

## Agenda

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### 1. Opening Business/Governance Matters

#### 1.1. Chair's Introductory Remarks

Verbal Chair

#### 1.2. Apologies for Absence for Noting

Verbal Chair

#### 1.3. Declarations of Interest for Noting

Verbal Chair

#### 1.4. Draft Minutes of the Health Board Meeting, held on 27th July 2022, for Approval

Attachment Chair

 1.4 a Draft Board Minutes 27 July 2022 RMAL.pdf (12 pages)

#### 1.5. Summary of Board Business, held In-Committee, on 27th July 2022

Attachment Chair

 1.5 Summary of Board Business held In Committee (002).pdf (3 pages)

#### 1.6. Board Action Log for Review

Attachment Chair

 1.6 Action Log 27.07.22 .pdf (1 pages)

#### 1.7. Report on Sealed Documents and Chair's Actions

Attachment Chair

 1.7 Report on Sealed Documents and Chair's Actions September 2022.pdf (18 pages)

#### 1.8. Report from the Chair

Verbal Chair

#### 1.9. Report from the Chief Executive

Verbal Chief Executive

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### 2. Patient Experience and Public Management

#### 2.1. Report from Aneurin Bevan Community Health Council

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## 3. Items for Decision

### 3.1. Primary Care Sustainability

Attachment

Head of Primary Care

a) Blaenavon Vacant Practice


b) Ebbw Vale Dental Services

 3.1 a Blaenavon Medical Practice - Board Paper Final.pdf (6 pages) 3.1 b EV NHS GDS Funding. Board Report.pdf (7 pages)

### 3.2. Annual Welsh Language Standards Report 2021/22

Attachment

Director of Workforce and OD

 3.2 Welsh Language Annual Report SBAR.pdf (6 pages) 3.2a App 1 WLS Annual Report 2021-22.pdf (29 pages)

### 3.3. Update in respect of compliance with Smoke Free Legislation

Attachment

Director of Public Health and Strategic Partnerships

 3.3 Smoke Free Legislation Report.pdf (8 pages)

### 3.4. Cellular Pathology

Attachment




Medical Director/Director of Operations

 3.4 Histopathology Outsourcing 16.9.22 (003).pdf (9 pages)

### 3.5. South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service

Attachment

Chief Executive

 3.5 a WHSSC Cochlear Services Engagement Report Sept 2022.pdf (7 pages) 3.5 b Appendix 1 - Cochlear - Core Engagement Document.pdf (23 pages) 3.5 c Appendix 1a - Cochlear engagement Questionnaire.pdf (5 pages) 3.5 d Appendix 2 - Cochlear Summary Report.pdf (12 pages) 3.5 e Appendix 3 - Draft Cochlear EQIA.pdf (16 pages)

### 3.6. Mental Health and Learning Disabilities Residential Care and Domiciliary Care Proposed Provider Uplifts 2022/23

Attachment

Assistant Director, Primary Care, Community and Mental Health

 3.6 a MHLD Residential Care and Dom Care Proposed Provider Fee Uplifts.pdf (6 pages) 3.6 b Letter from Homecare Association.pdf (7 pages)

### 3.7. Review of the current arrangements for Midwifery Led Services within ABUHB

Attachment

Director of Nursing

 3.7 Review of the current arrangements for Midwife led services within ABUHB.pdf (8 pages)





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## 4. Items for Discussion/Assurance

### 4.1. Maternity and Neonatal Services Self-Assessment

Attachment

Director of Nursing



-  4.1 a Maternity Services Self Assessment for Board - September 2022.pdf (4 pages)
-  4.1 b Appendix 1 - Letter from Welsh Government.pdf (3 pages)
-  4.1 c Appendix 2 -Maternity Neonatal Services in Wales - Assessment Assurance Exception Reporting - ABUHB Response - Update September 2022.pdf (38 pages)
-  4.1 d Appendix 3 - Evidence.pdf (6 pages)

## **4.2. Healthcare Inspectorate Wales Annual Report 2021/22**

*Presentation*                      *HIW*

## **4.3. Update Report of the Regional Partnership Board**

*Attachment*                      *Chair (as Chair of RPB)*

-  4.3 RPB Update (Sept 22) Updated 21.09.22.pdf (4 pages)
-  4.3a RPB Winter Plan 2022-23 v3.pdf (15 pages)

## **4.4. Winter Planning and Resilience 2022/23**

*Attachment*                      *Interim Director of Planning & Performance*

-  4.4 Winter Planning and Resilience 2022- CDM.pdf (5 pages)




## **4.5. Performance Overview Report, September 2022**

*Attachment*                      *Director of Planning & Performance*

-  4.5 Performance Report September 2022v5i.pdf (22 pages)



## **4.6. Update on the Health Board's Local Public Health Team**

*Attachment*                      *Director of Public Health and Strategic Partnerships*

-  4.6 a PHW Staff Transfer RM.pdf (4 pages)
-  4.6 b Letter to Chief Exec.pdf (5 pages)
-  4.6 c Appendix.pdf (1 pages)

## **4.7. Financial Performance: Month 05, 2022/23**

*Attachment*                      *Interim Director of Finance, Procurement & VBHC*

-  4.7 Finance Report \_m5\_August 2022 \_final.pdf (30 pages)
-  4.7 Appendix One.pdf (19 pages)

## **4.8. Strategic Risk Report, September 2022**

*Attachment*                      *Chief Executive*

-  4.8 a Strategic Risk Report Sept2022docx.pdf (5 pages)
-  4.8 b Corporate Risk Register OverviewSept2022.pdf (8 pages)

## **4.9. Executive Team Report**



*Attachment*                      *Chief Executive*

-  4.9 a Executive Team Report September 2022 Update.pdf (5 pages)
-  4.9 Attachment One.pdf (2 pages)

## **4.10. An overview of activity from Joint Committees of the Board**

*Attachment*                      *Chief Executive*



- a) WHSSC Update Report
- b) EASC Update Report
-  4.10 a 1 WHSSC Update Report \_Sept22.pdf (4 pages)
-  4.10 a 2 Chairs Summary 6 Sept.pdf (5 pages)
-  4.10 a 3 Minutes 9 August.pdf (15 pages)

-  4.10 b 1 EASC Update Report\_Sept2022.pdf (4 pages)
-  4.10 b 2 EASC 6 Sept.pdf (10 pages)
-  4.10 b 3 EASC 12 July.pdf (14 pages)

#### **4.11. Key Matters from Committees of the Board**

##### *Attachment*

##### *Committee Chairs*

-  4.11 a Committee and Advisory Assurance Reports v2.pdf (14 pages)
-  4.11 b SSPC Assurance Report 21 July 2022.pdf (6 pages)

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## **5. Closing Matters**

Date and Time of Next meeting: Wednesday 28th November 2022 at 9.30am

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## **6.**

Aneurin Bevan University Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public would normally be welcome to attend and observe.

However, in light of the current advice and guidance in relation to COVID-19, the Board has adapted it's ways of working. Whilst we are now in a position to enable Board members to meet in person, we do not have the capacity to enable physical attendance of observers.

This unfortunately means that members of the public are unable to attend meetings in person, at this time. The Board has taken this decision in the best interests of protecting the public, our staff and Board members. We are progressing plans to enable members of the public to observe our Board meetings and the Annual General Meeting. In the meantime, a recording of the Board's meeting will be published to the Health Board's website following the conclusion of business.



**Aneurin Bevan University Health Board  
Minutes of the Public Board Meeting held on  
Wednesday 27<sup>th</sup> July 2022,  
via MS Teams**

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**Present:**

Ann Lloyd	- Chair
Pippa Britton	- Interim Vice Chair
Glyn Jones	- Interim Chief Executive
Dr Sarah Aitken	- Director of Public Health & Strategic Partnerships
Dr Chris O'Connor	- Interim Director of Primary Care, Community and Mental Health
Sarah Simmonds	- Director of Workforce and OD
Dr James Calvert	- Medical Director
Peter Carr	- Director of Therapies and Health Science
Linda Alexander	- Interim Director of Nursing
Shelley Bosson	- Independent Member (Community)
Katija Dew	- Independent Member (Third Sector)
Nicola Prygodzicz	- Director of Planning, Performance Digital and IT
Robert Holcombe	- Interim Director of Finance, Procurement and VBHC
Paul Deneen	- Independent Member (Community)
Prof Helen Sweetland	- Independent Member (University)
Cllr Richard Clark	- Independent Member (Local Government)
Louise Wright	- Independent Member (Trade Union)
Dafydd Vaughan	- Independent Member (Digital)
Keith Sutcliffe	- Associate Independent Member (Chair of the Stakeholder Reference Group)
Philip Robson	- Special Adviser to the Board

**In Attendance:**

Rani Mallison	- Director of Corporate Governance
Bryony Codd	- Head of Corporate Governance
Jemma Morgan	- Community Health Council
Carol Walton	- Infant Feeding Advisor

**Apologies:**

Iwan Jones	- Independent Member (Finance)
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**ABUHB 2707/01 Welcome and Introductions**

The Chair welcomed members to the meeting. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.

The Chair congratulated Nicola Prygodzicz (NP) on her appointment to the role of Chief Executive Officer, noting that NP would take up role in September 2022.

The Chair welcomed Dafydd Vaughan (IM Digital) to his first Board meeting.

The Chair welcomed and introduced Carol Walton, Infant Feeding Advisor, to the Board in recognition of 60 years' service in the NHS. Carol started her career as a student nurse in 1962, working as both a nurse and a midwife until 1985 when she joined Caerphilly District Miners Hospital as a Midwife. Since 2005 Carol has been infant feeding advisor for the Health Board. Carol founded the All-Wales Breastfeeding Forum and was awarded a MBE in 2013 for her services to Midwifery and breastfeeding mothers in Wales.

On behalf of the Board, the Chair congratulated Carol and presented her with a commemorative plaque and a bouquet of flowers.

### **ABUHB 2707/02 Declarations of Interest**

Richard Clark, Independent Member (Local Government), declared an interest in item 3.7a Trosnant Branch Surgery Closure Application, as a participant in the consultation process that had been undertaken.

### **ABUHB 2707/03 Minutes of the previous meeting**

The minutes of the meetings held on 25<sup>th</sup> May and 14<sup>th</sup> June 2022 were agreed as a true and accurate record.

### **ABUHB 2707/04 Action Log and Matters Arising**

It was noted that all actions within the Board's action log had been completed or were in progress, as outlined within the paper.

It was agreed that a paper published by Welsh Ambulance Services NHS Trust Board report on 'Actions to mitigate real time avoidable patient harm in the context of extreme and sustained pressure across urgent and emergency care' would be circulated to members of the Board. **Action: Director of Corporate Governance**

It was noted that the subject of the Board Development session on 10<sup>th</sup> August would be Urgent and Emergency Care, including a focus on ambulance performance.

### **ABUHB 2707/05 Report on Sealed Documents and Chair's Actions**

Rani Mallison (RM), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 10<sup>th</sup> May 2022 to 11<sup>th</sup> July 2022.

The Board NOTED and RATIFIED the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.

### **ABUHB 2707/06 Chair's Report**

The Chair provided her verbal report and an overview of the activities she had undertaken, outside of her routine meetings. These included:

- Continued discussions with the Chief Executive of Powys Teaching Health Board, who is the lead on the issues being experienced regarding delayed discharges, and the plans to create 1000 bed equivalents by October 2022. It was noted that Regional Partnership Boards were required to report to the Minister for Health and Social Services on the additional capacity/additional hours they were able to commission over the past months and plans for the winter.

