p>2. WG Review Meetings (JET). 3. Public Health Observatory reports and reviews.</p> <p>4. WG Review and feedback on needs assessment.</p> | 1 2 5 6 7 | PR8 | Strategic and Service Planning |

| | | |
|-------|---|---------------------------------------|
| CRR02 | Director Lead: Executive Director of Nursing and Midwifery | Date Opened: 01/03/2012 |
| | Assuring Committee: Quality, Safety and Experience Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Infection Prevention & Control | Target Risk Date: 29/03/2019 |

There is a risk that patients will suffer harm due to healthcare associated infection. This is due to the failure to put in place systems, processes and practices that prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.



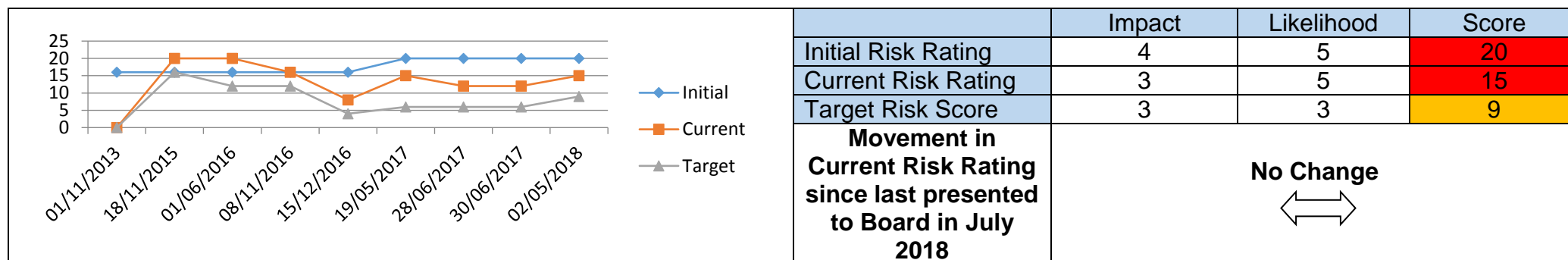
| Controls in place | Further action to achieve target risk score |
|---|--|
| <ol style="list-style-type: none"> 1. Infection Prevention Sub-Group scrutinise objectives as part of the regular cycle of business, and reports to Quality and Safety Group. 2. Surveillance systems and policy in place for key infections, with data now presented as part of electronic harms dashboard and IRIS. 3. Areas and Secondary Care sites have governance arrangements. 4. Site Management Team lead reviews of root-cause analysis on each site. Monthly Executive-led scrutiny meetings to review infections and learning from each site in place. 5. Continued progress on ANTT staff training, with increased focus now on medical staff. 6. External review performed August 2017; report on further actions presented to Board. 7. Safe Clean Care Programme (SCC) launched 29-01-18, with 90-day plans being completed sequentially to drive further improvement actions and behaviour change at pace. Currently involves Secondary Care and Community Hospitals. | <ol style="list-style-type: none"> 1. Continue the implementation of a series of 90-day plans supported by PMO, to rapidly move forward on recommendations from 2017 external review. 2. Implement the other actions identified in the 2018-19 annual infection prevention programme, tied in to the SCC programme and series of 90-day plans. 3. Implement actions in response to Welsh Government Antimicrobial Delivery Plan, relevant Welsh Health Circulars and in response to multi-drug resistant organisms. 4. Continue to progress key actions from Duerden report 2016 in relation to Consultant Microbiologist staffing and capacity, Antimicrobial Stewardship, Estates and Facilities, Infection Prevention Team staffing to support Areas, Care bundle and pathway implementation. 5. Progress work on ward environment improvement, including work to standardise key elements of ward design, storage, signage, provision |

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| 8. E coli collaborative in place, with focus increasing across non-acute care areas on factors that increase the risk of E coli bacteraemia. UTI safety thermometer designed and launched Oct 2018. | of hand wash basins and bay doors. This is embedded within the 90-day plans. 6. Embed the work on Norovirus prevention, with a continued focus on Wrexham. 7. Progress work on influenza preparedness in preparation for winter 18-19. |
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| Assurances | Links to | | |
|--|-----------------|-----------------|------------------------|
| 1. Professor Duerden report 2016. 2. WG review of decontamination. 3. Demonstrable improvement in line with National Benchmarks. 4. CHC Bug watch visits. 5. HSE reviews. 6. Internal Audits of Governance Arrangements. | Strategic Goals | Principal Risks | Special Measures Theme |
| | 1 2 3 4 5 6 7 | PR1 | Leadership |

| | | |
|-------|---|---------------------------------------|
| CRR03 | Director Lead: Director of Primary and Community Care | Date Opened: 01/11/2013 |
| | Assuring Committee: Quality, Safety and Experience Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Continuing Health Care | Target Risk Date: 01/07/2019 |

There is a risk that the CHC Framework and process will not be fully adhered to. This is due to inconsistent application and service pressures including availability of suitable provision. This could lead to poor patient experience and outcomes and associated complaints and retrospective claims.

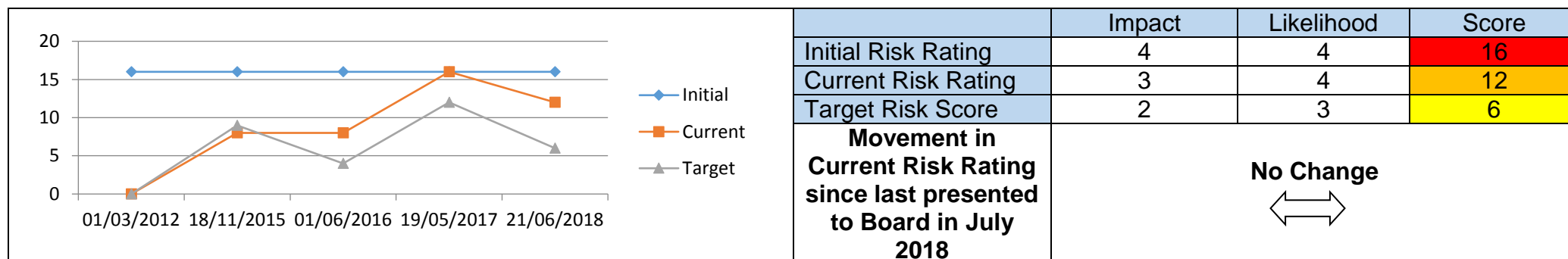


| Controls in place | Further action to achieve target risk score |
|---|--|
| <ol style="list-style-type: none"> 2014 national CHC Framework. Revised CHC structure in place including Practice Development Team. All Wales Retrospective Claims process (Powys). Joint LA & BCU CHC Regional Implementation Group. BCUHB CHC Governance Framework agreed. PMO Scheme for CHC with associated project management and reporting in place. Annual WG self assessment. North Wales care home market place community project. Contracts and contract monitoring team in place. Implemented Scheme of Delegation Process within Areas. Implemented Skills and Knowledge Framework. Recruited to Retrospective Team. Implemented revised national retrospective claims procedure. CHC rate revised. | <ol style="list-style-type: none"> Centralise CHC Governance and Strategic Commissioning Team. Finalise and implement regional SOP. Finalise and implement QAF. Implement KPI's for CHC with Broadcare. Monthly exception reporting. Monthly CHC sub accountability meetings. Develop CHC commissioning strategy. Implement the Older persons Commissioner and Operation Jasmine action plans. Roll out Bevan Exemplar care home support team. Finalise and publish the Market position statement. Finalise and implement joint quality monitoring tool across north Wales. Implement patient and family feedback process. Increase partnership working with the sector to include shared services. |

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| 15. CHC Contracts in place for all placements. | 14. Develop training and workforce strategy. |
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| Assurances | Links to | | |
|---|-----------------|-----------------|--------------------------------|
| 1. Regular meetings with Regulators (CSSIW). 2.Inter-agency processes in place to review escalated concerns. 3. FNC Judicial Reviews of NHS Wales fee setting methodology implemented. 4. National reporting on CHC placements. | Strategic Goals | Principal Risks | Special Measures Theme |
| | 2 3 4 5 6 7 | PR1 | Strategic and Service Planning |

| | | |
|---|---|---------------------------------------|
| CRR05 | Director Lead: Executive Director of Nursing and Midwifery | Date Opened: 01/03/2012 |
| | Assuring Committee: Quality, Safety and Experience Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Learning From Patient Experiences | Target Risk Date: 29/03/2019 |
| There is a risk that the Health Board does not listen and learn from patient experience due to the untimely management and investigation of concerns. This could lead to repeated failures in quality and safety of care. | | |



| Controls in place | Further action to achieve target risk score |
|---|--|
| <ol style="list-style-type: none"> 1. Corporate concerns team embedded in operational management structures. 2. Performance and accountability reviews include concerns monitoring. 3. Weekly divisional PTR meetings being held. 4. Monthly reporting and monitoring of performance and learning to QSG. 5. Enhanced monitoring of claims with Welsh Risk Pool. 6. Ongoing programme of work in place as part of the IMPT to deliver improvement. 7. Patient Advice and Support Service established in YGC initially. 8. Minimum data sets provided monthly to all divisions regarding Concerns. 9. Initial review (72hr) of serious incidents implemented. 10. Revised trajectories agreed as part of IMPT. 11. Significant reduction in total numbers of complaints open - focus on resolving complaints as OTS where possible. | <ol style="list-style-type: none"> 1. Concerns management and investigation processes being reviewed with support of new ADQA with a particular emphasis on incident management. 2. Review and revision of corporate concerns management to enhance learning in the divisions and create capacity to support training and development for the divisions. 3. Manage performance in line with revised trajectories. |

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| 12. Harm dashboard launched and being informed by Datix. 13. Weekly teleconference with corporate and divisions to monitor complaints. 14. Associate Director Quality Assurance in post. 15. Process commenced to manage historic incidents to closure and learning. 16. Additional support identified to manage overdue complaints and allow divisions to focus on new complaints raised. 17. Weekly Incident review meeting established to review all serious incidents and complaints over 3 month overdue. | |
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| Assurances | Links to | | |
|---|-----------------|-----------------|------------------------|
| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Welsh Risk Pool Reports. 2. Monthly review by Delivery Unit. 3. Public Service Ombudsman Annual Report, Section 16 and feedback from cases. 4. Regulation 28 Reports from the Coroner. | 3 4 5 6 | PR7 | Leadership |

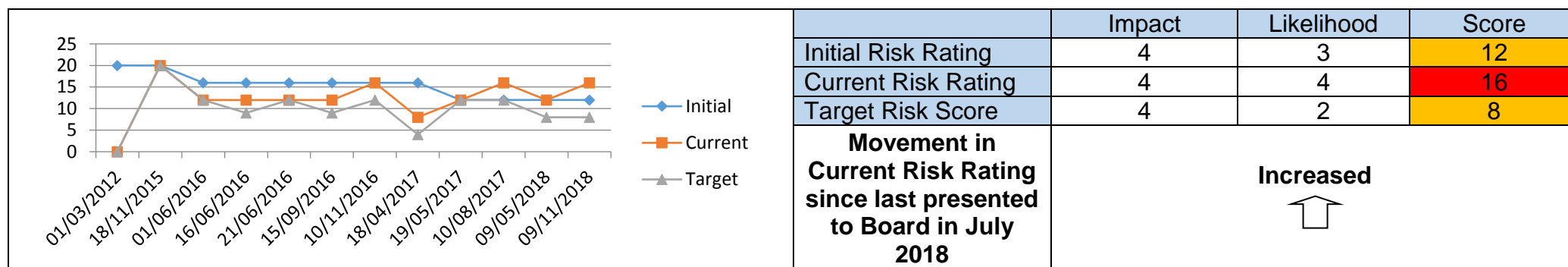
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| CRR06 | Director Lead: Executive Director of Finance | Date Opened: 01/03/2012 |
| | Assuring Committee: Finance and Performance Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government | Target Risk Date: 29/03/2019 |

There is a risk that the Health Board will fail to achieve the deficit advised to Welsh Government.

This could be due to:

1. Cash releasing savings plans that are not fully identified and may not be fully delivered.
2. Cost pressures arising from increased staff costs, particularly the use of agency staff.
3. Continuing pressures within Mental Health & Learning Disability and Secondary Care Divisions.
4. Cost pressures arising from packages of care; and
5. Financial risks from the implementation of the new HRG 4+ tariff arrangements in England.
6. The use of non-recurrent measures may also contribute to a risk to the Health Board's longer term sustainability and continued failure of its financial duty.

The impact of this could increase the deficit for the three-year period and the in-year deficit to 31 March 2019 over the planned position of £35m. The Health Board will remain in Special Measures for Finance until the financial position improves.

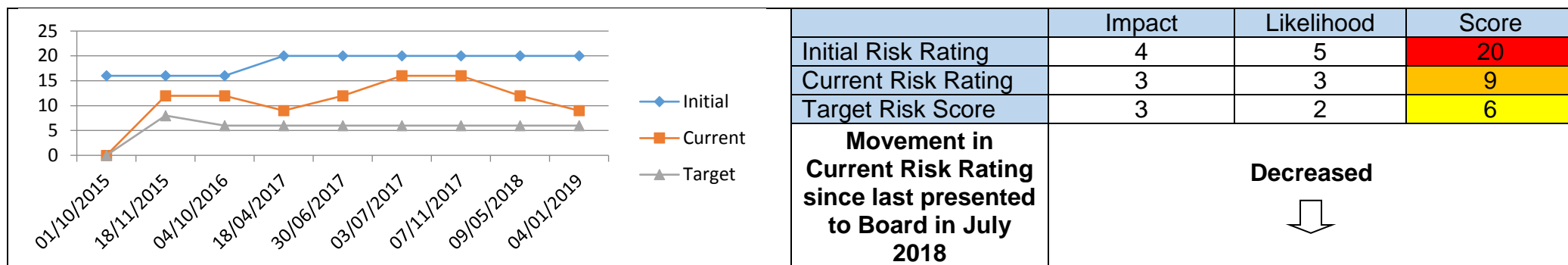


| Controls in place | Further action to achieve target risk score |
|--|---|
| <ol style="list-style-type: none"> 1. 2018/19 Interim Financial Plan, which has been approved by the Board and submitted to Welsh Government. 2. Scheme of Financial Delegation and Accountability Agreements in place. 3. Dedicated Chief Finance Officer embedded in the management team of each Division (and hospital/area team). 4. Performance and Accountability review meetings in place providing | <ol style="list-style-type: none"> 1. Further work being undertaken to secure additional opportunities to deliver recovery actions, including ongoing review of the All Wales Efficiency Framework for further opportunities. 2. Turnaround activity focussed upon delivering in year. 3. Accelerated rollout of SafeCare nurse e-rostering system will ensure greater controls in the use of Nurse Agency based on patient acuity and demand. |

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| <p>a focus on financial and operational delivery and performance.</p> <p>5. Focused additional support provided by Finance in key areas of budgetary pressure.</p> <p>6. Programme Management software used to track and monitor the delivery of savings.</p> <p>7. Written assurance sought on a regular basis from areas of significant overspend to identify financial recovery actions.</p> <p>8. Additional financial reporting including weekly cost driver intelligence dashboard to Executive Team; and monthly Day 6 Flash Reports.</p> <p>9. Turnaround Director in post and recruited to team.</p> <p>10. Turnaround approach approved and implemented around the identification and delivery of savings through a number of work streams with reporting to the Executive Team, Finance & Performance Committee and the Board.</p> <p>11. Additional savings schemes and actions identified in workforce, procurement and prescribing.</p> <p>12. Mental Health & Learning Disabilities Division in weekly escalation with DOF and TD to track recovery plan achievements. Demonstrable impact evidenced in cost of complex care packages.</p> <p>13. MHLD and Secondary Care management teams in escalation status with CEO and DOF, focus on YGC and Wrexham.</p> <p>14. Secondary Care and Area Teams in escalation having produced joint financial recovery plans to demonstrate joint accountability for delivery.</p> <p>15. Weekly reporting on Continuing Health Care (CHC) and Mental Health Care Packages provided to Executives and operational management teams.</p> <p>16. Executive Team identified a number of actions around primary care expenditure, including Director of Primary Care written out to GP Practices.</p> <p>17. Introduction of Establishment control process from 1st November.</p> <p>18. Implementation of increased financial management and control arrangements message given out in the Chief Executives letter.</p> | <p>4. Reinforce the controls to manage medical and nurse agency expenditure.</p> <p>5. Action Plan currently being developed by Director of Primary Care following outputs from the external review of CHC processes in order to reduce costs of care packages.</p> <p>6. Further investment in Turnaround capacity being targeted to in year delivery.</p> <p>7. Director of Finance now sitting on Drugs & Therapeutics Committee.</p> <p>8. Progressing opportunities around the value work stream e.g. Diabetes pathway redesign.</p> <p>9. F&P Committee requesting attendance of overspending divisions to seek assurances regarding progress on recovery actions.</p> |
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| Assurances | Links to | | |
|---|-----------------|-----------------|------------------------|
| 1. Monthly financial position reported to the F&P Committee and Board. 2. Finance Delivery Unit (FDU) view at the WG Special Measures meeting. | Strategic Goals | Principal Risks | Special Measures Theme |
| | 7 | PR2 | Not Applicable |

| | | |
|---|--|---------------------------------------|
| CRR07 | Director Lead: Executive Director of Planning and Performance | Date Opened: 01/10/2015 |
| | Assuring Committee: Finance and Performance Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Capital Systems | Target Risk Date: 29/03/2019 |
| There is a risk that the Board fails to appropriately manage capital expenditure due to failures in implementing appropriate controls and governance systems. This could negatively impact on service delivery, financial resources and the reputation of the organisation. | | |



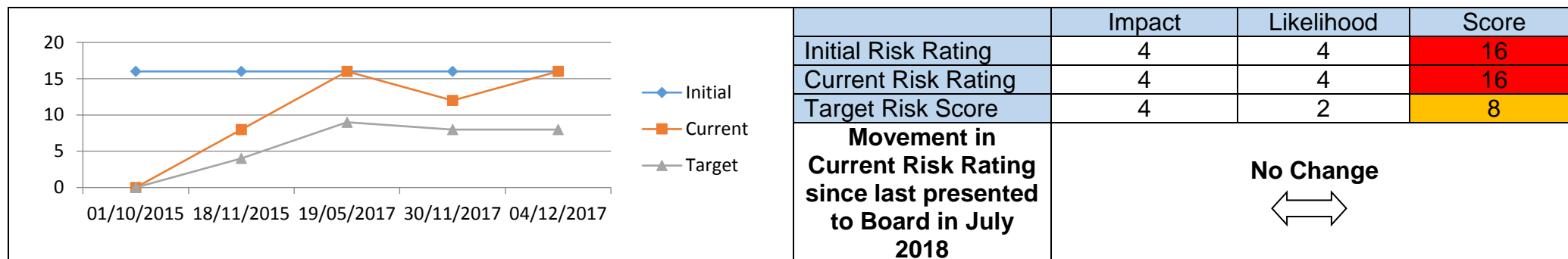
| Controls in place | Further action to achieve target risk score |
|---|--|
| <ol style="list-style-type: none"> 1. Management actions arising from the Capita review and response to capital internal audit review in progress including: <ol style="list-style-type: none"> a. Revised capital structure and decision making processes. b. Revised capital manual adopted. c. Revised Capital Development Team established and all post recruited. 2. Project Governance Frameworks in place for all major schemes. 3. Capital Programme Management Team meeting monthly. 4. Review of revised capital procedures by Specialist Capital Audit. 5. Revisions and addendum to Capital Procedures Manual in place. 6. Revised financial reporting framework adopted for major schemes. 7. Capital reporting to F&P Committee further enhanced including monthly exception reports for major capital schemes. 8. External review of cost reporting completed. 9. Stage 4 Gateway review completed for SuRNICC providing amber/green assurance. | <ol style="list-style-type: none"> 1. Full implementation of all outstanding audit findings together with recommendations of Deloitte review. 2. Internal Audit to undertake targeted review of amended cost reports and control documents to gain further assurance. 3. Audit plan for 2018/19 to be reviewed to provide targeted scrutiny, assessment and assurance. 4. Risk assessed programme of Gateway reviews for major schemes to be progressed. |

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| 10. Forward programme agreed for reporting benefits realisation to F&P Committee. 11. Management action plans developed in response to Deloitte review and confirmed through Audit Committee. | |
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| Assurances | Links to | | |
|---|------------------------|------------------------|-------------------------------|
| 1. WG oversight of Capital Governance Arrangements. 2. Monthly progress reports to WG as part of All Wales Capital Scheme. 3. Evidence of compliance of all actions arising from Audit Reports (Including Capita Review). | Strategic Goals | Principal Risks | Special Measures Theme |
| | 3 7 | PR2 | Leadership |

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| CRR09 | Director Lead: Director of Primary and Community Care | Date Opened: 01/10/2015 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Primary Care Sustainability | Target Risk Date: 29/03/2019 |

There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.



| Controls in place | Further action to achieve target risk score |
|--|--|
| <p>1.5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken April 2018. Further assessment planned December 2018.</p> <p>2. Each Area has developed a regular practice review process to prioritise support.</p> <p>3. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability.</p> <p>4. National Sustainability assessment process allows practices to request support from the Health Board.</p> <p>5. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices.</p> <p>6. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since April 2018.</p> | <p>1. Evaluation and integration of new service models into primary care to ascertain their success.</p> <p>2. New governance models of primary care need to be assessed to identify their reliability and assurance.</p> <p>3. Care closer to home strategy to be evaluated.</p> <p>4. Establish primary care academy and further develop primary care training, including mentorship.</p> <p>5. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention.</p> <p>6. Primary care workforce plan to be developed and fully implemented.</p> <p>7. Further engagement with primary care and partner organisations.</p> <p>8. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services.</p> <p>9. Work with Deanery to increase the number of GP training places in N Wales.</p> |

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| <p>7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, other practices progressing recruitment.</p> <p>8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.</p> <p>9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.</p> <p>10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.</p> <p>11. Developing new models of delivery of care within GP practices.</p> <p>12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.</p> <p>13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2018/19.</p> <p>14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.</p> <p>15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.</p> <p>16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.</p> <p>17. Navigators working within GP practices signposting patients to the right healthcare.</p> <p>18. Workflow optimisation training available to practices.</p> <p>19. Intermediate care funded schemes supporting primary care.</p> <p>20. 15 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.</p> | <p>10. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.</p> <p>11. Accelerated role out of advanced practice training.</p> <p>12. Promote practice mergers and federating.</p> |
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| <p>21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board is being established to oversee progress, with the first meeting on 20 July 2018.</p> <p>22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.</p> <p>23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.</p> <p>24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.</p> <p>25. Recruiting and training practice nurses.</p> <p>26. Director of Primary and Community Health Services appointed and in post.</p> <p>27. Plans to progress CCtH being built into IMTP, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.</p> | |
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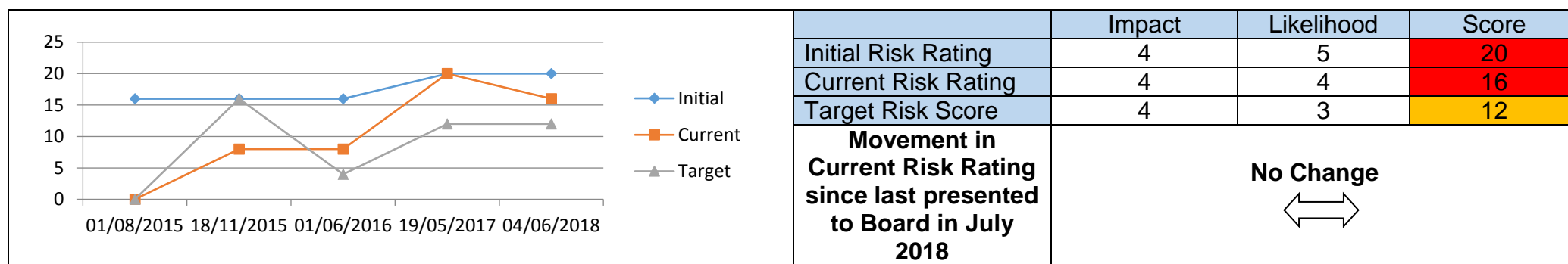
| Assurances | Links to | | |
|--|-----------------|-----------------|------------------------|
| 1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning Committee. | Strategic Goals | Principal Risks | Special Measures Theme |
| | 1 2 3 4 5 6 7 | PR6 | Primary Care |

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| CRR10 | Director Lead: Executive Medical Director | Date Opened: 01/08/2015 |
| | Assuring Committee: Information Governance & Informatics Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Informatics | Target Risk Date: 31/12/2019 |

There is a risk that the Informatics infrastructure is not fit for purpose. This may be due to:

- (a) A lack of capacity and resource.
- (b) Increasing demand.
- (c) Reliance on the NHS Wales Informatics service.

This could lead to failures in clinical and management information systems, impacting negatively on patient safety/outcomes, and greater risk of cyber-attack.



| Controls in place | Further action to achieve target risk score |
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| <p>Controls Part A & B:</p> <ol style="list-style-type: none"> 1. Governance structures in place to approve plans and approved and monitored plans for 2018 (Capital, IMTP and Operational). 2. Integrated planning process and agreed timescales with BCU and NWIS. 3. Forward programme of business case development. 4. Local innovation to address operational risk (e.g. SBRI, ETTF). 5. Programme management approach to the implementation of Systems including Gateway review process where required. 6. Detective control and processes e.g. Performance Monitoring, reporting and escalation structures in place. 7. Governance structure for Informatics to review requests for work and prioritise to protect the operational plan priorities. 8. Draft Informatics Strategic Outline Plan detailing the "investment | <ol style="list-style-type: none"> 1. Refine and agree the Strategic Outline Plan for Informatics (SOC)- Quarter 3 2018. 2. Agreed Strategic direction for the Electronic Patient Record SOC date TBC. 3. Develop associated business cases (BC) for resource required for SOP and SOC and to address failing infrastructure e.g. Central File Library. (Qtr 3 BC Central File Library). 4. Engagement with National Teams at multiple levels and escalation of issues via processes re requirements for:- <ol style="list-style-type: none"> a. A more user friendly better performing Welsh Clinical Portal. b. Delivery of a single Radiology System (TBC). c. Rapid development of the Welsh Care Record Service and support (ie Interfaces) to enable a functioning local EPR. 5. Secured additional Capital and revenue budget going forward (with |

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| <p>requirements for technology and digitally enabled service change" produced to support local and national planning.</p> <p>9. Increased revenue budget provided for 2018/2019.</p> <p>Controls Part C</p> <p>1. Engagement with National Teams at Multiple Levels.</p> <p>2. Integrated planning process and agreed timescales from third party suppliers including NWIS Note: evidence of slippage past agreed dates is evidenced to be a trend for NWIS.</p> <p>3. Participation in change control process.</p> <p>4. Specifications for products and services agreed via Governance Structures.</p> <p>5. Quarterly Contracting Reviews against SLA commenced Jan 18.</p> <p>6. Review meetings with NWIS directors twice a year.</p> | <p>business case justifications).</p> |
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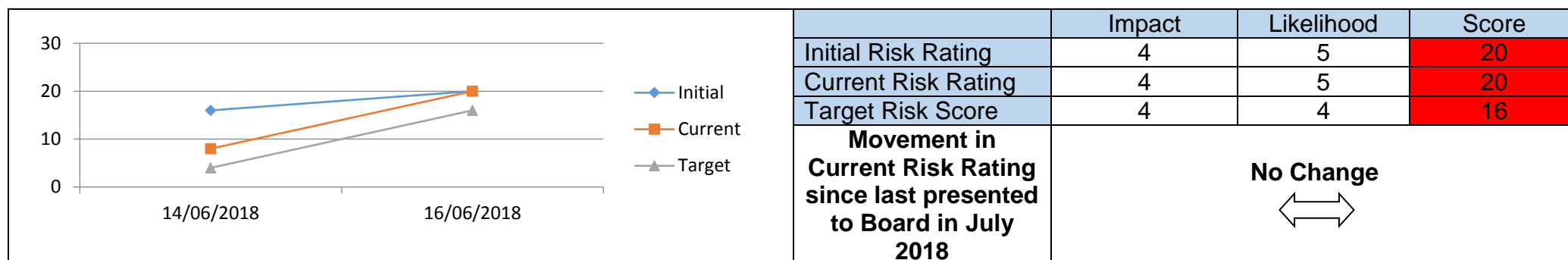
| Assurances | Links to | | |
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| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. National system implementation oversight by NIMB chaired by the Cabinet Secretary. 2. Annual Internal Audit Plan. 3. WAO reviews and reports e.g. Structured assessments and data quality. 4. Scrutiny of Clinical Data Quality by CHKS. 5. Auditor General Report - Informatics Systems in NHS Wales. | 2 3 4 5 6 7 | PR6 PR5 PR2 | Strategic and Service Planning |

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| CRR11a | Director Lead: Executive Director of Nursing and Midwifery | Date Opened: 14/06/2018 |
| | Assuring Committee: Finance and Performance Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Unscheduled Care Access | Target Risk Date: 08/01/2019 |

There is a risk that systematic harm may be caused to patients needing access to unscheduled care services due to failures to be able to respond to demand in accordance with expected national targets.

This may be caused by mismatches between resources available across the unscheduled care system to demands placed on the system for prolonged periods of time or inappropriate allocation of resources available to meet the demand.

This could lead to an impact/effect on patient experience and outcomes, organisational reputation, delivery of national targets and recognised standards of care.



| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Multi-agency Unscheduled Care Transformation Board chaired by the Executive Director of Nursing. 2. 1ST 90-day cycle of the unscheduled care plan launched 10.10.18. with 3 specific work streams: Demand, Flow and Discharge. 3. Associate Director of Unscheduled Care seconded to lead the 90 day plan, with named workstream leads in place responsible for performance management of the plan. 4. Daily Conference Calls with WG in place to address daily position. 5. Daily Safety Huddles in place on 3 acute sites. 6. Pan BCU calls in place to manage flow between divisions. 7. Daily Board rounds in place to support continuity of care and early discharge planning. 8. Weekly review meetings with LA partners to support discharge. | <ol style="list-style-type: none"> 1. Recruitment of 3 Emergency Quarter managers. 2. Development and sign off the 90 day improvement trajectories for the 3 workstreams required. 3. Embedding of SAFER in all sites and wards. 4. Work with partners on improvement to DTOC taking into account cross border demand from COCH and RJA on Wrexham and Flintshire. 5. Close monitoring and management of actions within the 90 day plan to understand and evaluate the effectiveness of each element and impact on overall performance. |

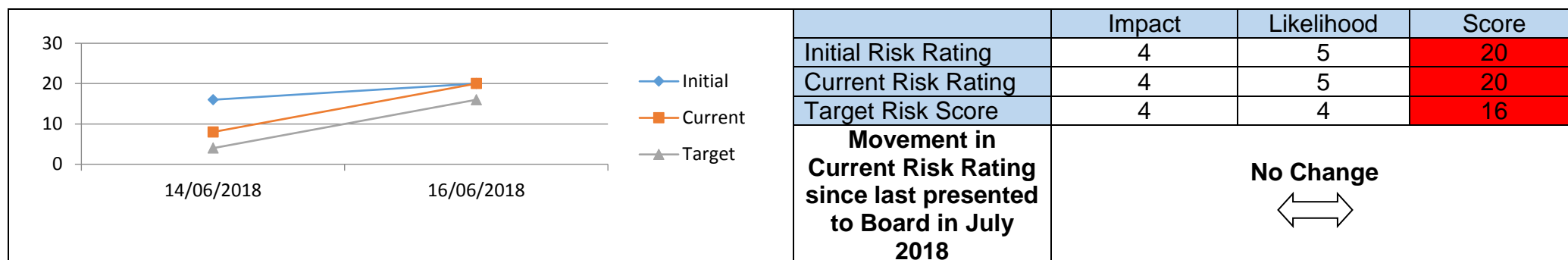
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| <p>9. Live and daily performance information to support decision making.</p> <p>10. 3 times daily escalation status reviews.</p> <p>11. SAPHTE scoring for assessment of ED departmental patient safety.</p> <p>12. Mental Health support located within site Police Control.</p> <p>13. Frequent attenders WEDFANs group regularly review vulnerable patients who frequently access services.</p> <p>14. Escalation process and structure in place to provide 24/7. escalation from site management through bronze, silver and gold</p> <p>15. Seasonal plan developed.</p> <p>16. Discharge information provided to patients on admission via new discharge leaflet.</p> | |
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| Assurances | Links to | | |
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| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking. | 1 2 3 6 7 | PR3 | Leadership |

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| CRR11b | Director Lead: Executive Medical Director | Date Opened: 14/06/2018 |
| | Assuring Committee: Finance and Performance Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Planned Care Access | Target Risk Date: 30/06/2019 |

There is a risk that the BCUHB fails to provide access to planned care in accordance with the needs and expectations of its stakeholders. This may be caused by capacity shortfalls or mismatch between allocation of available capacity and demand, a failure to utilise resources effectively, conflicting pressures (management of Unscheduled Care pressures and elective delivery), equipment failure and availability of suitable facilities, workforce issues.

This could lead to adverse outcomes for patients, prolonged waiting periods, a failure to meet national targets (RTT, diagnostics, cancer, clinically due review time, and impact on the financial stability and the reputation of the Health Board.