- Two Chair's peer group meetings had been held, with discussions focussing on: the consequences of the cost of living crisis; informatics programme and a new strategy developed by Digital Health and Care Wales; recruitment of Independent Members and Executive Directors in Wales with support to the Welsh Government Public Appointments Unit.
- Chaired the Collaborative Leadership Forum, with discussions regarding the Major Trauma Centre, Sexual Assault Referral Centre (SARC) and the future of cancer and cardiac networks.
- Ministerial visit to the Grange University Hospital. It was reported that the Minister was pleased with the new radiology department and Same Day Emergency Care Unit. The Minister for Health and Social Services had held discussions with staff about the issues they and patients faced.
- A Chairs and Chief Executives meeting had been held with the Minister for Health and Social Services, focussing on: Building community care capacity - a key priority in our clinical futures strategy; planned care recovery; urgent and emergency care; and maternity services.
- The Gwent Public Service Board had met and discussed the wellbeing plan and potential to become a Marmot Region. It had been noted that there had been an excellent response from Gwent partners to the humanitarian crisis in Ukraine.

The Board NOTED the Chair's Report.

### **ABUHB 2707/07 Report from Aneurin Bevan Community Health Council**

Jemma Morgan (JM), Chief Officer of the Community Health Council (CHC), presented the report from the CHC which provided an overview of recent issues of concern and the positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

She highlighted continued concerns in relation to the effects of sustained pressures across the system and flow.

Reports were currently being drafted by the CHC following surveys into Dementia Care in the Community, which had raised with some dignity and respect issues. Also, a survey into cancelled operations/procedures, with several respondents citing socioeconomic reasons for cancelling, including travel, childcare, leave from work and too short notice was noted. JM also provided an overview of surveys completed relating to the winter plan, a GP exit survey, and a dental mystery shopper exercise.

JM thanked the Health Board's palliative care team for chaperoning members of the CHC in their visits to palliative care patients; and for the immediate response by the senior nurse to address dignity and respect issues.

JM expressed disappointment that, despite support from the Health Board and extension to the deadlines, there had been a largely unsuccessful response to the stroke survey. Peter Carr (PC), Director of Therapies and Health Science, thanked the CHC for their efforts with the stroke survey. It was also noted that there was an active patient reference group in Gwent.

Paul Deneen (PD), Independent Member, asked what the challenges were with My Health Online, as noted in the paper. JM explained that individual practices use it differently, therefore understanding and utilisation differed. Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, confirmed that there was a national project regarding an App which would replace My Health Online and a

briefing would be scheduled for members. **Action: Director of Planning, Performance, Digital and IT**

The Board NOTED the update from the Community Health Council.

### **ABUHB 2707/08 Development of a Service for Adults with Attention Deficit Hyperactivity Disorder (ADHD) in Aneurin Bevan University Health Board**

Chris O'Connor (CO), Interim Director of Primary, Community and Mental Health Services, presented a paper which outlined a recommendation to establish a service for adults with ADHD, for the Board's approval.

CO noted the current position regarding the lack of support for adults with ADHD which had been identified as a significant service gap. A proposed pathway had been developed and had been considered and supported by the Local Medical Committee and Community Health Council Executive Committee.

It was believed that there would be significant demand for the service in the early days due to the service gap, with approximately 55 referrals per month once stabilised. The team had already committed to contacting 300 individuals once the service has been established.

This would be an interim service based on resource currently available. It was anticipated that national guidance would be issued on the future direction of Neurodevelopmental services that would help to shape the future service model and development.

Katija Dew (KD), Independent Member welcomed the pathway and asked if there was confidence that the information systems could support this. It was confirmed that there would be the same transition from epeX to WCCIS as for other services and it was confirmed that assurances had been received in this respect.

The Board APPROVED the recommendation to establish a Service for Adults with Attention Deficit Hyperactivity Disorder (ADHD) in Aneurin Bevan University Health Board, noting that this would be subject to evaluation at an appropriate point.

### **ABUHB 2707/09 Six Goals for Urgent and Emergency Care Programme Plan**

Glyn Jones (GJ), Interim Chief Executive, presented, for endorsement, the "Six Goals for Urgent and Emergency Care" Programme plan, which outlined the areas of focus for improving Urgent and Emergency Care for our population. It was noted that the plan had been submitted to Welsh Government on 30th June 2022.

Chris O'Connor (CO), Interim Director of Primary, Community and Mental Health Services, stated that informal feedback had been received from Welsh Government who had welcomed the range of leads for goals and programmes across professions and agencies. It was noted that patient experience and how this was captured would be important. It was agreed that a briefing on the CIVICA system to support patient experience collation would be circulated. **Action: Interim Director of Nursing**

Shelley Bosson (SB), Independent Member raised concerns regarding funding, given the financial challenges faced by the organisation. GJ explained that risks in relation to funding would be responded to with the prioritisation of urgent and emergency care, noting that a number of actions had already been implemented, such as Urgent Primary Care Centres and Same Day Emergency Care Unit.

Phil Robson (PR), Special Advisor, welcomed the plan but commented that its success depended on the whole system of health and care working effectively and asked if there had been involvement by social care nationally. In particular, the significant challenge given current performance, to transfer people to the right place following admission to hospital within 48 hours of the decision about the next stage of their care being taken. It was noted that the Regional Partnership Board (RPB) was fundamental in supporting improvements across the system and there would be clear alignment with the Six Goals Programme and their plans.

Pippa Britton (PB), Interim Vice Chair, requested regular updates on the plan, timelines and associated risks.

The Chair highlighted the importance of being clear about the content of the goals we are trying to achieve and the measurement of what makes a difference to people and their experience.

Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, explained that there was a robust programme management structure in place and monitoring against this plan would be a key feature for the monthly clinical futures programme meetings, which would be shared with the Board.

The Chair highlighted the need to take forward a number of actions in relation to the engagement of partners without whom some of the goals could not be achieved. She would raise the issue with the RPB, given the immediate actions required and the need to effect intervention at a community level to avoid admission to hospital and subsequent repatriation.

The Board ENDORSED the Six Goals for Urgent and Emergency Care Programme plan.

### **ABUHB 2707/10 Quarter One Outcomes Report and updated trajectories for 2022/23**

Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, presented a paper, which provided an overview of progress against the Health Board's Integrated Medium-Term Plan (IMTP), aligning the outcomes/performance against the 5 life-course priority areas.

NP advised that this was the first report with this format which was subject to further development and refinement. The report intended to strike a balance between performance against targets and outcomes measures.

It was noted that there were 43 outcome measures, with a third showing improvement, a third deteriorating and a third demonstrating similar performance/no data available.

It was highlighted that:

- Referral levels were back within a pre-COVID range, with an increase in the number of first outpatient appointments held.
- There had not been the same increases in elective and daycase activity due to staffing and high bed occupancy.
- Reduction in cancer performance, with a focus on addressing delays in treatment
- Increased demand for endoscopy diagnostics
- Urgent and Emergency Care attendances continued to be above projections

Rob Holcombe (RH), Interim Director of Finance, Procurement and Value, explained that four outcomes measures were being used – patient reported, population, experience and clinical/technical - and work was underway to identify these outcome measures, from a PROMS perspective, more systematically.

The Board welcomed the revised format of report, noting the importance of focussing on outcomes and benefits to patients and not just activity levels. It was noted that the report would be developed further at each iteration, with clarity on other reporting provided to committees, such as assurance reporting to the Finance and Performance Committee and the Patient Quality, Safety and Outcomes Committee.

The Board thanked NP and teams for the progress in developing an outcomes based approach and NOTED the position as set out within the paper.

### **ABUHB 2707/11 Planned Care Delivery**

Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, presented, for endorsement, the approach and priorities for Planned Care Recovery for Aneurin Bevan University Health Board. In particular, the paper provided a focus on the delivery against two key ministerial priorities:

- Eliminate the number of people waiting longer than two years in most specialities by March 2023 (104 Week to all stages of treatment)
- No one waiting longer than a year for their first outpatient appointment by the end of 2022 (52 weeks to new first outpatient appointment)

It was noted that there were c.113,000 people on a waiting list; 77,000 of these were outpatients and 25,000 daycase/in patients.

NP provided an overview of the projected activity to meet the targets and actions being taken to ensure efficiency and productivity within services.

With regards to outpatients, an in-depth analysis on a specialty basis had identified issues in achieving the target in urology, ophthalmology, ENT and some sub-specialties of T&O. The current projection was that 17,000 patients would be waiting over 52 weeks for a new outpatient appointment at the end of December 2022. However, mitigating actions were in place to reduce this to 9,000. NP advised that this was an ambitious but realistic assessment.

Members discussed the importance of communicating with those patients who were waiting to ensure the latest clinical information was available to them. The Board was assured that communication was in place.

It was confirmed that guidance remained to treat patients based on clinical priority and that the Health Board was maximising opportunities to undertake procedures as daycase wherever possible. James Calvert (JC), Medical Director, stated that work had been undertaken on how patients were allocated to theatres across the system, which would have a positive impact on performance.

In relation to the target to eliminate the number of people waiting longer than two years for inpatient care in most specialities by March 2023, the trajectory had improved from 8000 in the IMTP to 2,383.

The Chair confirmed that the Health Board would be open about what could be achieved and actions being taken, based on a realistic and pragmatic assessment.

The Board NOTED the report and ENDORSED the approach and priorities for Planned Care Recovery, including the trajectories against the national ambitions. The Board extended its thanks to all staff working to enable improved access to care for patients.

### **ABUHB 2707/12 Quarterly Budget Setting**

Rob Holcombe (RH), Interim Director of Finance, Procurement and Value, presented the levels of anticipated funding to support financial balance, for approval and to confirm the delegated quarter two budget arrangements.

RH reminded the Board of the previously agreed approach to review revenue budgets alongside associated funding and spend plans on a quarterly basis. It was noted that the Health Board had assumed income levels of £1.65bn, including confirmed and anticipated funding. The IMTP had assumed savings of £26m and cost reductions. There had been a full year delegation of budgets, with a quarterly review, to enable budget holders to better manage. They were aware of the associated risks regarding funding.

The Chair noted the degree of uncertainty that underpinned the delegation of budgets and that every effort was being made to draw back anticipated overspend as the Board did not want to compromise services due to overspending.

The Board AGREED the level of anticipated funding to support financial balance, CONFIRMED the Quarter 2 budget arrangements and NOTED the risks associated with COVID and exceptional cost anticipated funding.

It was noted that the Board would be holding further detailed discussions on the financial position and actions required to mitigate risks.

### **ABUHB 2707/13 ABUHB Arts in Health Strategy**

Peter Carr (PC), Director of Therapies and Health Science, presented for approval the ABUHB Arts in Health Strategy.

PC advised that the Strategy provided the context for Art in Health within the Health Board, indicated how best practice could be embedded throughout the Health Board, addressing health inequalities through built environments and participation of staff and patient communities.

The Strategy had been co-produced by the Health Board's Creative Forum and adopted a broad and inclusive approach.

The work undertaken as part of the Strategy would be evaluated and an Annual Report prepared and presented to the Board.

The Board welcomed the Strategy which provided excellent examples of using creativity to support health and wellbeing and members extended thanks to all involved in its development.

The Board APPROVED the ABUHB Arts in Health Strategy 2022-2027.

## **ABUHB 2707/14 Community Therapy MSK Pathway**

Peter Carr (PC), Director of Therapies and Health Science, presented the paper which provided, an update on the MSK Transformation Programme. The paper sought approval to proceed with the implementation of a Community Therapy MSK pathway.

PC explained that MSK Transformation was a key priority within the IMTP, with a review of the end-to-end MSK pathway. The programme included 4 key workstreams, one of which was community therapy. A therapy led pathway was already in place. The pathway presented for consideration built on this and simplified access to the service. This pathway would be evidenced based, and include self-referral, self-management and community therapy support.

It was noted that the Executive Team had agreed to allocate £1.8m investment to the redesigned Community Therapy MSK Pathway in December 2021. However, following concerns raised by stakeholders across primary and secondary care, the process had been paused. The MSK programme board had since been re-established, with a shared clinical governance structure. The proposed pathway has been subject to significant scrutiny by the programme board.

PC highlighted the fact that secondary care colleagues remained concerned. He outlined those concerns, and responses, as follows:

- Want to implement a pathway that is safe with no unintended consequences: Given the level of scrutiny of the pathway by stakeholders, PC was content that the Programme Board had good representation from all relevant disciplines and a sound evidence base.
- Lack of clarity of parameters of success: Investment benefits are well known and KPIs were detailed within the report. Stakeholders were welcome to help develop these further. During the first 12 months closely monitored improvement cycles would be undertaken.
- Model should have been changed as a result of risks and issues highlighted previously: PC confirmed that he was content that the pathway had been scrutinised and amended and would be subject to monitoring, modification which can only be done through implementation.
- Highly specialised physiotherapists who work in the pathway do not have relevant medical qualifications or experience: the Health Board has highly specialised physiotherapists who were qualified to act autonomously. PC was not aware of any incidents. The MSK Transformation Programme Board included multi professional/specialty representation.
- The referral pathway to secondary care had not been agreed. It was confirmed that the revised pathway used the existing pathway.
- Pain management for those seen in MSK Clinic: Therapists were able to provide pain support for patients through community pharmacists, GPs, Secondary Care.
- Extent of baseline assessment to make the case for investment: Executive Team was satisfied and there was a commitment to evaluate using PROMS and PREMS. This would also apply to workstreams 2 and 3.

PC confirmed that the letter received from the Clinical Director would be presented to the Programme Board for consideration.

It was noted that a significant amount of work had been undertaken with primary care who had endorsed the pathway.

PC provided assurance that, through the Programme Board, all risks and issues would be managed and monitored through the workstream 1 implementation group.



It was confirmed that funding had been secured by Executive Team using value-based recovery funding.

Pippa Britton (PB), Interim Vice Chair, welcomed the pathway which would provide an opportunity for people to feel in control and asked how the pathway would be communicated for the general public and services. PC confirmed that a website had been developed with useful information, signposting and how to refer into the service. The team would monitor where referrals were coming from and target active promotion of the service.

The Board NOTED the report and APPROVED the implementation of the Community Therapy MSK Pathway, recognising that ongoing discussions to support implementation were required. It was agreed that a report on workstreams 2 and 3 would be presented to the Board in 6 months. **Action: Director of Therapies and Health Science**

## **ABUHB 2707/15 Primary Care Sustainability**

### **Trosnant Branch Surgery Closure Application**

Chris O'Connor (CO), Interim Director of Primary, Community and Mental Health Services, presented for approval the recommendation of the Branch Surgery Closure Panel to close the North Road branch surgery of Trosnant Lodge Medical Practice.

The Panel had met on 5<sup>th</sup> July 2022 to consider the results of the patient engagement and equality impact assessments. The impact of the closure on some patients was acknowledged by the panel; however, the practice provided a compelling case for closure, outlining current sustainability issues, including workforce difficulties, future viability, underpinned by their overall aim to provide safe, effective, and timely care to their patients.

The Board APPROVED the recommendation of the panel.

### **Glyn Ebwy Vacant Practice Process**

Chris O'Connor (CO) Interim Director of Primary, Community and Mental Health Services informed the Board of the Vacant Practice Panel's recommendation following the local and national advertisements in relation to Glyn Ebwy Surgery, Ebbw Vale.

The recommendation of the Vacant Practice Panel was that the Glyn Ebwy patient list be dispersed to neighbouring practices, with effect from 1<sup>st</sup> October 2022. The remaining small number of patients residing outside of the practice boundaries were to be allocated to the GP practice closest to their residence.

The Board NOTED the report.

### **St Brides Medical Practice Vacant Practice Process**

Chris O'Connor (CO) Interim Director of Primary, Community and Mental Health Services, informed the Board of the Vacant Practice Panel's recommendation and outcome following the advertisement and interviews in relation to St Bride's Medical Centre, Newport.

The recommendation of the Vacant Practice Panel was that, with effect from 1<sup>st</sup> July 2022, St David's Clinic would provide General Medical Services to 4,099 patients from

the existing St Brides premises; Bellevue Group Practice would provide General Medical Services to 1,995 patients from their existing premises and Malpas Brook Health Centre would provide General Medical Services to 662 patients from their existing premises. The remaining patients would be allocated to the GP practice closest to their residence.

Members discussed the process by which opportunities were advertised and how practices at risk were identified. CO confirmed that the Primary Care Sustainability Board had been re-established and workshops were being undertaken during September to discuss challenges in each Neighbourhood Care Network area. It was agreed that a briefing would be provided to the Board in 9 months. **Action: Interim Director of Primary, Community and Mental Health Services.**

The Board NOTED the report.

### **ABUHB 2707/16 Complex and Long-Term Care, Care Home and Domiciliary Care Proposed Provider Fee Uplifts 2022/23**

The Board RATIFIED the Chair's Action undertaken to increase fees for both care home and domiciliary care providers as per prior approved fee methodologies with effect from 1<sup>st</sup> April 2022, as set out within the paper previously circulated.

### **ABUHB 2707/17 Winter Plan 2021/22 Evaluation**

Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, presented the paper, providing an overview of the impact of the actions taken over the winter and the extent to which they enabled the health and care system to respond to and maintain services to meet the needs of patients.

NP highlighted the areas that had worked well, including the booster vaccination programme, identified surge capacity, temporary staffing solutions and communications and engagement. Those areas that showed promise included effective ambulance service models, admission avoidance and Step Closer to Home. Those areas that were not as successful included the impact of the omicron variant and sustained increased in emergency medical admissions.

It was noted that lessons learned from the Winter Plan 2021/22 would be used to develop plans for 2022/23.

Sarah Aitken (SA), Director of Public Health and Strategic Partnerships, highlighted that a significant influenza season was anticipated, based on the epidemiological evidence from Australia, along with a further COVID wave, and it was important to plan for this 'worst case'.

The Chair noted that, in terms of the lessons learned for the future, it was important to understand the work of the Regional Partnership Board in having a collective responsibility for preparing winter plans. It was important to know, through a thorough and clear evaluation what had worked well and had been successful, which components required improvement, cost effectiveness and outcomes for patients/clients.

The Board RECEIVED the Winter Plan 2021/22 evaluation.

## **ABUHB 2707/18 Digital Strategy**

Nicola Prygodzicz (NP), Director of Planning, Performance, Digital and IT, presented the paper providing an update on the progress against the objectives within the Health Board's Digital Strategy, highlighting the need for the approach to digital to adapt to respond to the pandemic.

NP noted that there were 4 key pillars in the strategy and provided updates against each. These included:

- Digital community
- Online COVID vaccination booking
- Key priorities for the future include a project for prostate self-management and digital services for patients
- Digital Organisation
- WCCIS – due to go live 8 August
- Electronic prescribing – national priority with funding prioritised
- Critical care system and replacement maternity system
- Robotic processing automation – positive evaluation following pilot
- Digital Data Information
- Further resilience re data warehouse
- Improve business intelligence
- Digital Foundations
- Key project development of digital platform – better integration of systems.

Key concerns and priorities were highlighted in relation to managing resilient digital platforms with the limited funding available and cyber security and resilience.

Dafydd Vaughan (DV), Independent Member, welcomed the update and highlighted some concerns regarding staffing, recruitment, retention and retaining; funding models and the need to move from capital to revenue for services such as icloud; also, reliance on national programmes and the need to hold other organisations to account for non-delivery.

The Board RECEIVED the updated provided in the report and noted ongoing actions to mitigate risks and achieve progress.

## **ABUHB 2707/19 Financial Performance: Month 3 2022/23**

Rob Holcombe (RH), Interim Director of Finance, Procurement and Value, presented the paper outlining financial performance to the end of June 2022.

It was noted that the current year to date position was a deficit of £8.4m, which was £4m worse than the IMTP profile and £3m worse than the revised month 2 profile. RH advised of a significant risk to achieving breakeven at year end.

RH confirmed that financial recovery turnaround had been instigated by the Executive Team. The key areas driving the position were:

- Workforce costs – continued reliance on variable solutions
- Continuing Healthcare
- Surge bed capacity
- Urgent and Emergency Care

The Board NOTED the report and the significant risk in achieving financial breakeven at year end. It was noted that the Board would be holding further detailed discussions on the financial position and actions required to mitigate risks.

## **ABUHB 2707/20 Strategic Risk Report July 2022**

Glyn Jones (GJ), Interim Chief Executive, presented for assurance the 21 strategic risks within the Corporate Risk Register, noting that most had been discussed during the meeting through respective agenda items.

The Chair commented that when then risk ratings remained the same for a long time a further report would be requested to confirm that the mitigating actions were the right ones to take and were having the required impact.

The Board NOTED the report.

## **ABUHB 2707/21 Executive Team Report**

Glyn Jones (GJ), Interim Chief Executive, presented the Executive Team report which provided an overview of a range of issues local, regional, and national level.

The Board noted the success of the Liver Team in receiving full accreditation in the Improving Quality in Liver Services initiative, the first in Wales to do so and the 7<sup>th</sup> in the UK.

The Board NOTED the Executive Team Report.

## **ABUHB 2707/22 An overview of Joint Committee Activity**

Glyn Jones (GJ), Interim Chief Executive provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.

The Board RECEIVED the report for ASSURANCE.

## **ABUHB 2707/21 Key Matters from Committees of the Board**

The Board RECEIVED Assurance Reports from the following Committees:

- Patient Safety, Quality and Outcomes Committee
- Audit, Risk and Assurance Committee
- Mental Health Act Monitoring Committee
- Finance and Performance Committee
- Partnerships, Population Health and Planning Committee

The Board also noted an update from the NHS Wales Shared Services Partnership Committee.

## **ABUHB 2707/22 Date of Next Meeting**

Wednesday 28<sup>th</sup> September 2022 at 9:30am



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item:1.5

## Aneurin Bevan University Health Board

### Governance Matters:

### Summary of Board Business held In-Committee

#### Purpose of the Report

The purpose of this report is to share a summary of formal discussion held by the Board at its private meeting held on 27<sup>th</sup> July 2022 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

#### The Board is asked to:

Approve/Ratify the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓

**Executive Sponsor:** Rani Mallison, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by:**

<b>Executive Team</b>	<b>N/A</b>	<b>Committee of the Board</b>	<b>N/A</b>
		<b>[Committee Name]</b>	

**Date of the Report:** 13<sup>th</sup> September 2022

**Supplementary Papers Attached:** None

#### Executive Summary

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

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

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

The purpose of this report is therefore to share a summary of formal discussion held by the Board at its private meeting held on 27<sup>th</sup> July 2022 and to report any key decisions taken.

## Background and Context

### Summary of Discussions

#### **Blood Transfusion System Replacement (Masterlab)**

The Board considered options for the replacement of the Blood Transfusion System. The Health Board used a laboratory information management system (LIMS) called Masterlab to support effective blood transfusion services across the organisation. The Masterlab system was due to reach end of life on 31st March 2023 and from that point forward there would be no technical support available from the supplier.

This system would ultimately be replaced by a national LIMS system in 2024 (at the earliest). The Health Board therefore needed to provide mitigation in the form of an alternative LIMS solution for Blood Transfusion from 31<sup>st</sup> March 2023.

The Board APPROVED the recommendation to upgrade the current Masterlab solution to Winpath, with the existing supplier, which would provide a safe and resilient transfusion service for the Health Board until the national replacement programme was available.

#### **Review of Revenue Forecast 2022/23**

The Board held detailed discussion regarding the risks associated with the forecast position for 2022/23, as reported within the Month 3 position within the main part of the Board's meeting, held in public.

The Board was briefed on work underway by the organisation to ensure mitigating actions to manage the risks were robust and that delivery of the Health Board's key strategic priorities, as set out within the Integrated Medium-Term Plan 2022-25, were fundamental in ensuring financial sustainability.