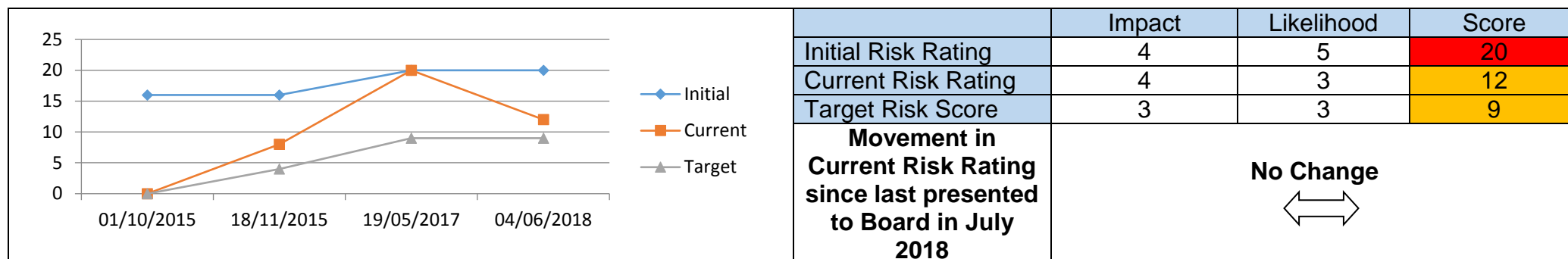


| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Daily waiting times information in place for RTT, diagnostics and Cancer. 2. Performance team and trackers in Cancer utilising escalation processes with operational teams. 3. Demand and Capacity plan agreed per specialty and site with Delivery Unit, confirming extent of sustainable service gap. 4. Weekly Access meeting extended to include RTT, Diagnostics and Cancer. 5. Interim Planned Care leadership in place responsible for oversight of RTT, Cancer and Diagnostics remedial action plans. Performance management at Hospital and Area Level. 6. Weekly outsourcing meeting in place. 7. Elective patient pathway and outpatient improvement cells in place | <ol style="list-style-type: none"> 1. Resourced planned care operational plan to be signed off. 2. Resource for RTT and Diagnostics 2018-19 to be confirmed. 3. Pan BCU service line management to be implemented with initial recruitment to the specialties of : Orthopaedics, Ophthalmology and Urology. 4. Sustainable service plans for these 3 specialties to be further developed and implemented. 5. Learning from Single Cancer Pathway shadow working to be shared and used to inform Cabinet Secretary decision making - this will impact on diagnostic capacity and demands on cancer tracking. 6. Learning and application of change management in respect of the Eye Care measures to inform sustainable plan. 7. Follow up efficiency measures for the 4 specialties from the national |

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| <p>with clear targets for efficiency improvement.</p> <p>8. Engaged with National Planned Care, National Outpatient and Cancer Implementation Groups.</p> <p>9. Single Cancer Pathway demand and capacity submission completed and shadow reporting to WG monthly. Capacity gap for diagnostics reported via monthly EMG report and to be considered as part of IMTP preparation 2019-2022.</p> <p>10. Elective and Seasonal plan assumes only daycase and urgent/cancer surgery is scheduled for January 2019 to protect unscheduled care capacity (except at Abergele).</p> <p>11. Eye care measure reporting commenced 30.9.18. and successful WG fund made for resource to assist with implementation.</p> <p>12. DU supporting with endoscopy capacity review for diagnostic waits as part of an all Wales programme of work Nov/Dec 2018.</p> <p>13. Additional contracts in place for non-obstetric Ultrasound aims to recover 8 week waits for this service by end of Dec 2018.</p> <p>14. Risk for follow up management increased in Central area due to WPAS serious incident, operational oversight group in place.</p> <p>15. Outpatient Programme Group established and clarity re: governance obtained.</p> | <p>planned care programme to be implemented.</p> <p>8. Sustainable endoscopy capacity plan to be developed and key appointments made.</p> <p>9. Outcome awaited on Single Cancer Pathway WCN investment proposal.</p> <p>10. Matrix working and responsibilities of clinical and operational leaders to be confirmed to strengthen governance.</p> <p>11. Enhanced governance structure to be put in place (from January 2019).</p> |
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| Assurances | Links to | | |
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| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking. | 1 2 3 6 7 | PR3 | Leadership |

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| CRR12 | Director Lead: Executive Director of Planning and Performance | Date Opened: 01/10/2015 |
| | Assuring Committee: Finance and Performance Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Estates and Environment | Target Risk Date: 01/04/2022 |
| 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. | | |

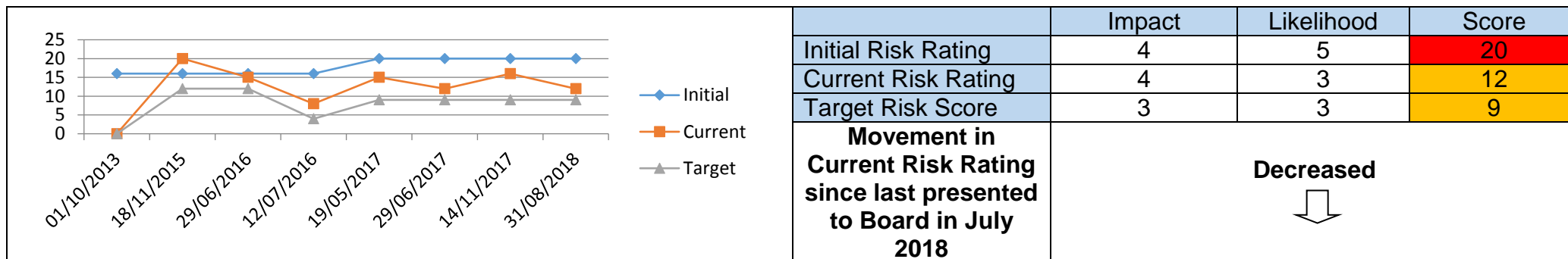


| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Clear Board direction on future clinical service model (2018/19). 2. Operational Risk Registers in place defining high risk priorities for capital and revenue investment. 3. Risk assessed schedules for implementation of agreed priorities. 4. Estates maintenance strategy in place for the delivery of capital and investment objectives. 5. Input data into All Wales Estates Facilities Performance Management System (EFPMS) Portal to assess overall estate performance. 6. Risk based estates rationalisation and disposal programme in place. 7. Redevelopment plan for Ysbyty Glan Clwyd (Asbestos Management Controls). 8. Project Director appointed for development of Ysbyty Wrexham Maelor. 9. Stock Condition Survey of Primary Care Estate premises completed. 10. Operational Estates and Facilities Management annually agreed Discretionary capital funding. | <ol style="list-style-type: none"> 1. Outline Estates Strategy to deliver mitigation and reduce risk (January 2019). 2. Ongoing programme of estates rationalisation and selective demolition (2019). 3. Develop Full Business Cases for Residential Accommodation and Laundry Services and submit to Board for approval March 2019). 4. Estates Strategy to reflect current assessment of backlog maintenance the annual data gathering for the All Wales Estates and Facilities Performance Management System has now been submitted and an All Wales Report will be published in December 2018). 5. Stock Condition Survey of Acute and Community premises to interim capital investment plans (April 2019) - Revenue funding bids are currently being considered within the 2019/20 Health Boards budget setting process. 6. Revenue funding bids are being submitted for consideration within the Health Boards 2019/20 budget setting process to undertake a six facets condition survey across the Health Boards Estate. |

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| 11. Strategic capital investment (2018/19) - (updated and reviewed annual in line with the Health Board's Discretionary Capital Programme and All Wales Capital Projects). 12. New service models for non strategic estate developed. 13. Options Appraisals for both Residential and Laundry Services have been developed. | |
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| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Independent authorising engineer appointments. 2. Internal Audit Programme. 3. HSE Statutory Reviews and Reports. 4. EFPMS Portal Data used by WG for Annual All Wales Report. 5. Local Authority Trading Standing. 6. Food Safety Assessment. 7. Annual Reports (HSE, Fire, V&A and sustainability). | 1 2 3 4 5 7 | PR5 | Strategic and Service Planning |

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| CRR13 | Director Lead: Director of Mental Health and Learning Disabilities | Date Opened: 01/10/2013 |
| | Assuring Committee: Quality, Safety and Experience Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Mental Health Services | Target Risk Date: 28/06/2019 |
| There is a risk that patients receive inappropriate care within Mental Health Services due to failings in leadership and governance at all levels within the Division which could result in poor quality outcomes for patients. | | |



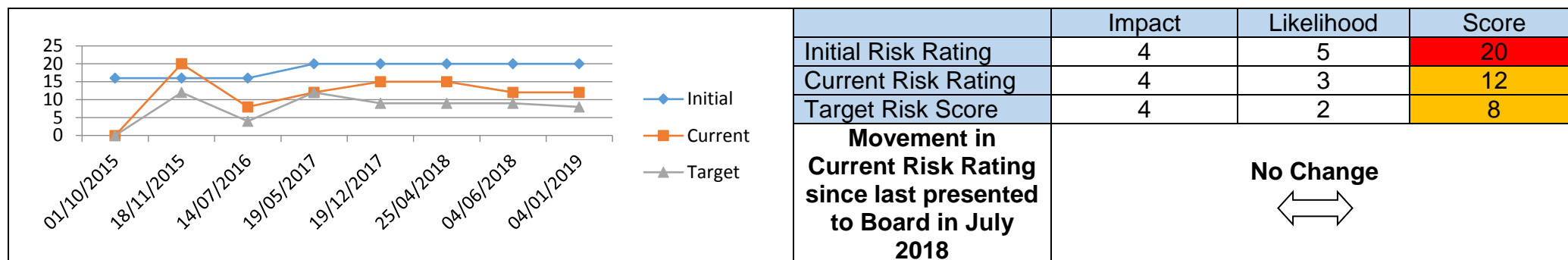
| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Improvement plan in place and subject to ongoing review. 2. Enhanced monitoring in progress at Board level. 3. Renewed focus and escalation arrangements for dealing with operational issues. 4. Governance Framework developed and implemented within mental health. 5. Mental Health Strategy approved by the Board. 6. Senior Management and Clinical Leadership holding structure in place. 7. Older Person's Mental Health action plans in place. 8. Weekly PTR meeting in place. 9. Revised interim leadership, management and governance arrangements in place November 2017. | <ol style="list-style-type: none"> 1. Ongoing implementation of performance and accountability reviews across the division. 2. Continue to improve internal divisional communication systems. 3. Contribute to HASCAS investigation and wider governance review. 4. Undertake review of demand, capacity and skill mix. 5. Ongoing review of staffing levels. 6. Consultation on permanent structure to be completed. 7. Embed revised arrangements for safeguarding, and dynamic risk assessment. 8. Standardise operational procedures for acute inpatient care. |

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| 1. Board and WG oversight as part of Special Measures. 2. External reviews and investigations commissioned (Ockenden and HASCAS). 3. HIW Reviews. 4. External Accreditation (AIMS). 5. Delivery Unit oversight of CTP. | Strategic Goals | Principal Risks | Special Measures Theme |
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| | 1 2 3 4 5 6 7 | PR1 | Mental Health |

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| CRR14 | Director Lead: Executive Director of Workforce and Organisational Development | Date Opened: 01/10/2015 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Staff Engagement | Target Risk Date: 31/03/2020 |

There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.



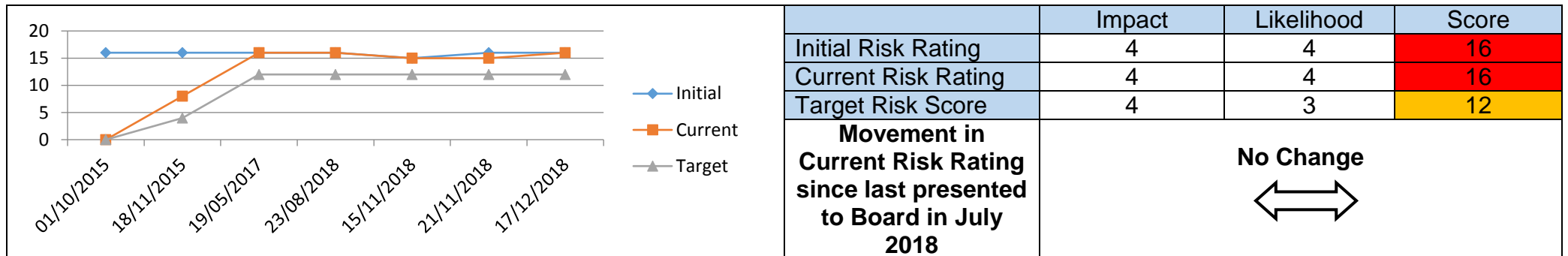
| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Implemented Proud to Lead - Leadership Framework. 2. Implemented a range of engagement processes including: -3D Model-Discover, Debate, Deliver; Listening Leads; Staff Engagement Ambassadors; "Proud Of" Groups established in each DGH and some Community Hospitals. -Implemented Staff Reward and Recognition Schemes such as Seren Betsi Star, Staff Achievement Awards and Long Service Awards. 3. Implemented range of public engagement opportunities. 4. Staff Engagement Group (SEG) established to provide oversight and direction to engagement activities. 5. Trade Union partnership arrangements: Local Partnership Forum/Local Negotiating Committee in place. 6. Defined purpose and values. 7. Implemented Proud to Lead – Leadership Behaviours Framework. 8. Implemented "Hello my name is" / "Helo fy enw I ydy". 9. Raising Concerns Procedure and Safe Haven Scheme in place with | <ol style="list-style-type: none"> 1. Cultural Assessment Tool "Go Engage" - first 2 organisational surveys to be distributed in the organisation by Q4 18/19. Work to commence with "Pioneer Teams" by Q4. 2. 3D Listening methodology - Delivery plan to increase activity and highlight the benefits of this methodology undertaken Q1 18/19. Engagement with senior teams across the organisation to promote and highlight the benefits of this methodology - Q3 18/19. 3. Senior Leadership Development - Analysis and programme design completed in Q1/2 18/19. Promotion of programme in Q3 18/19. Launch of first cohort in Q4 18/19. 4. Next series of Senior Leadership Masterclasses to be launched in Q1 19/20. 5. Staff Survey 2018 - Development of organisational and divisional improvement plans to be submitted Q3/Q4 18/19. 6. Organisational Development Celebration Event to be held in Q3 18/19 showcasing key OD achievements across BCUHB. |

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| <p>task and finish group oversight.</p> <p>10. Workforce, clinical and operational policies and procedures in place including Dignity at Work.</p> <p>11. BCU and Professional Codes of conduct in place.</p> <p>12. Leadership Development Programmes in place including Generation 2015 programme.</p> <p>13. Implemented Speak out safely campaign.</p> <p>14. Staff Engagement Strategy and delivery plans in place.</p> <p>15. Revised PADR documentation in place including Leadership Behaviours.</p> <p>16. 3D Listening Methodology in place and "You Said - We Did" are collated for each project area.</p> <p>17. Senior Leadership development programme for Bands 8a implemented.</p> <p>18. 2016 Staff Survey action plans for all Divisions, Areas and Corporate Directorates in place.</p> <p>19. BCUHB Best, Facebook and Twitter in place.</p> <p>20. BCUHB are part of the All Wales Public Services Coaching Network. In-house coaching programmes have been established and are currently available.</p> <p>21. Partnerships established with Local Further Education Providers to deliver a programme of Essential Skills for Staff.</p> <p>22. Senior Leadership Master Classes have been established for 2018/19.</p> <p>23. Staff Engagement resource tool kit developed and available on the Intranet.</p> <p>24. Workforce Metrics dashboard implemented.</p> | <p>7. An advanced Coaching Skills training programme for Medical Staff and Senior Leaders is in development, to be launched Q4 18/19.</p> <p>8. Proud of Groups - new approach being tested in Area East at a local team/ward level, targeting community hospitals in Q3 18/19.</p> <p>9. PADR Improvement plan in development to target low compliance areas and raise awareness on an organisational level Q4 18/19.</p> <p>10. Cultural Assessment Tool "Go Engage" identified, and procured, implementation due to commence Q4 18/19.</p> |
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| Assurances | Links to | | |
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| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4. Implementation of I Want Great Care. | 1 2 3 4 5 6 7 | PR9 | Engagement |

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| CRR15 | Director Lead: Executive Director of Workforce and Organisational Development | Date Opened: 01/10/2015 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Recruitment and Retention | Target Risk Date: 31/01/2020 |

There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.



| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> Promotion of the new employment brand and web site Train Work live North Wales continues with increased numbers of visitors to the site proving successful. Running large recruitment job fairs nationally London & Birmingham. Project plan in place for nurse recruitment and retention is providing focus for the HB. 'Hot spot area's wards/in secondary care are in place. Workforce Planning is crucial and the following will mitigate; <ol style="list-style-type: none"> Workforce Plans included as part of annual plan. Corporate Recruitment group in place, professional/occupation sub group in place, volume recruitment days via geographical areas, local workforce teams are in place. MEDACS managed service in place to secure effective processes for employing Locums. Step into Work Programmes. POLICIES | <ol style="list-style-type: none"> Engage WG colleagues in discussions on terms of salaried GP contracts. Promote return to practice for all professions via advertising strategy and introduction of taster days e.g. Nurse/therapists. If appropriate continue with International nurse recruitment. Expand successful Nurse Cadet programme, utilising modern apprenticeship programme, in west to centre and east areas. Explore expansion of Level 4 Assistant Practitioner Programme in place with college Llandrillo Menai, with a number progressing to registered nurse training. Further links being developed with Manchester, Chester and Staffordshire Universities. Recruitment sub groups in place to identify the recruitment challenges within each professional group and create recruitment activity action plans as appropriate. Continuing to contribute to Cavendish coalition and NHS employers |

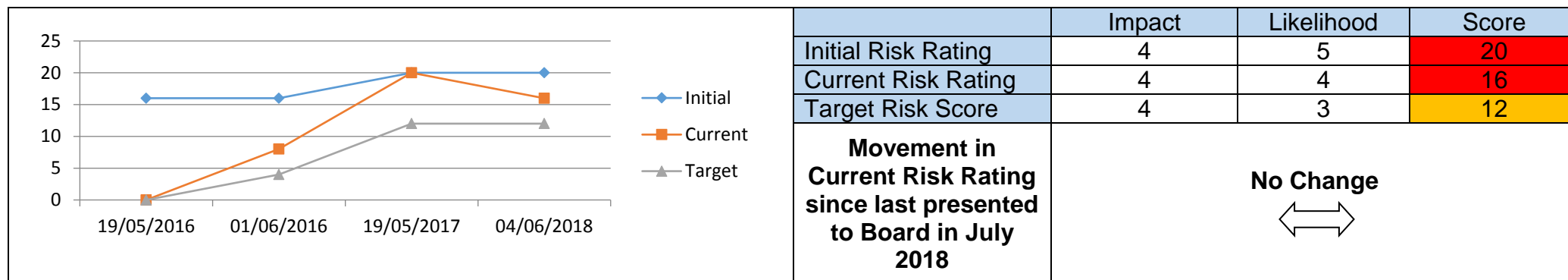
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| <p>a. Workforce policies and procedures in place and in use.</p> <p>b. Service level agreement for recruitment services with NHS Wales Shared Services Partnership (NWSSP) with regular performance reviews.</p> <p>c. Compliance with pre-employment checks monitored.</p> <p>d. Changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS.</p> <p>6. SYSTEMS / PRACTICE</p> <p>a. Range of communication systems in place - cross reference to Staff Engagement Risk.</p> <p>b. Appraisal compliance and mandatory training monitored.</p> <p>c. National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP.</p> <p>c. TRAC system in place which ensures standardised processes.</p> <p>d. E-rostering system in place to ensure effective rostering.</p> <p>e. BCU employment brand launched which supports the new recruitment web site to promote North Wales and recruitment 'train, work, live' North Wales.</p> <p>f. Promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks etc.</p> <p>g. Staff benefits such as child care vouchers, cycle to work schemes and other non-pay benefits in place.</p> <p>h. Continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.</p> <p>i. Agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.</p> <p>j. Contributing to All-Wales Recruitment campaigns - 'train, work, live' brand. BCU now the SPOC which is promoted Nationally and locally.</p> <p>k. Creation of attraction recruitment and retention strategy for hot spot areas.</p> | <p>on potential impact of BREXIT negotiations.</p> <p>9. Contribution to Medical Training Initiatives (MTI) Bapio Scheme.</p> <p>10. Exit interviews procedure re introduced for all roles developed and approved – to be rolled out across the organisation.</p> <p>11. Celebrate local achievements through 'Proud of Campaign' building on existing staff awards and celebration of success.</p> <p>12. Seeking staff input to the way the health board runs through Listening Leads, Staff Ambassadors and 3D engagement activity.</p> <p>13. Developing strategy for older workers reflecting the outputs from the Working longer Group.</p> |
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| 1. Staff surveys. 2. WG reporting (e.g. sickness absence and long term disciplinary cases). 3. NMC Royal College and Deanery Reviews and Reports. 4. Review of NWSSP recruitment timescales. | Strategic Goals | Principal Risks | Special Measures Theme |
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| | 1 2 3 4 5 6 7 | PR4 | Leadership |

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| CRR16 | Director Lead: Executive Director of Nursing and Midwifery | Date Opened: 19/05/2016 |
| | Assuring Committee: Quality, Safety and Experience Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Safeguarding | Target Risk Date: 31/07/2019 |

There is a risk that the Health Board does not discharge its statutory and moral duties in respect of Safeguarding. This may be caused by a failure develop and implement suitable and sufficient safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resources to manage the undertaking. This could impact on those persons at risk of harm to whom the BCUHB has a duty of care.

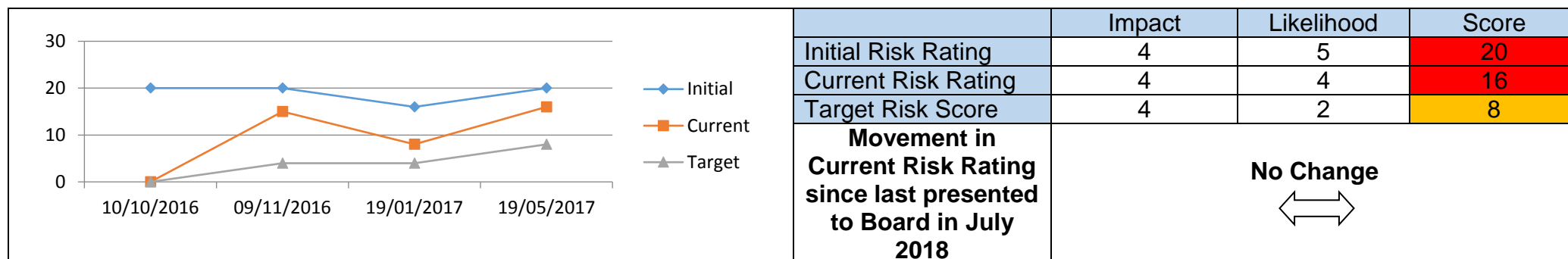


| Controls in place | Further action to achieve target risk score |
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| <ol style="list-style-type: none"> 1. Leadership and Direction set by Senior Management Team. 2. The Safeguarding Annual Report 2017- 2018 highlighted significant activities and engagement, with a detailed action plan to reduce risk and improve governance and accountability arrangements. 3. Adoption and implementation of the Safeguarding Local Risk Management Procedures (RM04) which clearly indicates the escalation and assurance route for safeguarding risks. 4. Regular meetings/briefings between Executive Lead and the Associate Director are in place to ensure risks are known and to ensure activities for mitigation and/or reduction of risk are in place. 5. Consistent and enhanced organisational membership on the NWSAB. Membership includes Associate Director of Safeguarding Director of Nursing MHL and Assistant Director of Corporate CHC. All Multi- agency Safeguarding Forums have a BCUHB attendance KPI at 100%. 6. Strengthened governance arrangements including a new approach | <ol style="list-style-type: none"> 1. Service reconfiguration ongoing, with finalised banded JDs still awaited and consideration of OCP. 2. Development and implementation of the Business Support Unit in progress. 3. The programme of works relating to the Reporting Framework, governance and accountability of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act is under review and implementation of key tasks will commence in the first Quarter 2019 . 4. A review of the DoLS structure and service provision will commence in the first Quarter 2019 with a position paper submitted in the second quarter 2019. 5. Complete work with IM&T to develop and build databases, with an identified priority schedule for implementation. 6. Complete review of all Safeguarding policies and implement in March 2019. 7. Develop public facing webpages to strengthen support and |

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| <p>for progressing the recommendations of APR/CPR/DHR's which ensure health recommendations are being owned by a Lead Director in the area in which they occur.</p> <p>7. The updated Safeguarding Reporting Framework has been implemented and includes Task groups for APR/CPR/DHRs, Training, Policy and Procedure.</p> <p>8. Mental Health and LD safeguarding and dementia aligned within the safeguarding structure.</p> <p>9. Use and triangulation of pathways, reports and alerts data to enhance the identification of safeguarding risk throughout the organisation.</p> <p>10. HASCAS Report and Recommendations. Full engagement with internal activities and the Regional Safeguarding Adult Board to implement recommendations and ensure learning from the findings.</p> <p>11. Safeguarding Governance and Performance Group in place and formally reporting to QSE.</p> <p>12. Safeguarding webpage has been reviewed, updated and accessible for all staff.</p> | <p>engagement with the safeguarding agenda.</p> <p>8. Secure funding and appoint to the position of Named Doctor Safeguarding Adults. This post holder will also hold a position on the NWSAB.</p> <p>9. Strengthen Membership and the requirement of consistent membership at the Safeguarding Governance and Performance Group by January 2019.</p> <p>10. Develop and implement a pathway for investigations/reviews to evidence the consideration given to and any action taken, relating to Safeguarding People at Risk of Harm, March 2019.</p> |
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| Assurances | Links to | | |
|--|-----------------|-----------------|------------------------|
| | Strategic Goals | Principal Risks | Special Measures Theme |
| 1. Strengthened Governance and Reporting arrangements. 2. Enhanced engagement with partner agencies. 3. Safe and effective data collection and triangulation of organisational data to identify risk. 4. Improved compliance against recognised omissions relating to the review and development of Safeguarding policies and Training materials. 5. Regional Safeguarding Boards. | 3 7 | PR9 | Governance |

| | | |
|---|---|---------------------------------------|
| CRR17 | Director Lead: Executive Director of Planning and Performance | Date Opened: 10/10/2016 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Development of IMTP (Integrated Medium Term Plan) | Target Risk Date: 29/03/2019 |
| There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services. | | |



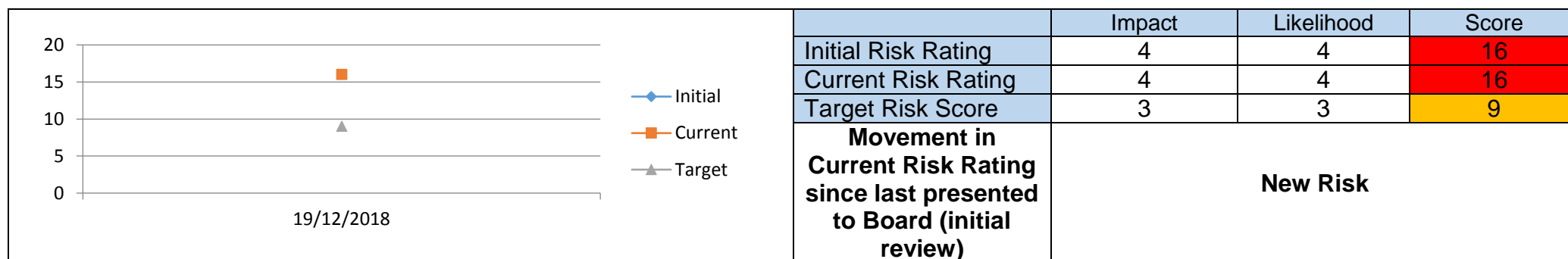
| Controls in place | Further action to achieve target risk score |
|--|--|
| <ol style="list-style-type: none"> 1. Revised operational plan for 2017/18 submitted to WG on 10th April. 2. Board approved Annual Operational Plan in May. 3. Performance Review and accountability meetings for operational Divisions being used to monitor progress against delivery of Annual Operational Plan. 4. Timeline for developing 3 Year Integrated Medium Term Plan for 2018-21 developed and agreed including alignment of 3 year plan and strategy timeline. 5. Reporting and risk assessment against quarterly delivery of the Annual Operational Plan key deliverables through SPPH, linked to JET review. 6. Population needs assessment completed to inform 2018/21 IMTP. 7. Review of 2017/18 planning process undertaken with lessons for 2018/21 identified. 8. IMTP development programme and actions agreed by SPPH on 27th July. 9. Planning Guidance and Planning and Commissioning Intentions for | <ol style="list-style-type: none"> 1. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops set for 4th October, 8th November and 13th December 2018. 2. Care closer to home to be reviewed and reprofiled under the leadership of the Director of Primary and Community Services. 3. RTT plans to be developed; final agreement of year end targets pending, subject to discussions relating to capacity and delivery. 4. Divisions to complete work on priorities identified in the Annual Operating Plan presented to Board in July. 5. A short plan reflecting the Core Priorities, agreed with Board to steer the HB to year end has been drafted and will be discussed at Strategy, Partnerships and Population Health Committee on 4th December 2018. 6. Proposals for Community Services, building on integration in cluster areas, are being refined and will be submitted in December 2018. 7. Shared vision for the partnership domains, in line with the NHS Wales Planning Framework, to be confirmed for inclusion in the IMTP. |

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| <p>2018/21 issued - linked to strategy priorities.</p> <p>10. Board considered outputs from Strategy work in October for a further phase of engagement to 15th December. Outputs to feature in the IMTP.</p> <p>11. November/December 2017 - Divisional priorities identified and draft plans developed to underpin the IMTP.</p> <p>12. December 2017 - Draft delivery priorities and themes reported to the SPPH Committee in December on behalf of the Board.</p> <p>January 2018 - SPPH workshop scheduled for 12th January to review priorities and the core content of the plan.</p> <p>13. Draft plan submitted to WG in January 2018.</p> <p>14. WG feedback received and Board resolved to develop a 3 year plan for 2018/21.</p> <p>15. Board endorsed 3 year plan in March and submitted to WG. This has not been presented as an approvable IMTP. Board agreed the development of an annual operational plan for 2018/19.</p> <p>16. Annual operational plan endorsed by Board in July 2018. The Health Board is working closely with WG delivery unit around specific delivery plan areas for planned care and unscheduled care in 2018/19.</p> <p>17. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018.</p> <p>18. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018.</p> <p>19. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP.</p> <p>20. Core priorities developed with the Board and centred around three key themes:</p> <ul style="list-style-type: none"> - Access and waiting times - Improved confidence in the health and social care system - Finance and resources <p>21. Transformation fund proposals for people with a Learning Disability have been agreed.</p> | <p>8. Bring together the submitted templates setting out transformation group plans and priorities.</p> |
|---|---|

| Assurances | Links to | | |
|--|-----------------|-----------------|--------------------------------|
| 1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council.5. Regular links to advisory for a - LPF, SRG, HPF. | Strategic Goals | Principal Risks | Special Measures Theme |
| | 1 2 3 4 5 6 7 8 | PR5 | Strategic and Service Planning |

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|-------|---|---------------------------------------|
| CRR18 | Director Lead: Executive Director of Planning and Performance | Date Opened: 19/12/2018 |
| | Assuring Committee: Strategy, Partnerships and Population Health Committee | Date Last Reviewed: 10/01/2019 |
| | Risk: Brexit - EU Transition Arrangements | Target Risk Date: 31/12/2019 |

There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.



| Controls in place | Further action to achieve target risk score |
|--|--|
| <ol style="list-style-type: none"> 1. BCUHB Task & Finish Group established. 2. Initial scoping of potential risks and issues. 3. Involvement with regional co-ordinating groups established under the Local Resilience Forum. 4. Involvement with national forums addressing potential risks from EU withdrawal. 5. Support from WG, Welsh NHS Confederation, NWSSP. 6. Engagement with nationally commissioned work streams providing advice and support in respect of supplies and procurement. | <ol style="list-style-type: none"> 1. Engagement with LRF Strategic Co-ordinating Group. 2. Develop and implement internal and external communication plans in line with national guidance. 3. Undertake a review of Business Continuity Plans to ensure fit for purpose. 4. Development of proposals for response in the event of a no-deal or hard deal withdrawal. 5. Engagement with Executive Team to ensure cascade of actions (briefing 09/01/19). |

| Assurances | Links to | | |
|--|-----------------|-----------------|------------------------|
| <ol style="list-style-type: none"> 1. Reporting to Executive Team and SPPH Committee 2. WAO audit of preparedness 3. WG oversight through national work streams | Strategic Goals | Principal Risks | Special Measures Theme |
| | 1 2 3 4 5 6 7 | PR1 | Not Applicable |

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| Health Board 24.1.19 |  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
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|---|--|
| Report Title: | Let's Get Moving North Wales |
| Report Author: | Mrs Rachel Lewis, Principal Public Health Practitioner |
| Responsible Director: | Miss Teresa Owen, Executive Director of Public Health |
| Public or In Committee | Public |
| Purpose of Report: | <p>As part of the 'Living Healthier, Staying Well' strategy, and the Health Boards commitment to improving population health, this report describes a large-scale change approach, developed with partners, to support and encourage people to move more and sit less.</p> <p>The report outlines the plan to progress the "Let's Get Moving North Wales" collaborative project, known in Welsh as "Beth am Symud, Gogledd Cymru".</p> <p>The report details the approach for for Betsi Cadwaladr University Health Board staff, patients and partners; and seeks Board approval of the approach, and sign up to the partnership agreement.</p> |
| Approval / Scrutiny Route Prior to Presentation: | <p>A report describing the Let's Get Moving (LGM) approach was presented to the Executive Team in April 2018. The Let's Get Moving collaborative is a partnership of over 40 organisations who have come together to address the issue of physical inactivity across the North Wales region.</p> <p>The Public Health Directorate has spent the last year developing this large-scale change approach; building partnerships, structures and governance; and plans to provide continuing support while the collaborative matures. The work has featured in the UHB annual plan for 18/19 with updates presented at the Health Improvement, Health Inequalities Transformation Group meeting.</p> <p>The structure of the partnership and the proposed partnership agreement has been co-designed with partners and formally agreed at the Let's Get Moving North Wales Steering Group.</p> |
| Governance issues / risks: | It has been estimated that physical inactivity kills more than smoking, obesity and diabetes combined ¹ , and is responsible for a substantial |

¹ Blair SN. (2009) Physical inactivity: the biggest public health problem of the 21st century. British Journal of Sports Medicine; 43:1-2

| | |
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| | <p>proportion of the disease burden throughout the population and the consequent cost- pressures on health and other public services.</p> <p>With regard to BCUHB's 16,500 work force, physically inactive employees are more likely to suffer health problems, have an accident at work and to take increased sickness leave.</p> <p>The BCUHB Corporate Risk Register (CRR01) highlights the risk if population health issues such as this are not fully addressed.</p> |
| Financial Implications: | <p>Formal 'sign up' to the Let's Get Moving Partnership agreement requires no legal or financial obligation. Conversely, as part of the LGM collaborative, the Health Board has the opportunity to share in grant funded partnership projects, such as the recent bid to develop the health trail at Ysbyty Gwynedd.</p> <p>In addition, encouraging and supporting employees to be more physically active, as part of existing workplace health initiatives, could have a positive impact on sickness absence rates within BCUHB, and the related cost pressures on budgets.</p> |
| Recommendation: | <p>The board is asked to:</p> <p>Note the evidence on the potential for prevention through investment in physical activity within the workforce and the wider population of North Wales</p> <p>Endorse continued participation with Let's Get Moving partners on the priorities identified to increase physical activity as set out in the IMTP.</p> <p>Approve formal 'sign up' to the Let's Get Moving Partnership Agreement, and continue to play an active role in developing, evaluating and celebrating the collaborative</p> |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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

Theme: Leadership and Governance

Expectation: Demonstrate active leadership and commitment working with partners in the Public Services Boards and Regional Partnerships to deliver on the plans and actions agreed to benefit the well-being and health of the people of North Wales including tackling inequalities

Equality Impact Assessment

Assessing the impact on inequality is an ongoing process for Let's Get Moving partners working together to promote physical activity and reduce sedentary behaviour. We know that there are significant inequalities in the levels of activity in relation to age, gender, ethnicity, disability and disadvantage. It is vital that any plans give everyone an equal chance to improve their physical activity levels at work and in the wider environment.