No decisions were taken by the Board that require reporting.

#### **Welsh Health Specialised Services (WHSSC) Joint In-Committee Notes**

The Board NOTED the briefing of a meeting of the WHSSC Committee meeting, held 12<sup>th</sup> July 2022, in private session. No decisions were taken by the Board that require reporting.

## Assessment and Conclusion

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

## Recommendation

The Board is requested to note this report.

## Supporting Assessment and Additional Information

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

<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to Plan associated with this report.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Not applicable to this report
	<b>Integration</b> –Not applicable to this report
	<b>Involvement</b> –Not applicable to this report
	<b>Collaboration</b> – Not applicable to this report
	<b>Prevention</b> – Not applicable to this report
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	Report to be published in public domain

**Aneurin Bevan University Health Board Meetings –  
Wednesday 27<sup>th</sup> July 2022**

**ACTION SHEET**

<b>Minute Reference</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Progress/ Outcome</b>
<b>ABUHB 2707/04</b>	<b>Action Log:</b> WAST Board report on 'Actions to mitigate real time avoidable patient harm in the context of extreme and sustained pressure across urgent and emergency care' to be circulated to members.	<b>Director of Corporate Governance</b>	Complete. Report circulated 27/7/22
<b>ABUHB 2707/07</b>	<b>Report from Aneurin Bevan Community Health Council:</b> Briefing to be scheduled on the national App being developed to replace My Health Online	<b>Director of Planning, Performance, Digital and IT</b>	Complete. Scheduled for Board Development Session in Quarter 3, 2022/23.
<b>ABUHB 2707/09</b>	<b>Six Goals for Urgent and Emergency Care Programme Plan:</b> A briefing on the CIVICA system to be circulated	<b>Interim Director of Nursing</b>	Complete. Briefing circulated to Board members.
<b>ABUHB 2707/14</b>	<b>Community Therapy MSK Pathway:</b> A report on workstreams 2 and 3 to be presented to the Board in 6 months	<b>Director of Therapies and Health Science</b>	Included in the forward work programme for the Board and scheduled for January 2023.
<b>ABUHB 2707/15</b>	<b>Primary Care Sustainability:</b> Briefing to be provided on the process for advertising opportunities and identifying practices at risk, following workshops being held to discuss challenges in each NCN. To be reported in 9 months.	<b>Interim Director of Primary, Community and Mental Health Services</b>	Included in the forward work programme for the Board and scheduled for May 2023.



## Aneurin Bevan University Health Board

### Governance Matters:

### Report of Sealed Documents and Chair's Actions

#### Purpose of the Report

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

#### The Board is asked to: (please tick as appropriate)

Approve/Ratify the Report

✓

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

**Executive Sponsor:** Rani Mallison, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by :**

**Executive Team**

N/A

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

N/A

**Date of the Report:** 13<sup>th</sup> September 2022

**Supplementary Papers Attached:** None

#### Executive Summary

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 12<sup>th</sup> July and 13<sup>th</sup> September 2022.

The Board is asked to note that there have been six (6) documents that required the use of the Health Board seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary. This process has been undertaken virtually, with appropriate audit trails, for the period of adjusted governance and continues in the absence of the attendance of Independent Members at the office during this time. All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 12<sup>th</sup> July and 13<sup>th</sup> September 2022, seven (7) Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report.

## Background and Context

### 1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

### 2. Chair's Action

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

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

### 3. Key Issues

#### 3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Six documents were sealed between the between the 12<sup>th</sup> July and 13<sup>th</sup> September 2022, as outlined below.

Date	Title
12/07/2022	Form of Agreement by Deed – ABUHB and MACE Ltd – Confirmation Notice No.2 Newport East Health and Well Being Centre
12/07/2022	Form of Agreement by Deed – ABUHB and GLEEDS Cost Management Ltd – Confirmation Notice No.2 – Newport East Health and Well Being Centre
18/07/2022	Flying Start Health Visiting and Speech and Language Therapy Services 2022-2025 SLA ABUHB and Newport City Council
18/07/2022	Transfer Deed for 1m Strip of Land, No. 4 Manor Wood, Chepstow from ABUHB to the Proprietor of No.4 Manor Wood
27/07/2022	Section 5 Agreement to be entered in to between ABUHB and Dwr Cymru for the diversion of a sewer at Newport East Health and Wellbeing Development
08/09/2022	Extension of short term licence for Pontypool Campus, Coleg Gwent, Pontypool. Period 1 October 2022 to 31 March 2023.

### 3.2 Chair's Action

All Chair's Actions undertaken between 12<sup>th</sup> July and 13<sup>th</sup> September 2022 are listed below. All of which were approved by the Chair.

Date	Title
27.07.2022	Provision of Voice and Data Contracts for Mobility Devices
28.07.2022	Server Licensing SCE Agreement 1 <sup>st</sup> October 2022 to 30 <sup>th</sup> September 2025
17.08.2022	Free Light Chains Contract Extension
12.08.2022	Ebbw Vale NHS Dental Services
24.08.2022	CT Scanner - Royal Gwent Hospital
24.08.2022	CT Scanner – Nevill Hall Hospital
08.09.2022	Ysbyty Ystrad Fawr – Unified Breast Unit

### Assessment and Conclusion

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

### Recommendation

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

### Supporting Assessment and Additional Information

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

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

## Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) for the provision of Voice and Data Contracts for Mobility Devices

### Financial Value

Annual Value of current contract: £330,135.28 ext VAT  
 Annual value of new contract: £242,964.00 ex VAT

Total value of new contract: £485,9285.00 ex VAT

Total value of new contract (including extensions):  
 £793,692.00 ext VAT  
 £4108.00 – Equipment Order

Contract period including extension options: Two years with the option to extend by 12 months

22<sup>nd</sup> July 2022 – 21<sup>st</sup> July 2024 + 1

### Situation

Request to approve the Request for Approval (RFA) for a two-year contract, with an option to extend the contract.

### Background

The Health Board has over 4000 mobile contracts, approximately 1000 voice and text, and 3000 smartphones with an average of 45 new phones being ordered each month. EE / BT plc are the incumbent suppliers and through a tender process have proven to have the most reliable coverage. EE/BT are working towards better network coverage for emergency services and are aiming to achieve this by 2026.

### Request

It is recommended the aggregated data contract, fully co-termed, including unlimited minutes for any network, any time and UK landline numbers is approved. Procurement will be conducted through the Crown Commercial Services Framework as a mini competition.

## Accompanying documents:



**Approval:**

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

Signatures: Chair / Vice Chair	Date:
	26/7/22
Signature: Chief Executive	Date:
	26/7/22
Signature: Director of Corporate Governance	Date:
	21 <sup>st</sup> July 2022
Signature: Independent member	Date:
Paul Deneer - please see separate email	27/7/22
Signature: Independent member	Date:
Shelley Bosson - please see separate email	27/7/22

---- End ----



### Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) of a Service Licensing SCE Agreement.

#### Financial Value

Annual Value of current contract: £119,915.92 ext VAT  
 Annual value of new contract: £200,561.16 ex VAT

Total value of new contract £601,683.48 ex VAT

Contract period including extension options: 1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2025

#### Situation

Request to approve the Request for Approval (RFA) for a three-year contract, with an option to extend the Agreement.

#### Background

The Health Board required the ability to utilise the NHS Wales Microsoft LAR contract for Wales for protection against the rising costs of licensing.

To protect the Health Board assets an ECI agreement was set-up in October 2016 that allowed the ability to access multiple software releases and ensured the Health Board was not locked into one version.

During this period significant investment was made to the infrastructure including the move from end-of-life licensing to protect the Health Board from outside cyber-attacks. The ECI Agreement has now been replaced by a SCE Agreement.

#### Request

It is recommended the SCE Agreement is approved. Procurement will be conducted through the All Wales agreement.

### Accompanying documents:



RFA 949.pdf

#### Approval:

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

<b>Signatures: Chair / Vice Chair</b>	<b>Date:</b>
	26/7/22
<b>Signature: Chief Executive</b>	<b>Date:</b>
	26/7/22
<b>Signature: Director of Corporate Governance</b>	<b>Date:</b>
	20 <sup>th</sup> July 2022
<b>Signature: Independent member</b>	<b>Date:</b>
S. A Boss	28/7/22
<b>Signature: Independent member</b>	<b>Date:</b>
Paul Dencen - please see separate email	28/7/22
---- End ----	



<b>Description of Request:</b>	
To consider as Chairs Action the approval of a Request for Approval (RFA) of an Extension of the current Free Light Chains contract in Special Chemistry.	
<b>Financial Value</b>	Annual Value of current contract: £107,054.39 Annual value of new contract: £101,773.54  Total value of new contract £508,867.70  Contract period including extension options: 5 years – no extension (01/09/2022 – 31/08/2027)
<b>Situation</b>	
Request to approve the Request for Approval (RFA) for a five-year contract.	
<b>Background</b>	
<p>The supplier Binding Site are the current assay of choice for most laboratories in the UK, with 84% of clinical laboratories returning results from this assay in the latest round of quality assurance. The alternative supplier active in the UK is Siemens. In early discussions, Siemens were only able to offer the assay on either the Atellica or ANEPH platforms. There is no Atellica users, and only 1 user of the ANEPH based in the UK for this assay.</p> <p>It is hoped by extending the contract for 5 years, the service can be guaranteed for patients.</p>	
<b>Request</b>	
<p>It is recommended the extension is approved. The contract with Binding Site expires in August 2022 and therefore, there is insufficient time to safely re-baseline patients without extending the current contract.</p> <p>The supplier Binding Site is currently the only supplier in the marketplace that can deliver the service safely and effectively at present.</p>	

<b>Accompanying documents:</b>
 RFA1012 - Free Light Chains Contra
<b>Approval:</b>

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

Signatures: Chair / Vice Chair	Date:
	16/8/22
Signature: Chief Executive	Date:
	12/8/2022
Signature: Director of Corporate Governance	Date:
	9 <sup>th</sup> August 2022
Signature: Independent member	Date:
Paul Deneen - <sup>approved</sup> by separate email	16/8/22
Signature: Independent member	Date:

---- End ----

### Description of Request:

To consider as Chairs Action the approval of a request to commission additional NHS dental provision.

### Financial Value

2022/23 - £195,896.00, funded via the GDS budget (funding available in 22/23 committed in 23/24)

2023/24 - £48,400 (non-committed), funded via the GDS budget and request a further £343,386 from Welsh Government on a recurrent basis

### Situation

The Executive Team was asked to approve:

- A request to commission additional NHS dental provision for the existing 8255 NHS patients of Bethcar Dental that would be affected by the contract termination.
- A request for additional funding as part of the process to support the other 3 NHS dental practices with increased funding via the utilisation of available monies from the GDS budget and requesting additional funding from Welsh Government.

The Executive Team endorsed the recommendation at its meeting of 11<sup>th</sup> August 2022.

- Bridge Dental is awarded the full allocation of £959k to establish a new NHS contract delivered from new premises in Ebbw Vale.
- Additional funding to support increased access to NHS dentistry in the following practices; Blackwood Dental, Castle Street Dental, Dental Centre:  
2022/23 - £195,896.00, funded via the GDS budget  
2023/24 - £48,400, funded via the GDS budget and request a further £343,386 from Welsh Government on a recurrent basis

### Background

Following the notification from Bethcar Dental to terminate their NHS GDS contract from 31<sup>st</sup> August 2022, a tender exercise for additional activity or to establish a new dental practice to provide NHS dental provision for those patients affected by the contract resignation went live on the 10<sup>th</sup> June 2022.

4 bids were received from local practices:

- Bridge Dental Centre (SmartSmiles) Newbridge (NB)
- Blackwood Dental Surgery, Blackwood – existing NHS GDS provider
- Castle Street Dental Practice, Tredegar– existing NHS GDS provider
- The Dental Centre, Oakdale – existing NHS GDS provider

### Request

It is recommended the requests to commission additional NHS dental provision and award additional funding is approved.

### Accompanying documents:



2.2a WG Letter 25  
March 2022 Dental Outcome Recomm



2.2 GDS Tender

### Approval:

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

**Signatures: Chair / Vice Chair**

**Date:**

12<sup>th</sup> August 2022

**Signature: Chief Executive**

**Date:**

12/8/2022

**Signature: Director of Corporate Governance**

**Date:**

12<sup>th</sup> August 2022

**Signature: Independent member**

**Date:**

12.8.22

**Signature: Independent member**

**Date:**

Paul Deneen – Approved by separate email

12<sup>th</sup> August 2022

---- End ----

### Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) of replacement CT Scanning Equipment.

### Financial Value

One Off Capital Purchase £960,000.00 Ex VAT

Savings – cost avoidance £243,724.00

### Situation

Request to approve the Request for Approval (RFA) for a one-off purchase.

### Background

Capital funded replacement of CT Scanning Equipment from Canon Medical Systems Limited for Radiology in RGH.

### Request

It is recommended the one-off purchase is approved to maintain patient care. Purchase via framework for continuity of supply and training.

### Accompanying documents:



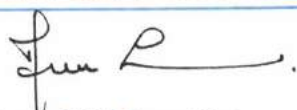
RFA 1014 - CT  
Scanner RGH.docx

### Approval:

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

**Signatures: Chair / Vice Chair**

**Date:**



24/8/22

**Signature: Chief Executive**

**Date:**



24/8/22

<b>Signature: Director of Corporate Governance</b>	<b>Date:</b>
<i>Mall</i>	24 <sup>th</sup> August 2022
<b>Signature: Independent member</b>	<b>Date:</b>
<i>S A Basso</i>	24/8/22
<b>Signature: Independent member</b>	<b>Date:</b>
<i>Paul Deneen - Approved by separate email</i>	24/8/22

---- End ----



### Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) of replacement CT Scanning Equipment.

### Financial Value

One Off Capital Purchase £544,000.00 Ex VAT

Savings – cost avoidance £159,743.00

### Situation

Request to approve the Request for Approval (RFA) for a one-off purchase.

### Background

Capital funded replacement of CT Scanning Equipment from Canon Medical Systems Limited for Radiology in NHH.

### Request

It is recommended the one-off purchase is approved to maintain patient care. Purchase via framework for continuity of supply and training.

### Accompanying documents:



RFA 1015 - CT  
Scanner NHH.docx

### Approval:

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

Signatures: Chair / Vice Chair

Date:

24/8/22

Signature: Chief Executive

Date:

24/8/22

<b>Signature: Director of Corporate Governance</b>	<b>Date:</b>
<i>Mall</i>	24 <sup>th</sup> August 2022
<b>Signature: Independent member</b>	<b>Date:</b>
<i>S. A Bosson</i>	24/8/22
<b>Signature: Independent member</b>	<b>Date:</b>
<i>Paul Deneen - Approved by separate email</i>	24/8/22

---- End ----



### Description of Request:

To consider as Chairs Action a request for the re-negotiated project Target Costs to be underwritten by the Health Board.

Financial Value	<p>The additional funding required is £778,104, broken down as follows:</p> <ul style="list-style-type: none"> <li>• Increase in BAM costs £384,122</li> <li>• Increase in Health Board costs £ 75,493</li> <li>• VOP Inflation forecast increase £212,500</li> <li>• Vat Increase £107,977</li> <li>• Original Approval adjustment <del>£ 1,988</del></li> <li>• Total <u>£778,104</u></li> </ul>
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### Situation

Approval request for the additional funding to be underwritten by the Health Board.

Progress on the project has been halted since February 2022, due to this issue it is considered that efforts should be made to start on site as soon as possible, in advance of full Ministerial approval.

### Background

The proposed new Unified Breast Unit was approved by Welsh Government on 24<sup>th</sup> February 2022. Subsequent, to that the Supply Chain Partner BAM notified the Health Board that they could not formally enter into a contract due to continuing inflationary pressures and requested that the project Target Cost be re-negotiated.

The request was discussed with Welsh Government / NHS Shared Services, along with other potential options, and agreement was reached to proceed to re-negotiate. It was also agreed that officials would formally request that the Minister approve the consequential additional funding as and when the revised Target Cost had been agreed.

### Request

Request to approve the additional funding of £778,104 is underwritten by the Health Board, via the use of Discretionary Capital, while Ministerial approval is awaited, a process which could take a further two to three weeks.

It is anticipated the Minister will approve the additional funding but there is a small risk that this will not be forthcoming and the Health Board will need to be

prepared to fund this additional cost, either in full in 2022/23, in full in 2023/24 or split between both years.

Accompanying documents:



Chairs Action YF  
Breast Unit.docx



BAM YF BC Revised  
Target Cost Letter 2:

Approval:

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

Signatures: Chair / Vice Chair	Date:
	7/9/22
Signature: Chief Executive	Date:
	8/9/22.
Signature: Director of Corporate Governance	Date:
	6 <sup>th</sup> September 2022
Signature: Independent member	Date:
Pippa Britten - Approved by separate email	8/9/22
Signature: Independent member	Date:
Paul Deneen - Approved by separate email	8/9/22

---- End ----

Aneurin Bevan Community Health Council (CHC)

# CHC Report

For Aneurin Bevan University Health  
Board Meeting

September 2022

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[www.aneurinbevanchc.nhs.wales](http://www.aneurinbevanchc.nhs.wales)

# **Accessible formats**

This report is also available in Welsh.

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

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

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# About the Community Health Councils (CHCs)

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

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

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

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

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

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

# Introduction

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

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

## CHC update

### 1. Whole system pressures

The CHC remains significantly concerned about patient experiences across community and hospital settings due to whole system pressures.

As expressed in previous CHC reports, we hear regularly from people and partners about long delays for ambulances in the community, sustained pressure at the Emergency Department and slow patient flow through hospitals due to delayed discharges.

The CHC has received regular reports and presentations from Health Board representatives about the mitigations and efforts being made to improve service positions and ensure safe services. Despite the great efforts being made, it is however evident that patient experiences are poor with regards to:

- Long handover times to the Emergency Department from ambulance crews.
- Long waits for people who self-present to the Emergency Department.
- Difficulties in releasing ambulances back into the community to respond to calls.
- Delayed discharges from a hospital setting when deemed medically fit due to community service constraints.

It is important to highlight that people also report positively when emergency care and treatment is received. People reflect to us that staff and the teams have provided excellent clinical care, following long and difficult waits. However, a community risk remains, with regards to the Ambulance Service's ability to attend people waiting in the community when held at the Emergency Department.

It remains a key priority for the CHC to monitor and scrutinise system recovery and to see improved patient experiences. At this time, it is evident that the impact of action plans is limited within the emergency care system, due to workforce constraints across teams and difficulties with discharging medically fit people back into their residential settings, which is slowing hospital flow and bed availability.

As we approach the winter period, the CHC will continue to work closely with the Health Board to hear about the winter plans and share patient experience feedback.

## **2. Cancelled Procedures/Operations**

This survey was live from May until July 2022. The CHC would like to thank the Health Board for their help with this project. To protect people's data, the health board distributed this survey on our behalf. A covering letter was sent to people with the survey to explain that the CHC did not have access to people's personal details and that their responses would be anonymous.



Just under 2,500 surveys were sent out. In total, we received 208 responses. Some of the key feedback received is shared below:

We heard from people who had cancelled a procedure or operation in the following specialities:

- Cardiology
- Dermatology
- Ear, Nose and Throat
- Endoscopy
- Gastroenterology
- General Surgery
- Gynaecology
- Maxillofacial
- Ophthalmology
- Pain Management
- Radiology
- Trauma and Orthopaedics
- Urology

The main reasons people gave for cancelling/postponing or not attending their planned procedure/operation are as follows:

- Patient did not cancel / Hospital cancelled/delayed
- Work/family commitments
- Appointment no longer required
- Patient unable to find transport
- Patient unwell on appointment date
- Patient choice, or pre-procedure preparation not completed
- Appointment date unsuitable
- Covid-19 reasons
- Patient did not receive communication from hospital
- Patient attended wrong hospital site
- Unspecified

When we asked people to confirm if the record of cancelling, postponing or not attending their procedure or operation as “the date was not suitable” was accurate, we received the following feedback:

- 99 people told us “no”, they did not feel this was an accurate record and many people told they did not initiate the cancellation/postponement or the reasons to cancel were for other issues.
- 98 people told us “yes”, they felt this was correct but many shared other issues that influenced their decisions.
- 187 people told us there were other factors that influenced their decision to cancel, postpone, or not attend their operation or procedure.
- Reviewing the comments showed that a high number of people had their procedure cancelled by the Health Board or due to people’s own work/family commitments.
- There were also comments from people who had trouble accessing transport to enable them to attend their procedure or operation.

Response due from UHB September 2022.

### 3. Royal Gwent Hospital Visit - D3 East Surgical Ward

Our volunteer members attended the Royal Gwent Hospital for an unannounced visit on 2nd August 2022. The purpose of this visit was to establish the level of patient satisfaction, the quality and effectiveness of the hospital environment and observe staff interaction with patients.

Some of the key feedback included:

- Members reported that they were very impressed with the information displayed at the entrance of the ward. This information included staff details and availability, staffing numbers and the colour of staff uniforms with their names.
- Three of the sixteen patients on this ward spoke with CHC members on the day of the visit. All three patients told us that the staff on this ward were “*friendly and helpful*”.

- Two issues were identified by the visiting team, which were raised to the Health Board:
  - The disabled toilet on this ward was out of order and had been for a few months.
  - The door to the sluice room was open and a bucket with towels surrounding it was visible. It was later established that there is a significant leak in the ceiling.

Response due from UHB September 2022.

#### **4. Royal Gwent Hospital Visit – Medical Assessment Unit**

The CHC visiting team also attended the Medical Assessment Unit on 2<sup>nd</sup> August 2022.

- The unit was reported as very clean, and domestic staff were observed working thoroughly and consistently.
- We were made aware that unit team were in the process of developing an information board to display visiting times for the unit and a patient information leaflet.
- Six patients engaged with us on the day of the visit. Most patients felt that there were not an adequate number of staff to meet their needs during the day and night.

Report currently being drafted.

#### **5. Sensory Impairment Survey**

On the 26<sup>th</sup> August 2022 the CHC launched a survey to obtain feedback from those who have a sensory impairment to gain their experiences of accessing NHS Services.

The survey has been launched on our social media platforms, website and via our stakeholder distribution list to increase circulation.

The survey has been adapted for those who are visually impaired and deaf. Alternative formats can be requested by contacting our office.

The survey will run until the end of October 2022.

## 6. Monthly public feedback survey

Since May 2020, the Community Health Council has been hearing from people via a generic "Care during the Coronavirus" survey, to hear about people's positive and negative experiences in all NHS care areas.

- To date we have heard from 1390 people. In July and August 2022, we heard from 8 people.
- Most of the feedback received in July was about the Emergency Department at the Grange University Hospital. Unfortunately, most comments received were negative and in relation to long waits. One person told us that they had to wait 12 hours for an ambulance in the community but when they arrived at the hospital, *"everything was good"*.
- During this period, we also received a positive report regarding a patients' experience at the Minor Injuries Unit at Nevill Hall Hospital. The respondent told us how easy their visit was and went on to tell us that; *"the staff even though busy and tired were polite and thoughtful and giving their full attention. They are credit to the Health Service."*

## 7. Upcoming and ongoing CHC activities

- 7.1 In July 2022, the CHC launched a **Post-Covid Syndrome (Long-Covid) Survey**. The survey will be live until March 2023.

A formal report will not be written for this survey, instead bi-monthly reports will be produced and sent to the UHB for their information as the service continues to develop and embed.