The collaborative is supported by key partners such as Disability Sport Wales, to ensure this is the case, and we will be working closely with colleagues across BCUHB to carry out an EqIA prior to implementing the Let's Get Moving Action Plan for the BCUHB workforce.

Disclosure:

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

Let's Get Moving North Wales

1. Purpose of report

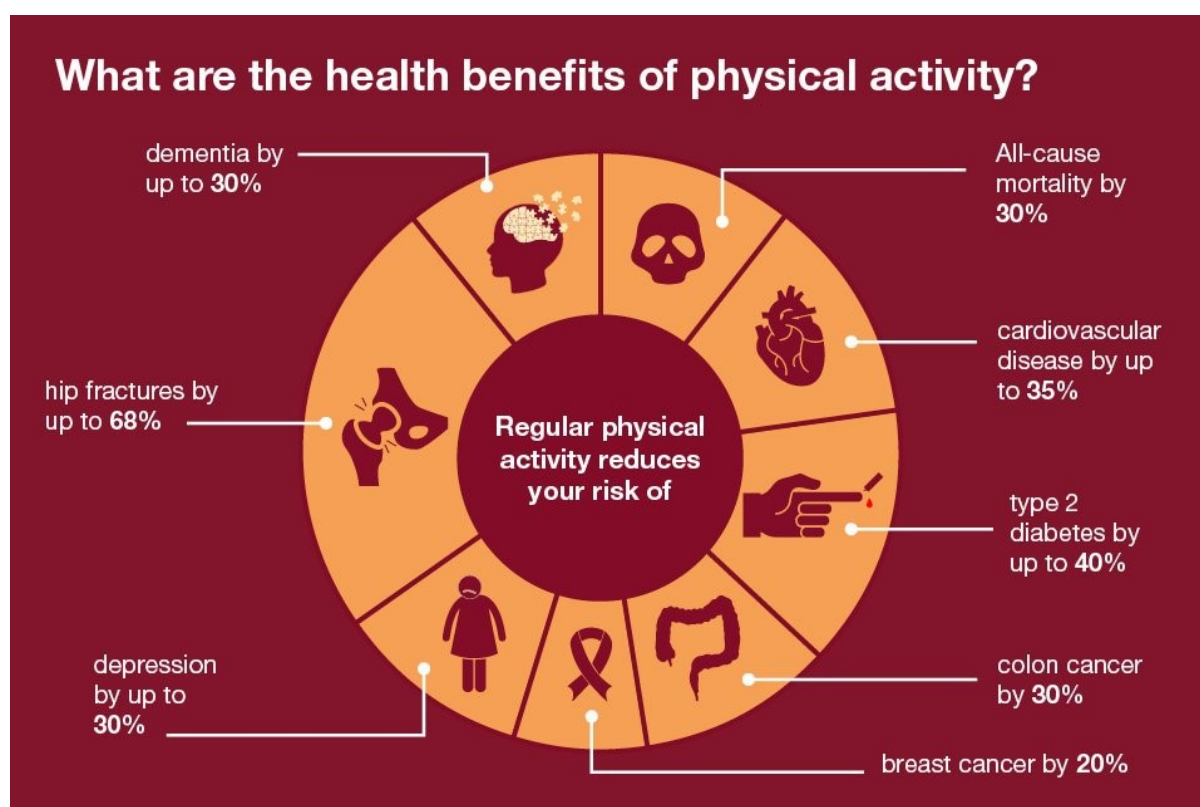
As part of the 'Living Healthier, Staying Well' strategy, and the Health Boards commitment to improving population health, this report describes a large-scale change approach to support and encourage people to move more and sit less.

The report outlines the plan to progress the "Let's Get Moving, North Wales" collaborative project, known in Welsh as "Beth am Symud, Gogledd Cymru".

The report details the approach for for Betsi Cadwaladr University Health Board staff, patients and partners; and seeks Board approval of the approach, and sign up to the partnership agreement.

2. Introduction / Context

Increasing physical activity and reducing sedentary behaviour is widely recognised as being beneficial to health and wellbeing.



<https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>

Being active provides a range of protective factors for both health and mental wellbeing. For young children embedding physical literacy at an early age is essential to healthy growth and development, and for our older population, weight bearing activity supports healthy aging through reduced risk of osteoporosis, falls, loneliness, and dementia.

In addition, increasing inactivity contributes to rising levels of obesity. Being overweight or obese is the norm, across North Wales with around 60% of the adult population struggling to maintain a healthy weight. Our levels of childhood obesity are above both the Welsh and UK average, with stark inequalities linked to deprivation. This situation is getting worse.

However, although the benefits of moving more and sitting less are well documented, a significant number of us are not active enough to improve our health (28% of the North Wales adult population do little or very little regular physical activity²).

Working to increase physical activity and reduce sedentary behaviour is not straightforward. Traditional approaches that focus on single interventions do not tend to work at a population level. Research challenges the idea that responsibility for behaviour choices rest solely with individuals. The Foresight Report: Tackling Obesity – Future Choices (2007)³, underlined the fact that a broad range of factors including environmental (e.g. inactive workplace settings) and cultural (e.g. exposure to physical activity opportunities) are important. Action involving a range of stakeholders across society is needed to tackle this complex problem

In addition, it is clear that in order to facilitate large-scale behaviour change, there is a need to focus on prevention. To create the environments and systems that will enable the population of North Wales to be more active, a systems approach, involving partner organisations, is required. Let's Get Moving North Wales (LGM) is a collaborative of over 40 organisations that have come together as a collective response to addressing this issue.

For Betsi Cadwaladr University Health Board, the “Living Healthier, Staying Well” strategy commits the Health Board to improving population health and helping the people of North Wales to be more active.

The benefits of the work detailed in this report, support the strategy well:

- Being active protects the body and helps people stay physically healthy. Those who aren't so active increase the risk of heart disease, type 2 diabetes and some cancers
- Being active can help the prevention of depression, anxiety and other mental health problems
- Being active is critical in maintaining a healthy mind and body in the later years. Being less active increases the risk of conditions that can affect future quality of life including dementia, osteoarthritis and general physical limitations in older age.

² What is Physical Activity costing Betsi Cadwaladr University Health Board? (PHW 2017)

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

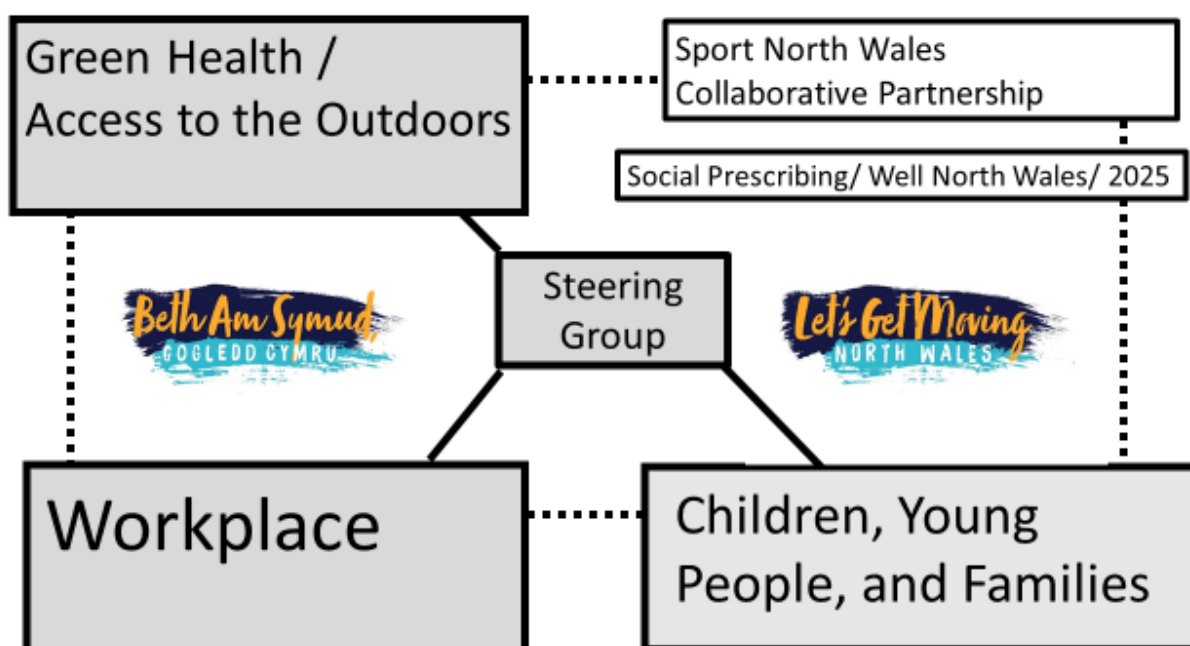
3. The Let's Get Moving North Wales Collaborative

The aim of the LGM collaborative is to tackle the range of factors which combine to increase physical activity and reduce sedentary behaviour so that, being active becomes the norm:

1. To promote and support individuals and communities to move more in their daily activities
2. To increase activity levels across the spectrum; from reducing sedentary behaviour to elite sport, from moving more in the office, to gardening, to active travel and everything in between
3. To reduce inequalities in health through targeted action towards communities, who have the highest levels of physical inactivity and sedentary behaviour.

In order to make and evaluate progress against joint aims and objectives the collaborative has structured their work within three main project groups: Workplace; Green Health and Access to the Outdoors; and Children, Young People and their Families.

Figure 1: Working Structure of the Let's Get Moving Collaborative



..... Depicts communication approaches to link the work of the project groups, partners and the North Wales population. Includes engagement events with community groups, sharing innovative practice and working together to draw in funds and collaborate on new ideas.

3.1 Opportunities for Betsi Cadwaladr University Health Board:

3.1.1 LGM Steering Group

The work of the LGM collaborative is strategically aligned to the BCUHB 18/19 annual plan, the BCUHB Strategy; Living Healthier, Staying Well, and to the work plans of many of its directorates: public health, occupational health, therapies, children's etc. The work also features in the 3 year plan (2019-2022), currently being finalised. The size of the organisation and its reach across North Wales provides BCUHB with the opportunity to be an exemplar organisation, and "*demonstrate active leadership and commitment working with partners in the Public Services Boards and Regional Partnerships*"⁴.

A number of staff members currently sit on the Steering Group, representing therapies, disabilities, occupational health, social prescribing and primary care. Work is already progressing to link 'Motivate to Move'⁵; (tailored fact sheets linking the benefits of physical activity to 34 health conditions), to Primary Care Clusters and the emerging social prescribing models across the region. In addition, the LGM Steering Group are exploring models of social prescribing that actively promote the work of the Green Health project group, e.g. Actif Woods, Park Runs etc., (see below).

BCUHB Executive endorsement in the form of sign up to the Partnership Agreement will continue to drive this work, linking BCUHB's civic responsibility, to the needs of staff, patients and the wider population of North Wales.

3.1.2 Green Health and Access to the Outdoors

Green spaces are important assets for sustaining people's health and well-being. A growing body of evidence highlights the benefits of regular exposure and access to green spaces. Parks and green spaces are estimated to save the NHS around £111 million per year based solely on a reduction in GP visits (excluding any additional savings from prescribing or referrals)⁶.

Good quality green space is abundant throughout North Wales, and most of it is within relatively easy reach of communities. The Let's Get Moving collaboration provides the ideal opportunity for BCUHB to work with partners who have an integral role in developing, maintaining and promoting our green spaces. For example, some of the LGM partners seeking to make closer links with health include:

⁴ Special Measures Improvement Framework Theme/Expectation addressed by this paper

Theme: Leadership and Governance

Expectation: Demonstrate active leadership and commitment working with partners in the Public Services Boards and Regional Partnerships to deliver on the plans and actions agreed to benefit the well-being and health of the people of North Wales including tackling inequalities

⁵ <https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>

⁶ Fields in Trust. London (2018). Green Spaces for Good 2018-2022

<http://www.fieldsintrust.org/News/research--new-research-shows-uk-parks-and-green-spaces-generate-over-%C2%A334-billion>

- **The Outdoor Partnership** – (Sport Wales Organisation of the Year 2018). They help thousands of people, of all ages, use outdoor activity to improve their lives. The Partnership has been recognised for their work in driving inclusivity in the outdoor
- **Snowdonia National Park** works closely with the communities within their catchment and provide a rolling programme of education for schools and groups, including sensory walks for visitors with visual impairment. The park is currently consulting with partners, including BCUHB, to improve its impact on health and wellbeing.
- **The National Trust** have an extensive portfolio of assets across North Wales. The National Trust are planning to trial ‘well-being’ membership packages as a part of their developing offer.
- **Actif Woods Wales** programme runs a range of innovative and accessible woodland activities to help people maintain good physical and mental well-being. They have opportunities across North Wales, are linked to a number of social prescribing programmes, and are working with Bangor University to evaluate the outcomes.
- **North Wales Wildlife Trust** (NWWT) is involved in recent partnership development work with Natural Resources Wales, BCUHB local public health and primary care teams in the West, and Anglesey and Gwynedd PSB representatives to explore the potential of Green Prescribing within a Social Prescribing model. A PhD student at Bangor University leads this work.
- **Groundwork North Wales delivers hundreds of projects across North Wales** facilitating conservation projects, working with hard to reach population groups, developing their confidence and skills, and regenerating sites to provide better quality green space.

In addition to the existing work detailed above BCUHB has been involved in a range partnership bids to both the Enabling Natural Resources and Well-being Funds, and the Healthy and Active Funds (Welsh Government 2018). In total over 15 LGM partnership bids were submitted including the Health Trail at Ysbyty Gwynedd and walking routes around community hospitals in Flintshire. If successful, funding will be released to commence project work in April 2019.

3.1.3 Workplaces

BCUHB are a key member of the workplace group and have already demonstrated their commitment to the health and wellbeing of their staff by achieving the Platinum award of the Corporate Health Standard, in 2018. A range of physical activity opportunities are already in place for staff, such as the ‘Betsi Games’, which has received positive feedback from participants. With over 16,500 staff, BCUHB has a huge opportunity to promote the benefits of physical activity across the workforce, and support a reduction in sickness absence levels.

Following discussion with the Executive Director of Workforce and Organisational Development (Dec 2018), it is proposed that BCUHB adopted a staged approach to supporting staff to be more active in the workplace. A BCUHB Let’s Get Moving Action Plan has been developed and includes:

- Stage 1 – Leadership Endorsement
- Stage 2 – Launch of LGM across BCUHB (communications)
- Stage 3 – Develop components of the physical activity programme (eg. Walking routes within sites)
- Stage 4 – Publicise key health messages
- Stage 5 – Establishing LGM (call to action for management teams)

In addition, the opportunity to link and share experiences with other organisations within the collaborative is vital. Other members of the workplaces group are currently developing shared resources, such as signage and posters, based upon feedback from staff health and wellbeing surveys across the region.

3.1.4 Children, Young People and Families

The recently established Children, Young People and Families group is an opportunity for BCUHB to link with partners across local authority and voluntary settings to promote and support increased physical activity. Using Child Measurement Programme data and School Health National Research data the group are working together to effectively target interventions to areas of lowest activity and highest levels of childhood obesity. In addition, the group have agreed a number of priorities going forward:

- Improve consistency of the School Health Enrichment Programmes (SHEP) that run in the most deprived communities over the summer holidays to promote health and wellbeing.
- Promote the daily mile and equivalent across schools in North Wales
- Work with Park Runs to promote participation by juniors
- Develop play booklets for all local authority areas across North Wales.

3.1.5 Links to:

a) Social Prescribing, Well North Wales, 2025

The Director of Well North Wales is a key member of the Let's Get Moving collaborative and ensures strong links to 2025 and social prescribing models across the region. In addition, Steering Group member, Dr Brian Johnson has developed 'Motivate to Move', and the website 'Benefit from Activity' in collaboration with the Welsh Deanery. These will be trialled with social prescribing practitioners across North Wales.

b) Sport North Wales Collaborative Partnership (SNWCP)

The commissioning and delivery of sport across North Wales will change over the next eighteen months. The newly emerging SNWCP will take over the commissioning and delivery of sport and physical activity programmes to meet the particular needs of the region. Both the Executive Director of Public Health and the Principal Public Health Practitioner leading the Let's Get Moving Collaborative are active members of this partnership. The Principal Public Health Practitioner is currently Vice Chair of the project team, working with Leisure, the Universities and Disabilities Sport Wales to

make sure future services are planned to consider equity and effectiveness, and to ensure seamless transition between SNWCP and LGM.

3.1.6 Communication

A significant role within the Let's Get Moving Collaborative is to communicate and promote the work of partners. Co-designed branding and resources have been developed for partners to promote and support people to move more. Partners provide information via a calendar of events so that their activities are then shared via thrice-weekly posts on Facebook and Twitter. BCUHB Communications teams are already sharing LGM posts via the BCUHB social media sites, and there have been links made to existing posts such as Wellbeing Wednesdays.

Opportunities for future promotion of Let's Get Moving will support both the BCUHB LGM Action Plan and the health and wellbeing of the wider public.

4. Conclusions

There is a growing awareness of the preventative health factors gained from moving more and reducing sedentary behaviour. Across North Wales, there is a real appetite for partners to work together to further link our natural assets with local people.

As the largest and most populated Health Board in Wales, BCUHB has the opportunity to direct and implement this work and to be seen as an exemplar organisation. The Occupational Health department will deliver the LGM action plan to encourage and support PA in the workplace, particularly to reduce sedentary behaviour and to relieve stress. In addition, there is the potential to work with partners to improve the natural resources around health settings, and to promote and prescribe physical activity to patients, for example in the form of prescribed 'Park Runs', to primary care patients.

5. Recommendations

It is recommended that the Board

Note the evidence on the potential for prevention through investment in physical activity within the workforce and the wider population of North Wales

Endorse continued participation with Let's Get Moving partners on the priorities identified to increase physical activity as set out in the IMTP.

Approve formal 'sign up' to the Let's Get Moving Partnership Agreement (Appendix 1), and continue to play an active role in developing, evaluating and celebrating the LGM collaborative

Appendix 1

Partnership Agreement: Let's Get Moving North Wales Collaborative

Introduction

Being active provides a range of protective factors for both physical and mental health and wellbeing. However, although the benefits, to all ages, of moving more, and sitting less are well documented, in North Wales a significant proportion of the population do little or very little regular physical activity.

Work to increase physical activity, and reduce sedentary behaviour is not straightforward. At a population level, traditional approaches that focus on single interventions do not tend to work. To create the supportive environments and systems, that will enable people to be more active, will require a range of stakeholders coming together to tackle this complex problem.

Collaborative Vision

Let's Get Moving is a collaborative of organisations, working together to support the population of North Wales to move more.

The collaboration will do this by tackling the range of factors, which combine to increase physical activity and reduce sedentary behaviour, so that being active, becomes the norm.

Three initial work areas have been identified: increasing access and participation to the outdoors (Green Health); to support employees to move more in the workplace (Workplaces); and to encourage children, young people, and families to move more through a focus on settings and increasing play (Children, Young People and Families).

Joint Statement

This partnership agreement is a shared statement of commitment to promote the benefits of increasing physical activity and reducing sedentary behaviour. Whilst the agreement requires no legal or financial obligation, partners agree to work at an organisational level and in collaboration with others to establish activity that enables local people to move more.

To this end, partners commit to work together using the following principals:

- Promote the work of the collaborative and the benefits of reducing sedentary behaviour and increasing physical activity
- Celebrate good practice and share learning, and resources
- Work with partners to draw in funds and collaborate on new ideas
- Review and implement actions within their own organisation to increase activity and reduce sedentary behaviour within the workforce
- Commit to improving the quality of work, through evaluation and research as appropriate.

Keeping Our Commitments on Track

We will work together to ensure we do the work, that we plan, as part of this collaborative, and hold each other to account. To do this we will formalise working groups, reporting to a steering group, with appropriate representation from partners. Betsi Cadwaladr University Public Health Team will host the Steering Group in the first instance. The steering group and working groups will agree the right membership and terms of reference to:

- Maintain a list of organisations that have signed up to the partnership agreement
- Ensure the working groups are making progress
- Ensure the work is shared and celebrated through networking events.

Partners to the Collaborative

Organisations, by signing, are providing assurance to other partners of their commitment to the key principals detailed in the agreement.

Signatories



#BethAmSymud | #LetsGetMoving

facebook.com/BethAmSymudLetsGetMoving

@BethAmSymudGC | @LetsGetMovingNW

@LetsGetMovingNorthWales



Appendix 2

What is Physical Inactivity Costing Betsi Cadwaladr University Health Board (BCUHB)?



**GIG
CYMRU
NHS
WALES**

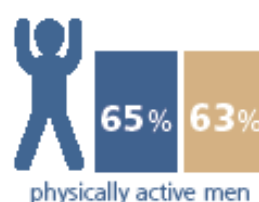
Iechyd Cyhoeddus
Cymru
Public Health
Wales



Being active has a wide range of protective benefits for our health, and the consequences to the NHS of not addressing inactivity levels are all too clear – rising levels of obesity, Type 2 diabetes, and reduced mobility.

The UK Chief Medical Officers' guidelines recommend all adults aim to do at least 150 minutes per week of moderate to vigorous activity.

How active are people in Betsi Cadwaladr University Health Board



National Survey for Wales, 2014/15

In 2015 BCU Health Board spent the following treating the consequences of physical inactivity in their population



Figures based on 2014/15 data.
Public Health Wales Observatory, 2017

• Cost per person, BCUHB

• Total treatment cost, BCUHB

All NHS bodies in Wales should...

- Support staff and the public to walk or cycle to NHS sites.



- Train staff to have the confidence and knowledge to talk about being active with patients and colleagues

- Ensure enabling patients to be active is integrated into all chronic disease pathways

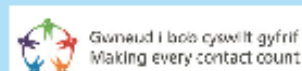


All Health Care Professionals in Wales can help by...



- Learning more about the benefits of being active for a wide range of physical and mental health conditions

- Talking about being active with patients and colleagues



- Finding ways to build being active into their own everyday lives

| | | | |
|--|---|--|--|
| Health Board |  | GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board |
| 24.1.19 | | | |
| <i>To improve health and provide excellent care</i> | | | |

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| Report Title: | Wales Audit Office Structured Assessment 2018 |
| Report Author: | Wales Audit Office |
| Responsible Director: | Grace Lewis-Parry ~ Board Secretary |
| Public or In Committee | Public |
| Purpose of Report: | The Board is required to consider the Structured Assessment from the Wales Audit Office and the associated management response. |
| Approval / Scrutiny Route Prior to Presentation: | The report has been reviewed and considered by the Executive Team as well as the full Board at its workshop in November 2018. |
| Governance issues / risks: | The overall conclusion from Wales Audit Office for the 2018 Structured Assessment work is that the Health Board has strengthened its governance arrangements and the arrangements for strategic planning are developing. However the Health Board needs to focus on the key strategic goals to overcome the significant challenges it faces. |
| Financial Implications: | n/a |
| Recommendation: | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Receive the report 2. Accept the recommendations in the Structured Assessment 3. Receive and approve the management response to the Structured Assessment noting that actions recorded as closed will, where appropriate, be included in the relevant plans such as the Three Year Plan, Annual Operational Plan, and workforce or quality strategy/plans. ¹ <p>¹Wales Audit office will seek to gain assurance that this has happened and review progress against outstanding recommendations in April 2019.</p> |

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| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the</i> | √ |
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| | | <i>report or if not indicate the reasons for this.)</i> | |
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| 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 | x |
| 2.To target our resources to those with the greatest needs and reduce inequalities | x | 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 | x |
| 5.To improve the safety and quality of all services | x | 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 | x | | |
| Special Measures Improvement Framework Theme/Expectation addressed by this paper | | | |
| <u>Leadership and Governance</u> | | | |
| Equality Impact Assessment | | | |
| n/a | | | |

Disclosure:

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

Wales Audit Office Structured Assessment Management Response January 2019

| Recommendation | Action taken in response | Progress as at January 2019 | Executive Lead | By when |
|--|--|---|-------------------|---|
| 2016 structured assessment recommendations | | | | |
| R2 The Health Board should build upon its assurance mapping work and work towards a board assurance map to complement the corporate risk register, and ultimately the IMTP. | The Health Board has now shaped its overarching board assurance arrangements. During 2018, officers developed a board assurance map as part of a board assurance framework which was presented at Audit Committee. The pace of preparing this has been limited by not having an agreed IMTP that contains clear priorities. The board assurance map will be aligned to the key priorities of the Health Board as part of the 2019-2022 planning round. There has also been innovative work to develop and start to implement a legislation assurance framework. | Whilst the original recommendation has been completed, there is work ongoing to refine the board assurance map template and ensure that is actively used to frame assurance requirements against organisational objectives in the three year plan once approved by the Board. This will in turn be used as a basis to develop the assurances and supporting information for management groups; committees and the Board | Grace Lewis-Parry | Closed The ongoing work will be embedded in operational practice with progress monitored by the Audit Committee. |
| Learning lessons R4a The Health Board should look at further steps to improve clinical leadership and ownership of Putting Things Right processes, to support the improvement needed in response times and learning from complaints, incidents and claims. | The Health Board has made good progress with developing stronger quality assurance arrangements and leadership with the executive Nurse Director taking on the leadership for Putting Things Right(PTR) in May 2017. There is a multi-strand approach to quality improvement, and stronger arrangements for putting things right including a better focus on the quality of response to complaints and a number of metrics which have improved since 2016, There are improved approaches to reviewing serious incidents on a weekly basis which are organisation wide . | The Executive Director of Nursing and Midwifery has provided clinical and executive leadership for PTR since 2017 . This has been further strengthened through the appointment of an associate director of quality assurance to provide continued support and drive to maintain improvements in response times and learning from patients experiences. | Gill Harris | Closed |

| Recommendation | Action taken in response | Progress as at January 2019 | Executive Lead | By when |
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| | The Health Board is triangulating quality information and focussing on key areas. | There is now a clear process in place to identify where lessons learnt are applicable to other divisions and teams in the organisations and a process to share those lessons across teams. | | |
| R4b The Health Board should strengthen its processes for systematically reporting, cascading and implementing lessons learnt. | <p>Core data sets are provided monthly to the divisions for review and sharing of lessons learnt . Divisions then report back to the refreshed quality and safety group(QSG) lead by the Executive Nurse director for scrutiny . QSG provide an exception report to the quality safety and experience committee of the Board.</p> <p>This is underpinned by weekly incident review meetings chaired by the Associate director of quality assurance in which all divisions participate.</p> | Whilst the original recommendation has been completed and there is clear evidence of systems being strengthened for reporting, cascading and implementing lessons learned, this work will continue to be refined and developed as an integral part of the ambition set out within the quality improvement strategy. This will be overseen by the Quality & Safety group and reported to the Quality, Safety & Experience Committee. | Gill Harris | <p>Closed</p> <p>The ongoing work will be embedded in operational practice with progress monitored by the Quality, Safety & Experience Committee.</p> |

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| 2017 structured assessment recommendations | | | | |
| R1 | Embed a savings approach based on targeting savings at areas where benchmarking demonstrates inefficiencies, to deliver longer-term sustainability. | Benchmarking data is used to identify the Board's savings opportunities. These opportunities are being progressed under the turnaround programme. This is an iterative process and there remains more to do to target savings plans on and ensure productivity and efficiency improvements, as well as shifting to lower cost service models. | This savings approach will be used to set the next three years savings targets as part of the 3 year plan. Benchmarking data shows there are significant savings opportunities in some parts of the organisation. This will be used to vary the savings targets based on those parts of the business with greatest inefficiency and opportunity for cashable efficiency, thus different parts of the organisation will have different percentage saving targets. | Russ Favager March 2019 |
| R2 | Identify where longer-term and sustainable efficiencies can be achieved through service modernisation and application of approaches such as value-based healthcare, productivity improvements and invest to save. | A Value Steering Group has been created which includes executive team leadership and a range of appropriate members. Consideration is given to benchmarked indicators of productivity and efficiency. Areas of work have been identified by the group which have informed future plans .A turn round function and PMO was established in 2018to drive through sustainable efficiencies whilst ensuring service improvement remains aligned to the corporate strategy. New Invest to save initiatives have been submitted to WG .If supported they will provide required income as an enabler to create cashable efficiency savings. Orate strategy. | Whilst the original recommendation has been completed, the Value Steering Group needs to continue to mature and identify areas of focus as part of the corporate strategy. The alignment of spend with outcomes to ensure best use of resources will continue to be a key strand of future programmes. | Russ Favager Closed The Health Board will embed actions in financial strategy and plans and monitor through the Finance & Performance Committee. |

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| R3 | <p>Ensure that budget holders receive the necessary specialist support from enablers such as the Programme Management Office, workforce, procurement and informatics teams.</p> | <p>Budget holders are supported by business partners with the relevant expertise, enabling them to work smarter to deliver efficiencies afforded by technology changes and by using the appropriate skills mix.</p> <p>Budget holders are aware of the PMO expertise and function and the capacity they can access. Work is ongoing to ensure that there is clear guidance in place to support budget managers to establish savings plans in a timely manner</p> | <p>Budget holders will be aware of who the subject matter experts are for the individual disciplines and can then draw down on their expertise as necessary to enable transformation and improvement and to support their work to improve workflow and drive out inefficiency. This will ensure smarter ways of working and efficiencies afforded by changing technology and skill-mix models.</p> | Russ Favager | <p>Closed</p> <p>The ongoing work will be embedded in operational practice with progress monitored by the Finance & Performance Committee as part of the arrangements to monitor the progress of the three year/annual plan.</p> |
| R4 | <p>Ensure that financial savings assumptions are fully integrated into annual and medium-term plans so that savings efficiencies form part of service modernisation.</p> | <p>Financial savings identified are reflected in the organisation's three year plan.</p> | <p>The three year savings plans are contained within the Health Boards three year plan.</p> <p>Key improvement programmes are outlined in medium term and annual plans.</p> | Russ Favager/ Mark Wilkinson | March 2019 |

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| R6 | Further strengthen the corporate monitoring approach to ensure it supports and enables savings plans which are slipping, and encourages longer term savings and efficiency programmes. | Operational management and Turnaround Functions have been enhanced using additional funds from Welsh Government. The PMO Management Group is Executive led and Chaired by the Chief Executive. Monitoring of cross cutting and Divisional savings divisional level is in place with divisions, including escalation action as required. This is effected both by direct follow-up through the Director of Turnaround and Executive Director of Finance with the divisional directors as part of Turnaround arrangements. Where necessary escalation meetings are held including the Chief Executive. The Health Board is strengthening arrangements to ensure longer term efficiencies. | A revised BCU accountability framework will be implemented to ensure that post holders are fully held to account for their savings schemes. | Russ Favager/ Geoff Lang/ Mark Wilkinson | Closed The ongoing work will be embedded in operational practice with progress monitored by the Finance & Performance Committee as part of the arrangements to monitor the progress of the three year/annual plan. |
| R7 | Ensure that plans presented to the Board include costed options where applicable and contain sufficient information to indicate to the Board that they are affordable in the short, medium and long term. | Arrangements are in place to ensure that appropriate and sufficient financial information is contained within the plans submitted to the Board, including affordability, to aid decision making. Any plans which contain financial implications have been through the appropriate governance structures of the Health Board. | Appropriate governance arrangements are in place which ensure that options are costed and an affordability assessment is made and presented to the Board to enable a decision to be made. Work will continue to ensure that strategic service change proposals have been through the appropriate governance structures of the Health Board. | Russ Favager/Grace Lewis-Parry | Closed |