To date we have received 38 responses.

Some key feedback received so far:

- Most people told us that they had either been diagnosed with post-covid syndrome (Long Covid) by their GP or via self-diagnosis.
- Out of the 38 respondents, 21 people were aware of the NHS Wales Covid-19 Recovery App. Nine people told us they use the app.
- Many respondents so far, have told us they are not aware of who they can contact if they have any questions regarding their Post-Covid Syndrome (Long Covid) condition.

Briefing paper is being drafted.

- 7.2 In October 2022, we will be launching a Common Ailments Survey. The purpose of this survey is to find out people's experiences of accessing this scheme.

The survey will be live until December 2022.

## **Thanks**

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

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

## **Feedback**

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

# Contact details



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[www.aneurinbevanchc.nhs.wales](http://www.aneurinbevanchc.nhs.wales)



@Bevanchc



CIC Aneurin Bevan CHC

## **Community Health Council**





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University Health Board

Aneurin Bevan University Health Board  
28<sup>th</sup> September 2022  
Agenda Item: 3.1a

## **Aneurin Bevan University Health Board**

### **VACANT PRACTICE PANEL GENERAL MEDICAL SERVICES (GMS) CONTRACT RESIGNATION – BLAENAVON MEDICAL PRACTICE**

#### **Executive Summary**

##### **Purpose**

The purpose of this paper is to inform the Board of the Vacant Practice Panel's recommendation following the local and national advertisements in relation to Blaenavon Medical Practice, Torfaen.

##### **Background**

On 16<sup>th</sup> May 2022, the Health Board was advised by the Partners of their intention to resign the GMS contract with effect from 31<sup>st</sup> December 2022.

All GMS contract resignations are subject to consideration under the process for "GMS Vacant Practice Policy".

The formal Vacant Practice Process was implemented.

##### **Assessment**

A Vacant Practice Panel convened on the 25<sup>th</sup> May 2022 and all of the options detailed in the Vacant Practice Policy were considered by the Panel.

The Panel agreed that options 1 and 2 would run concurrently - to advertise the practice nationally and locally requesting full business cases to be submitted from interested parties. The panel agreed that the contract should be advertised in its full entirety and interested parties would be required to take the full registered population.

In order to discuss the vacant practice and the potential impact this may have on the practices within the NCN area, an urgent sustainability meeting was scheduled with neighbouring practices on the evening of the 17<sup>th</sup> May 2022 to enable early discussions to be had in terms of the future of Blaenavon Medical Practice.

The practice was advertised locally and nationally, with a closing date of 4<sup>th</sup> July 2022. Unfortunately, the Health Board did not receive any applications.

The Vacant Practice Panel reconvened on 3<sup>rd</sup> August 2022 to consider the remaining options 3 – 6, for the continued provision of GMS services to the patients registered with Blaenavon Medical Practice.

**Option 3:** Managed list dispersal with existing neighbouring practices.

**Option 4:** LHB take on the management and delivery of GMS services

**Option 5:** Dispersal of practice list

**Option 6:** Fill the vacancy through existing partners.

The Panel agreed on the recommendation of option 4, for the Health Board to assume the responsibility of the contract and directly manage the delivery of GMS services from practice premises.

### Recommendation

The recommendation of the Vacant Practice Panel and the Executive Team is that Health Board will assume the responsibility of the contract and directly manage the delivery of GMS services from Blaenavon Medical Practice with effect from 1<sup>st</sup> January 2023.

The Board is asked to note the content of the paper and the recommendation of the Vacant Practice Panel, supported by the Executive Team.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	X

**Executive Sponsor: Dr Chris O'Connor, Interim Executive Director of Primary, Community and Mental Health**

**Report Author: Michelle Llewellyn, Service Development Manager, Deborah Harrington, Contract Manager and Victoria Taylor, Head of Primary Care**

**Report Received consideration and supported by :**

Executive Team	X	Committee of the Board [Committee Name]	
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**Date of the Report: 8<sup>th</sup> September 2022**

**Supplementary Papers Attached:**

Appendix 1 – GMS Vacant Practice Process

### Purpose of the Report

The purpose of this paper is to inform the Board of the Vacant Practice Panel's recommendation following the local and national advertisements in relation to Blaenavon Medical Practice.

### Background and Context

#### Introduction

The Health Board received a GMS contract resignation from the Partners at Blaenavon Medical Practice on 16<sup>th</sup> May 2022. All GMS contract resignations are subject to consideration under the process for "GMS Vacant Practice Policy" - Appendix 1.

The contract was held by 4 partners since 31<sup>st</sup> August 2021. However, due to 2 partner resignations in succession, the Partners advised Aneurin Bevan University Health Board on 16<sup>th</sup> May 2022 of their intention to resign the GMS contract with effect from 31<sup>st</sup> December 2022.

Blaenavon Medical Practice relocated from Carregwen Surgery to the current site in Blaenavon Resource Centre on completion of the new build in September 2014.

The Practice has a list size of 6,562 (April 2022) and their practice boundary covers the council wards of Blaenavon, Abersychan and Llanwenarth Ultra. There are 1,219 patients aged 65 or over, which represents 18.6 % of the Practice list.

A Vacant Practice Panel convened on the 25<sup>th</sup> May 2022. The Panel included representation from Gwent Local Medical Committee and Aneurin Bevan Community Health Council, to consider the options available as part of the GMS Vacant Practice Policy and to determine the most appropriate course of action for the future of the practice.

All of the options detailed in the Vacant Practice Policy were considered by the Panel.

**Option 1:** Aim to fill vacancy through local interest under a GMS Contract, (the practice could be passed completely over to another practice in the borough under GMS Contract arrangements (through inviting local expressions of interest)).

**Option 2:** Aim to fill vacancy through national interest under a GMS Contract, (the whole practice would be advertised nationally as a vacancy under current GMS Contract arrangements).

**Option 3:** Managed list dispersal with existing neighbouring practices (through inviting local expressions of interest). Practices to consider taking on a proportion of the list.

**Option 4:** If vacancy not filled, the LHB take on the management and delivery of GMS services, in accordance with GMS Regulations.

**Option 5:** Dispersal of practice list (the LHB decide to disperse the practice list).

**Option 6:** Fill the vacancy through interest from existing/remaining partners (where clauses 525-529 of the GMS contract do not apply (existing partners agree to the transfer of the existing contract to one or more of the existing partners following dissolution)) aim to fill the vacancy through interest from existing partners.

Option 6 is not applicable in this instance. Options 1-5 were discussed and considered fully;

The Panel agreed on the recommendation of option 1 and option 2, advertise locally and nationally, with the aim to secure the contract on a full list basis, which was approved by the Executive Team.

In order to discuss the vacant practice and the potential impact this may have on the practices within the NCN area, an urgent sustainability meeting was scheduled with neighbouring practices on the evening of the 17<sup>th</sup> May 2022 to enable early discussions in terms of the future of Blaenavon Medical Practice.

## Assessment and Conclusion

The practice was advertised locally and nationally, with a closing date of 30th May 2022. Unfortunately, the Health Board did not receive any applications.

The Vacant Practice Panel reconvened on 3<sup>rd</sup> August 2022:

Dr Liam Taylor	Deputy Medical Director/Interim Divisional Director of Primary Care and Community Services (Chair)
Victoria Taylor	Head of Primary Care
Kay Morris	Business Partner Accountant
Jo Green	Senior Primary Care Manager, GMS
Dr Natasha Collins	Gwent Local Medical Committee Representative
Jemma Morgan	Aneurin Bevan Community Health Council Representative
Dr Alun Walters	Clinical Director for Primary Care

The Panel considered the remaining options 3 – 6, for the continued provision of GMS services to the patients registered with Blaenavon Medical Practice.

**Option 3** – Several factors were considered, including the geographical profile of Blaenavon. 95% of their registered population residing within Blaenavon ward which is not covered by an alternative GMS provider. Panel agreed that this was not considered an appropriate option in this instance.

**Option 4** – As options 1 and 2 had been unsuccessful, and recognising the patient distribution, the panel agreed that this was the only remaining option to manage and maintain delivery of GMS services. Members of the Panel highlighted significant workforce challenges and financial implications attributed with the existing directly managed practices. It was recognised that Blaenavon Medical Practice is a very well run and organised practice, with no long-term workforce issues. The practice had recently recruited a new salaried GP and 3 remaining partners have expressed an interest in continuing to provide care to the patients, after 1<sup>st</sup> January 2023 in a salaried GP capacity.

**Option 5** – Several factors were considered, including the geographical profile of Blaenavon and that 95% of their registered population residing within Blaenavon ward which is not covered by an alternative GMS provider. Panel agreed that this was not considered an appropriate option in this instance.

**Option 6** - Not applicable

The panel therefore agreed on the recommendation of option 4, for the Health Board to assume the responsibility of the contract and directly manage the delivery of GMS services from Blaenavon Medical Practice with effect from 1<sup>st</sup> January 2023.

Following Executive Team approval, the next steps were:

- Inform existing contractor of Panel recommendation in confidence

- Arrange a meeting with GPs to discuss stabilising workforce
- Arrange a further meeting with HR engagement for practice staff
- 3<sup>rd</sup> IP letters to be issued week commencing 12th September 2022
- Patient letters to be issued week commencing 12<sup>th</sup> September 2022
- Employment model to be agreed with engagement from HR prior to 31<sup>st</sup> December 2022

## Recommendation

The recommendation of the Vacant Practice Panel is that Health Board will assume the responsibility of the contract and directly manage the delivery of GMS services from Blaenavon Medical Practice with effect from 1<sup>st</sup> January 2023.

The Board asked to note the content of the paper and the recommendation of the Vacant Practice Panel, supported by the Executive Team.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<ul style="list-style-type: none"> <li>▪ The Health Board is required to ensure the provision of GMS services to all patients</li> <li>▪ Staff will TUPE to the managed practice on the 1<sup>st</sup> January 2023.</li> </ul>
<b>Financial Assessment, including Value for Money</b>	<p>To confirm</p> <ul style="list-style-type: none"> <li>▪ Letters to patients approx. £4,556</li> <li>▪ Additional costs incurred in relation to the transfer and ongoing delivery of services, contracts etc</li> <li>▪ Potential increase if salaried GPs are not retained and locums GPs are required</li> </ul>
<b>Quality, Safety and Patient Experience Assessment</b>	This will result in alternative provision for GMS services to the patients registered with Blaenavon Medical Practice
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	N/A - All patients will be treated equally
<b>Health and Care Standards</b>	<p>Standard 1: Staying Healthy</p> <p>Standard 3: Effective Care</p> <p>Standard 4: Dignified Care</p> <p>Standard 5: Timely Care</p>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<ul style="list-style-type: none"> <li>▪ Ensuring safety, excellence, and quality in all our services at all times.</li> <li>▪ Improving the efficiency and effectiveness of our services.</li> <li>▪ Focusing on Prudent and Value-Based Healthcare to ensure clinical value and value for money is improved.</li> </ul> <p>SCP 6 – Planned Care</p>

	SCP 7 – Service Sustainability and Regional Collaborations
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Ensures the ongoing provision of GMS services to the patients registered with Blaenavon Medical Practice, Torfaen
	<b>Integration</b> – Facilitates integrated working with independent contractors
	<b>Involvement</b> –Involvement from the Local Medical Committee and Aneurin Bevan Community Health Council
	<b>Collaboration</b> – Independent GP Practices and cluster teams. Local Medical Committee and Aneurin Bevan Community Health Council
	<b>Prevention</b> – This will ensure the ongoing provision of GMS services to patients
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	Written for the public domain



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Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 3.1 b

## Aneurin Bevan University Health Board

### Ebbw Vale NHS Dental Tender Outcome

#### Executive Summary

On 12<sup>th</sup> May 2022 Bethcar Dental Practice informed the Health Board of their intention to terminate their existing National Health Service General Dental Services (NHS GDS) contract from 31<sup>st</sup> August 2022 due to recruitment and retention issues within the practice and potential difficulties in achieving the contract requirements set by Welsh Government for 2022/23.

The Health Board entered into a tendering process to commission additional NHS dental provision for the existing 8255 NHS patients of Bethcar Dental that would be affected by the contract termination.

4 bids were received from practices within the Blaenau Gwent and Caerphilly boroughs of Gwent with 1 practice proposing to deliver the contract in full, by establishing a new build in Ebbw Vale. The other 3 bids were from existing NHS GDS providers.

The Health Boards Interview Panel was satisfied that the proposal provided assurance regarding the ability to deliver NHS dental care, by establishing a new practice in Ebbw Vale from 1<sup>st</sup> April 2023, with interim arrangements whereby patients could access care from the providers existing practice in Newbridge between September 2022 to March 2023.

A recommendation was made by the panel to the Executive Team to award the full £959k allocation to Bridge Dental, who will establish a new practice in Ebbw Vale to provide treatment to all patients affected by Bethcar Dental's contract resignation from 1<sup>st</sup> April 2023.

In addition, it was recognised by the panel that the other 3 practices had also submitted high quality proposals, that would increase access to NHS dental care and therefore a further recommendation was made to request additional funding from Welsh Government, as described below:

- 2022/23 - £195,896 allocated to the 3 NHS GDS practices from 1<sup>st</sup> September 2022, utilising un-committed monies available within the GDS budget
- 2023/24 - £48,400 allocated to the 3 NHS GDS practices from 1<sup>st</sup> April 2023 (existing GDS budget, on a recurrent basis), subject to an additional £343,386 allocation from

Welsh Government to commission additional NHS dental services provision on a recurrent basis.

Subject to being able to secure the additional investment from Welsh Government both recommendations were supported by the Executive Team on 11<sup>th</sup> August 2022.

Recognising that Bethcar Dental Practice will terminate their existing NHS GDS contract from 31<sup>st</sup> August 2022, Chair's Action was obtained on 12<sup>th</sup> August 2022, with approval to award the contract.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	Ratify Chair's Action
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor:** Dr Chris O'Connor, Interim Executive Director of Primary Care, Community and Mental Health

**Report Author:** Victoria Taylor, Head of Primary Care

**Report Received consideration and supported by:**

<b>Executive Team</b>	Yes	<b>Committee of the Board</b> <b>[Committee Name]</b>	N/A
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**Date of the Report:** 6<sup>th</sup> September 2022

**Supplementary Papers Attached:** N/A

### Purpose of the Report

On 12<sup>th</sup> August 2022 the Primary and Community Care Division received confirmation of the Chair's Action to approve the Executive Team's recommendation to:

- Award Bridge Dental the full allocation of £959k to establish a new NHS contract delivered from new premises in Ebbw Vale.

Subject to additional Welsh Government Funding - Award additional funding to support increased access to NHS dentistry in the following practices; Blackwood Dental, Castle Street Dental, Dental Centre:

- 2022/23 - £195,896 allocated to the 3 NHS GDS practices from 1<sup>st</sup> September 2022, utilising un-committed monies available within the GDS budget
- 2023/24 - £48,400 allocated to the 3 NHS GDS practices from 1<sup>st</sup> April 2023 (existing GDS budget, on a recurrent basis), subject to an additional £343,386 allocation from Welsh Government to commission additional NHS dental services provision on a recurrent basis.

The purpose of this report is for the Board to ratify Chair's Action.



## Background and Context

Following notification from Bethcar Dental to terminate their NHS GDS contract from 31<sup>st</sup> August 2022, a tender exercise for additional activity or to establish a new dental practice to provide NHS dental provision for those patients affected by the contract resignation, commenced on the 10<sup>th</sup> June 2022. The tender was advertised both locally and nationally via eBRAVO and closed on the 27<sup>th</sup> June 2022.

The Health Board sought interest from practices, to tender on a full or partial basis with a contract value up to £958,829.67, per annum available and a UDA value of £32.00.

With this level of funding, approximately 9988 patients would be able to access NHS dental care from 1<sup>st</sup> September 2022 with priority being given to NHS patients of Bethcar Dental affected by the contract termination.

(£958,829.67 / £32.00 = 29,963 UDAs / 3 UDAs (equivalent to 1 patients course of treatment) = 9,988 patients). This will be subject to capacity and patient needs, recognising that all patients will be considered as "new patients" to this contract.

4 bids were received from local practices;

- **Bridge Dental Centre (SmartSmiles) Newbridge (NB)**
  - Bid for total available funding
  - From the 1<sup>st</sup> April 2023 a new practice in Ebbw Vale will be established. All patients previously treated at Bethcar would be treated at the new premises in Ebbw Vale. (Dependent on receiving full allocation)
  - Propose to provide services to Bethcar patients at the practice in Newbridge from 1<sup>st</sup> September 2022 on an interim basis
- **Blackwood Dental Surgery, Blackwood**
  - Bid for proportion of funding
- **Castle Street Dental Practice, Tredegar**
  - Bid for proportion of funding
- **The Dental Centre, Oakdale**
  - Bid for proportion of funding

The table below summarises the level of investment, along with the potential number of patients that would be able to access NHS dental care from the bids received:

	Type	Full Bid (with additional funding)	
Blackwood	Contract Reform	£116,786.00	Up to 1217 patients
Bridge Dental Newbridge	Contract Reform	£958,829.67	Up to 9988 patients
Castle Street	UDAs	£100,000.00	Up to 1042 patients
The Dental Centre	Contract Reform	£175,000.00	Up to 1823 patients
<b>Total</b>		<b>£1,350,615.67</b>	<b>Up to 14,070</b>

## Assessment and Conclusion

The bid received from Bridge Dental Centre (SmartSmiles) is for a new build in the area of Ebbw Vale. The new practice is dependent on receiving the full contract allocation of £958,829.67. The provider shared draft plans for the new build with the Health Board as part of the interview process that took place on 21<sup>st</sup> July 2022. The new premises will consist of 7 surgeries, 2 of which could incorporate a 30 stone chair. The practice has also stipulated they would like to discuss further requirements with the Health Board and would consider the installation of a bariatric chair/wheelchair tipper in one of the surgeries.

Supporting this proposal would ensure NHS dental services continue to be delivered in an area of high need and of high deprivation, in Blaenau Gwent. The contract will offer existing patients of Bethcar Dental continued access to NHS dental care, whilst also being able to offer services for new patients. The Health Board will work closely with the practice to develop services, which will be of significant benefit to the patients in this area.

Between September 2022 – March 2023, patients will automatically transfer to Bridge Dental Centre and will be able to access dental care from their existing Newbridge practice. Patients will receive dental care from a team that will transfer to the new practice, providing continuity of care and sustainable service provision. With effect from 1<sup>st</sup> April 2023, patients of Bethcar Dental will automatically transfer to the new practice established in Ebbw Vale.

To support patients who may need assistance to travel for dental care, the Health Board will provide details of the community transport services available.

Bridge Dental provided the following detail as part of their proposal, which was discussed at length at the interview panel:

- The new build is situated in Ebbw Vale; Unit 2, The Walk, Ebbw Vale, NP23 6DL.
- The premise is ground floor with proposed accessible entrance and throughout throughout the premise.
- Parking, bus and train links are nearby.
- 3 x new GDPs and additional clinical team members will join the practice from 01/09/22. This team will transfer to the new premises in April, providing continuity for patients.
- Building works will commence from 01/12/22 with a practice fit out taking place in March 2023. The practice will open on 01/04/23.
- Practice will work closely with the Health Board to ensure robust communications are in place.
- The practice welcomes the opportunity to engage with the local community regarding the development.

The Panel was satisfied that the practice had the appropriate workforce and suitable premises identified to enable the continued delivery of NHS dental care in Ebbw Vale. The Panel's recommendation therefore was to award the full contract.

Recognising that access continues to be a significant issue for the Health Board, there is an opportunity to award each of these practices their full allocation, subject to additional funding from Welsh Government. This would increase NHS dental access in Blaenau Gwent and Caerphilly from 1<sup>st</sup> September 2022. These are both areas of high deprivation, with high dental care needs.

The Health Board received £375k (recurrently) from Welsh Government for 2022/23. £55k of this funding has been allocated to the Community Dental Service to employ a dental therapist and dental nurse for 3 days per week to increase access for looked after children. The remainder of the funding, £320k, has been allocated to the establishment of a new NHS GDS practice in the Tredegar Health and Wellbeing Centre from February 2023.

Therefore, at present, the GDS budget has an uncommitted budget of:

- £48,400 on a recurrent basis
- £245,000 Welsh Government funding (pro rata 2022/23, fully committed to Tredegar 2023/24 on a recurrent basis)

The Health Board has funding available, within the existing GDS budget, to commission the 3 NHS GDS practices on a pro rata basis for 2022/23 via the existing non-committed Welsh Government additional funding = £195,896.

From April 2023, the Health Board is proposing to utilise the recurrent £48,400 within the existing GDS budget and is seeking an additional £343,386 from Welsh Government on a recurrent basis.

If this proposal is accepted by Welsh Government, the GDS budget will be fully committed from April 2023/24.

To summarise:

- £959k allocated to Bridge Dental Care from 1<sup>st</sup> September 2022 (pro rata) - A new NHS GDS practice will be established in Ebbw Vale from 1<sup>st</sup> April 2023, from existing budget.
- £195,896 allocated to the 3 NHS GDS practices from 1<sup>st</sup> September 2022, utilising un-committed monies available within the GDS budget
- £48,400 allocated to the 3 NHS GDS practices from 1<sup>st</sup> April 2023 (existing GDS budget, on a recurrent basis), subject to an additional £343,386 allocation from Welsh Government to commission additional NHS dental services provision on a recurrent basis.

### ***Next Steps***

Subject to Community Health Council Executive Committee consideration, the next steps are detailed below:

- Inform Bridge Dental
- Notify Bethcar patients and stakeholders
- Provide details of interim arrangements from 1<sup>st</sup> September
- Provide details of the arrangements from 1<sup>st</sup> April 2023
- Work closely with the practice to finalise the new premise specification
- Ensure robust communication plan is in place

## Recommendation

On 12<sup>th</sup> August 2022 the Primary and Community Care Division received confirmation of the Chair's action to approve the Executive Team's recommendation to:

- Award Bridge Dental the full allocation of £959k to establish a new NHS contract delivered from new premises in Ebbw Vale.
- Subject to confirmation of additional funding from Welsh Government award additional funding to support increased access to NHS dentistry in the following practices; Blackwood Dental, Castle Street Dental, Dental Centre: 2022/23 - £195,896.00, funded via the GDS budget. 2023/24 - £48,400, funded via the GDS budget and request a further £343,386 from Welsh Government on a recurrent basis.