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| R9 | <p>Build on the Health Board's programme of clinical audit to ensure it a) aligns with quality strategy priorities and risks; b) sets out patient/quality outcomes or impact as a requirement of audit planning to help it understand the value that clinical audit is contributing and c) informs the Quality, Safety and Experience Committee with clear and focussed assurance reports.</p> | <p>The Health Board has not significantly altered its clinical audit planning approach or strengthened its reporting to better provide targeted assurance into the Quality, Safety and Experience Committee.</p> | <p>There is a structured process for planning clinical audit which is based on analysis of clinical risk and aligned to organisation level Quality Improvement Strategy objectives.</p> <p>This will be overseen by the quality safety and experience committee and will include a formal approach for determining the level of assurance arising from the clinical audit as well as an explicit expectation that audits identify improvement actions aligned to the priorities set out in the Health Board's quality improvement strategy.</p> | Adrian Thomas | September 2019 |
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| Recommendation | Action taken in response | Progress as at January 2019 | Executive Lead | By When |
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| 2017 structured assessment recommendations | | | | |
| R10 Consolidate, strengthen and sufficiently resource the change-enabling capability of the organisation. | See component parts of the recommendation (below R10a to R10f). | | | |
| R10a Ensure financial savings are embedded into change programmes and plans. | See R4 | See R4 | Russ Favager / Mark Wilkinson | March 2019 |
| R10b Strengthen capacity and capability within centrally managed change programmes. | The Health Board has endorsed its approach to turnaround and supported investment in additional central resources to drive critical change and savings programmes. As part of this a formal programme management approach is being established with additional staff resources to bring a consistent methodology and discipline. Potential programmes of work will be assessed in terms of capacity and capability to deliver at inception to ensure optimal delivery. | The programme office and turnaround function is fully appointed to, and this is resulting in allocated support for core organisation programmes and projects. Reporting of performance against programme delivery is in place and providing assurance to the Board . | Geoff Lang | May 2019 |

| Recommendation | Action taken in response | Progress as at January 2019 | Executive Lead | By When |
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| R10c Strengthen change enabling capability and capacity in divisions. | <p>The Health Board has recognised the need to enhance managerial capacity and capability within divisions. Specific additional resource has been secured from Welsh Government to enhance capacity, particularly in secondary care. This will add capacity to focus on key change programmes as well as operational delivery.</p> <p>The Health Board has increased finance skills development, and there is training commencing to support local change management capability within operational teams .</p> | <p>The additional secondary care , PMO, and mental health posts supported by Welsh Government are fully appointed to.</p> <p>The impact of the additional capacity and access to training is reflected in positive improvements..</p> | Mark Wilkinson /Sue Green/ Geoff Lang | December 2019 |

| Recommendation | Action taken in response | Progress as at January 2019 | Executive Lead | By When |
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| <p>R10d Ensure workforce, informatics and other enabling resources are integral to change delivery arrangements.</p> | <p>Informatics have worked with the quality improvement team to develop a ward-level harms dashboard which provides real time information on the elements of harm reduction and quality improvement within the Quality Improvement Strategy. This real-time data is a prerequisite for quality improvement and is starting to have some impact.</p> <p>Informatics services are better engaging with services and have stronger clinical leadership to help shape informatics support for service change. Involvement with IMTP developments at a programme and project level, and the alignment of the informatics strategic outline plan should be priorities in the year ahead.</p> <p>The workforce team are more engaged in service modelling and design as part of this year's 3 Year Plan development, this will need to continue and contribute to the developing workforce strategy.</p> | <p>There are clear, approved and realistic workforce, informatics and estates plans that support and enable clinical and operational service improvements.</p> <p>The plans are approved and sufficiently resourced.</p> | <p>Mark Wilkinson</p> | <p>March 2019</p> |

| Recommendation | Action taken in response | Progress as at January 2019 | | By when |
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| 2017 structured assessment recommendations | | | | |
| <p>R10e Ensure clinical engagement and leadership are integral elements within change programmes.</p> | <p>The Health Board has recognised its lack of clinical leadership within the Health Board both in terms of capacity and capability and has outlined several strands of work to improve arrangements. It has:</p> <ul style="list-style-type: none"> acted to strengthen structures and lines of accountability: <ul style="list-style-type: none"> appointed a substantive Secondary Care Medical Director. Beneath this, secondary care clinical service leads have been appointed. all clinical director roles in Mental Health services have now been appointed. the newly appointed Executive Director of Primary Care and Community Services is experienced in driving clinical transformation in primary and community settings and all primary-care cluster leads have been appointed. developed and is delivering its internal leadership programme and extended this to all doctors. The Health Board is looking to Academi Wales for additional external training support. | <p>Specialty (and/or sub-specialty) plans are developed and supported by clinical staff. Clinical leadership is helping to drive and inspire improvement, and continued clinical engagement will ensure plans are effectively delivered, reduce variation of practice and meet project timeframe and quality expectations. In 2019, these improvements will be demonstrated in 2-3 specialty service change plans.</p> | <p>Evan Moore</p> | <p>Closed</p> <p>The ongoing work will be embedded in operational practice with progress monitored as part of the arrangements to monitor the progress of the three year/annual plan.</p> |

| Recommendation | Action taken in response | Progress as at January 2019 | | |
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| R10e continued | <ul style="list-style-type: none"> involved and engaged clinicians: <ul style="list-style-type: none"> driving strategy formation in vascular surgery, urology, ophthalmology, orthopaedics and stroke. with the development of the unscheduled care 90-day plan. in job planning, with more to do. improving engagement in reduction of hospital-acquired infection. <p>These new arrangements show a promising and concerted effort by the Health Board and will take time to develop and bed in.</p> | | Evan Moore | |
| R10f Strengthen accountability for progress against plans, including the annual operating plan and, when developed, the IMTP. | The Health Board is working to strengthen accountability for delivery against plans, both in regards of progress against timescales and in terms of benefits realisation. A revised performance and accountability framework is being finalised following detailed discussion and input from the Executive Team and the full Board. | The key principles in the revised performance and accountability framework will support the Health Board to deliver the strategy set out in the three year plan. It will ensure operational ownership of key priorities and clarity of expectation as to the level of performance expected. Revised arrangements will be put in place over the next 6 months and tested to ensure that they provide more robust and effective arrangements. | Mark Wilkinson | September 2019 |

| Recommendation | Action taken in response | Progress as at January 2019 | | |
|--|--|---|-----------|---|
| 2017 structured assessment recommendations | | | | |
| R11a Work with educational partners, research partners and internal stakeholders to shape new job roles to increase the attractiveness of the job offer as part of clinical staff recruitment. | The Workforce and Organisational Development (WOD) team has good links with educational partners and continues to engage with them in respect of commissioning needs, working closely with nursing and other clinical colleagues. There are some good examples of working with the university sector, but more needs to be done to consolidate efforts and develop a more co-ordinated and strategic approach. | Work is underway to develop a clear integrated plan for education as well as new strategies for addressing recruitment challenges which are expected to lead to a reduced level of clinical vacancies in key specialities. | Sue Green | Closed The ongoing work will be embedded in the revised WOD structured with progress monitored as part of the arrangements for the three year/annual plan. |
| R11b Increase tactical recruitment capacity to support delivery of R11a. | Some additional temporary recruitment capacity was made available and continued to be funded to the end of the calendar year. The Health Board will need to review those arrangements, in line with existing operational recruitment needs, recruitment effectiveness, and workforce strategy. | New structure in WOD is being implemented and will incorporate "Resourcing" section This ensures that focussed recruitment initiatives increasingly result in successful appointments, particularly in hard to attract positions. | Sue Green | Closed The ongoing work will be embedded in the revised WOD structured with progress monitored as part of the arrangements for the three year/annual plan. |

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| <p>R13 Increase investment in technology where this clearly will result in a greater level of returned cashable efficiencies or transformational economies.</p> | <p>Informatics have developed a strategic outline plan, which has received support from the Health Board, the Exec Team and Welsh Government. However, even though these developments could deliver significant cost reductions, the investment to implement them has not been to date available. This is being progressed with the Welsh Government through National Informatics Management Board (NIMB) and spend-to-save applications. The application for digital dictation has been successful.</p> <p>The framework for additional investment in technology is in place through engagement in planning an investment process, but the business case process and service engagement with the process (eg engagement with Digital Transformation Group) needs to improve to identify major technology investment.</p> | <p>There is a clear link between technology investment plans and expected savings as a result of that investment (ie it is treated as invest to save). Return on investment is assessed and achieved.</p> | <p>Evan Moore</p> | <p>Closed</p> <p>The ongoing work will be embedded in operational practice with progress monitored as part of the arrangements to monitor the progress of the three year/annual plan.</p> |
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WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Structured Assessment 2018 – **Betsi Cadwaladr University Health Board**

Audit year: 2018

Date issued: November 2018

Document reference: 932A2018-19



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infoofficer@audit.wales.

The team who delivered the work comprised Andrew Doughton, Simon Monkhouse and Andrew Strong under the direction of Dave Thomas.

Contents

While the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance

Structured assessment

| | |
|---|----|
| About this report | 4 |
| Background | 4 |
| Main conclusion | 5 |
| Governance: | |
| The Health Board is strengthening its governance and management arrangements, but it needs to focus on the key strategic goals to overcome significant challenges | 6 |
| Strategic Planning: | |
| While strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium-Term Plan and the Health Board's approach to monitoring the delivery of its existing plans has not been strong enough | 11 |
| Wider arrangements that support the efficient, effective and economical use of resources: | |
| The Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and it needs to develop a more transformational approach to improve service performance and efficiency | 14 |
| Recommendations | 21 |
| Appendices | |
| Appendix 1 – progress implementing previous recommendations | 22 |

Structured assessment

About this report

- 1 This report sets out the findings from the Auditor General's 2018 structured assessment work at Betsi Cadwaladr University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2018 structured assessment work has included interviews with officers and Independent Members, observations at board and committee meetings and reviews of relevant documents, performance and financial data. We also conducted a survey of board members across all health boards and NHS trusts. Eight of the 22 board members invited to take part at the Health Board responded. As the survey response rate is limited, we have used the results alongside our interviews and observations to inform our evaluation, rather than report findings based solely on survey responses.
- 3 This year's structured assessment work follows similar themes to previous years' work, although we have broadened the scope to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity. The report groups our findings under three themes – the Health Board's governance arrangements, its approach to strategic planning and the wider arrangements that support the efficient, effective and economical use of resources. The report concludes with our recommendations.
- 4 **Appendix 1** summarises the action that has been taken to address previous year's structured assessment recommendations.

Background

- 5 The Health Board is currently in special measures under the NHS Wales Escalation and Intervention Framework. As part of the special measures arrangements, the Health Board is expected to secure improvements in the areas of leadership and governance, strategic and service planning, mental health and primary care including out of hours services. This reflects ongoing challenges in a number of key areas including its ability to produce an approvable and financially balanced Integrated Medium-Term Plan (IMTP), fragility of primary care and mental health services, and concerns about specific aspects of its performance.
- 6 The Health Board reported a financial deficit of £38 million at the end of 2017-18. A growing year-on-year cumulative deficit stood at £88 million at the end of March 2018. The Health Board was not able to produce an IMTP that was approvable by Welsh Ministers in 2017-18 and is currently working to a one-year operational plan. The Health Board is failing to meet key targets set by the Welsh Government for time spent in A&E as well as referral-to-treatment targets, although the latter is improving. There is also a growing and significant backlog of follow-up outpatients. In contrast, we have seen some signs of improvement in relation to healthcare-associated infection rates and a strengthening focus on quality, which the Health Board will need to build upon.

- 7 The Health Board also received reports from HASCAS¹ (May 2018) and Ockenden² (July 2018) on the quality of care and governance arrangements for the Tawel Fan Mental Health Ward. The Health Board has recently established an Improvement Group to respond to the 15 recommendations in the HASCAS report and the 14 recommendations in the Ockenden Governance Review. We have not commented on the effectiveness of those groups in this report as they are in their early phases.
- 8 During the last 12 months, there has been some turnover at the Board level both in respect of executives and Independent Members. The previous Chair completed their term so there is a new Chair. The role of chief operating officer role was removed, and those responsibilities redistributed amongst the executive team. The Board has also reintroduced the post of Executive Director of Primary and Community Care, which should help to drive strategic improvements in this important area.
- 9 Our 2017 structured assessment acknowledged the Health Board was facing significant ongoing challenges in respect of its finances and performance. We also identified that the Health Board continued to evolve its corporate arrangements for governance, financial management, strategy development and workforce planning but those arrangements had not sufficiently enabled the Health Board to be where it needed to be with its finances and performance.
- 10 This report provides a commentary on key aspects of progress and issues arising since our last structured assessment review. This report should therefore be read with consideration to [our previous review](#).

Main conclusion

- 11 Our main conclusion is **while the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance**.
- 12 We describe several factors that contribute to the position on finances and performance throughout this report. The Health Board cannot improve its position significantly without making changes to key aspects of services; disinvesting in estate that is not fit for purpose or good value for public money and strengthening the way it works with partners to develop community and preventative services.
- 13 The findings which underpin our overall conclusion are considered in more detail in the following sections. The Health Board has made progress against previous recommendations, but in many areas, they still need further work to address in full. This is highlighted throughout the report and cross-referenced with a summary of overall progress against recommendations in **Appendix 1**.

¹ Link to the HASCAS report into the care and treatment on Tawel Fan ward:
<http://www.wales.nhs.uk/sitesplus/861/document/324118>

² Link to the Ockenden report on the governance arrangements relating to Tawel Fan:
<http://www.wales.nhs.uk/sitesplus/861/page/75258>

Governance

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

Conducting business effectively

- 16 We looked at how the Board organises itself to support the effective conduct of business. **We found the Health Board has good arrangements to support board and committee effectiveness, and shows recent signs of strengthened scrutiny, and is working to develop a strong focus on fewer but key priorities.**
- 17 Sound governance arrangements are fundamental to help provide strategic direction, challenge the effectiveness of delivery and ensure that corrective actions resolve issues where they arise. The Board and committees have a good 'cycle of business' approach that ensures key aspects are covered in the agenda. The administration of the Board meeting is generally good, and it is clear when decisions are made and there is recording of decisions. There is a good flow of assurance and risk between the committees and the Board. This includes a formal mechanism to escalate assurances, risks and issues, and sufficient time is routinely given at the Board to enable committee chairs to present matters arising.
- 18 The Board has agreed three strategic programmes: care for more serious health needs (acute services), care closer to home, and health inequalities and health improvement. While there is a good focus on acute services, and an improving focus on community care and aspects of primary care, it is not clear that reducing health inequalities and health improvement is yet an equal priority of the Board. Improving population health will be a significant factor in the long-term demand for healthcare. We identify later in this report that there are many objectives, aims, priorities and priority actions described in strategies and plans. The Board recognises the need to focus on a reduced number of fundamental priorities. The executive team has taken this forward with the wider Board and published these at the October Board.
- 19 The quality of board-level scrutiny has been quite variable during the year but has recently become more focussed and challenging both at the Board and across committees. Scrutiny and challenge in committees have generally been good and have improved over the last couple of months. However, we found that over the last 12 months, committees have not consistently challenged those responsible for delivery. Instead, challenge has focussed on corporate enablers such as central finance, central performance and central planning teams. We have now started to see committees take a firmer stance, call in those responsible for the delivery of finances, performance and operating plan actions,

and call those back in where they have not provided necessary assurance on progress. Over time, this should strengthen accountability for improvement.

- 20 There have been several changes to board membership over the last 12 months. We have seen strengthened challenge, accountability and improving focus to shape core priorities since the new Chair took up their role at the beginning of September. The changes to board membership have, however, left the board with no Independent Member with a specialty in finance. As a result, the Board is looking to supplement financial skills by commissioning bespoke support. This should help strengthen independent financial expertise. It should also help to support and challenge the financial sustainability of services for example.
- 21 We understand that new Independent Members have completed an initial induction and will shortly participate in the national induction programme. The Health Board recently issued an invitation to tender for a 2019 board development programme. The requirements of the proposed programme are clear, but a shortage of tenders resulted in the need to reassess options.
- 22 With the turnover of board members, the number of board member walkabouts and ward visits has reduced over the last six months. We have been told that this programme restarted in November to support new independent member orientation, but also, importantly, to listen to staff, observe services, understand pressures and consider quality of services.
- 23 We have previously challenged the intensive frequency of meetings. In September 2018, the Board agreed to reduce the frequency of board meetings and some of the committees' meetings. It has reviewed and changed the terms of reference for its Finance and Performance Committee (**Recommendation 8, 2017**), and has created an Information Governance and Informatics Committee. This should help balance the workload of the Finance and Performance Committee, and fewer meetings of the Board and some committees should provide the space to concentrate on delivering priorities and have greater impact.

Managing risks to achieving strategic priorities

- 24 We looked at the Board's approach to assuring itself that risks to achieving priorities are well managed. We found that **work is still ongoing to develop a board assurance framework and supporting risk management processes; this is now being helpfully supported by a comprehensive underpinning legislative assurance framework.**
- 25 The Health Board has continued to develop its board assurance map. This work has been ongoing for some time, although the Health Board is now more logically linking existing objectives to sources of assurance. At present, the way some of those objectives are described makes it difficult to identify the required assurance. In general, the Health Board has continued to make progress, but assurance mapping has been slowed by a lack of an approved IMTP with clear objectives (**Recommendation 2, 2016**). Underpinning the Board Assurance Framework, the Health Board has now created a Legislation Assurance Framework. This is a positive development and includes a comprehensive review of all primary and secondary legislative requirements (over 600 Acts and measures). The Health Board has determined the aspects which are relevant to each division and is seeking assurance in those aspects from the divisions.
- 26 In general, the strategic risk management arrangements are fit for purpose. The Health Board has, however, delayed its review of the risk management strategy to ensure roles and responsibilities align

to the Scheme of Reservation and Delegation being updated in November 2018. Risk management is core to the operation of the Board, and the board appropriately delegates accountability for oversight of corporate risks to the relevant committees. The committees then actively review those risks and summarise the risks, assurances received and the sufficiency of that assurance in their committee annual reports. The Health Board recognises it needs to focus more on risk appetite and is undertaking a development session on this in December. It should be noted that a review of the operation of risk management arrangements within divisions and teams was beyond the scope of our structured assessment work.

Embedding a sound system of assurance

- 27 We also examined whether the Health Board has an effective system of internal control to support board assurance. We found that **while formal internal controls are in place, there needs to be stronger accountability for the delivery of financial, performance and service change plans within divisions.**
- 28 Our work has identified that Standing Orders are up to date, while the Scheme of Reservation and Delegation will be revised in November 2018 to reflect changes in accountability at an executive level. The Standing Financial Instructions follow the 2016 all-Wales model and will be updated in line with ongoing national work.
- 29 There has been good work on the Register of Interest, Gifts and Hospitality which has seen strengthening of management controls and embedding the use of an electronic system to record and monitor declarations. This has resulted in better compliance compared to 12 months ago. The Audit Committee has reviewed both the Register of Interests and Declarations of Gifts and Hospitality and continues to focus on these and associated policies, particularly where exceptions have been reported.
- 30 We considered the work of Internal Audit, the Local Counter Fraud service and the Post-Payment Verification team³. We found a well-focussed programme of work for each, with sufficient resources for delivery, and effective approaches for reporting assurances or concerns. We also considered the progress made in addressing our recommendation on clinical audit. However, our work indicates that the approach for local clinical audit planning has not significantly improved, and the resulting assurance reporting arrangements are limited. There remains much opportunity to utilise local clinical audit to provide key assurances on the Health Board's priority quality aims and risks (**Recommendation 9, 2017**).
- 31 The Health Board continues to strengthen its quality governance arrangements. The Health Board's harms quality dashboard is now providing a stronger focus on specific aspects of possible harm and it enables triangulation between indicators to understand possible patterns and trends. The Health Board is also in the process of introducing ward-level whiteboards to provide staff and patients with quality information related to ward performance. Our interviews indicate that operational quality and safety groups are improving, and there is now a better flow of risks, issues and assurance from these groups into the executive level Quality and Safety Group, and then into the Quality and Safety Committee. **Putting Things Right** processes and complaints response arrangements are slowly

³ Link to more information on post-payment verification: <http://www.primarycareservices.wales.nhs.uk/ppv>

improving, but there is more to do to ensure timeliness of response and ensure lessons are learnt and applied across operational services and sites (**Recommendations 4 and 5, 2016**). This has been a longstanding area that we have been concerned about since 2016 and further improvement is needed. Performance against many of the Health Board's quality indicators is broadly the same as it was 12 months ago, but some improvements to healthcare associated infection rates are evident and now need to be sustained and built upon. We compared the latest available data on quality (August 2018) with the same period for last year. Acknowledging there are fluctuations throughout the year, there has been improvement in C. Difficile rates, MRSA rates and MRSA and MSSA cases reported in month. However, the incidence of healthcare-acquired pressure ulcers has increased slightly and requires a greater focus.

- 32 We reviewed performance management arrangements. While there is a clear, logical and formal approach for performance management, it has not resulted in the required improvements in performance. We heard frequently during interviews and identified in our board and committee observations some opportunities to strengthen performance accountability and focus more on the timeliness and impact of remedial action for poor performance. We also considered the breadth of performance information provided to Board and Committees. We agree with the Board's own assessment that the formats of performance reports make it hard to focus on the priorities. The Health Board is now in the process of reviewing its performance management arrangements and reports for the Board and committees. The full Board reviewed the developing arrangements at its development day in October 2018. We also note the move of the performance team into the portfolio of the new Director of Planning and Performance. The full Board reviewed the developing arrangements at a workshop in October 2018. This move should enable a stronger focus that brings together service planning and its impact on operational performance. We further describe performance against some specific national indicators later in the report.
- 33 The Health Board has now embedded its process for tracking Internal Audit and External Audit recommendations and reporting actions to the Audit Committee. Its monitoring system allows the progress against target deadlines to be reported. Where progress is not sufficient, the system issues automated reminders to officers. The approach is providing an improved understanding on progress against recommendations and has enabled the Audit Committee to challenge senior management where progress is not sufficient. There may be opportunity to utilise this system to co-ordinate the action in response to other inspections and external reviews such as Healthcare Inspectorate Wales and Ombudsman reports. This approach would help support delivery of recommendation 10 of the recent Ockenden review on Tawel Fan and could provide additional assurance into the Quality and Safety Committee.
- 34 Information governance arrangements are being further strengthened, with the Health Board taking a proactive approach to preparing and responding to the requirements of the General Data Protection Regulations (GDPR). However, more work is needed to fully complete information asset registers, improve staff training rates and update required policies and procedures to achieve full compliance. Staff compliance with the mandatory national information governance training programme can be improved from the current 79% towards the target compliance rate of 95%. The Health Board invited the Information Commissioner's Office (ICO) to undertake a review of its data protection arrangements. This review provided reasonable assurance over governance and accountability for data protection arrangements and records management. However, the ICO reported a limited

assurance assessment on personal data access, and work is in progress to address these recommendations.

- 35 The Health Board has had an external cybersecurity assessment which identified improvement actions. The Health Board is also responding to these recommendations and in doing so updating security patches and replacing unsupported software and hardware. Cybersecurity arrangements and resourcing are being strengthened by establishing a specialist team to bolster resilience and incident response plans. The Health Board needs to ensure that its ICT disaster recovery plans are updated for recent changes to the ICT infrastructure.

Ensuring organisational design supports effective governance

- 36 We looked at how the Health Board organises itself to deliver strategic objectives collectively while ensuring clear lines of accountability for delivery. We found that **gaps in management capacity have limited the extent and pace of improvement, particularly in secondary care, but changes to executive roles and lines of accountability create a better spread of responsibilities across the executive team.**
- 37 The Health Board has not made significant changes to its overall operational structure since our last review. However, there are changes to lines of accountability at an executive level including:
- removing the role of Chief Operating Officer, and redistributing those responsibilities amongst the executive team;
 - re-establishing the role of **Executive** Director of Primary and Community Care;
 - responsibility for the secondary care division resting with the **Executive** Director of Nursing; and
 - movement of the performance team to the **newly appointed Executive** Director of Planning and Performance.
- 38 These revised arrangements should help to provide a better spread of responsibility amongst the Executive Directors. The Health Board should keep these arrangements under review to ensure that executive officers maximise their collective and individual contribution.
- 39 We highlighted in previous years' work concerns about capacity within services and the ability to secure improvements and service change. The Health Board, with the financial support of the Welsh Government, is strengthening the management capacity in its Secondary Care Division (**Recommendation 10c, 2017**). In addition to speciality-based operational managers, a clinical, nursing and management triumvirate has been added, focused solely on emergency and urgent-care access. Those arrangements should help strengthen well-needed clinical engagement, but this remains an ongoing challenge (more information on clinical engagement arrangements can be found in **Appendix 1, Recommendation 10e, 2017**). Overall, the new management positions should create a consistent structure across the acute hospital sites and the posts will be recruited to over the autumn. This should help provide the required capacity and capability to proactively drive service management and improvement.

Strategic planning

- 40 Our work examined how the Board engages partners and sets strategic direction for the organisation. We assessed how well the Health Board plans the delivery of its objectives, finances, workforce and other resources. We considered the extent that plans are sufficiently joined up, both externally and internally and if they are realistic and time bound. Finally, we wanted to know if the Health Board is monitoring progress with these plans effectively. We found that **while strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium Term Plan and the Health Board's approach to monitoring the delivery of its existing plans has not been strong enough.**

Setting the strategic direction

- 41 We looked at how the Board goes about setting its priorities having engaged with key stakeholders and whether agreed objectives are clearly defined in strategic plans. We found that **the Health Board's engagement approach continues to develop and inform strategy development but there is a need for greater clarity on the shape of services.**
- 42 The Health Board has a comprehensive engagement approach that both seeks feedback on strategic aims and priorities, and the shape of services. The Health Board has continued its public engagement approach⁴, enabling the public to provide their views, volunteer, join a group and respond to specific surveys. For example, the Health Board is currently seeking feedback on outpatients' services. The Health Board's 2017-2019 engagement strategy identifies four public engagement aims. These focus on building public confidence in the Health Board and driving greater public and patient involvement. This work aligns to a special measures improvement requirement and the approach reflects the National Principles for Engagement produced by Participation Cymru. The Health Board has agreed to engage at individual service, locality area, and whole of north Wales levels. The aim of this is to focus effort, discussions and development of services on the most relevant area of the population and involve key stakeholders.
- 43 The Health Board agreed its 10-year 'Living Healthier Staying Well'⁵ strategy in March 2018. It sets out a logical argument for change, highlights the Health Board's wellbeing objectives and recognises that the Health Board needs to focus more on outcomes. The strategy identifies three main programmes:
- Health Improvement and Health Inequalities
 - Care Closer to Home
 - Care for more serious health needs (in general, acute based services)
- 44 The Board has, through a number of development sessions, agreed its corporate objectives and has assessed the objectives and recognises that they are, in part, aligned to wellbeing goals. The strategy provides a high-level intent for the direction of travel for services, but it does not provide the detail on the shape of services. The Health Board will need to ensure greater clarity is arrived at during the 2019-2022 IMTP development.

⁴ Betsi Cadwaladr UHB engagement website: <https://www.bcugetinvolved.wales/>

⁵ 'Living Healthier Staying Well': <https://www.bcugetinvolved.wales/lhsw>

- 45 A continuing challenge the Health Board faces is aligning an organisational strategy to strategies of partner organisations at both a Health Board and sub-regional level. Our observations of the Board and committees, and findings from interviews indicate that the Health Board is putting more emphasis on partnership working and building relationships with key partners. the Health Board is strengthening its representation at partnership fora and has also appointed a second third-sector Independent Member.

Developing plans

- 46 We considered the Health Board's approach to developing its annual and medium-term plans, and whether the approach is underpinned by appropriate analyses of costs, resources and potential savings. We found that **whilst the Health Board has strengthened its planning approach, it has not yet been able to generate an approvable IMTP; it has the ambition to do this for the 2019-2022 IMTP round although this will present a significant challenge for the Health Board.**
- 47 Throughout 2017, the Health Board had a clear and agreed planning approach, which helped to co-ordinate plan development activity. This approach has helped to focus planning efforts, but it did not result in the Welsh Government approving the draft IMTP in 2018. In the absence of an approved IMTP, the Health Board has been working to an annual operating plan (**Recommendation 6, 2016**). It has, however, developed a three-year plan which positively sets a longer timeframe upon which services will change, in lieu of an IMTP. Whilst the Board endorsed the three-year plan in March 2018, it did not sign off the annual operating plan until July 2018, making delivery of it within the 2018-19 financial year challenging. Our review of the three-year plan and annual operating plan indicate that in general they contain too many objectives, priorities and actions, which makes it difficult to plan for delivery. The plan clearly identifies savings and which aspects are funded and unfunded (**Recommendation 4 and 7, 2017**). This clarity on funding is helpful, however, the plan does not indicate the implication for the Health Board where workstreams are unfunded, for example, a few health improvement and health inequalities initiatives.
- 48 At present, the Health Board still does not have an agreed clinical strategy. The Living Healthier Staying Well 10-year strategy provides a high-level framework, but this does not set out the preferred clinical models going forward in sufficient detail. Nevertheless, there are a growing number of clinical plans for individual services which are at various stages. These include:
- the Sub-Regional Neonatal Intensive Care Centre, which has now been implemented;
 - centralising vascular services;
 - development of orthopaedics plan and ophthalmology plans;
 - proposals for hyper-acute stroke services; and
 - intention to introduce robotic surgery for urology services.

While work is progressing, it is important that greater clarity is provided around the future models of specialist services. This clarity is needed if the medical and non-medical workforce, acute and community estate, technology and medical equipment requirements are to be effectively planned. We first highlighted the urgent need for an agreed clinical strategy to support the delivery of clinically and financially sustainable services in our 2013 joint review of governance arrangements with Healthcare Inspectorate Wales. The Health Board is aiming to provide greater detail on clinical models as part of the IMTP process for 2019/22.

- 49 Senior management indicated that sufficient central resource is available to support IMTP development. However, findings from our interviews highlighted opportunities to adopt a business partner model like that used by the finance department. The existing planning model is devolved and requires division and directorate engagement and ownership. In some divisions this has been reasonably successful but was more problematic where there have been changes to key management posts and where services have been under significant ongoing pressure and demand, such as secondary care.
- 50 The Health Board is now starting the IMTP development process for the period 2019-2022, building upon the existing population and service demand analysis. Preparation of an IMTP that is approvable by Welsh Ministers by the required deadline will clearly present a significant challenge for the Health Board. Our work this year indicates that there needs to be a better focus on a smaller set of core priorities, better grouping into deliverable service change programmes and clearer description of future service models and programme milestones. Moreover, the long-standing financial deficit is likely to create a significant risk to the approval of an IMTP.
- 51 The Health Board has had some additional funds to support its turnaround function (**Recommendation 10b, 2017**). These funds have been provided on a fixed two-year basis. The Director of Turnaround was appointed in April 2018 and is now in the process of developing the turnaround function, which will include the current programme management office, the improvement team and some additional temporary capacity if required. The turnaround function is currently focussed on financial recovery, but in our view will need to start to focus on transformation to enable sustainable service models.

Monitoring delivery of the strategic plan

- 52 Finally, we looked at whether progress with implementing current plans and supporting strategic change programmes is effectively monitored. We found that **arrangements to monitor delivery of the annual operating plan have not ensured effective delivery of it.**
- 53 As part of our review we considered the level of scrutiny and challenge on Annual Operating Plan (AOP) delivery as well as the content of the plans which are presented to the Strategy, Partnerships and Population Health Committee and the Board. Until recently, the central planning team presented progress against plans and was held to account by the Strategy, Partnerships and Population Health Committee. This did not ensure effective delivery of plans. Of the 615 actions in the 2017-18 annual operating plan only 56% were delivered, and as at the end of quarter 1 for 2018-19, only 51% of the 110 quarter 1 actions were delivered. This clearly demonstrates that existing monitoring and accountability approaches are not driving effective delivery of agreed plans. We have seen some improvement recently with the committee clearly highlighting concerns about pace of progress and also holding divisional management to account on their plan delivery responsibilities. However, the absence of formal tracking of delivery of the plan at Board level is a concern. The Health Board needs to ensure that the oversight of its overarching plan for delivery of improved and sustainable services and population health improvement is core to its business.
- 54 We also found that the content of the AOP progress reports do not enable effective monitoring. The plan progress reports are lengthy, and their content makes it hard to determine the consequence of non-delivery from last year on the current year's plan, on pace of change or whether intended benefits have been realised (**Recommendation 10f, 2017**). The central planning team is encouraging a stronger focus on the quality of business cases. This may provide clearer identification of desired

outcomes and, therefore, enable better monitoring of progress against expected outcomes and business benefits.

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

- 55 Efficient, effective and economical use of resources largely depends on the arrangements the organisation has for managing its workforce, its finances and other physical assets. In this section we comment on those arrangements, and on the action that the Health Board is taking to maximise efficiency and productivity. We also examine if the Health Board is procuring goods and services well.
- 56 We found that **the Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and it needs to develop a more transformational approach to improve service performance and efficiency.**

Managing the workforce

- 57 The workforce is the Health Board's biggest asset, not least because pay represents such a significant proportion of expenditure. It is important that the workforce is well managed and productive because staff are critical for day-to-day service delivery and for delivering efficiency savings and quality improvements. Our work identified that **new executive leadership and a commitment to develop a workforce strategy by the end of 2018 create an opportunity to address a number of existing and challenging workforce issues.**
- 58 The following table shows how the Health Board is performing in relation to some key measures compared with the Wales average.

Exhibit 1: performance against key workforce measures, July 2018⁶

| Workforce measures | Health Board | Wales average |
|----------------------------------|-------------------|---------------|
| Sickness absence | 4.9% | 5.3% |
| Turnover | 8.7% ⁷ | 6.9% |
| Vacancy | 2.7% | 2.6% |
| Appraisals | 66% | 67% |
| Statutory and mandatory training | 85% | 73% |

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

⁶ Sickness: rolling 12-month average at July 2018; Turnover (Excluding Medical and Dental): 12-month period July 2017 to June 2018; Vacancy: advertised during July 2018; Appraisal: preceding 12 months; Statutory and mandatory training: at July 2018.

⁷ This staff turnover figure includes Medical and Dental trainees. Health Board data for the month of July 2018 indicates an 8.1% turnover rate excluding Medical and Dental trainees.

- 59 **Exhibit 1** shows that the Health Board's performance is better than average on sickness absence and statutory training, but unplanned staff turnover is a problem. This is a particular concern for medical and dental staff whose turnover rate is over 10%, and recruitment and retention remain a significant challenge across some acute specialties, primary care and nursing. At present, this is resulting in high temporary staff usage which, although reducing remains a significant challenge for the Health Board.
- 60 Resources to support recruitment have improved slightly (**Recommendation 11b, 2017**), with some additional temporary recruitment officers in place until December 2018. We understand that this has started to help co-ordinate effort and create better and more appealing offers to potential applicants for hard-to-fill places such as training or research opportunities, or exposure to different clinical case-mix. The Health Board has continued with its ongoing Train.Work.Live.⁸ recruitment approach to help attract staff to North Wales. In addition, the project search⁹, and step-into-work initiatives continue to enable work experience placements. In many instances, these lead to recruitment into positions where candidates may otherwise have had difficulty gaining these opportunities. The Health Board has developed a new retention process which involves staff interviews once they have notified their intention to leave. This approach might mean some of these staff are retained and should enable lessons to be learnt and applied to help reduce the turnover rate.
- 61 A continuing challenge is securing medical and other health professional training placements in North Wales. This has led to a lack of potential candidates coming through formal training routes which then translates into shortages of candidates for permanent substantive posts. The Health Board needs to develop solutions for the short, medium and long-term and work strategically with Healthcare Education Improvement Wales, and key partners in south Wales, within the north Wales region and with the north-West of England (**Recommendation 11a, 2017**).
- 62 The Health Board has put arrangements in place to meet the requirements of the Nurse Staffing (Wales) Act 2016, but there remain ongoing challenges to ensuring sufficient levels of nurse staffing, because of shortfalls of available staff and increased service demand. The Act, however, has provided a positive standard which senior nursing management are using to prioritise the quality of care.
- 63 The Health Board has undertaken a training needs survey and analysis at middle/senior management level. The analysis identifies the top 20 development needs (ranked) as well as the development/training delivery methods. These include the Proud to Lead framework including senior leadership masterclasses, modular workshops, active learning sets, coaching and mentoring, executive cohort sponsorship and post programme review (**Recommendation 12, 2017**). The training needs have been translated into a work programme delivered in co-operation with private-sector providers and education institutes such as Coleg Cambria and locally co-ordinated programmes in Conwy Business Centre.
- 64 Our work indicates that consultant job planning is progressing reasonably well across the organisation, and central support arrangements have enabled an improvement from 40% to 61% in nine months, albeit some sites are performing better than others. There is more to do to:
- address the variation in compliance and to strengthen overall compliance (80% or above); and
 - use consultant job planning at a team level to enable service modernisation and efficiency.

⁸ Train work live: <https://www.trainworklivenorthwales.co.uk/>

⁹ Project search: <http://www.wales.nhs.uk/sitesplus/861/news/49548>

- 65 Staff engagement development is ongoing and some of the successes in the Health Board include the Seren Betsi monthly award¹⁰ and the annual staff awards ceremony. The 2016-2018 staff engagement strategy focussed on several areas including staff engagement, Proud to Lead leadership development and involvement in locally developed 'discover, debate and deliver' exercises. In addition to the biennial NHS staff survey, the Health Board is starting quarterly staff surveys in the autumn on a rolling basis in different parts of the organisation (**Recommendation 5, 2016**). The 2018 NHS staff survey indicates that there has been a continued improvement in 2018 from the 2013 and 2016 NHS staff surveys. Improvements include the measure on overall staff engagement, staff advocacy and recommendation and ability to contribute toward improvements at work. There are some areas where the Health Board also needs to focus on, including work-related stress, bullying and harassment from patients, and the need for the Executive to communicate a clear vision. The Health Board has set out a clear timescale for the next three months to develop improvement plans.
- 66 The workforce department has a newly appointed Executive Director of Workforce and OD, replacing interim management arrangements. With the appointment has come greater clarity on the function and structure of the workforce teams, how they operate, work together and on departmental priorities. The new structure should bring together approaches for developing and managing the temporary workforce. There is currently no workforce strategy in place, but the department is working to prepare this by December 2018, to inform the 2019-2022 IMTP. We understand it will be supported by an establishment review and workforce modelling and service planning where possible (**Recommendation 10d, 2017**).

Managing the finances

- 67 We considered financial and budget management, financial controls, and operational support and processes. We found that **whilst aspects of financial governance and management are improving, the Health Board is projecting a significant year-end deficit and is still some way from being able to reach a position of financial balance.**
- 68 The Health Board's financial position remains a significant and long-term challenge. For the year 2017-18, the Health Board reported a £38.8 million deficit against the revenue resource limit, and for 2018-19 it is predicting a £35 million deficit after taking account of a planned £45 million in savings and efficiencies. In the absence of an IMTP with clear workforce and service models, the Health Board does not currently have a financial strategy, and its financial plans do not take a long enough view to help focus on recurring efficiencies or creating economy through transformation of services. Without a viable financial plan for the next three years it is unlikely that a 2019-2022 IMTP will be approvable.
- 69 Our annual accounts work has consistently identified that the Health Board has adequate budgetary financial management and control arrangements. The controls are designed to ensure clear lines of delegated budgetary responsibility, ensure accuracy of operational financial reporting, drive compliance to required financial standards and legislation. However, we are not yet clear that there is sufficient financial accountability in place and, irrespective of the control arrangements in place, the Health Board continues to overspend against its allocation.

¹⁰ Seren Betsi: <http://www.wales.nhs.uk/sitesplus/861/page/92953>

- 70 Over the past 12 months, the finance team has continued to support budget holders through financial business partners, training and financial information. In addition, the finance team alongside the newly developing turnaround function and programme management office has adopted an improving approach to help strengthen financial savings arrangements ([Recommendation 3, 2017](#)). There were clearer savings plans earlier in the 2018-19 year than in previous years, but unplanned cost growth driven by demand for unscheduled care and mental health care packages during the year remains a challenge. This growth places greater pressure on saving schemes to recover the financial position. All savings schemes are subject to quality impact assessments which are signed off by the clinical executives ([Recommendation 5, 2017](#)). We understand that the impact assessments are highlighted to the Quality, Safety and Experience Committee where the process identifies a concern regarding quality, although we have not undertaken specific work to assess the robustness of these arrangements.
- 71 The Health Board has strengthened its use of its project management system, which helps track and manage savings schemes. This has helped to free the capacity of the Programme Management Office to start to focus more on efficiencies which should become more prominent for the next financial year. However, current savings approaches continue to rely on schemes focussed within the 12-month period and are weighted towards the back end of the year. ([Recommendation 1, 2017](#)). The Health Board needs to focus more and earlier on recurring savings and clinical productivity. We comment more on this issue later in this report.
- 72 Financial reporting to the Finance and Performance Committee has improved, with information that better highlights pockets of concern. The Committee's turnaround report is starting to extend the focus and intent beyond short-term cost controls and towards efficiencies. Turnaround arrangements include divisional monitoring and weekly accountability meetings and escalation processes. Over the coming months, the Health Board should reflect on the effectiveness of these arrangements to ensure they are impactful ([Recommendation 6, 2017](#)).
- 73 The Health Board's procurement arrangements are largely devolved to the NHS Wales Shared Services Partnership. There is an all-Wales Procurement Strategy, and this is underpinned by an all-Wales business plan. There is an overarching service level agreement between the Shared Services Partnership and the Health Board, but we understand the Health Board does not use it proactively to manage the 'contractual' relationship. We understand that the Health Board has good day-to-day relationships with the procurement service, focused on operational procurement and procurement cost reduction. However, it could adopt a more strategic approach to use procurement to help deliver wellbeing of future generation objectives and focus more on assets coming to end of life and better overall long-term value. This approach may require a richer skill mix and higher resource in the procurement team and/or an enhanced contribution and role by the finance department.

Improving performance, efficiency and productivity

- 74 We looked at what the organisation is doing to improve performance, efficiency and productivity. We found that: **the Health Board is not delivering against key access targets and service productivity and efficiency needs to be improved.**

Key waiting-time targets

- 75 The Health Board has had a challenging year, and **while some performance metrics have improved, meeting waiting-time targets, particularly for time spent in emergency departments, remains a significant challenge.** The Health Board is failing to deliver against its four-hour emergency department waiting-time target, having recorded a significant deterioration over the summer. Combined emergency department and minor injury unit performance as at October 2018 is 70.6% of patients seen within four hours, with the greatest pressure being felt in Ysbyty Maelor and Ysbyty Glan Clwyd whose performance is 54.1% and 58.5% respectively. This indicates both the overall extent of demand, and also the capacity and efficiency of the wider unscheduled care system and in-hospital patient flow.
- 76 The Health Board's own analysis indicates seasonal peaks during the summer at two sites. We understand that this seasonal effect is proportionately higher than other major health boards in Wales. While the overall emergency department attendance rate is slightly lower in winter than in the summer¹¹, it is likely that the acuity of patients may be greater over that period. This suggests that summer and winter unscheduled care plans need to be shaped according to patterns of attendance, for example, trauma or medical presentation, frailty, disease, and time of demand. The Board is now making unscheduled care its key priority. It has already invested some significant resource to address immediate performance concerns, and remodel services to achieve better patient flow and community-based services.
- 77 With regards to scheduled care, there has been improvement in comparison to last year with a small reduction in 26 and 36-week referral-to-treatment wait target breaches. This improvement has been supported by additional funding from the Welsh Government. However, the impact of that funding has not been as significant as was planned and may result in some financial claw-back if agreed target performance is not met.
- 78 Follow-up outpatients are a growing concern for the Health Board. The number of follow-up outpatients with a delayed appointment increased from 70,530 in August 2017 to 85,164 in August 2018. Welsh Patient Administration System (WPAS) system implementation issues are partly responsible for the increase in delays, but the extent of the increase is a concern. Over the last 12 months, we have also seen some deterioration in urgent suspected cancer performance, but some improvement in relation to GP out-of-hours access and stroke performance measures.

Productivity and efficiency

- 79 Our work this year has considered the Health Board's efficiency and productivity arrangements. Our findings indicate that **the Health Board actively engages in benchmarking exercises and clubs to identify areas where there are inefficiencies, but it needs to become better at securing improvements in efficiency and productivity.** This work is supported by benchmark costing undertaken by a costing team in the finance department, and performance analysis of productivity and efficiency by the central performance and improvement teams. The Health Board has good and improving information on efficiency and productivity. However, there is less clarity on the extent to

¹¹ StatsWales data on the Health Board's unscheduled care activity can be found at the following link <https://statswales.gov.wales/v/Elaf>

which this intelligence is being used to target savings, service change, productivity improvements and clinical decision making.

- 80 As part of our review, we considered information from NHS benchmarking and compared them to the benchmark group and all-Wales average. They indicate that generally:
- day-case rates are better than average;
 - day-of-surgery admission rates are better than average; but
 - average lengths of stay are higher than average.
- 81 We also considered the Health Board's surgical productivity benchmarking approach. Their ATOM tool provides a good mechanism to support service planning and determine inefficiencies. It has the potential to inform discussion on continuous improvement with clinicians. The tool provides a forecast of session activity and productivity plans against 'best in class'. At present the Health Board plans many of its sessions at below the best in class rates, and the actual productivity is between 5% and 10% short of those plans. This indicates that for some surgical specialties, there remains room for improvement in productivity.
- 82 The Health Board recognises its need to make efficiencies and has a number of workstreams to improve efficiency which should deliver both cash and non-cash savings. These include:
- theatre efficiency;
 - reduction in length of stay, hospital-initiated cancellations and 'did not attends';
 - community hospital length of stay and improving acute to community flow;
 - primary-care clinical variation, focussing on inappropriate primary-care referrals;
 - secondary-care clinical variation, although that workstream does not appear to sufficiently focus on productivity.
- 83 At present, these approaches are not having the desired effect in terms of delivering cashable efficiencies. The Health Board needs to continue to pursue where opportunities are the greatest and where this helps support financially sustainable services in the longer term.
- 84 Some of these efficiencies can be achieved through better operational management focus and processes. But, the greatest potential for improvement will be through effective clinically led innovation, clinical decision making, clinical productivity and prudent and value-based service models. A Value Steering Group has been created which includes executive team leadership and a range of appropriate members. The committee has agreed to focus on CT Colonoscopy and Diabetes, seeking to make changes which demonstrate improved outcomes and better value. The Health Board should then be able to use these demonstrator projects to support and encourage improvement (**Recommendation 2, 2017**).

Use of informatics to support service delivery

- 85 We assessed the Health Board's arrangements to utilise technology to support service delivery. Our work identified that **there is a good strategic approach in the informatics service, but this will require focussed investment and there also needs to be stronger oversight on the effect of national system risks on the Health Board.**
- 86 The Health Board has an agreed five-year informatics strategic outline programme. This was first produced and agreed in late 2016. It is currently being redrafted and reprioritised in line with Health

Board priorities and budget availability. The work of the informatics department has been overseen by the Finance and Performance Committee over the past 12 months but will soon be overseen by the new Information Governance and Informatics Committee. Overall informatics resources were increased in 2017-18 and the new server rooms at the Wrexham Maelor and Glan Clwyd sites are a positive investment. However, there remain several risks relating to medical records storage, and delays in national systems. For example, the national roll-out of the Welsh Community Care Information System has been delayed and this presents a lost opportunity, because of the lack of reliable community-based service and productivity information.

- 87 There are several positive local initiatives and pilot projects that use technology to support patient-flow improvement, digital dictation and tele-health. At present we believe the informatics department is well managed but continues to be resource constrained (**Recommendations 10d and 13, 2017**). This may limit the extent to which ICT can support service change through enabling digital technologies and may also present business continuity and resilience risks because of ageing ICT infrastructure.

Managing the estate and other physical assets

- 88 Finally, we considered how the estate and physical assets are managed. We found that **within a context of a large legacy estate and asset base and limited discretionary capital, day-to-day administration and maintenance of assets are managed reasonably well, but there is a need for a more strategic approach.**
- 89 We found the Health Board has no overarching asset or estate-management strategy. Instead it has a comprehensive asset register that identifies the scale and cost of replacement. The Health Board applies a risk-management approach, overseen by an asset-management group. This arrangement helps to prioritise the limited discretionary capital allocation across estate, ICT infrastructure, medical equipment and other related assets. The Health Board flexes and responds to new priorities, for example, where urgent and unexpected health and safety risks occur, or there is unexpected equipment failure. We understand that this results in some aspects of previously planned investments being postponed. We also found:
- clear lines of accountability for managing the estate and physical assets;
 - improving capital project and expenditure reporting into the Finance and Performance Committee; and
 - ongoing work to update and ensure corporate policies and processes for managing asset and estate are fit for purpose.
- 90 There have been a number of major capital projects funded through an application process in which business cases are submitted to the Welsh Government for scrutiny. Our interviews indicated the capability to prepare large or complex capital business cases is generally good. However, the capability within divisions to prepare small to medium-sized business cases is not sufficient, and bids often result in refusal of the application. We also heard that the capital and revenue analyses which support small to medium-sized business cases were, in general, not good enough. It may be that some proposals are sound, although not sufficiently rigorous to be successful. In this case, it would be helpful for the Health Board to continue to develop such proposals (**Recommendation 10a, 2017**).
- 91 The Health Board has a large legacy estate and asset base, and while some of this is relatively new or recently refurbished, there remains a significant backlog maintenance requirement. High-risk estate

backlog maintenance is currently £49 million. We heard that some parts of the current estate are, in some circumstances, unlikely to support new service models and promote efficient ways of working, and it will be difficult to bring to the required environmental standards. The Health Board has committed to develop an estates strategy to support the IMTP, and it should look to disinvest where existing assets and estates do not provide good public value for money, and alongside this determine the opportunity for more significant capital schemes.

Recommendations

- 92 The areas for improvement and further development identified in this year's Structured Assessment are already either covered by recommendations from previous years' Structured Assessment work, or form part of ongoing improvement activity by the Health Board. We therefore do not intend to include a further lengthy list of recommendations in this report. However, it is important that the Health Board tackles our recommendations from previous years' work with sufficient pace and grip. We have made one further recommendation below in relation to this.

Exhibit 2: 2018 recommendation

| 2018 recommendation | |
|---------------------|--|
| R1 | <p>We recommend that the Health Board sets a clear target for implementation of each of the outstanding recommendations from our previous structured assessments. As a minimum, these targets should ensure that all outstanding recommendations are implemented by the end of December 2019. In doing this, the Health Board should ensure that specific priority is given to:</p> <ul style="list-style-type: none">• change management arrangements, including programme management and monitoring;• strengthening performance and financial accountability; and• continued rollout of quality improvement initiatives. |

Appendix 1

Progress implementing previous recommendations

Exhibit 3: actions in response to 2017 and outstanding previous recommendations

| Recommendation | Action taken in response | Progress |
|---|---|-------------|
| 2016 structured assessment recommendations | | |
| R2 The Health Board should build upon its assurance mapping work and work towards a board assurance map to complement the corporate risk register, and ultimately the IMTP. | The Health Board has now shaped its overarching board assurance arrangements. During 2018, officers developed a board assurance map as part of a board assurance framework which was presented at Audit Committee. The pace of preparing this has been limited by not having an agreed IMTP that contains clear priorities. The board assurance map needs to be aligned to the key priorities of the Health Board as part of the 2019-2022 planning round. There has also been innovative work to develop and start to implement a legislation assurance framework. | In progress |
| Learning lessons R4a The Health Board should look at further steps to improve clinical leadership and ownership of Putting Things Right processes, to support the improvement needed in response times and learning from complaints, incidents and claims. R4b The Health Board should strengthen its processes for systematically reporting, cascading and implementing lessons learnt. | | |
| | The Health Board has made good progress with developing stronger quality assurance arrangements and leadership. There is a multi-strand approach to quality improvement, and stronger arrangements for putting things right. A number of metrics have improved since 2016, and we are aware of a better focus on the quality of response to complaints. We are also aware that there are improved approaches to reviewing serious incidents on a weekly basis. | In progress |
| | The Health Board needs to continue to strengthen lessons learnt processes, how those lessons learnt are adopted across sites and teams, and demonstrate improvement. | In progress |

| Recommendation | Action taken in response | Progress |
|--|---|----------|
| 2016 structured assessment recommendations | | |
| Culture R5 Work to support a positive and open culture from ward to board needs to expand beyond the most challenged teams to help the wider organisation understand and apply positive values and behaviours. | <p>The Executive Director of Nursing and Midwifery and Medical Director are leading on quality improvement initiatives. This includes improving work on harms, mortality, leadership walkabouts, executive 'back to floor' days in July 2018 and progress with the 'harms quality dashboard' as mentioned above. Ward-based whiteboards, which include a range of metrics, will be implemented across all wards soon.</p> <p>Staff engagement has been ongoing, and the last 2016 staff engagement strategy will be refreshed to respond to the results of the recent NHS staff survey and align to the developing workforce strategy. The 2016 staff engagement strategy focussed on several areas including Proud to Lead leadership development and involvement in Discover, Debate and Deliver exercises. In addition to the biennial NHS staff survey, the Health Board is also undertaking quarterly staff surveys on a rolling basis in different parts of the organisation. While there is more to do, progress in arrangements is promising, and further progress on culture, behaviour and quality should be secured through respective quality improvement and workforce strategies.</p> | Complete |
| Strategy and Planning R6 The Health Board must maintain focus on developing its strategy and plans to ensure it meets its own challenging timescales. | <p>The Health Board has agreed its Living Healthier Staying Well strategy and has developed a three-year plan.</p> <p>More needs to be done to translate the strategic intent into clearly defined service models supported by deliverable programmes of change and improvement. However, as the requirement to develop an IMTP is set out by the Welsh Government in response to legislation, this recommendation is closed.</p> | Closed |

| Recommendation | Action taken in response | Progress |
|---|--|-------------|
| 2017 structured assessment recommendations | | |
| R1 Embed a savings approach based on targeting savings at areas where benchmarking demonstrates inefficiencies, to deliver longer-term sustainability. | Benchmarking data was used to identify the Board's savings opportunities for 2018-19. These opportunities are being progressed under the turnaround programme. There remains more to do to target savings plans on productivity and efficiency improvements, as well as shifting to lower cost service models. | In progress |
| R2 Identify where longer-term and sustainable efficiencies can be achieved through service modernisation and application of approaches such as value-based healthcare, productivity improvements and invest to save | A Value Steering Group has been created which includes executive team leadership and a range of appropriate members. The group has agreed to focus on CT Colonoscopy and Diabetes. Progress is needed to make changes in these areas which improve outcomes and deliver better value. The Health Board should then be able to use these as demonstrator projects to support and encourage improvement. | In progress |
| R3 Ensure that budget holders receive the necessary specialist support from enablers such as the Programme Management Office, workforce, procurement and informatics teams. | Budget holders are supported by financial business partners, training, financial information. A review of Corporate Services will also be undertaken with a view to ensuring that the support provided to the organisation is appropriate. | In progress |
| R4 Ensure that financial savings assumptions are fully integrated into annual and medium-term plans so that savings efficiencies form part of service modernisation. | The financial savings identified for 2018-19 are reflected in the organisation's annual plan. Improvement areas such as theatres, length of stay and referral improvements are supporting operational delivery and performance requirements as well as financial improvement. The Health Board has indicated that as the IMTP is developed, the turnaround programme for 2019-2022 will be embedded to ensure that financial and service deliverables are aligned. | In progress |
| R5 Develop an approach for providing assurance to the relevant committee where delivery of savings schemes may affect service quality or performance. | All savings schemes are subject to quality impact assessments which are signed off by the clinical executives. Where this process identifies a concern regarding potential adverse quality impacts these will be escalated to the Quality, Safety and Experience Committee with appropriate reporting for assurance. | Complete |

| Recommendation | Action taken in response | Progress |
|--|--|------------------|
| 2017 structured assessment recommendations | | |
| R6 Further strengthen the corporate monitoring approach to ensure it supports and enables savings plans which are slipping, and encourages longer term savings and efficiency programmes. | Monitoring of savings progress at a divisional level is in place with escalation action as required. This is effected both by direct follow-up through the Director of Turnaround and Director of Finance with the divisional directors as part of turnaround arrangements. There continues to be a need, however, for a focus on longer-term and recurring efficiencies. The Health Board needs to strengthen these arrangements. | In progress |
| R7 Ensure that plans presented to the Board include costed options where applicable and contain sufficient information to indicate to the Board that they are affordable in the short, medium and long term. | There is generally better financial information within the plans agreed by the Board, and identification of key areas of the plan which are unfunded. This helps inform the Board on affordability when deciding to approve or not and will be critical as part of the 2019-2022 approval process. The clarity on affordability of plans will need to be increasingly strengthened over the coming year. | In progress |
| R8 Review the remit of the Finance and Performance Committee with particular consideration to breadth of current responsibilities. | The remit of the Finance and Performance Committee has now been reduced to enable a stronger focus on core aspects of turnaround and improvement. | Complete |
| R9 Build on the Health Board's programme of clinical audit to ensure it a) aligns with quality strategy priorities and risks; b) sets out patient/quality outcomes or impact as a requirement of audit planning to help it understand the value that clinical audit is contributing and c) informs the Quality, Safety and Experience Committee with clear and focussed assurance reports. | The Health Board has not significantly altered its clinical audit planning approach or strengthened its reporting to better provide targeted assurance into the Quality, Safety and Experience Committee. | Limited progress |

| Recommendation | Action taken in response | Progress |
|---|---|-------------|
| 2017 structured assessment recommendations | | |
| R10 Consolidate, strengthen and sufficiently resource the change-enabling capability of the organisation. | See component parts of the recommendation (below R10a to R10f). | |
| R10a Ensure financial savings are embedded into change programmes and plans. | There is better identification of financial savings in the overall corporate plans, but at present there appears to be more to do to consistently identify savings within programmes, project plans and business cases. | In progress |
| R10b Strengthen capacity and capability within centrally managed change programmes. | The Health Board has endorsed its approach to turnaround and supported investment in additional central resources to drive critical change and savings programmes. As part of this a formal programme management approach is being established with additional staff resources to bring a consistent methodology and discipline. Potential programmes of work will be assessed in terms of capacity and capability to deliver at inception to ensure optimal delivery. | In progress |
| R10c Strengthen change enabling capability and capacity in divisions. | The Health Board has recognised the need to enhance managerial capacity and capability within divisions. Specific additional resource has been secured from Welsh Government to enhance capacity, particularly in secondary care. This will add capacity to focus on key change programmes as well as operational delivery. The Health Board has indicated that it has increased finance skills development, and we understand there is training commencing to support local change management capability. | In progress |

| Recommendation | Action taken in response | Progress |
|---|---|-------------|
| 2017 structured assessment recommendations | | |
| R10d Ensure workforce, informatics and other enabling resources are integral to change delivery arrangements. | <p>Informatics have worked with the quality improvement team to develop a ward-level harms dashboard which provides real time information on the elements of harm reduction and quality improvement within the Quality Improvement Strategy. This real-time data is a prerequisite for quality improvement and is starting to have some impact.</p> <p>Informatics services are better engaging with services and have stronger clinical leadership to help shape informatics support for service change. Involvement with IMTP developments at a programme and project level, and the alignment of the informatics strategic outline plan should be priorities in the year ahead.</p> <p>We are also aware that the workforce team are more engaged on service modelling and design as part of this year's IMTP development, this will need to continue and contribute to the developing workforce strategy.</p> | In progress |

| Recommendation | Action taken in response | Progress |
|---|--|-------------|
| 2017 structured assessment recommendations | | |
| R10e Ensure clinical engagement and leadership are integral elements within change programmes. | <p>The Health Board has recognised its lack of clinical leadership within the Health Board both in terms of capacity and capability and has outlined several strands of work to improve arrangements. It has:</p> <ul style="list-style-type: none"> acted to strengthen structures and lines of accountability: <ul style="list-style-type: none"> appointed a substantive Secondary Care Medical Director. Beneath this, secondary care clinical service leads have been appointed. all clinical director roles in Mental Health services have now been appointed. the newly appointed Director of Primary Care and Community Services is experienced in driving clinical transformation in primary and community settings and all primary-care cluster leads have been appointed. developed and is delivering its internal leadership programme and extended this to all doctors. The Health Board is looking to Academi Wales for additional external training support. involved and engaged clinicians: <ul style="list-style-type: none"> driving strategy formation in vascular surgery, urology, ophthalmology, orthopaedics and stroke. with the development of the unscheduled care 90-day plan. in job planning, with more to do. improving engagement in reduction of hospital-acquired infection. <p>These new arrangements show a promising and concerted effort by the Health Board and will take time to develop and bed in.</p> | In progress |
| R10f Strengthen accountability for progress against plans, including the annual operating plan and, when developed, the IMTP. | The Health Board still needs to strengthen accountability for delivery against plans, both in regards of progress against timescales and in terms of benefits realisation. | In progress |

| Recommendation | Action taken in response | Progress |
|--|---|-------------|
| 2017 structured assessment recommendations | | |
| R11a Work with educational partners, research partners and internal stakeholders to shape new job roles to increase the attractiveness of the job offer as part of clinical staff recruitment. | The Workforce and Organisational Development (WOD) team has good links with educational partners and continues to engage with them in respect of commissioning needs, working closely with nursing and other clinical colleagues. There are some good examples of working with the university sector, but more needs to be done to consolidate efforts and develop a more co-ordinated and strategic approach. | In progress |
| R11b Increase tactical recruitment capacity to support delivery of R11a. | Some additional temporary recruitment capacity was made available and continued to be funded to the end of the calendar year. The Health Board will need to review those arrangements, in line with existing operational recruitment needs, recruitment effectiveness, and workforce strategy. | In progress |
| R12 Strengthen middle and senior management skills to provide sufficient breadth of business and financial capability and to support succession planning. | The Health Board has undertaken training needs survey and analysis at middle/senior management level which has considered training needs by area and role. The analysis identifies the top 20 development needs (ranked) as well as the development/training delivery methods. The Proud to Lead framework includes senior leadership masterclasses, modular workshops, active learning sets, coaching and mentoring, executive cohort sponsorship and post programme review. Training needs have been translated into a work programme in co-operation with private-sector providers and education institutes such as Coleg Cambria and locally co-ordinated programmes in Conwy Business Centre. | Complete |
| R13 Increase investment in technology where this clearly will result in a greater level of returned cashable efficiencies or transformational economies. | <p>Informatics have developed a strategic outline plan, which has received support from the Health Board, the Exec Team and Welsh Government. However, even though these developments could deliver significant cost reductions, the investment to implement them has not been to date available. This is being progressed with the Welsh Government through National Informatics Management Board (NIMB) and spend-to-save applications. The application for digital dictation has been successful.</p> <p>The framework for additional investment in technology is in place through engagement in planning an investment process, but the business case process and service engagement with the process (eg engagement with Digital Transformation Group) needs to improve to identify major technology investment.</p> | In progress |

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| Health Board 24.1.19 |  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care |
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| Report Title: | Funded Nursing Care (FNC) – Update |
| Report Author: | Mr Rob Nolan Finance Director, Commissioning and Strategic Financial Planning |
| Responsible Director: | Mr Russell Favager, Executive Director of Finance |
| Public or In Committee | Public |
| Purpose of Report: | The purpose of this paper is to update the Board on the position regarding Funded Nursing Care (FNC) following the 2017 Supreme Court Judgment; advise the HB on the work underway since the Judgment to ensure compliance; seek Board approval for an uplift to the 18/19 FNC rate. |
| Approval / Scrutiny Route Prior to Presentation: | The paper has been produced by the National Director – Complex Care for Welsh Government. The response to the FNC Supreme Court Ruling has been led by Welsh Government through the FNC Steering Group which included membership from Welsh Government, Local Authorities and NHS Wales. |
| Governance issues / risks: | This report does not impact on Governance issues or risks. |
| Financial Implications: | The proposal is subject to agreement with the Local Authorities. Funding for the backdating for the period 2014/15 to 2015/16 of £3.1m has been provided by Welsh Government (WG). The ongoing cost of £668,000 per year is a cost pressure to the Health Board and is part of the 2018/19 Financial Plan. |
| Recommendation: | The Board is asked to note the report and the detailed recommendations therein. |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 Governance and Leadership | | | |
| Equality Impact Assessment Impact assessments are undertaken for individual savings schemes as they are developed. | | | |

Disclosure:

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

Funded Nursing Care Update

1. Purpose

The purpose of this paper is to:

- Provide the Board with an update on Funded Nursing Care (FNC) since the last update in March 2018;
- Advise the Board of the ongoing work since the Supreme Court Judgment to ensure compliance;
- Seek Board approval for an uplift to the 2018/19 FNC rate in line with the previously approved Inflationary Uplift Mechanism.

2. Background

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where this has been assessed as necessary.

Board members will recall from previous papers, most recently in March 2018, the background to this and the work commissioned by HBs from Laing & Buisson that was used as the basis for uplifting the FNC rate. Following this, legal challenges culminated in 2017 with a Supreme Court hearing.

The Supreme Court found that, in addition to the services already funded, HBs should fund additional services provided by the RN. These are:

- Time spent by the RN in receiving registrant supervision;
- Paid breaks;
- A proportion of the personal care delivered by the RN where that was necessary in order to assess and put an appropriate plan of care in place, with the remainder of the personal care delivered by the RN to be funded by the Local Authority (or the individual in the case of self funders).

Including these additional services ensures that the FNC rate will reflect all of the RN time identified by Laing & Buisson in their Report in 2013. The payments need to be backdated to 1 April 2014, the date of the first decision challenged by the care homes in the legal proceedings.

The March 2018 Board Paper:

- set out these issues in detail;
- updated Boards on work post Judgment, facilitated by Welsh Government, that concluded that the costs of the personal care delivered by the RN be funded on a 50:50 basis between the appropriate HB and LA.;
- set out the calculation of the 2017/18 FNC rate and sought approval for this to be issued;

- advised on the work underway to manage the reimbursement process for 2014/15; 2015/16; 2016/17 and the three strands of reimbursement – to providers; to self funders; to the estate of deceased self funders;
- advised of the need to seek evidence that paid breaks have been funded before this component could be reimbursed.

3. Developments since previous Board Paper

Following on from the March HB Board meetings Care Forum Wales (CFW), initially via self contact and subsequently via further legal correspondence, raised additional queries with HBs regarding the FNC rate. These queries were found to be due to a calculation error by Laing & Buisson in the Report provided to HBs in 2013 and related to the financial cost attached to the standby time rate. Following identification of this error by Laing & Buisson HBs accepted the need to correct the rate and revise the calculations used to reach the amended FNC rates from 2014 onwards.

Further work has also been undertaken to determine an appropriate evidence requirement that paid breaks have been funded and so can be reimbursed. Wales Audit Office (WAO) has confirmed it would expect some form of proportionate evidence requirement be put in place by HBs and further discussions with WAO, CFW and other provider representatives have helped to progress this requirement.

4. The current position

The current position regarding the key issues is:

- The 17/18 uplift as approved by Boards in March 2018 has been issued. Depending on the point in the process HBs were at, this will either be the agreed March rate with the adjustments to reflect the revised rate made later this year alongside the 18/19 uplift or via a combined uplift.
- Reimbursement to Providers for 2014/15; 2015/16; and 2016/17 has now commenced, with the paid breaks component withheld whilst the evidence matter is resolved. It is anticipated that resolution will be possible shortly. In addition HBs need to reimburse those self funded nursing residents who are currently in care homes and also put a process in place to address reimbursement relating to deceased self funders. Funding for the reimbursement has been provided by WG, with a clear expectation that the funds will be issued in year. In order to ensure compliance HBs have been working to ensure they have robust data on those in receipt of FNC since 2014. The actual reimbursement sums will be made to three groups:
 - a) To providers for those individuals whose residential care was funded by LAs in care homes;
 - b) To self funders currently in nursing placements in care homes as they will, by definition, have paid for some elements of care that the Court has determined should be funded by the NHS;

- c) To the estate of deceased self funders – as above these individuals will have paid for some services that the Court has decided the NHS should have funded. A specific process will need to be put in place to seek out claimants, using the model in place for retrospective CHC claims – a newspaper notice will be inserted inviting those who may be eligible to contact the relevant HB.
- HBs need to consider and agree an appropriate form of evidence in order to reimburse providers for paid breaks. Following further dialogue with provider representatives and the WAO it is anticipated this can be resolved with agreement from all parties quite quickly. A verbal update will be provided on any developments since this paper was drafted.
 - The labour component of the FNC rate is uplifted based upon previously approved Inflationary Uplift Mechanism that is linked to the NHS Pay Award, with the continence component uplifted on an inflation basis (CPI). Now the Pay Award has been confirmed the 2018/19 NHS component of the FNC rate has been calculated by HB finance leads at £167.87. This excludes the LA component which will be funded by the appropriate LA.
 - The Inflationary Uplift Mechanism was approved by HB Boards to operate for a period of five years, with 2018/19 being the final year. HBs will need to consider whether to continue with the IUM or adopt an alternative process and HB representatives will work on an all Wales basis to consider this further and develop options.
 - Care Forum Wales has indicated that, once FNC matters are resolved, they will wish to open dialogue on other matters including Continuing NHS Healthcare.

5. Summary

HBs continue to work on an all Wales basis to comply with the requirements of the Supreme Court Judgment. The 17/18 uplift is being issued, with the 18/19 uplift now calculated so that the uplift can also be issued once approved by Boards.

Reimbursement to providers for 2014/15; 2015/16 and 2016/17 is underway, with the paid breaks component withheld whilst the evidence matter is concluded.

Reimbursement to self funders currently in care homes will also take place shortly, with specific work to be progressed relating to deceased self funders. This is likely to be the most challenging cohort to reimburse and HBs are seeking WG support to accrue resources into early 19/20 should that be necessary.

6. Recommendations

The Board is asked to:

- **Note** the identification of a calculation error by Laing & Buisson that has led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018;
- **Note** that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated and **approve** the NHS component of the 18/19 rate as **£167.87**, with a further additional component payable by LAs;
- **Note** the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift. HB teams will consider options for 2019/20 onwards;
- **Note** the work undertaken with provider representatives to resolve the evidence of paid breaks matter and that this should be resolved to the satisfaction of all parties shortly;
- **Note** the requirement to issue reimbursement resources in year and the processes in place to manage the three cohorts that require reimbursement;
- **Note** that Care Forum Wales has indicated their wish to consider other matters, including CHC rates, now that FNC matters are reaching resolution.

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| Health Board |  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> |
| 24.1.19 | <i>To improve health and provide excellent care</i> |
| Committee Chair's Report | |

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| Name of Committee: | Audit Committee |
| Meeting date: | 11 December 2018 |
| Name of Chair: | Cllr Medwyn Hughes |
| Responsible Director: | Mrs Grace Lewis-Parry, Board Secretary |
| Summary of business discussed: | <ul style="list-style-type: none"> • Internal Audit Progress update providing reasonable assurance on three reviews – namely Ysbyty Gwynedd Emergency Department capital scheme; the Sub-Regional Intensive Care Centre; and West Locality Compliance with the Budget Setting Methodology. The update also detailed two ‘assurance not applicable’ reviews relating to GP Out of Hours: Compliance with National Standards; and Benefits Realisation. Additionally the report provided an update on draft reports issued, current fieldwork, together with follow-up status of recommendations reviewed. • WAO update including presentation of the Structured Assessment; Primary Care Services; Management of Follow up Outpatients across Wales; and Radiology Services in Wales. • Review of special measures expectations allocated to the Audit Committee in order to provide feedback to the SMIF T&F Group. • Legislation Assurance Framework Progress Update • Change to Provision of Voting for Welsh Health Specialised Services Committee, Emergency Ambulance Service Committee and NHS Wales Shared Services Partnership Committee • Feedback from the Audit Committee Workshop held on 30.11.18 • Update on the National Cleaning Standards for Cleaning in NHS Wales • WAO Report on the Collaborative Arrangements for Managing Local Public Health Resources: Programme Closure Report • Charitable Funds Accounts • Review of Corporate Risk Register • Financial Conformance Report • Counter Fraud Progress Report • Review of progress of internal and external audit recommendations |

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| <p>Key assurances provided at this meeting:</p> | <p>The Committee:-</p> <ul style="list-style-type: none"> • Received the Minutes of the Joint Audit and Quality, Safety and Experience Committee held on 6.11.18 and noted that the Director of Therapies and Health Sciences would prepare a report for the March Audit Committee on progress with the implementation of actions in respect of Clinical Audit following re-examination by the Executive Team of the BCU elements of the clinical audit plan and process going forward, including future presentation, tracking and follow up of recommendations arising, with input from Internal Audit as appropriate; • welcomed the progress to date on the legislation assurance framework and the positive ongoing work liaising with Divisional Leads; • adopted the changes to Standing Orders in respect of provision of Voting for WHSSC, EASC and NHS SSP Committee for all decisions subject to a 2/3 majority of voting Members present – nominated deputies (with Executive Director status from the relevant organisation) for LHB Chief Executives to formally contribute to the quorum and have delegated voting rights. • reviewed the Financial Conformance Report covering procurement, payroll, amounts payable and receivable. The Committee also approved the losses and special payments for the period. Members noted that future reports would include further details on trade agreed receivables. • received a progress report from the Local Counter Fraud Service including an update of actions taken; and • noted the Charitable Funds Accounts for 2017/18 which were to be submitted to the December Charitable Funds Committee for approval. • Members noted the Internal Audit Progress update and received a detailed briefing on Capital Assurance. A further audit was scheduled for Ysbyty Gwynedd in the new year and any issues would be highlighted for members. With regard to the GP out of hours review the Executive Director of Primary and Community Services responded outlining the work that was being undertaken to address the three distinct cultures and linear management issues that were not working across the Health Board. Structural changes together with increased working with WAST and 111 were being progressed at pace. Despite this being a report where an assurance level was 'not applicable' under the current definitions, recommendations emanating from the review would now be tracked as part of the Audit Team Central tracking arrangements. • Welcomed the format of the Audit Committee workshop and endorsed a number of suggestions put forward as part of the discussions which were to be considered by the Board Secretary who would report back to the March meeting of the Committee. |
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| | <ul style="list-style-type: none"> • The Committee received an update from the Director of Estates and Facilities and the Assistant Director of Nursing (Infection, Prevention and Control) regarding the progress of the remaining actions emanating from the Internal Audit of the National Cleaning Standards for Wales. Members noted the plan for introduction of a monthly risk-based audit programme from January 2019. • With regard to the WAO report on Primary Care the Executive Director of Primary and Community Services joined the meeting. All findings within the report had been accepted however he highlighted that some of the timelines were ambitious but needed to be. Many of the solutions had been discussed with colleagues over the last few months. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • The additional resources required to fully meet the audit frequency in the National Cleaning Standards will be considered as part of the 2019/20 budget setting process. The Committee received the Public Health Wales Programme Closure report following the WAO Report on the Collaborative Arrangements for managing Public Health resources. The Committee noted with some concern the review of allocated funding across Wales which would have a £400,000 adverse impact on the North Wales population. The BCU Director of Public Health informed Members that despite discussions at chief executive level attempts to reverse this decision had been unsuccessful. • Having reviewed the 'Team Central' Audit Tracker, Members expressed serious concerns about the lack of progress of numerous overdue recommendations and requested that the Executive Team address these as a priority. • The Committee reviewed the Corporate Risk Register and raised concerns that updates from other Committee meetings had not been shown in the version presented to the audit committee. The Board Secretary agreed to review the register with the Executive Team prior to its presentation to the Board in January and for future reports to provide a narrative update on what had changed since the last iteration. Members acknowledged the forthcoming Board Workshop on Risk Management which would discuss risk appetite of the Board, risk ratings and how risks were defined. |
| Special Measures Improvement Framework Theme/Expectation addressed | Governance and Leadership |
| Issues to be referred to another Committee | Feedback to the Special Measures Improvement Framework Task and Finish Group in respect of the Monitoring Log was agreed |

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| Matters requiring escalation to the Board: | The Board is asked to endorse the adoption of the changes to Standing Orders, issued by the Cabinet Secretary for Health and Social Services which outlined revised criteria for the taking of all decisions by WHSSC, EASC and NHS Shared Services Committee. All decisions to be subject to a 2/3 majority of voting Members present. Nominated deputies for LHB Chief Executives to formally contribute to the quorum and have delegated voting rights. Nominated deputies to be Executive Directors of the same organisation. |
| Well-being of Future Generations Act Sustainable Development Principle | In summary, the purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance. As such the Committee gives consideration to the sustainable development principles in their widest sense but in particular, the focus on progress of internal and external audit reports supports the principle of putting resources into preventing problems occurring or getting worse. |
| Planned business for the next meeting: | Range of regular reports plus updates in relation to handover of care at emergency departments, progress on implementation of audit recommendations; clinical audit, Risk Management Strategy and Board Assurance Framework. The Committee will also be seeking appropriate officer attendance in respect of any outstanding internal or external audit recommendations where it is considered that insufficient progress of implementation is being made. |
| Date of next meeting: | 14 March 2019 |

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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Committee Chair's Report | |

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| Name of Committee: | Quality, Safety & Experience Committee |
| Meeting date: | 29.11.18 |
| Name of Chair: | Mrs Lucy Reid |
| Responsible Director: | Mrs Gill Harris, Executive Director of Nursing & Midwifery |
| Summary of business discussed: | <ul style="list-style-type: none"> • The Committee received the Public Services Ombudsman's Annual Letter for 2017-18 and noted the concerns raised by the Ombudsman with regards to complaints handling within the Health Board and actions taken by the Health Board. Further improvements discussed included integrating learning outcomes into the Health Board's clinical audit programme. • The Committee received an update on infection prevention and control and were supportive of the Safe Clean Care initiative which was realising demonstrable improvements although the organisation's indicators for Clostridium Difficile and MRSA remained off trajectory. • A new style of Integrated Quality Performance Report was received and it was noted this was still evolving in order to provide clarity of data and robust assurance. • The Committee reviewed all of its allocated corporate risks and were in agreement that the current risk scores for CRR02 (infection prevention), CRR03 (continuing health care) and CRR16 (safeguarding) were appropriate. • The Committee received a paper which set out its allocated expectations from Special Measures. Members noted there were difficulties in ensuring that a meaningful but manageable level of detail was provided to enable the Committee to come to a view as to whether there had been sufficient evidence to support the level of assurance. • An update from the Chair of the Improvement Group (HASCAS and Ockenden) was received. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> • The Committee were assured that good progress was being made in terms of establishing collaborative approaches for reducing pressure ulcers and falls. A written update would be provided to the Committee in March 2019. • The Committee welcomed assurances provided by the Director of Nursing (Mental Health & Learning Disabilities Division) around the TODAYiCAN quality improvement methodology. |

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| | <ul style="list-style-type: none"> • The Committee were broadly content with the pace of progress in terms of safeguarding and that improvements were being made, particularly around training the availability of Best Interest Assessors. • As part of its In-Committee agenda, the Committee received the final report from Deloitte's "Commissioned Organisational Development (OD) Programme for Maternity Services in North Wales". The Committee welcomed the informative and comprehensive report but noted that the role of the Clinical Director in sustaining the improvements would be key. The report would be shared appropriately within the Directorate and a summary presentation be made to the Committee in public in January. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • The Committee were concerned at the rate of closure for incidents which was being detrimentally affected by the backlog of those awaiting sign off with Welsh Government. An exception report was requested for the next meeting. • Members continued to be concerned at the performance within Child Adolescent Mental Health Services (CAMHS). It was confirmed that the longest waiting patients were being prioritised and also that an internal deep dive would take place during December with a subsequent national review early in 2019. Members were also informed that external funding had been received to address the backlog. • The Committee had general concerns around the initial risk scores and risk appetite for a range of corporate risks which would be followed up at the Board Workshop planned for the 20.12.18. • The Committee were not assured that there was sufficient evidence to reduce the risk score for CRR13 (mental health) and sought further information from the Director of MHLDS. • Members received a paper on Listening and Learning from Experience and requested that the format and content of the report be reviewed in order to provide the required assurance to the Committee. The Executive Director of Nursing & Midwifery would establish a small task group to reflect and refresh the report before the next scheduled update in March 2019. • The Chair was asked to write formally to the Quality Safety Group to express concern at the lack of assurance around the closing down of Healthcare Inspectorate Wales actions and that clear evidence was required in order to reduce the amount of actions that were classified as "outstanding". |
| Special Measures Improvement Framework Theme/Expectation addressed | <ul style="list-style-type: none"> • Leadership and Governance • Mental Health • Engagement |

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| Issues to be referred to another Committee | <ul style="list-style-type: none"> The QSE Committee would recommend that the IQPR indicator relating to Information Governance Training be reallocated to the Information Governance & Informatics Committee. |
| Matters requiring escalation to the Board: | <ul style="list-style-type: none"> The Committee reviewed its terms of reference and would recommend to the Board a range of amendments as shown on the attached version. The amendments relate to job titles, those in attendance and frequency of meetings. The Board is asked to ratify the revised terms of reference. |
| Well-being of Future Generations Act Sustainable Development Principle | <p>The Committee gave due consideration to the sustainable development principles eg:-</p> <p>1.Balancing short term need with long term planning for the future; Internal CAMHS deep dive ahead of national piece of work.</p> <p>2.Working together with other partners to deliver objectives; Collaborative approaches for falls and pressure ulcers.</p> <p>3. Involving those with an interest and seeking their views; Community Health Council in attendance routinely at Committee meetings;</p> <p>4.Putting resources into preventing problems occurring or getting worse; Funding received to address CAMHS backlog.</p> <p>5.Considering impact on all well-being goals together and on other bodies The Committee continues to support close working with WAST, Local Authorities, the Third Sector and other partners.</p> |
| Planned business for the next meeting: | <p>Range of regular reports plus:</p> <ul style="list-style-type: none"> Range of policies for approval Infection prevention 90 day plan update Health Protection Public Health Wales Deloitte presentation women's services Health & Safety position statement |
| Date of next meeting: | 22.1.19 |

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

1 INTRODUCTION

1.1 The Board shall establish a committee to be known as the **Quality, Safety and Experience Committee (QS&E)**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2 PURPOSE

2.1 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services.

3 DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.1.1 ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Improvement Strategy and the principle of continuous quality improvement including organisational learning;

3.1.2 ensure the adequacy of safeguarding and infection, prevention and control arrangements;

3.1.3 provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;

3.1.4 seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;

3.1.5 ensure that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided and in particular that:

- Sources of internal assurance (including clinical audit) are reliable
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis

- Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.

3.1.6 Review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;

3.1.7 Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).

3.1.8 Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;

3.1.9 Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.

3.1.10 provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;

3.1.11 to receive periodic updates in respect of the workforce flu vaccination.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Quality, Safety and Patient Experience matters.

4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;

5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

6 MEMBERSHIP

6.1 Members

Four Independent Members of the Board.

6.2 In attendance

Executive Director of Nursing and Midwifery (Lead Executive)
Executive Medical Director
Executive Director of Therapies and Health Sciences
Executive Director of Primary Care & Community Services
Director of Performance
Executive Director of Workforce & Organisational Development
Executive Director of Public Health
Associate Director of Quality Assurance
Senior Associate Medical Director / 1000 Lives Clinical Lead
Chair of Healthcare Professionals Forum -Associate Board Member
Representative of Community Health Council
Trade Union Partners

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. The Mental Health & Learning Disabilities Division will attend as per scheduled items on the cycle of business.

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7 COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8 RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- 8.3.1 joint planning and co-ordination of Board and Committee business; and
- 8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5** Receive assurance and exception reports from the Quality and Safety Group (QSG)

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:
- 9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;
 - 9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

Quorum 11. REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval:

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| Health Board 24.1.19 |  <div> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
| Committee Chair's Report | |

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|---------------------------------------|---|
| Name of Committee: | Finance & Performance Committee |
| Meeting date: | 22.11.18 |
| Name of Chair: | Mr Mark Polin, Chair BCUHB |
| Responsible Director: | Mr Russell Favager, Executive Director of Finance |
| Summary of business discussed: | <p>The month 7 Financial Report showed the Board delivered against its forecast deficit of £2.9m for the month of October. There are overspends in mental health (£0.6m) and secondary care (£0.4m) in particular, and there is a concern that run rates continue to rise in these divisions. The forecast year-end variance of £35m was discussed with turnaround financial recovery schemes of £6.75m having been identified, which left a potential gap of £3.4m. The Executive Director of Finance stated that he believed the Mental Health recovery plan was very high risk and that the turnaround pay recovery schemes were amber at best, thus the current gap to delivering the £35m was between £3.4m to £8m and £40m was a realistic assessment of the current forecast at month 7. The target deficit remains £35m.</p> <p>The cost implications when taking on managed practices was highlighted as they continue to cost more than the former General Medical Service practices. The strategic direction was clear in that as many as possible should be returned to GMS but to date this had not been achieved and thus was a growing cost pressure for the Health Board, in particular on pay.</p> <p>An increase in agency costs was highlighted and it was confirmed that the Executive Team reviewed agency spend on a weekly basis. The Chair suggested that the Committee needs assuring that the controls in place would bring agency expenditure back in line, and within a reasonable timeframe. A meeting with MEDACS (whose contract had been extended by another year) around Mental Health was shortly to take place. The Chair referred to a paper discussed at Executive Team which indicated there were an additional 360 wte funded posts and expressed concern at the cumulative impact of this in terms of nursing costs.</p> <p>There was a long discussion on Secondary Care Drugs spend</p> |

which had significantly increased in-month with an additional £700,000 of costs. The drug expenditure was being reviewed by the Chief Pharmacist and if the increased activity was genuine then it would represent a significant cost pressure which would need to be managed within the overall drugs budget but this would be challenging. The Executive Director of Finance highlighted the importance of the Drug & Therapeutics Committee in approving the use of new drugs in line with guidance, and he now intended to start personally attending these meetings. In terms of ophthalmology drugs an engagement process had commenced by the Medical Director with consultants around the whole service and the opportunities open to them.

In terms of Referral to Treatment (RTT) the organisation is currently spending at risk and awaited confirmation from WG as to the actual level of funding that would be made available in the current financial year. Welsh Government had challenged some of the Board's spend to-date and the Executive Director of Finance indicated that there was a potential risk of £2m challenge in the letter and this was not factored into the current forecast.

There was a long discussion on the forecast outturn position and the Chair indicated that both he and the Chief Executive were deeply concerned about the financial position and that teams within the Areas and Divisions were themselves not fully confident about their ability to deliver the year-end position.

The Executive Director of Finance shared details of the approach being taken with Areas and Divisions and with the Chief Executive around their respective plans to deliver improved financial positions. The Chair expressed concern regarding financial discipline and whether there were sufficient actions to prevent overspending. The Committee raised concerns that overspends were seen to be being tolerated and there was a credibility issue. The Executive Director of Finance highlighted that financial discipline had been raised at an executive meeting and all executives had given a commitment to treat finance and delivery of the planned deficit as a priority.

The Executive Director of Finance indicated that the Executive Team have discussed whether the turnaround approach needed to move towards a more central control perspective such as a vacancy freeze but while there had been different views within the Executive Team all recognised the need to balance short term measures with medium term consequences and collectively the Executives had agreed there was a need to give the establishment controls more time to have an impact and that the focus also needed to be on supporting Mental Health to address their £3.5m variance.

The Chair accepted the decision of the Executives but was keen to see that pressure was maintained with teams as the 2019/20 planning process was developed. The Chair raised the issue of the frequency of financial reporting and the Executive Director of Finance confirmed that Executive Team reviewed additional soft and hard information that was available on a weekly basis, including trends and volumes but not all the financial information was currently available more frequently.

The Committee received a presentation on the 2019-20 financial plan, which included what was known to date regarding 2019-20 funding and reminded members that of the £192m for A Healthier Wales, £60m was for NHS planning, £30m for Regional Partnership Boards and £30m was for social care. The presentation went on to describe the assessment of the financial gap, including assumptions on cost pressures, as being just under £50m pre savings or investments which had assumed a 3% uplift in resources but this could not be confirmed until receipt of the allocation letter due on the 18.12.18.

The financial assessment of additional resources would be able to be confirmed by the time the Committee met again on the 21.12.18.

The deficit reduction plan was discussed and the Finance Director Commissioning & Strategy confirmed that the cash releasing savings were recurring. The Executive Director of Finance clarified that achieving a balanced financial position within three years would still fail the Health Board's financial duty which was to have a balanced financial plan over the 3 years.

The current assessment of cash releasing savings was discussed which totalled £34.5m, of which £14.5m was the underlying savings total. It was advised that Welsh Government are developing a standard savings scheme return for Health Boards and want to move away from cost containment to a more simple cash releasing approach. There is a concern if there wasn't a cost containment target then it would be challenging to ensure that the growth in areas like packages of care and prescribing had a robust savings programme and structure around it.

The Chair referred to the indicative savings over the 3 Year Plan period and asked whether officers were content that the workstreams were appropriately matched to the projects. The Executive Director of Finance indicated that the architecture for this was not yet in place. He was asked to provide the Committee in due course with an articulation of alignment and rationale.

The Turnaround Director presented the update paper which reported fairly strong performance in terms of delivery against plan

and highlighted some emerging issues within the East Area Team where under-delivery was being masked in key operational areas.

All areas were currently projecting to deliver their targets but this was heavily influenced by prescribing and drugs expenditure. The Turnaround Director went on to draw attention to the additional savings plans identified and the work ongoing to progress these across the organisation, together with forward work planning for 2019-20.

The Committee noted that the current delivery of Divisional savings is £0.5m ahead of profile, whilst the forecast position for Divisional savings schemes remains at £37.3m. Additional savings plans have been identified since the month 6 report in medicines, procurement and other savings.

The Executive Director of Workforce & OD presented a paper on Workforce Strategy Development and Paybill. The presentation outlined that historically the focus of the workforce function had not been on financial resources and that decisions had been taken over a period of some years to move functions out into other areas which had resulted in a loss of coordination and critical mass. The ongoing Executive portfolio review would address some elements of this but a payroll review was fundamental in terms of a Workforce Strategy. The Executive Director of Workforce & OD stated that to sustain the workforce, current models of care would need to change in terms of utilisation of the workforce and the number of sites. The Chair welcomed the paper which he felt clearly identified the key issues and whereas it was of concern that there were so many issues, it was clear that workstreams had been initiated to address them.

The Executive Director of Workforce presented a report on the performance of the Workforce against those key priority areas that impact upon the Health Board's ability to deliver safe, timely and cost effective care and services. It was noted that there had not been a fundamental establishment review within the Mental Health Division for some time but that this had now been undertaken. It was noted that there has been a slight increase in sickness absence rates across the organisation and that a deep dive had been undertaken with an improvement plan being developed.

The Chair noted a deterioration in the Performance Appraisal Development Review (PADR) rate and sought assurance that the actions set out would address this. The Executive Director of Workforce & OD suggested that the main concern for non-medical PADR was long term non-compliance or those individuals who had never had a PADR.

The Committee received a report on the Benefits Realisation for

the Llangollen Primary Care Centre, which included an overview of how the practice, patients and community had benefited from the project was provided.

The External Contracts update was presented which provided an update on the contractual situation relating to external healthcare contracts, and reminded members there was a deep dive session arranged for the 3.12.18.

The Capital Programme for Month 7 was presented which provided an update on the delivery of the approved capital programme and expenditure against the Capital Resource Limit (CRL). The CRL had been frozen in October but subsequently there had been slippage across Wales, with BCUHB benefiting by approximately £4.5m against which the programme leads had been asked to identify priorities. It was noted that there was a risk that the Board may not be able to spend the money by the end of the financial year. The Chair noted that the gap between planned and actual spend was increasing, and it was reported this could be attributed to the Ysbyty Glan Clwyd (YGC) project and a gain share in the last quarter.

The Committee received the Integrated Quality and Performance report for Month 7. It was confirmed that the revised format remained work in progress to respond to feedback from the Committee. It was reported that the latest unscheduled care (USC) performance was slightly improved at around 70% however it was not expected that the profiles would be delivered going forward and the work on the 90 day USC plan would be crucial to the delivery of individual plans. In relation to the DTOC position it was noted the figures for October were slightly increased with the highest volume of residency delays being in the East. A discussion took place around family choice in relation to the care setting and it was confirmed that the policy was not always consistently applied. The Chair noted that the second highest reason for a DTOC was community and it was confirmed this could be partly explained by movement into Elderly Mental Infirm (EMI) facilities.

Stroke performance had slightly improved overall but the ability to meet the target was very low, and the ability to release middle grade doctors out of hours remained particularly challenged. The Director of Performance indicated that a post had been centrally funded to look at pathway redesign in stroke services. In support of the stroke pathway, CNS nurses had completed their non-medical referral training and work was ongoing to integrate them into rotas.

The open Referral to Treatment (RTT) pathways had increased slightly with 6443 patients waiting over 36 weeks and whilst this position was improved on the previous year's, it remained off target

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| | <p>with surgical specialties having the longer pathway waits and the longest waiters being at stage 4 (in patient and day cases). The Chair indicated that there was a focus by the Cabinet Secretary on orthopaedics and the Board needed to be clear on its plans.</p> <p>An improving position was reported in diagnostics with the additional ultrasound capacity now taking effect, although endoscopy remained a challenge. A positive situation was noted in that no over 14 week therapy waits had been sustained for a full year. For cancer services, the July position had been recovered and in September there was 100% delivered against the 31 day target, however, the 62 day position was expected to deteriorate whilst the backlog was addressed.</p> <p>The Interim Director of Secondary Care presented the Referral to Treatment Report and wished to recognise the collaborative work with WG which demonstrated good engagement and transparency. He confirmed that overall the number of long waiters had reduced as opposed to the previous year. He explained the four stages to RTT and that whilst capacity and demand focused on stages 1 and 4, it was important not to lose sight of stages 2 and 3 also. The gap in capacity to meet demand was caused by the accumulative impact of a range of contributory factors, and the focus was to identify and deliver a sustainable position. The total forecast of over 36 week waiters was 5867 although there was a clear expectation from WG that this needed to be driven lower to mitigate any disadvantages to patients, although this did then impact on financial performance. The Interim Director of Secondary Care indicated that it was important to ensure clinical sessions were maximised. However, in terms of wasted capacity and under-utilisation, members sought assurance that the reasons for this were being identified and that there was scope for increasing productivity and performance.</p> <p>The Chair stated that he would wish to see RTT and an update against the USC 90 day plan as standing agenda items in the future.</p> <p>On 21.12.18 the Committee discussed the following items in InCommittee session:</p> <ul style="list-style-type: none"> • Financial position month 8 • Financial position MHL D • Draft financial plan 2019/20 • 3 year plan • Managed service contract • Additional discretionary capital |
| <p>Key assurances provided at this meeting:</p> | <ul style="list-style-type: none"> • Actions being taken to address the financial position • Executive Team review agency spend on a weekly basis • The Executive Director of Finance to attend the Drug & Therapeutics Committee |

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| | <ul style="list-style-type: none"> • Executives have agreed to give the establishment controls more time to have an impact and thus introduce a vacancy freeze • The financial assessment of additional resources would be able to be confirmed by the time the Committee met again on the 21.12.18 • Progress against the capital schemes • An improving position was reported in diagnostics with the additional ultrasound capacity now taking effect • The Chair stated that he would wish to see RTT and an update against the USC 90 day plan as standing agenda items in the future |
| Key risks including mitigating actions and milestones | <p>£10m risk of delivery of the £35m financial deficit control total. Financial recovery schemes of £6.75m having been identified, which leaves a potential gap of £3.4m.</p> <p>Mental Health recovery is very high risk and that the turnaround pay recovery schemes were amber. Therefore the current gap to delivering the £35m was between £3.4m to £8m and £40m was a realistic assessment of the current forecast</p> <p>Achievement of the savings targets is a key factor in delivering the plan. Further action is required to improve confidence of delivery or identify alternative cost savings to bridge any gaps.</p> <p>RTT delivery is also a risk, it is currently on trajectory but remains a risk as we progress into the winter months. This is being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remains very challenging and below target. The first 90 day cycle of the Unscheduled Care Plan will be closely monitored to assess the impact.</p> |
| 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: | <p>The risk to the financial position.</p> <p>Underperformance in key areas;-</p> <ul style="list-style-type: none"> • Unsatisfactory progress with RTT and Unscheduled Care |
| Well-being of Future Generations Act Sustainable Development Principle | <p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> 1. <i>Balancing short term need with long term planning for the future;</i> 2. <i>Working together with other partners to deliver objectives;</i> 3. <i>Involving those with an interest and seeking their views;</i> |

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| | <i>4.Putting resources into preventing problems occurring or getting worse; and</i> <i>5.Considering impact on all well-being goals together and on other bodies)</i> |
| Planned business for the next meeting: | 17.1.19 <ul style="list-style-type: none"> • Financial position month 9 • Financial planning • Unscheduled care update • RTT update • IQPR • Accountability Performance Framework • Capital reports |
| Date of next meeting: | 17.1.19 |

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| Health Board |  <div>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</div> |
| 24.1.19 | |
| <i>To improve health and provide excellent care</i> | |
| Committee Chair's Report | |

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| Name of Committee: | Charitable Funds Committee |
| Meeting date: | 13 th December 2018 |
| Name of Chair: | Mrs Bethan Russell Williams |
| Responsible Director: | Mr Russ Favager, Executive Director of Finance |
| Summary of business discussed: | <ul style="list-style-type: none"> • The audited Annual Report and Charitable Funds Financial Statements for 2017/18, along with the Letter of Representation were presented for approval to the Committee. It was noted that £2.5m had been received by Awyr Las during 2017/18 with total donations and fundraising income received amounting to £1,573,000. 5,193 donations were received and grants worth £2.7m were given to research, training, equipment and improvement of hospital environments. Thanks was formally extended to everybody involved throughout the year who had contributed to this success. • The committee requested that impact statements be used in future to ensure benefits realisation on a rolling basis. • All Working Agreements to be signed by the end of February 2019. • The Wales Audit Office ISA260 Report was also presented to the Committee. It was noted that the Auditor General's intention was to issue an unqualified audit report on the financial statements. This was welcomed by the committee. • Charitable Funds Finance Report Q2 2018/19 was presented and the committee approved the report and actions being taken. • Charitable Funds Fundraising Report Q2 2018/19 was discussed and approved by the Committee. • An overview of the current position regarding the Legacy Strategy was presented and discussed. It was agreed that this would be presented in final draft at the next committee meeting. • The minutes from the Charitable Funds Advisory Group for 11th of October and 29th of November were received and noted. All applications which had been approved by the Advisory Group were ratified. • The committee received and noted the Rothschild Portfolio Investments Report as at 30th September. It was noted that the performance of the portfolio in Q2 was +1.4% and this followed a positive first quarter. |

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| | <ul style="list-style-type: none"> The Charity Risk Register was brought to the committee for approval. All risks were reviewed and approved. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> The Annual Report and Financial Statements for 2017/18 provided a positive position report for the Charity. Wales Audit Office ISA260 Report provided the committee with assurance with an unqualified audit report. Investment portfolio had performed well within the balanced portfolio investment. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> Decrease in income from fundraising and legacies – Legacy strategy by March 2019 will aim to mitigate future risk. Joint Working arrangements must all be formalised by February 2019. |
| Special Measures Improvement Framework Theme/Expectation addressed | <ul style="list-style-type: none"> Not Applicable |
| Issues to be referred to another Committee | <ul style="list-style-type: none"> None |
| Matters requiring escalation to the Board: | <ul style="list-style-type: none"> None |
| Well-being of Future Generations Act Sustainable Development Principle | <ul style="list-style-type: none"> Developing a strategy for Legacy and Donations in line with the Health Board's identified priorities supports the WBFGA long term planning priority. Working together with partners lies at the very heart of fundraising, particularly with volunteers, fundraisers and other charities through Joint Working Agreements. The Advisory Group is a particularly good working example of involving those with an interest as part of decision making when allocating grant funding. Charitable Funds are a driver in supporting the prevention agenda through funding opportunities and by alignment with Health Board LHSW priorities. The committee have agreed at the September meeting to look at ways of better monitoring and evaluation – this includes better ways of measuring the impact of charitable funding. Measuring the social value of the funding will be integral to any new process – WBFGA emphasises the need to look at the social value generated by intervention and a new method of measuring impact will begin to capture the social value generated from investment. |
| Planned business for the next meeting: | <p>Range of regular reports plus:</p> <ul style="list-style-type: none"> Legacy Strategy in final format. Joint Working Arrangements must all be finalised. |

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| Date of next meeting: | March 7 th 2019. |
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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Committee Chair's Report | |

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| Name of Committee: | Remuneration & Terms of Service Committee |
| Meeting date: | 26.11.18 |
| Name of Chair: | Mr Mark Polin |
| Responsible Director: | Mrs Sue Green |
| Summary of business discussed: | <ul style="list-style-type: none"> • Smoke Free, Managing Attendance and Adverse Weather Conditions & Transport Disruption Policies approved. • Pay review update – highlighting closure of Band 1 to new entrants, the cessation of automatic incremental progression and staff working in Health Board managed primary care practices. • Revised terms of reference noted (already approved by the Board on 6.9.18) • In committee items – matters relating to directors and realignment of Executive portfolios, Internal Decision Review – Tawel Fan, Upholding Professional Standards in Wales report, pay protection report. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> • A transition plan will be put in place for fair treatment of staff working in managed primary care practices. • An equality impact assessment has been carried out on the pay review - no negative impacts identified. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • Compliance issues relating to the implementation of the Smoke Free policy will be given further consideration in due course, with input from Public Health. |
| Special Measures Improvement Framework Theme/Expectation addressed | <ul style="list-style-type: none"> • Leadership and Governance. |
| Issues to be referred to another Committee | - |
| Matters requiring escalation to the Board: | - |

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| Well-being of Future Generations Act Sustainable Development Principle | <p><i>1. Balancing short term need with long term planning for the future – considered as part of Executive portfolio issues</i></p> <p><i>2. Working together with other partners to deliver objectives – consultation on policies carried out</i></p> <p><i>3. Involving those with an interest and seeking their views – consultation on policies</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – consideration of Executive portfolios; consideration of equal pay issues.</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – transition plan for managed practices; equal pay.</i></p> |
| Planned business for the next meeting: | <ul style="list-style-type: none"> • Delegation of authority for All Wales policies; definition of policy vs procedure. • In committee matters relating to directors and Executive portfolios. |
| Date of next meeting: | 14.1.19. |

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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Committee Chair's Report | |

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| Name of Committee: | Strategy, Partnerships and Population Health Committee |
| Meeting date: | 4.12.18 |
| Name of Chair: | Marian Wyn Jones, BCUHB Vice Chair |
| Responsible Director: | Mark Wilkinson, Executive Director Planning and Performance |
| Summary of business discussed: | <p>Annual Operating Plan Quarterly reporting: The Committee considered the Quarter 2 monitoring report of the Annual Operating Plan 2018/19 which indicated an overall completion rate of 45% of actions set out in the Plan. The Committee expressed disappointment regarding the level of progress and were informed that concern previously expressed around timeliness of reporting was being addressed, resulting in the refocusing of key priorities identified for Quarters 3 & 4.</p> <p>Special Measures : The Committee reviewed the expectations allocated to the Committee and it was agreed that Execs would update the progress monitoring Log, providing feedback to the Board Secretary.</p> <p>Development of the Draft Integrated Medium Term Plan: The Committee received an update on the development of the Three Year Plan for 2019/22 following three staff workshops, and outlined the challenges of completion against the revised timeline. Constructive feedback was provided, noting the need for clear Key Performance indicators, depth of engagement with partners and stakeholders; clarity around the Clinical Services Strategy where gaps remained, and challenges, which would require resolution. The Committee was reminded of the need to demonstrate affordability and to address deficit reduction and balance by Year 3. Committee members were invited to attend a further workshop on planned care, which would help inform the plan.</p> <p>Review of Committee's allocated risks extracted from the Corporate Risk Register: The Committee considered the relevance of the current controls , reviewed the actions in place and considered whether the risk scores remained appropriate. It was noted that further updates</p> |

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| | <p>were required and agreed that Executive Leads would review the controls for further consideration at the February meeting.</p> <p>Wrexham Maelor Hospital Campus Redevelopment The committee received a presentation on the WM redevelopment programme established following a strategic review of the site to ensure that the accommodation and infrastructure was fit for purpose for future requirements. The aim was to develop proposals and associated Programme Business Cases with a focus on new ways of working, following written confirmation from Welsh Government around the further work required. It was agreed that engagement with external partners was crucial at an early stage and that connectivity with the Health Board's strategy was key. The Committee agreed to receive further updates in due course.</p> <p>North Wales Regional Partnership Board Update An update was provided on meetings held in October and November. It was noted that committee membership had been refreshed, with BCU representation strengthened to reflect changes in Executive Portfolios and to include the three Area Directors. The Health Board had been working collaboratively to develop proposals for the Transformation Fund with regard to learning disabilities, mental health and children & young people, with a further submission to support the transformation of Community Services to be confirmed by the December NWRPB.</p> |
| Key assurances provided at this meeting: | Remedial actions agreed regarding the monitoring of actions in the Annual Operating Plan, to refocus priorities for Quarter 4. |
| Key risks including mitigating actions and milestones | The development of the Three year Plan is a critical organisational requirement which will require significant work and engagement to complete within the required timescale. |
| Special Measures Improvement Framework Theme/Expectation addressed | <ul style="list-style-type: none"> • Strategic & Service Planning • Governance • Engagement |
| Issues to be referred to another Committee | None |
| Matters requiring escalation to the Board: | <p>The Committee noted concerns about the significant work that remains to develop the three year plan within the required timescale.</p> <p>Delivery of actions in Quarter 2 of the 2018/19 AOP was a cause of concern, presenting additional challenges, notwithstanding the remedial actions agreed for delivery by year end.</p> |

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| Well-being of Future Generations Act Sustainable Development Principle | <p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1. Balancing short term need with long term planning for the future;</i></p> <p><i>2. Working together with other partners to deliver objectives;</i></p> <p><i>3. Involving those with an interest and seeking their views;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse; and</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies)</i></p> |
| Planned business for the next meeting: | <p>Range of regular reports plus</p> <ul style="list-style-type: none"> • Engagement Update • Research and Development Strategy Update • Wylfa Newydd Update • Welsh Language Standards Update • Brexit no deal contingency planning |
| Date of next meeting: | 5.2.19 |

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| Health Board |  <div>GIG CYMRU NHS WALES</div> <div>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</div> | |
| 24.1.19 | | <i>To improve health and provide excellent care</i> |
| Committee Chair's Report | | |

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| Name of Committee: | Joint Audit, Quality, Safety and Experience Committee |
| Meeting date: | 6 November 2018 |
| Name of Chair: | Medwyn Hughes and Lucy Reid (Joint Chairs) |
| Responsible Director: | Grace Lewis-Parry, Board Secretary |
| Summary of business discussed: | <ul style="list-style-type: none"> • Quality Improvement Hub – the Hub had been launched on 20.9.18 and was intended to be the place where members of staff interested in Quality Improvement could build ideas, enhance skills and capacity and create a strong network, sharing and developing ideas together. • Ward Accreditation – in July work had commenced on the process for developing a new Accreditation for all inpatient Wards/Units across BCUHB. The standards would frame the quality, safety and patient care agenda. Following accreditation wards would receive a certificate for Bronze or Silver and a wall plaque for a Gold award. Members questioned whether there was likely to be any adverse reaction from patients in respect of those wards receiving lower accreditation but were assured that based on experiences from other parts of the Country this was not evident. • Audiology Standards – Members were provided with an overview of the Welsh Government endorsed National Audiology service quality standards, together with the outcomes of the external audit of the Audiology Service. Members raised concerns regarding the fact that there remained some variance in terms of service quality between sites and hoped that this could be eliminated in due course. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> • The Committee received an update from the Director of Estates and Facilities and the Assistant Director of Nursing (Infection, Prevention and Control) regarding the progress of the remaining actions emanating from the Internal Audit of the National Cleaning Standards for Wales. Members noted the plan for introduction of a monthly risk-based audit programme from January 2019. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • The additional resources required to fully meet the audit frequency in the National Cleaning Standards was to be considered as part of the 2019/20 budget setting process, along with any other cost-pressure subsequently identified. • The Committee received a presentation on the background to the formation of the Clinical Audit Plan and the process that then followed in terms of outcome review, in addition to |

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| | <p>providing overall context for the progress or otherwise of those actions as outlined in the last Joint Committee meeting. Members raised concerns about the number of gaps in the audit report submissions and the clear lack of consistency by those completing. As drafted it was not possible to identify what the achievement was against the audit standards and where those standards were not achieved, the plan of remedial action going forward was also unclear. Members noted that a number of issues were identified as a result of the audits, including inadequate consent taking, variances in service provision across sites and data integrity. Members felt that any resource issues should be clearly identified along with potential solutions. The Director of Therapies and Health Sciences agreed to review the future format of the report, together with the reporting structure and timetabling which would be routed via the Quality and Safety Group in the first instance. This might in turn affect the future timing of the 2019 Joint Committee. Other concerns expressed related to changes in staffing resulting in functions ceasing to be carried out and the connection between formulation of the BCU elements of the plan being underpinned by a risk based approach. Internal Audit agreed to offer support in terms of the process and overarching methodology but highlighted that this had the potential to impact on the currently agreed Internal Audit Plan. It was agreed that the Executive Team would re-examine the BCU elements of the clinical audit plan and the process going forward, including future presentation, tracking and follow-up of recommendations arising, with input from Internal Audit as appropriate.</p> |
| Special Measures Improvement Framework Theme/Expectation addressed | Governance and Leadership |
| Issues to be referred to another Committee | Detailed report on clinical audit issues as detailed above, to be presented to the 14.3.19 Audit Committee meeting. |
| Matters requiring escalation to the Board: | The Board is asked to note the Committee's concerns regarding clinical audit, as detailed above which will be followed up by the Audit Committee with a detailed report to their 14.3.19 meeting. |
| Well-being of Future Generations Act Sustainable Development Principle | The Committee, being a joint meeting between the Audit and Quality, Safety and Experience Committees, gives consideration to the sustainable development principles in their widest sense but in particular, their focus has been around clinical audit and the work that this entails, which supports the principle of putting resources into preventing problems occurring or getting worse. |
| Planned business for the next meeting: | Review of clinical audit plan and reporting arrangements. |

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| Date of next meeting: | 5.11.19 (subject to alignment with any changes in the reporting timeline for the Clinical Audit Plan following review as detailed above). |
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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Advisory Group Chair's Report | |

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| Name of Advisory Group: | Stakeholder Reference Group (SRG) |
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| Meeting date: | 11 December 2018 |
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| Name of Chair: | Mr Ffrancon Williams |
| Responsible Director: | Mr Mark Wilkinson, Executive Director of Planning & Performance |
| Summary of key items discussed: | <ul style="list-style-type: none"> • A verbal update was provided on the Health Board's progress against Special Measures • Mark Wilkinson & Sally Baxter circulated a paper prior to the meeting and presented on the "BCUHB Draft Three Year Plan Priority Areas"; these gave an indication of the outline timetable of the four key areas, namely i) Excellent Hospital Care, ii) Care Closer to Home, iii) Planned Care and iv) Unscheduled Care. The Chair summarised the discussion as follows: <ul style="list-style-type: none"> ○ There should be a recognition within the plan of the context of increased poverty within society ○ There is a need to be creative in partnership working and focus on the creative use of community assets in the delivery of the services. ○ Also, the approach to workforce should look across organisations, and not compartmentalise into individual organisations – enablement across the workforces would be welcome ○ Communication – everyone recognises the scale of the task, but less is more i.e. the simpler the communication the better. • An update was provided on Corporate Planning, the Seasonal Plan and progress made in responding to "A Healthier Wales". Other than comments around problems with digital connectivity in some rural areas, and ensuring the plans take account of an increased migrant population requiring special clinical and cultural needs, the Group were satisfied with progress being made. |

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| | <ul style="list-style-type: none"> Sally Baxter provided an update on the progress of the Third Sector strategy and discussed in detail the highlights coming through. After discussion the Group agreed: <ul style="list-style-type: none"> The desired outcome would be to embed the Third Sector Principles alongside the Three Year Plan when it is published by March 2019. Sally Baxter provided a verbal update on the range of issues to be considered in relation to the Wylfa development: <ul style="list-style-type: none"> There was general concern within the Group regarding the impact on healthcare services and wellbeing of residents as a result of the Wylfa development |
| Key advice / feedback for the Board: | <ol style="list-style-type: none"> BCUHB Draft Three Year Plan – <ul style="list-style-type: none"> There is a need to be creative in partnership working and creative in the use of community assets in the delivery of the services. Also, the approach to workforce should look across organisations, and not compartmentalise into individual organisations – enablement across the different workforces should be the aim Communication – everyone recognises the scale of the task, but “less is more” i.e. the simpler the communication the better. Third Sector Strategy – the SRG welcomed the focus given to the importance of this strategy and felt strongly that a set of agreed principles for the 3rd Sector should be developed and embedded alongside the Three Year Plan when it is published by March 2019. Wylfa Development - There is general concern within the Group regarding the impact on healthcare services and wellbeing of residents; the impact on Ysbyty Gwynedd and how this would then ripple out to the rest of Gwynedd and in particular South Gwynedd was of particular concern |
| Special Measures Improvement Framework Theme/Expectation addressed | Strategic planning Engagement |
| Planned business for the next meeting: | <p>The Chair confirmed the following items for the March meeting:</p> <ul style="list-style-type: none"> Update on Third Sector Strategy Update on Three Year Plan Update on the Workforce and Organisational Development Strategy including the results of the recent staff survey |
| Date of next meeting: | 5 th March 2019 |

Disclosure:

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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| <h2 style="text-align: center;">Advisory Group Chair's Report</h2> | |
| Name of Advisory Group: | Healthcare Professionals Forum (HPF) |
| Meeting date: | 7.12.18 |
| Name of Chair: | Professor Michael Rees |
| Responsible Director: | Mr Adrian Thomas, Executive Director of Therapies & Health Science |
| Summary of key items discussed: | <ul style="list-style-type: none"> • H18/74 - Workforce and Organisational Planning update. • H18/75 - Corporate Planning Update. • H18.76.1 - Contact lens provision • H18.76.2 - The Medicines Code MM01. • H18.76.3 - All Wales Consultant Allied Health Professional in Dementia • H18.76.4 - Consultant in paediatric dentistry • H18.76.5 - Advanced pharmacy services • H18.76.6 - New NMC standards for education • H18.76.7 - Multidisciplinary Networking. • H18/82.1 - Chair of HPF |
| Key advice / feedback for the Board: | <p>H18/74 Workforce and Organisational Planning update {Sue Green in attendance}</p> <ul style="list-style-type: none"> • SG thanked all of those who had contributed to the request for information on the current education provision and for the notes provided from the workshop. • SG gave an overview to the Forum of the Draft 3 Year Workforce Strategy which was currently being produced and confirmed the Strategy would set out the long term vision of our workforce linking it with the wider health and social care delivery model, both formal and informal. The focus would very much be on the recruitment and retention of staff along with leadership and learning. SG confirmed that it is planned for a first draft to be ready for January 2019. • GMC headlines – MR referred to a recent article published by the GMC in relation to workforce assessment of medical practice. A discussion took place in relation to the headlines and the “hole in the bucket effect”. <p>The question was raised as to how we can optimise the medical workforce?</p> <ul style="list-style-type: none"> • A discussion took place regarding the difference in sickness rates between older and younger members of the workforce and the benefit of retaining knowledge and experience. |

- SG asked for specific points from members. AM referred to timescales to appointing within BCUHB and SG confirmed work is underway to expedite this with a slight alteration of the process. GE noted that some pre-registration courses could not recruit enough students. Issues of skill mix, recruitment and the impact of contract reform were noted in dentistry. Internal progression and the ripple effect this had on the filling of posts was also raised. MJ noted the positive work that was being done with local schools to raise awareness of careers within the health sector. MR also gave thoughts in relation to resources of medical staff meeting current demands and projections.
- Representation of the HPF on the newly created Workforce Transformation Group was discussed. The forum agreed that this group would be helpful in enhancing communication between different professional groups and services across the Health Board. It was further agreed that updates and highlights from the Workforce Transformation Group would be brought back to the HPF.

H18/75 Corporate Planning Update - BCU Health Board Planning – Working Draft 3 year plan. {John Darlington in attendance}

- The Forum received an update from the Head of Health Strategy, Corporate Planning. Recognising that it was still a draft document; the HPF felt that the document could be more reader friendly and that it was too technical at this stage, although the difficulty in writing a plan for a number of different audience's was acknowledged. The HPF asked that the document is circulated to all staff in the Health Board once finished so that they all have an understanding of the plan. It was further noted that the plan was shorter than previous versions. JD noted that we had been asked for a shorter version and that items in relation to timings, finance figures and planning resources still require details and that there would be more work with support needed for the implementation work. JD confirmed that lots of work was ongoing in order to collate the final version and the requirements to gain funding and quantifiable needs with finance had been ongoing. JD confirmed that the final report would be submitted to the January Health Board for discussion with key milestones before being amended and submitted to Welsh Government.

H18.76.1 – Optometry:

- AM informed the HPF of discussions regarding the provision of Contact Lens provision and that a meeting had taken place with regards to this and he would update the group at a future meeting.

H18.76.2 - Hospital and Primary Care Pharmacy:

- SM reported that the Medicines Code MM01 is being consulted on, which would become a Policy and would include:

- A new section on medicine management governance structure.
- Expanded section on prescribing standards.
- Clarification of second checking standards.
- New chapter on medicines management roles of Health Care Support Workers.
- Medicine storage chapter updated in line with Patient Safety Notices and All Wales guidance.
- New guidance on issuing pre-packs from a clinical area new section on prescribing standards.

H18.76.3 Therapies:

- GE reported that work is in progress to develop an all Wales Therapy Framework.
- An All Wales Consultant Allied Health Professional for Dementia would soon be in place within Wales and that BCUHB had expressed an interest in hosting the post. BCUHB to host the advert and recruitment.

H18.76.4 Dental:

- Consultant Paediatric Dentistry – SS explained that Dentistry had been lobbying to have the post within North Wales. A meeting had taken place with Liverpool and Cardiff regarding the feasibility of appointing to a shared Consultant in Paediatric Dentistry Post. The post would be shared across the North West.

H18.76.5 Community Pharmacy:

- JS confirmed pharmacy courses had been oversubscribed and that advanced services were soon to be offered to take pressures off GP's regarding current service provisions and common elements.
- The falsified medicines directive had also been noted. SM confirmed that the item had been recognised upon the departmental risk register.

H18.76.6 Nursing:

- MJ confirmed that new NMC standards for education (for newly trained nurses) within Wales had been adopted with the 1st meeting being undertaken last week.

H18.76.7 Chair's report:

- MR noted that he had presented "Together We Care" to the Executive Management Group at their last meeting and it had been well received.
- MR noted the findings from 3D events and the struggle to recruit and retain staff.
- MR noted the unquantified aspects of Brexit and the unknown impact they may have.
- Multidisciplinary Networking - MR highlighted the need to reinvent the multidisciplinary networking within cardiology across NHS Wales. The need for networks across various other disciplines had been also been suggested and discussed.

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| | <p>H18/82.1 Chair of Forum:</p> <p>It was noted that the December HPF Meeting was Professor Michael Rees' last meeting as Chair of the HPF, although he would continue as a member. The HPF thanked Prof Rees for his support, commitment and valuable input to the Forum the role of which has grown and developed during his tenure.</p> <p>MR thanked the forum for their support and confidence in him whilst undertaking the role of Chair and confirmed that he would continue to work alongside the forum as the Medical Representative throughout 2019.</p> |
| Planned business for the next meeting: | <p>Range of standing items plus:</p> <ul style="list-style-type: none"> • Corporate Planning update. |
| Date of next meeting: | 15 th March 2019 |

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| Health Board 24.1.19 |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
| Advisory Group Chair's Report | |

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| Name of Advisory Group: | Local Partnership Forum |
| Meeting date: | 27.11.18 |
| Names of Joint Chairs: | Mr Gary Doherty, Chief Executive Ms Jan Tomlinson, UNISON |
| Responsible Director: | Ms S Green, Executive Director of Workforce & Organisational Development |

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| Summary of key items discussed: | <ul style="list-style-type: none"> • A workshop took place focusing on staff attendance, the increase in short and medium term absence, actions for managers and Trade Unions to undertake and key messages to be communicated across the organisation. • An update on Special Measures was provided and the Chief Executive advised members that the Health Board continue to provide regular updates to Welsh Government specifically in relation to Finance, waiting times and specific services including Mental Health. • The Executive Director of Finance provided an update confirming that the organisation was £200K off plan as at month 7 although it was positive to note that £18m of savings had been delivered, He reminded the LPF of the regular areas of overspend and indicated that there would need to be a higher focus on savings in order to achieve the end of year position. It was also noted that there was a programme of work around pay and agency spend. • An update was provided on the Integrated Medium Term Plan which has been developed with engagement from Welsh Government and the Delivery Unit. The main areas of focus include preventing illness, early intervention and strengthening primary and community services. • An update was provided in relation to organisational development and the current projects which are taking place. The team are working with specific groups in relation to the staff survey and also development opportunities for managers. • The Job Evaluation Lead provided an update confirming the new / vacant posts waiting to be processed and the posts waiting to be re-banded. An update was provided in relation to the job |
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| | <p>description library which will be a key tool in terms of recruitment and reviewing jobs.</p> <ul style="list-style-type: none"> • An update on staff health & wellbeing was presented which highlighted the Health Standard Award and the success of the organisation in receiving a Gold and Platinum level award. Other areas of development were also highlighted including the Living Healthier, Staying Well campaign, the Health Trail for YG and a health and wellbeing hub based in Wrexham. • The Staff Flu campaign was presented highlighting that the uptake is currently slightly higher when compared to this time last year and the need for priority areas to see an increase in staff uptake of the vaccine. • The Terms of Reference were reviewed and the Forum agreed some amendments which will be fed back for inclusion in the revised version of the Terms of Reference. • An update was provided on breastfeeding facilities confirming that progress has been made and support is now in place for staff wishing to breastfeed on their return from maternity leave. • The Forum received the Workforce Intelligence Report, Integrated Quality and Performance Report, Ombudsman Annual Report and Welsh Partnership Forum Minutes for information. |
| Key advice / feedback for the Board: | <ul style="list-style-type: none"> • Partnership working across all areas is integral to the effective functioning of the Health Board. |
| Special Measures Improvement Framework Theme/Expectation addressed | Leadership Engagement |
| Planned business for the next meeting: | <p>Range of regular reports (corporate planning, finance, special measures, workforce) plus:</p> <ul style="list-style-type: none"> • Welsh Language Standards • Workforce Partnership Group Update • Job Evaluation Programme Report • Turnaround & Staff Engagement Presentation |
| Date of next meeting: | 08.01.19 |

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| Health Board 24.1.19 |  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p> |
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| 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 Evan Moore, 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 <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 | |

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

Disclosure:

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

| Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 5th October – 7th December 2018 | | |
|--|-----------|----------------|
| | AC | S12 (2) |
| Approvals and Re-approvals | 7 | 4 |
| Removed – Expired | 1 | 2 |
| Approvals suspended – yearly evidence not submitted as no longer working in Wales | 1 | N/A |
| Approvals re-instated – yearly evidence submitted late | 1 | N/A |
| Approval Ended | 0 | 0 |
| Removed – AC approved | N/A | 2 |
| No longer registered | 0 | 2 |
| Transferred from AC register | N/A | 0 |
| Approval Ended as no longer working in Wales | 0 | 3 |
| Registered without a licence to practice | 0 | 1 |

**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**

5th October – 7th December 2018

Approvals and re-approvals – 7

| Surname | First Name | Workplace | Expiry Date |
|----------|---------------|--|-----------------|
| Awadalla | Sameer | Tonteg Child & Family Centre, Tonteg Hospital, Church Road, Tonteg, Pontypridd, CF38 1HE | 29 October 2023 |
| Jones | Jonathan Neil | Cau, House 56, Cardiff Royal Infirmary, Newport Road, Cardiff, CF24 0SZ | 7 November 2023 |
| Piette | Angharad | North Bridgend CMHT, Maesteg Community Hospital, Neath Road, Maesteg, CF34 9PW | 4 December 2023 |
| Roy | Anjan | Ty Garngoch Hospital, Gorseinon, Swansea SA4 4LH | 11 October 2023 |
| Kadri | Adilshah | Enlli Ward, Bronglais Hospital, Aberystwyth, SY23 1ER | 13 July 2021 |
| Jones | Jane Elspeth | St Davids Hospital, Cowbridge Road East, Canton, Cardiff CF11 9XB | 4 October 2022 |
| Nair | Akshey | Hergest Unit, Ysbyty Gwynedd, Bangor LL57 2PW | 2 October 2022 |

Approvals expired – 1

| Surname | First Name | Expr1004 | Expiry Date |
|---------|------------|---|-----------------|
| Foy | Christine | Llanarth Court Hospital, Raglan, Abergavenny, Monmouthshire, NP15 2AU | 21 October 2018 |

Approvals Suspended - 1

| Surname | First Name | Workplace | Expiry Date |
|---------|------------------------|--|------------------|
| Ezeoke | Oguejiofor Chrysanthys | Bryn Hesketh Unit, Hesketh Road, Colwyn Bay, Conwy, LL29 8AT | 13 November 2022 |

Approvals re-instated - 1

| Surname | First Name | Workplace | Expiry Date |
|----------------|-------------------|---|--------------------|
| Ijaz | Qasim | Bryn Hesketh Unit,Hesketh Road, Old Colwyn, Colwyn Bay LL29 8AT | 20 October 2019 |

Approvals Ended – 0

| Surname | First Name | Expr1004 | Expiry Date |
|----------------|-------------------|-----------------|--------------------|
| | | | |

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

5th October – 7th December 2018

Approvals and Re-approvals – 4

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|---|------------------------------|
| Joga | Satya | Ysbyty Tri Cwm, College Road, Ebbw Vale, NP23 66GT | 29 October 2023 |
| Hassan | Misfar | St David's Hospital, Cowbridge Road East, Canton, Cardiff | 19 November 2023 |
| Sanni | Idowu | Taith Newydd, Glanrhyd Hospital, Tondu Road, Bridgend CF31 4LN | 5 December 2023 |
| Nimbal | Prasanna | North CMHT, Maesteg Community Hospital, Neath Road, Maesteg, CF34 9PW | 6 November 2023 |

Removed – Expired – 2

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|---|------------------------------|
| Baker | Sylvia | St David's Hospital, Cambridge Road East, Cardiff CF11 9XB | 24 October 2018 |
| Hoskins | Matthew | Medical Quarters, Whitchurch Hospital, Park Road, Cardiff, CF14 7XB | 21 November 2018 |

Removed – Ended – 0

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|------------------|------------------------------|
| | | | |

Removed – AC approved – 2

| Surname | First Name | Workplace | Date Approval Expires |
|--------------|------------|--|-----------------------|
| Kollabathula | Indira | Cefni Hospital, Bridge Street, Llangefni, Anglesey LL77 7PP. Locum | 2 August 2020 |
| Roy | Anjan | Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ | 12 October 2019 |

No longer registered – 2

| Surname | First Name | Workplace | Date Approval Expires |
|---------|------------|---|-----------------------|
| Allim | Alia | Maple Ward, Hafan y coed, Llandrough Hospital, Penlan Road, Penarth, CF64 2XX | 22 January 2020 |
| Wood | Sally | Westway Surgery, 1 Wilson Road, Ely, Cardiff, CF5 4LJ | 23 April 2020 |

Transferred from AC Register – 0

| Surname | First Name | Date Approval Expires | Workplace |
|---------|------------|-----------------------|-----------|
| | | | |

No longer working in Wales – 3

| Surname | First Name | Workplace | Date Approval Expires |
|----------|------------|---|-----------------------|
| Litvinov | Yevgen | Glangwili General Hospital, Dolgwilli Road, Carmarthen, SA31 2AF | 27 February 2023 |
| Aung | Phyuphyu | Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road Wrexham, LL13 7TD | 17 May 2023 |
| Ravi | Vamsikiran | Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road Wrexham, LL13 7TD | 5 November 2022 |

Registered without a licence to practice - 1

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|---|------------------------------|
| Jones | Hugh | Llys Meddyg, Victoria Road, Penygroes, Gwynedd LL52 6HD | 11 October 2021 |

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|---------------------|---|--|
| Health Board |  | GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board |
| 24.1.19 | <i>To improve health and provide excellent care</i> | |

| | |
|---|--|
| Report Title: | Documents signed under seal update 15.6.18-18.12.18 |
| Report Author: | Liz Jones, Assistant Director |
| Responsible Director: | Grace Lewis-Parry, Board Secretary |
| Public or In Committee | Public |
| Purpose of Report: | To comply with Standing order 8.1.1, which requires a report of all documents signed under seal to be presented to the Board for noting at least twice per year. |
| Approval / Scrutiny Route Prior to Presentation: | This paper has been reviewed by the Executive Team. |
| Governance issues / risks: | None |
| Financial Implications: | None |
| Recommendation: | The Board is asked to note the update presented. |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
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| 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 | √ |

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|---|---|---|--|
| 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 | | | |
| Governance. | | | |
| Equality Impact Assessment | | | |
| An Equality Impact Assessment is not considered necessary for a paper of this type. | | | |

Disclosure:

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

Board/Committee Coversheet v10.0

**Documents Signed Under Seal
by the Chair and Chief Executive 15.6.18-18.12.18**

| Ref.No. | Date | Item |
|----------------|-------------|---|
| 421 | 21.6.18 | Grazing licence – land at Bryn y Neuadd Hospital |
| 422 | 21.6.18 | The Elms, Wrexham - contract |
| 423 | 27.6.18 | Licence to assign – Seilo Chapel, Gyffin, Conwy |
| 424 | 27.6.18 | Deed of assignment – Seilo Chapel, Gyffin, Conwy |
| 425 | 11.7.18 | Licence for alteration – Pharmacy, Llangollen Primary Care Resource Centre |
| 426 | 1.8.18 | Sub lease of part of Caia Park Primary Care Resource Centre |
| 427 | 3.10.18 | Ysbyty Glan Clwyd redevelopment asbestos removal, fire code compliance, refurbishment |
| 428 | 9.10.18 | Land Registry transfer – Caergwrle Clinic |
| 429 | 17.10.18 | Lease – The Surgery, High Street, Porthmadog |
| 430 | 17.10.18 | Land Registry transfer – Madog Surgery, Porthmadog |
| 431 | 17.10.18 | Licence to assign - Madog Surgery, Porthmadog |
| 432 | 31.10.18 | Lease – workplace nursery, Bryn y Neuadd Hospital |
| 433 | 6.12.18 | Car park agreement – land at former Hotpoint factory |
| 434 | 17.12.18 | Land – Wrexham Maelor Hospital |
| 435 | 17.12.18 | Ysbyty Glan Clwyd neonatal unit – deed of novation, architect services |
| 436 | 17.12.18 | Ysbyty Glan Clwyd neonatal unit – deed of novation, principal designer services |
| 437 | 17.12.18 | Ysbyty Glan Clwyd neonatal unit – deed of novation stage 3,4,5,6. |

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| Health Board |  | GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board |
| 24.1.19 | To improve health and provide excellent care | |

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|---|---|
| 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: | Health Board 1.11.18 considered: <ul style="list-style-type: none"> • Approval of minutes • Briefing paper on National Infected Blood Enquiry • Annual report on health & safety |
| 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 <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(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.)</i> | √ |
|---|---|---|---|
| 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 | √ |

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|---|---|---|---|
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| 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

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

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

PRESENT

Members:

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

In Attendance:

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

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

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| | <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log and the updates provided. | |
| EASC 18/63 | <p>MATTERS ARISING</p> <p>There were no Matters Arising that were not already contained within the Action Log.</p> | |
| Part 2. KEY ITEMS FOR DISCUSSION | | |
| EASC 18/64 | <p>CHAIR'S REPORT</p> <p>Members received a verbal report from the acting Chair.</p> <p>Mrs A Williams advised that the Public Appointments process to appoint an Independent Chair was complete and that she was pleased to report that they successfully appointed to the role and were awaiting confirmation from Welsh Government before a formal announcement could be made.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the acting Chair's update. | <i>CASC / Vice Chair</i> |
| EASC 18/65 | <p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Mr S Harrhy, Chief Ambulance Services Commissioner (CASC), presented the report which provided an update on key matters related to the work of the CASC, which included:</p> <ul style="list-style-type: none"> • Clinical Risk Review <p>Mr S Harrhy advised that the Clinical Risk Review Work was continuing jointly with WAST on taking forward the actions agreed in the Clinical Risk Assurance Review previously agreed by the Committee.</p> <p>The work underway as part of the Amber Review will have an impact on the actions required to progress the Clinical Risk Assurance Review to its next stage. Therefore, a more detailed report would be presented on conclusion of the Amber review, which was due to be complete by September 2018.</p> | <p>CASC</p> <p><i>NCCU Director</i></p> |

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| | <p>In the interim, the actions previously agreed by the Joint Committee were monitored closely and no significant risks had been identified at this stage.</p> <p>Amber Review</p> <p>Mr S Harrhy gave an update on progress with the Amber review and advised that progress was continuing at pace and was due to be planned to be complete by early September 2018 in line with the original expectations of the Committee and the Cabinet Secretary for Health & Social Services.</p> <p>The first meeting of the "Expert Reference Group" had been held, and had discussed and analysed a wide range of issues and business intelligence. The Picker Institute has been commissioned to undertake the staff, patient and stakeholder engagement activities. The NHS Wales Informatics Service (NWIS) had continued to provide timely support and information as required to support the review.</p> <ul style="list-style-type: none"> • Progress on sharing Best Practice <p>Mr S Harrhy advised that work was progressing to identify initiatives across Wales that have the greatest potential to impact positively within emergency departments and the wider unscheduled care system.</p> <p>The Cabinet Secretary for Health and Social Services was due to launch the "National Quality and Delivery Framework for Welsh Emergency Departments" at an event on 18 July 2018.</p> <p>The event will include a session focussing on identifying and agreeing the initiatives, which have the greatest benefits on Emergency Departments. The event will provide an opportunity for clinical, operational and managerial staff to draw upon information contained within Winter Resilience Plans and Integrated Medium Term Plans (IMTP) to identify and agree those initiatives, which they believe, will have the greatest benefit to both emergency departments and the wider unscheduled care system. The feedback will be collated and the will provide an evidence led platform upon which to plan for the next Planning, Development and Evaluation Group (PDEG) meeting in advance of a presentation to a future meeting of EASC.</p> | |
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| | <ul style="list-style-type: none"> • Integrated Performance Report <p>Mr S. Harrhy advised that positive progress had been made on the development of an Integrated Performance report as requested by the Committee. It was anticipated that the business intelligence information will analysed over the next few months and the findings will be presented to the November Committee meeting.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the report. | |
| EASC 18/66 | <p>AMBER REVIEW UPDATE REPORT</p> <p>Mr S Harrhy presented the report and advised that the Accelerated Programme for the Amber Review had been established by EASC and the Chief Ambulance Services Commissioner (CASC) to support the continued development of emergency ambulance service provision in Wales.</p> <p>Members NOTED that further to the 2016-2017 independent review of the clinical response model pilot, undertaken by the Public and Corporate Economic Consultants (PACEC), had made a number of recommendations for further improvement to the clinical response model, including a recommendation to review the call categories outside of 'Red'. Consequently, the EASC meeting on 28 March 2017 endorsed the PACEC review. The call category review was undertaken by the WAST Clinical Prioritisation Assessment Software Group in 2017-2018 and ongoing review processes are still in place.</p> <p>The 2018-2019 EASC Integrated Medium Term Plan (IMTP) approved by the Committee on the 27 March 2018, commits the CASC to undertake an 'Amber review' to consider these wider issues. The EASC clinical team are leading the review to addressing the information, issues and concerns surrounding the Amber call category that will also consider patient expectation and experience, use of alternative responses and pathways, ambulance handover times and system risk.</p> | |

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| | <p>The CASC will function as the sponsoring officer for the Amber Review and will led by experienced clinicians, Mr Shane Mills, Director of Quality and Patient Experience and Mr Ross Whitehead, Assistant Chief Ambulance Services Commissioner. It was anticipated that the findings of the review would be presented to EASC in September 2018.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the report. | |
| EASC 18/67 | <p>EASC FINANCE REPORT MONTH 2</p> <p>Members received the month 2 finance report presented by Mr S Davies which set out the estimated financial position for EASC for the 2nd month of 2018/19.</p> <p>Members NOTED that the financial position was reported against the 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the WHSSC Joint Committee in March 2018. There are no corrective actions to report as at month 2.</p> <p>Members NOTED that the budget did not include the Control Room Solution funding, as this has not yet been released to WHSSC.</p> <p>Members NOTED that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Month 2 finance update. | |
| EASC 18/68 | <p>QUALITY DELIVERY FRAMEWORK FOR NEPTS OPERATION & ONGOING DEVELOPMENT HIGHLIGHT REPORT</p> <p>Mr S Harrhy presented the report and gave an update on the enactment and ongoing development of the Quality Delivery Framework for Non-Emergency Patient Transport Services (NEPTS).</p> | CASC |

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| | <p>Members NOTED that following the EASC Committee agreeing principles to support successful delivery of the Quality Delivery Framework and enactment of the plurality model at its meeting on 26 September 2017 significant progress had been made.</p> <p>The Emergency Ambulance Services Team had appointed a Head of Commissioning and Programme Management to support the Welsh Ambulance Services NHS Trust (WAST) to complete the remaining actions to get the Quality Delivery Framework live. There considerable work had been undertaken by WAST, Health Boards and Velindre NHS Trust on the products to create the Quality Delivery Framework and realise benefits, including an improved assurance on the quality, safety and financial due diligence of providers, and the introduction of a value based approach and shifting away from a variable waited activity contractual methodology.</p> <p>Members NOTED that Cardiff and Vale University Health Board (C&V UHB) had transferred NEPTS provision to WAST. WAST have agreed a process and timescales to transfer other HBs, and Velindre NEPTS provision to WAST by September 2019, however timescales were subject to review as the transfer progresses.</p> <p>To support a smooth transition Health Boards were requested to:</p> <ul style="list-style-type: none"> • ensure they were appropriately represented at the Delivery Assurance Group (DAG) meeting • note the transfer of work programme, including current indications of when each health board would transfer • appoint a point of contact for the development of the transfer documentation • ensure that up to date and accurate information was provided to WAST in advance of the transfer project commencement • consider its governance requirements for the approval of the transfer. <p>Members NOTED that following the internal audit assessment undertaken in March 2017, a further follow up assessment would be undertaken on progress with the transfer in 2019.</p> | |
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| | <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report and support the highlight report on the Quality Delivery Framework for Non-Emergency Patient Transport Services - Operation & Ongoing Development, and its ongoing implementation. | |
| EASC 18/69 | <p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EXTENSION OF OPERATIONAL HOURS FOR MAJOR TRAUMA.</p> <p>Mr S Harrhy advised that further to the request from the Joint Committee requesting information on the number of pre-hospital trauma patients that may benefit from the attendance of the Emergency Medical Retrieval and Transfer Service (EMRTS), outside of the current operational hours, at its last meeting, that an analysis had been undertaken and the report was being presented for information.</p> <p>Members NOTED that the analysis was focussed on the trauma workload, and was based on updated modelling for a 24 hour period over 12 months. Data from multiple sources had been analysed including Trauma Audit and Research Network (TARN), Welsh Ambulance Services NHS Trust (WAST) and the EMRTS Strategic Outline Case and Business Justification Case to provide an up to date picture of activity. The data excluded all neonatal data, emerging changes in clinical pathways such as stroke thrombectomy, vascular, cardiac, and the South Wales Trauma Network as well as large scale service redesigns currently being considered by health boards.</p> <p>In order to provide assurance on the accuracy of the predicted workload, performance data for year 3 of EMRTS (2017-2018) has been compared against activity predictions in the strategic outline case (2014), which detail a 24 hour demand for EMRTS. The results demonstrated that the current 12-hour service model was reaching 70% of the predicted demand for pre-hospital critical care, and 63% of demand for time critical transfers for the whole 24-hour period.</p> | CASC |

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| | <p>Members NOTED that on emergency response times there was an average of 1.4 trauma cases per night, which compared favourably with the 1.3 incidents per night in Kent, Surrey and Sussex air ambulance, which supported their extension to 24/7 service outlined within the "The Need for a UK Helicopter Emergency Medical Service by Night: A Prospective, Simulation Study", Air Medic Journal 34.3, Lyon et al, 2017; & "The Impact of Helicopter Emergency Medical Service Night Operations in South East England", Air Medic Journal, Curtis et al, 2017. A follow up study by the same service in 2017 confirmed the accuracy of their predictions, as well as identifying that a higher proportion of patients were transported to major trauma centres at night, and weather conditions prevented air response in 15% of night operational hours.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE & DISCUSS the report | |
| Part 3. KEY ITEMS FOR APPROVAL | | |
| EASC 18/70 | <p>JOINT COMMITTEE RISK REGISTER</p> <p>Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes.</p> <p>Members NOTED that a new risk had been added to the register as a consequence of discussions held at the May EASC meeting concerning progress in commissioning the Amber review.</p> <p>Members NOTED that there were three "red risks" concerning failure to progress WAST staffing roster changes, failure to provide alternative services and failure to ensure the commissioning of emergency ambulance services was appropriately clinically categorised.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report and APPROVE the updated Risk Register. | <p><i>CASC/ Committee Secretary</i></p> |

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| EASC 18/71 | <p>JOINT COMMITTEE FORWARD PLAN OF BUSINESS</p> <p>Members RECEIVED and NOTED the Forward Plan of Committee business. Mr R Williams confirmed he would amend the Plan, where appropriate, with matters raised at the meeting.</p> | Committee Secretary |
| Part 4. TO RECEIVE AND ENDORSE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS | | |
| EASC 18/72 | <p>CHAIRS UPDATES FROM EASC SUB GROUPS</p> <p>Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> 4.1.1 Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) Chair's Summary 19 March 2018 4.1.2 EMRTS DAG Chair's Summary 18 June 2018 4.1.3 Non-Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Approved Action Notes 21 May 2018 4.1.4 NEPTS Chair's Summary 25 June 2018 4.1.5 Planning, Development and Evaluation Group (PDEG) Approved Action Notes 13 March 2018 4.1.6 PDEG Chair's Summary 26 June 2018 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE, NOTE and ENDORSE the Sub Group summary updates and Minutes received. | Committee Secretary |
| Part 5 FOR INFORMATION/OTHER MATTERS | | |
| EASC 18/73 | <p>FINAL VERSION OF THE EASC ANNUAL GOVERNANCE STATEMENT 2017-2018</p> <p>Mr Robert Williams presented the EASC Annual Governance Statement 2017-2018.</p> <p>Members NOTED that the Statement had to be signed off by the Chief Ambulance Services Commissioner (CASC) as the accountable officer, and approved by the Joint Committee. As a hosted organisation, the EASC's annual governance statement forms part of the Cwm Taf UHB annual report and accounts.</p> | Committee Secretary |

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| | Members RESOLVED to: | |
| | <ul style="list-style-type: none"> • APPROVE the EASC Annual Governance Statement 2017-2018 | |
| EASC 18/XX | <p>PROPOSED DATES FOR THE JOINT COMMITTEE MEETINGS IN 2019-2020</p> <p>Mr Robert Williams gave an update on the proposed dates for future EASC meeting in 2019-2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update | Committee Secretary |
| DATE AND TIME OF NEXT MEETING | | |
| EASC 18/XX | A meeting of the Joint Committee will be held at 13:30hrs on Tuesday 11 September 2018 at the Health and Care Research Wales, Castlebridge 4, 15 Cowbridge Road East, Cardiff, CF11 9AB | Committee Secretary |

Signed (Chair)
Mrs A Williams (Vice Chair)

Date

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

Members:

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

In Attendance:

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

| Part 1. PRELIMINARY MATTERS | | ACTION |
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| EASC 18/81 | <p>WELCOME AND INTRODUCTIONS</p> <p>Allison Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p> <p>Allison Williams explained to all present that due to last minute apologies the Committee was not quorate (as required within the Standing Orders).</p> <p>It was NOTED that the In Committee meeting had received the draft Amber Review Report.</p> | |
| EASC 18/82 | <p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Carol Shillibeer, Gary Doherty, Len Richards, Robert Williams, Steve Moore, Tracey Cooper and Tracy Myhill.</p> | |
| EASC 18/83 | <p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p> | |
| EASC 18/84 | <p>MINUTES OF THE MEETING HELD ON 10 JULY 2018</p> <p>The minutes were confirmed as an accurate record of the meeting held on 10 July 2018.</p> | |
| EASC 18/85 | <p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with some of the related matters would be considered within the agenda or postponed to the next meeting for further discussion.</p> <p>The Committee RESOLVED to: NOTE the action log.</p> | |
| EASC 18/86 | <p>MATTERS ARISING</p> <p>The following items were discussed:</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transfer Service (EMRTS) discussion to be deferred to the next meeting. It was NOTED that all Health Boards had a key link member of staff working with the service. | Board Secretary |

| Part 2. KEY ITEM FOR DISCUSSION | | |
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| EASC 18/87 | <p>CHAIRS REPORT</p> <p>Members NOTED that the meeting was primarily concerned with the Amber Review. It was anticipated that an announcement would be made regarding the new Independent Chair before the next meeting in November.</p> <p>Members RESOLVED to: NOTE the report.</p> | |
| EASC 18/88 | <p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Stephen Harrhy, Chief Ambulance Services Commissioner presented the report.</p> <ul style="list-style-type: none"> • National Quality and Delivery Framework agreement for <ul style="list-style-type: none"> - Emergency Ambulance Services (EMS) - Non-Emergency Patient Transport services (NEPTS) - Emergency Medical Retrieval and Transfer Service (EMRTS) <p>Members NOTED the update and the ongoing work with the new Chief Executive of the Welsh Ambulance Services NHS Trust, Jason Killens. The Frameworks would feature in the Integrated Medium Term Plan (IMTP) and any actions would also take the Amber Review recommendations into account.</p> <ul style="list-style-type: none"> • Strategic Commissioning Intentions Work on the strategic commissioning intentions would take place in line with the development of service plans and the Integrated Medium Term Plan (IMTP); and the recommendations and actions related to the Amber Review. Members NOTED that the Directors of Planning had received information from the EAS Team related to the development of the IMTP which would be discussed in more detail at the next meeting. The overarching assumptions with the commissioning intention and allocation letter would be clarified and Stuart Davies AGREED to discuss with the Directors of Finance regarding the assumptions for EASC. | <p><i>CASC/ EAST/ Jason Killens</i></p> <p><i>Stuart Davies</i></p> |

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

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| EASC 18/92 | <p>AMBER REVIEW</p> <p>Members received and NOTED the presentation on the Amber Review.</p> <p>Members AGREED to receive the final version at the next meeting and work through the recommendations and the next steps. Members NOTED the importance of agreeing who would be leading on the actions required and meeting timescales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and • AGREED the next steps. | CASC |
| EASC 18/93 | <p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business. Priority areas for the next meeting were AGREED as:</p> <ul style="list-style-type: none"> • EMRTS • Amber Review • Community Paramedics | ALL |
| EASC 18/94 | <p>RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS</p> <p>Members AGREED to receive at the next meeting.</p> | |
| DATE AND TIME OF NEXT MEETING | | |
| EASC 18/80 | <p>A meeting of the Joint Committee would be held at 13:30hrs, on Wednesday 13 November 2018 at the National Collaborative Commissioning Unit (NCCU), No 1 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ</p> | Committee Secretary |

Signed

Allison Williams (Vice Chair)

Date



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NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 14 June 2018

Author: Mark Dickinson**Version:** 1 (Approved)**Members
present**

Ann Lloyd (Chair), Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Cardiff & Vale UHB (MB)
 Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD)
 Huw George, Deputy Chief Executive, Public Health Wales (for Tracey Cooper) (HG)
 Steve Ham, Chief Executive, Velindre NHS Trust (SH)
 Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH)
 Chris Jones, Chair Designate, HEIW (CJ)
 Marcus Longley, Chair, Cwm Taf UHB (ML)
 Donna Mead, Chair, Velindre NHS Trust (DM)
 Evan Moore, Medical Director, Betsi Cadwaladr UHB (via V/C for Gary Doherty) (EM)
 Ian Morris, Deputy Director of Planning, Aneurin Bevan UHB (for Judith Paget) (IM)
 Len Richards, Chief Executive, Cardiff & Vale UHB (LR)
 Patsy Roseblade, Interim Chief Executive, WAST (PR)
 Allison Williams, Chief Executive, Cwm Taf UHB (AW)
 Eifion Williams, Director of Finance, Powys tHB (for Carol Shillabeer) (EW)
 Martin Woodford, Interim Chair, WAST (MW)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)

Apologies

Tracey Cooper, Chief Executive, Public Health Wales
 Gary Doherty, Chief Executive, Betsi Cadwaladr UHB

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| | <p>Vivienne Harpwood, Chair, Powys tHB</p> <p>Peter Higson, Chair, Betsi Cadwaladr UHB</p> <p>Alex Howells, Chief Executive Designate, HEIW</p> <p>Steve Moore, Chief Executive, Hywel Dda UHB</p> <p>Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB</p> <p>Judith Paget, Chief Executive, Aneurin Bevan UHB</p> <p>Bernadine Rees, Chair, Hywel Dda UHB</p> <p>Carol Shillabeer, Chief Executive, Powys tHB</p> <p>Jan Williams, Chair, Public Health Wales</p> |
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| Welcome and introduction | Action |
| AL welcomed colleagues to the meeting. | |
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| Minutes of previous meeting | Action |
| ML noted that he had been present at the last meeting, but was not listed as having been present. Subject to adding ML to the list of attendees, the minutes of the previous meeting (LF-1806-01) were approved as a correct record and will be circulated to members and board secretaries. | MD |
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| Action log | Action |
| <p>Outstanding issues on the provided action log (LF-1806-02) were considered.</p> <ul style="list-style-type: none"> • LF/A/020: It was noted that the proposed Mental Health Network was considered in the Collaborative Update Report later on the agenda. • LF/A/023: It was noted that the peer review programme will be considered by the Collaborative Executive Group in July. • LF/A/024: It was noted that, whilst there is a reporting line from the new LIMS2 programme (LINC) to the Collaborative Executive Group and Collaborative Leadership Forum, neither group has, or should have, responsibility for the implementation of LIMS1. LIMS1 remains the responsibility of the existing national board. HG requested that the LIMS1 gateway review report be circulated to members of the group. • LF/A/054: AL undertook to follow up with Andrew Goodall on the escalation process. • LF/A/058: It was noted that responsibility for sexual assault referral services had now passed to C&V UHB. CJ queried whether appropriate links were being maintained with relevant partners. MB responded that she is chairing the group overseeing implementation and confirmed that appropriate links were being maintained with all partners, including New Pathways. | <p>MD</p> <p>AL</p> |

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| <ul style="list-style-type: none"> • LF/A/060: It was noted that a lessons learned exercise for Major Trauma is planned for September. Closed actions on the action log were noted and will be removed from the version of the log reported to future meetings. | MD |
| Collaborative Update Report | Action |
| <p><i>Major Trauma</i></p> <p>It was noted that the majority of the previous meeting had been devoted to consideration of major trauma. Since then, each of the six health boards within the scope of the proposed South and West Wales and South Powys Major Trauma Network had met and approved the recommendations of the Collaborative Leadership Forum. Specific concerns raised in the various board meetings will be addressed through the implementation process.</p> <p>It was also noted that a Network Board had been established through the Wales Critical Care and Trauma Network. The Network Board will be chaired by a representative from ABM UHB and will report through WHSSC, as commissioner. Interviews for the role of clinical lead are being held on 26 June.</p> <p>A work plan has been prepared and a self-assessment process by health boards and WAST has commenced. A key step will be the designation of trauma units. It was agreed that it is important that the designation process and the development, consideration and approval of associated business cases can be sufficiently flexible to allow for the fact that designation will be delayed in Hywel Dda by consultation on wider service changes. There may also be matters to consider arising from the boundary changes between ABM and Cwm Taf. It was agreed that this issue should be considered further by the Collaborative Executive Group on 26 June.</p> <p>CJ noted that HEIW is keen to support the implementation of the new Major Trauma Network and needs to be involved in the process.</p> <p>AD stressed that ABM is fully committed to supporting implementation, noting the context of the move of services in Bridgend from ABM to Cwm Taf. AD noted that there is a need for absolute clarity over the governance arrangements and the role of WHSSC and requested that RF should write</p> | AW/RF |

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| | Paper Ref: LF-1809-02 |
| NHS Wales Health Collaborative Leadership Forum | Minutes 14/06/18 |

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| <p>formally to health boards and relevant WG colleagues to provide an explanation. This was agreed.</p> <p>EW requested that, in considering the designation of trauma units, all health boards should liaise appropriately with Powys to ensure that the needs of the Powys population are appropriately addressed.</p> <p>AL thanked chairs and chief executives for all of their work in getting the recommendations approved by their boards.</p> <p><i>LINC</i></p> <p>It was noted that LINC (Laboratory Information Network Cymru) is the new name for the WLIMS2 programme. It was also noted that the programme is making good progress against a hugely challenging timescale. The full programme resource is not yet available and is subject to a business case. The development of the Outline Business Case (OBC) is a key priority. AW pointed out that there will be a need for the OBC to be taken through individual boards, because of the cost implications. It was agreed that board secretaries should be notified that this will be the case so that it can be built into timetables of board business.</p> <p>PR queried why it was proposed that the contractual mechanism to be used should be a master services agreement and whether the pros and cons had been adequately considered. It was noted that this approach had been supported by the Collaborative Executive Group but agreed that this should be considered further by the Collaborative Executive Group.</p> <p><i>SARC</i></p> <p>It was noted that responsibility for implementation now rests with C&V UHB and that the Collaborative Leadership Forum no longer has a formal oversight role for this work.</p> <p><i>Mental Health Network</i></p> <p>The proposed establishment of a new NHS Wales Mental Health Network was noted. Concerns were expressed about the appropriateness of establishing a new network, in advance of greater clarity over the implications for networks of the Long Term Plan. It was agreed that the Collaborative Executive Group should reconsider next steps and ensure that mapping of existing arrangements is prioritised and reported back to the Collaborative Leadership Forum.</p> | <p>RF</p> <p>RF</p> <p>AW/RF</p> <p>AW/RF</p> |
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| <p><i>Strategic Programmes Unit</i></p> <p>Correspondence from WG and subsequent conversations over the future of the Collaborative Strategic Programmes Unit (SPU) and the proposed establishment of a Ministerial Advisory Unit (MAU) were noted. AW and AL had significant concerns about the governance and accountability arrangements that had been proposed or implied. HG noted that, as the host of the Collaborative Team, Public Health Wales shared these concerns. It was agreed that anything delivered through the Collaborative Team needs to have an accountability through the Director to the Collaborative Executive Group and Collaborative Leadership Forum.</p> <p>It was noted that the Chief Scientific Officer has been asked to clearly define the functions required to be delivered over the next 12 months and a response is awaited, which will be reported back to the Leadership Forum. It is known that implementation plans are required for the pathology and imaging statements of intent as well as a health sciences strategy. These would need to be considered through the Collaborative governance structure.</p> <p>It was agreed that, in advance of any changes arising from the long term plan, it is appropriate for WG to commission work through the Collaborative governance structure.</p> | |
| Year End Report 2017/18 | Action |
| <p>The Year End Report 2017/18 (LF-1806-04) was formally received.</p> <p>It was noted that the reporting format to be used in future will allow the trajectory of risk to be monitored for each item.</p> <p>Further information was requested in relation to the nature of the risk relating to lymphoedema waiting lists and capacity and it was agreed that this would be provided.</p> | RF |
| Collaborative Work Plan 2018/19 | Action |
| <p>RF introduced the Collaborative Work Plan 2018/19 and explained its format and how it will be used to track progress over the year.</p> <p>It was noted that, whilst actions were specified clearly, it was not always clear what we are trying to achieve and why. MD noted that, in the case of clinical networks, the work plan</p> | |

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| <p>was shaped by priorities arising from delivery plans and identified by network boards.</p> <p>Following discussion, the content of the plan was approved and the Collaborative Executive Group was assigned the task of detailed oversight of progress on a quarter by quarter basis, on behalf of the Collaborative Leadership Forum.</p> | AW |
| Resource Mapping and Priorities | Action |
| <p>AL advised that it could be assumed that all members of the group had read the presentation that had been provided in advance as paper LF-1806-06.</p> <p>MD, therefore, delivered parts of the presentation, focusing on the key questions and issues to be considered.</p> <p>It was noted that there is a very significant resource and that the task is to better align this with agreed priorities within a clear governance structure.</p> <p>Following a significant amount of discussion, it was agreed that the Collaborative Executive Group should be tasked with taking forward discussions with Welsh Government, informed by the mapping exercise, and developing specific proposals for aligning resources with priorities. It was noted that the Collaborative Leadership Forum may need to reconvene before its next scheduled meeting on 6 September to consider any specific actions recommended by Collaborative Executive Group.</p> | AW |
| Governance Assurance Statement | Action |
| The Annual Governance Assurance Statement for 2017/18, (LF-1806-07) as provided by the Collaborative Team to the Public Health Wales Board was received and noted. | |
| Date of next meetings | |
| <p>It was noted that the next meeting is scheduled for 10am on Thursday 6 September 2018.</p> <p>It was agreed that arrangements would be explored for the December meeting to go ahead on the original date, 6th December, but at the earlier start time of 8.30am.</p> <p>For subsequent meetings, it was agreed that dates would be aligned with other meetings involving chairs and chief executives.</p> | |



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NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 6 September 2018

Author: Rosemary Fletcher

Version: 1 (Approved)

Members present

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
Maria Battle, Chair, Cardiff & Vale UHB (MB)
Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD)
Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH)
Vivienne Harpwood, Chair, Powys tHB (VH)
Carl James, Director of Planning, Velindre NHS Trust (for Steve Ham) (CJa)
Chris Jones, Chair, Health Education and Improvement Wales (CJo)
Marcus Longley, Chair, Cwm Taf UHB (ML)
Steve Moore, Chief Executive, Hywel Dda UHB (SM)
Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB (TM)
Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
Julie Rogers, Deputy Chief Executive, Health Education & Improvement Wales (for Alex Howells) (JR)
Carol Shillabeer, Chief Executive, Powys tHB (CS)
Patsy Roseblade, Interim Chief Executive, WAST (PR)
Allison Williams, Chief Executive, Cwm Taf UHB (AW)
Jan Williams, Chair, Public Health Wales (JW)

In attendance

Mark Dickinson, NHS Wales Health Collaborative (MD)
Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
Phillip Wardle, Interim Director, National Imaging Academy Wales (PW)

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| | Lynne Burrows, Senior Programme Manager, NHS Wales Health Collaborative (LB) |
| Apologies | Tracey Cooper, Chief Executive, Public Health Wales Gary Doherty, Chief Executive, Betsi Cadwaladr UHB Alex Howells, Chief Executive, HEIW Donna Mead, Chair, Velindre NHS Trust Bernadine Rees, Chair, Hywel Dda UHB Mark Polin, Chair, Betsi Cadwaladr UHB Len Richards, Chief Executive, Cardiff & Vale UHB Martyn Woodford, Chair, WAST |
| | |
| Welcome and introduction | Action |
| AL welcomed colleagues to the meeting and noted apologies for absence. | |
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| National Imaging Academy | |
| <p>Dr Phillip Wardle, Interim Academy Director, and Lynne Burrows, Senior Programme Manager, were welcomed to the meeting and thanked for making arrangements for the meeting to take place in the National Imaging Academy Wales.</p> <p>PW made a presentation, setting out the background to the development of the National Imaging Academy, the challenges it is seeking to address, its implementation, the Academy vision and model, and the opportunities it now presents for the development and modernisation of the radiology workforce. PW acknowledged the significant contribution from LB in leading the programme management arrangements.</p> <p>PW responded to questions from members before leading a tour of the facilities.</p> <p>Members of the Leadership Forum expressed very positive feedback on the facilities and the vision for the Academy. The ambition for the Academy was supported and noted as key to attracting trainees, developing the wider radiology workforce and in driving service quality. PW was encouraged to keep pushing ahead with the development. Members also noted the concept could be rolled out for other service areas.</p> <p>AL thanked PW and LB for leading the discussion on the National Imaging Academy and for their attendance.</p> | |
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| Minutes of previous meeting | Action |
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| The minutes of the previous meeting (LF-1809-02) were approved as a correct record and will be circulated to members and board secretaries. | MD |
| Action log | Action |
| <p>Outstanding issues on the action log (LF-1806-02) were considered.</p> <ul style="list-style-type: none"> • LF/A/020 and 089: It was noted that the proposed Mental Health Network would be considered in the Collaborative Update report later on the agenda. • LF/A/023: It was noted that the peer review programme would be considered under agenda item 7 (LF-1809-06). • LF/A/054: AL had followed up with Andrew Goodall regarding the escalation process. Members agreed to adopt the process. • LF/A/060: It was agreed that action to follow up with Welsh Government (WG) on the development of guidance for regional and supra-regional consultations would be followed up through the major trauma lessons learned exercise scheduled for 18th September. • LF/A/086: It was noted that the governance arrangements for the implementation of the major trauma network and the role of WHSSC were still not resolved and were due for discussion at WHSSC Joint Committee on 11th September. • LF/A/090: Further information in respect of lymphoedema waiting lists and capacity was considered under agenda item 6 (LF-1809-05) • LF/A/092: The Collaborative Executive Group had aimed to take forward discussion with WG on the mapping of national/collaborative resources and alignment with priorities, but this had been superseded by a discussion paper on the NHS Executive function, further detail of which was awaited. <p>Completed and closed actions on the action log were noted.</p> | |
| Collaborative Work Plan Update | Action |
| <p>WORK PLAN 2018/19 - UPDATE</p> <p>Major Trauma Network</p> <p>It was noted that planning for implementation was proceeding at pace, with clinical leadership from Dr Dinendra Gill, who took up his network post in August. A significant step was the completion of self-assessments against national quality indicators for pre-hospital care, the major trauma centre and hospitals proposed as trauma units. In respect of</p> | |

trauma units, meetings were being arranged between the clinical lead and each health board to scrutinise the self-assessments in order to inform recommendations to WHSSC Joint Committee on the location of trauma units within the overall network structure.

Members were pleased to note the progress being made but also expressed concern that the governance arrangements had not yet been finalised and agreed. Views were expressed that the trauma network is a delivery network, responsible for overseeing implementation and delivery and, as such, should be separate from the commissioning role. It was noted that the intention was to discuss and agree the governance arrangements via WHSSC Joint Committee on 11th September.

Industrial Strategy Challenge Fund (Digital Pathology)

Members noted the partnership bid, on behalf of NHS Wales and the West of England, focussing on digital pathology/imaging and artificial intelligence. RF highlighted that a significant amount of work had been undertaken within a relatively short timeframe to ensure a comprehensive, collaborative proposal, involving partners from the Life Sciences Hub, academia, the private sector and the NHS. RF thanked CEOs for responding at very short notice to requests for approval. It was noted that the bid team had been invited to attend the interview panel on 18th September.

Members acknowledged the significant opportunity presented through the proposal. CJo queried how the service transformation could proceed if the bid was unsuccessful. RF confirmed that the partners were committed to taking the development forward and, should the bid be unsuccessful, would actively consider the elements that could be taken forward within NHS Wales. In this eventuality, a report would be prepared for discussion through the Collaborative Executive Group.

AL requested that thanks were extended to the team involved in the preparation of the bid.

Mental Health Network

CS updated on progress with the establishment of the NHS Wales Mental Health Network and addressed concerns that had been expressed at the previous meeting. It was noted that the first meeting of the Network Board was due to take

place on 14th September and this was supported by members.

LINC

Members noted the focus on the preparation of the Outline Business Case for the Laboratory Information Network Cymru (LINC) programme, which will lead to the delivery of a new all Wales laboratory information system to replace WLIMS1. RF highlighted a correction to the update report in that further advice had been received from NWIS (not Welsh Government) on the scope and content of the OBC. This would lead to a delay in the timeline but the Programme Director was seeking to minimise the impact of this delay.

PLANNED DEVELOPMENTS

Diagnostics and healthcare science

As a matter arising from the previous meeting, the Chief Scientific Officer had confirmed the deliverables for the healthcare science work programme and these were detailed in the report. Members noted the significant workforce emphasis and RF confirmed that a meeting had been held with AH to discuss the links with HEIW and the potential for some of the new funding to support a post/s within HEIW.

RF highlighted that the existing and new funding was ring-fenced to healthcare science and diagnostics and the challenge this presented in managing the totality of the Collaborative work programme, which continued to grow and not all of which could be met from the existing Collaborative budget. RF had discussed with the Chief Scientific Officer the need for flexibility in the application of the funding.

Members agreed the need for work being commissioned from the Collaborative to be specified in terms of outcomes. It was proposed that a procedure is introduced to guide systematic scoping by the Collaborative team in order to assess new requests in terms of fit with the Collaborative's remit and to clarify accountability and deliverables. Members gave their full support to RF, as Director for the Collaborative, having flexibility across all budgets in order to best match resources to the work programme.

Agreed that AL and RF would discuss further following the meeting and follow up with Andrew Goodall.

AL/RF

NEW REQUESTS

Radio Frequency Ablation (RFA) / Endoscopy / Women's Health Implementation Group

Members noted new requests to the Collaborative:

- RFA is currently commissioned from Gloucester but there is now a case to consider this service being delivered in Wales. Following liaison with WHSSC, it has been agreed that this will be taken forward within WHSSC's commissioning responsibilities
- A nationally-directed programme for endoscopy is being initiated by Welsh Government with an expectation that this is supported by the Collaborative. Members noted that this could not be met within the Collaborative's existing resources and, therefore, presented a risk in terms of meeting expectations for the current work plan and for the national endoscopy programme of work
- The Collaborative was testing an approach to scoping potential new areas of work in response to the need for programme management and coordination for the Women's Health Implementation Group, established by Welsh Government to progress the recommendations from the Vaginal Mesh Welsh Task and Finish Group. Central funding is available to support the programme which was welcomed but members noted this demonstrated inconsistencies of funding being available for some but not all programmes.

RF also highlighted that since the report was drafted, an additional request had been received to support the introduction new arrangements for medical examiners and death certification. This was subject to further discussion with Welsh Government. Members reconfirmed the discussion at the previous meeting of the Leadership Forum in that work being commissioned from the Collaborative needed to be managed through the current governance arrangements.

Lymphoedema Network Wales

Members received the report of the National Clinical Lead for lymphoedema services in Wales which had been prepared in response to an action arising from the previous meeting of the Collaborative Leadership Forum. Members noted the content and that issues raised in the report would be considered through the Lymphoedema Network Wales

Action

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|---|------------------------------|
| | Paper Ref: LF-1812-01 |
| NHS Wales Health Collaborative Leadership Forum | Minutes 06/09/18 |

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| Strategy Board. It was noted that the service is nurse-led and the profile of this service model needed to be raised. | |
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| NHS Wales Peer Review Framework | Action |
| <p>The report provided:</p> <ul style="list-style-type: none"> • An update on the implementation of the NHS Wales Peer Review framework • The timetable for peer review to be carried out by the networks within the Collaborative team over the next 3 years • The complaints and appeals process. <p>Members noted the report and the arrangements for peer review.</p> | |
| | |
| Health and Social Care Leadership Event 4th September 2018 | Action |
| <p>Members shared views on the recent event, noting the new format to provide a forum for health and social care.</p> <p>It was noted that further information was awaited on plans for the NHS executive function.</p> | |
| | |
| Date of next meetings | |
| It was agreed that the next meeting would go ahead on the original date, 6 th December, but at the earlier start time of 8.30am. | |
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WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2018

The Welsh Health Specialised Services Committee held its latest public meeting on 13 November 2018. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee>

Action log & matters arising

Members noted the action log.

Chair's report

The Joint Committee received a written report that covered:

- The impending retirement of Dr Chris Turner as an Independent Member of the Joint Committee;
- The appointment of Delyth Raynsford as a member of the WHSSC Quality & Patient Safety Committee;
- The appointment of Professor Sheila Hunt as a lay member of the All Wales (WHSSC) Individual Patient Funding Review Panel;
- The ratification of the Chair's Action approving v2.0 of the Report on Public Consultation relating to the Provision of Adult Thoracic Surgery in South Wales, including the recommendations set out within it; and
- Recent developments in relation to the Gender Identity Services.

Managing Director's report

The Joint Committee noted the content of the Managing Director's report and in particular an update on Perinatal Mental Health and the proposed provision of a Mother & Baby Unit for South Wales.

Patient Story - CAMHS

The Joint Committee heard the the story of a 16 year old patient who had experienced both out of area and local CAMHS placements, which were both well received but illustrated the difficulties associated with placements a long distance from home.

National Collaborative Commissioning Unit ('NCCU') Proposal to provide a quality assurance ('QA') service for commissioned NHS Inpatient Mental Health Services in Wales

The Joint Committee received a paper that provided members with a proposal from the NCCU to provide a QA service for commissioned NHS Inpatient Mental Health Services in Wales.

Members (1) supported the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers, (2) noted that the SLA will sit outside the framework and will link with the quality assurance and escalation process within WHSSC, and (3) asked for any significant incremental cost to be reviewed with Management Group.

Proton Beam Therapy ('PBT')

The Joint Committee received an update paper that set out proposals arising from the PBT procurement exercise.

Members (1) considered the progress made in the procurement process to provide the required levels of assurance, (2) approved, having now received an appropriate signed SLA between the Rutherford Cancer Centre ('RCC') and Velindre NHS Trust, WHSSC commissioning an adult PBT service from RCC, and (3) approved WHSSC would finalising a formal agreement with NHS England for commissioning of PBT services initially from Christie and then Christie & UCLH.

Genomics

The Joint Committee received a presentation that provided an update on developments in the Genomics in the UK. The developments would ultimately lead to a proposal coming through the WHSSC prioritisation process.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Management Group (Briefings);
- All Wales (WHSSC) Individual Patient Funding Request Panel;
- Welsh Renal Clinical Network; and
- Quality & Patient Safety Committee.