The purpose of this report is for the Board to ratify the Chair's action.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	Bethcar Dental Practice terminating NHS GDS contract from 31/08/22. Interim arrangements agreed between September 2022 – March 2023 to ensure continuity of service provision. Within this time, a new NHS GDS practice will be established in Ebbw Vale and will open on 01/04/23. There is a risk that the planned opening of the Ebbw Vale practice may be delayed due to possible building constraints, however, the Health Board will work closely with the practice and provide updates to patients if necessary.
<b>Financial Assessment, including Value for Money</b>	There is funding available via the GDS budget. However, the Health Board is seeking additional investment from Welsh Government of £343,386 on a recurrent basis.  From April 2023 the GDS budget is fully committed.
<b>Quality, Safety and Patient Experience Assessment</b>	The Health Board will manage the services implemented in line with the NHS Personal Dental Service Regulations (2006), <i>The Model Dental Governance Framework for Dental Services</i> , <i>Delivering NHS dental services more effectively toolkit</i> and the <i>General Dental Services Contract Reform Programme</i> .
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	The services listed do not discriminate against any persons.
<b>Health and Care Standards</b>	This reports links to the Standards for Health Services Wales: <ul style="list-style-type: none"> <li>• Safe Care</li> <li>• Effective Care</li> <li>• Dignified Care</li> <li>• Timely Care</li> <li>• Individual Care</li> <li>• Staff &amp; Resources</li> </ul>

	Governance, Leadership & Accountability
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Dental investment is aligned to the Health Board's GDS budget. The relevant teams work closely with the finance team to ensure robust investment plans are developed and agreed.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – The Health Board is required to ensure that safe and effective care is being delivered to patients. In addition, that all contracts are monitored in accordance with the NHS Regulations 2006.
	<b>Integration</b> – The Health Board will work collaboratively with all committees/stakeholders.
	<b>Involvement</b> – As above
	<b>Collaboration</b> – As above
	<b>Prevention</b> – As above
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	N/A



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item:3.2

## Aneurin Bevan University Health Board

### Welsh Language Standards Annual Report April 2021 - March 2022

#### Executive Summary

The Welsh Language Standards Annual Report (**Appendix 1**) addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120 and highlights the improvements and progress made by the Health Board during this reporting period.

The report reflects the work undertaken to:

- Implement the Bilingual Skills Strategy to ensure our workforce communication skills match our populations needs.
- Audit and publish the Welsh language service availability within Primary Care as well as supporting them to further develop these services.
- Work collaboratively with others within the Health Board to increase awareness of barriers and concerns faced by Welsh speaking service users and their families.
- Develop career workshops for students through the medium of Welsh to indicate the value the Health Board gives to their linguistic skills.

We have a detailed implementation plan which is monitored continuously to ensure our delivery against the set targets.

As well as outlining the Health Board's general compliance, this report also contains specific information required by the Welsh Language Commissioner. These data include:

- The number of complaints received.
- The Welsh language competency level of existing staff.
- The training offered through the medium of Welsh.
- The level of Welsh required on all vacant and new posts advertised during the reporting period.

As per the requirements of the Welsh Language Standards, this report will require Board approval ahead of publishing a bilingual version at the end of September 2022.

The Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the Welsh Language Standards Annual Report attached.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Sarah Simmonds, Director of Workforce & OD

**Report Author:** Geraint Scott, Head of Welsh Language Unit

**Date of the Report:** 09 September 2022

**Report Received consideration and supported by :**

<b>Executive Team</b>	<b>X</b>	<b>Committee of the Board</b>
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**Supplementary Papers Attached:** Welsh Language Standards Annual Report 2021 - 2022

## Purpose of the Report

This report addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120. The Welsh Language Standards Annual Report, which requires Board approval, will need to be published by the Health Board by the end of September 2022.

## Background and Context

On 20 March 2018, Assembly Members voted in favour of the Welsh Language Standards [No7.] Regulations 2018 (the 'Regulations'). The two key principles that underpin the Regulations are:

- In Wales, the Welsh language should be treated no less favorably than the English language; and
- Persons in Wales should be able to live their lives through the medium of Welsh language if they choose to do so.

In July 2018, the Commissioner issued a draft Compliance Notice to all Welsh health organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh health organisations. Final compliance notices were issued in November 2018.

According to the final Compliance Notice, the Health Board was required to comply with 121 standards out of which 103 standards required compliance by May 2019, 18 standards required compliance by November 2019 and the remaining two standards required compliance by November 2020.

The Standards have provided the Health Board with the impetus to ensure the delivery of quality, equitable bilingual public services. Addressing the challenge of mainstreaming the Welsh language and increasing the use of Welsh and bilingualism in the provision of services and within our administrative functions has been the key focus for the reporting period.

## Strategic Context

The Health Board recognises the importance of meeting language needs and the positive impact this has on patient experience and the delivery of safe, high-quality care. Wales is a country with two official languages, Welsh and English, and we promote and support the right of the communities we serve to live their life through either or both languages. This is an integral part of our values as an organisation in 'putting people first' and the culture we are embedding continuously.

As documented in our Bilingual Skills Strategy, Welsh speakers can be found in all areas of our communities. It is essential that services are offered in Welsh proactively for those that want and need this, without the burden of their having to ask for it i.e., an "Active Offer". Delivery of 'the Active Offer' is therefore a key consideration within both service development and workforce planning.

Provision of a bilingual service is a statutory requirement of the Welsh Language (Wales) Measure 2011.

We are working closely with local stakeholder groups in addition to national and local training providers, to increase opportunities for Health Board staff to develop their linguistic skills and sensitivity. This is supporting our response to the ambitious challenge set out in the three strategic themes of the Welsh Language Strategy - Cymraeg 2050 to:

- Increase the number of Welsh speakers.
- Increase the use of Welsh.
- Create favourable conditions for the use of Welsh – infrastructure and context.

## Assessment and Conclusion

We have continued to build on the progress detailed in the 2020-2021 report and are happy to report on progress for the key areas of work undertaken in the current reporting period, including:

- Increased our Welsh language communications, ensuring we communicate effectively with our Welsh speaking population.
- Conducted audits of our sites raising awareness of our work and obligations in relation to Welsh language and put corrective measures in place where we have noted issues with compliance.
- Developed Welsh language career sessions in order to deliver sessions to the students of Welsh medium schools.
- Developed and delivered a number of different training sessions in order to deliver bespoke training that fitted the needs of the service.
- We have carried out a number of engagement campaigns throughout the year raising awareness of different Welsh language events.
- We conducted a number of events in collaboration with the Equalities specialist within the Health Board around specific areas such as Welsh and dementia, and Welsh and race.



- Provided bespoke Welsh language awareness and “meet and greet” training for Mass Vaccination Centres.
- Further development of bilingual animation reels for training and general communications, featuring our Welsh Speaking staff.
- An audit of Primary Care providers was carried out as well as giving further support to providers in relation to delivering on the ‘Active Offer’.
- Continued collaborative working with Ffrind I Mi, colleges and Cymraeg I Blant project.
- Increased the number of staff recording their Welsh language ability levels on ESR, including the development of a system for those who struggle to get access to ESR.
- Training around the Health Board’s Bilingual Skills Strategy to recruitment managers.

We continue to increase our monitoring activities throughout the Health Board. It is clear that there is wide understanding and acceptance of the requirements in relation to the Welsh language. We have come across some instances where full compliance is not visible but corrective measures and action plans have been established in these instances.

In order to reach the long-term outcome of the delivery of an ‘Active Offer’ as an integral part of service delivery across the Health Board, assessing capacity of our front-line services to deliver a bilingual offer will remain a priority. Embedding the Bilingual Skills Strategy over the coming year will support the Health Board to improve our position.

The next steps noted below will support these objectives:

- A coherent system to ensure staff are aware of the different options available to them in relation to Welsh learning and tracking the learner to support them through the learning.
- Continued focus on the promotion and facilitation of the use of the Welsh language in the workplace and further developing our PartnerIAITH network to support our Welsh speaking staff to maximise their linguistic skills.
- Develop our translation services with both a new internal translation service as well as an improved SLA.
- Continued provision and development of a suite of Welsh language training options to increase staff skill levels, both for learners and Welsh speakers who wish to build confidence in using the language within the workplace and/or to develop their written Welsh.
- Self-governance and monitoring will continue to be key priority. The continued development of internal audit and self-regulation processes is required, to ensure tighter performance measures and accountability.
- Following the subsequent launch of the Welsh Government’s – More Than Just Words plan 2022-2027 in August 2022, key actions both for the Welsh Language Unit and the Health Board have been presented and approved by the Executive Team. These will further support the targets and goals set out in the annual report.

The Welsh Language Standards Annual Report also requires Board approval ahead of publishing a bilingual version at the end of September 2022.

<b>Recommendation</b>	
The Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the Welsh Language Standards Annual Report attached.	

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	Compliance with the Welsh Language Standards is monitored through the corporate risk register.
<b>Financial Assessment, including Value for Money</b>	n/a
<b>Quality, Safety and Patient Experience Assessment</b>	The report is focussed on improving quality and safety and therefore the overall staff and patient experience.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Equality impact assessment screening indicates no negative impact.
<b>Health and Care Standards</b>	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<p>The Health Board's approach to quality improvement is to ensure that all staff understand they have two roles, to continuously improve in their job and to see patients as equal partners in their care and the services provided. This will ensure that the highest quality services are provided for the people the Health Board serves.</p> <p>This is reflected in our values and behaviours, which define what is important to the Health Board and how we behave when delivering care. They support a shared understanding about how staff relate to patients, the public and each other. Living our values requires every member of staff to provide an environment in which quality flourishes, with the patient at the centre and an equal partner in their healthcare. Welsh language legislation and strategies add to the call to ensure dignity and respect for patients on the one hand and clinical safety on the other. Thus, ensuring an 'Active Offer' of Welsh is an integral component of delivering quality, tailored care to our patients.</p>

Supporting Assessment and Additional Information	
<b>The Well-being of Future Generations (Wales) Act 2015</b> <b>–</b> <b>5 ways of working</b>	<p>The Welsh language is a cross-cutting issue and is relevant to all seven well-being objectives of the Well-being of Future Generations Act. It is of particular relevance to Theme 7: A Wales of vibrant culture and thriving Welsh language.</p>
	<p><b>Long Term</b> – Supports effective policy development and arrangements for governance contributes to a positive impact on staff well-being, patient care and the wider population.</p>
	<p><b>Integration</b> – Opportunities to work with local and national partners.</p>
	<p><b>Involvement</b> – To work with Trade Unions to take account of the diversity of the membership, staff and population served to ensure policy and service change is equitable.</p>
	<p><b>Collaboration</b> – Collaboration with external partners continues to support consistency of approach across NHS Wales organisations</p>
	<p><b>Prevention</b> – Supports positive wellbeing and the prevention of absence and ill health.</p>
<b>Glossary of New Terms</b>	n/a
<b>Public Interest</b>	The Welsh Language Standards Annual Report has been written for the public domain.

Cymraeg



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

[WWW.ABUHB-SWYDDI.CO.UK](http://WWW.ABUHB-SWYDDI.CO.UK)

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AND YOUR FUTURE

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AREA  
X-RAYS  
DO NOT ENTER



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Dyfodol Clinigol  
Clinical Futures

STEP  
INTO  
HEALTH



Cyfrifoldeb  
Personol



Brwdfrydedd  
dros Wella



Balchder yn yr  
hyn a wnawn



Personal  
Responsibility



Passion for  
Improvement



Pride in what  
we do.



Workforce & Organisational Development

# WELSH LANGUAGE STANDARDS ANNUAL REPORT 2021 - 2022



# WORKFORCE & ORGANISATIONAL DEVELOPMENT

## WELSH LANGUAGE STANDARDS

### ANNUAL REPORT 2021 - 2022

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## FOREWORD FROM THE CHIEF EXECUTIVE

Aneurin Bevan University Health Board has great pleasure in publishing our report on the Health Board's progress in relation to the Welsh language and I am pleased to endorse the report as the Chief Executive.

As a Health Board we are pleased to note that we continue to make good progress in our work in relation to Welsh language service delivery.

We recognise that communication is key to deliver the best care to all those we service. We therefore note the importance for our Welsh speaking community to be able to receive care and support in their mother tongue. This drives us each day to continue to improve and develop that which we do.

We as a Health Board hope you enjoy reading about the progress we have made and would welcome any comments or suggestions you may have on how we can continue to improve.



**Chief Executive  
Officer**

# FOREWORD FROM THE DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT

I am grateful for this opportunity to share with you the work Aneurin Bevan University Health Board has undertaken over the past year in relation to Welsh language delivery.

The report shows our commitment as a Health Board to providing the best possible care to the Welsh speaking community we serve. As a Health Board we are committed to 'Putting People First' and our work in relation to the Welsh language is a key element of this commitment.

The Welsh language continues to be embedded in all aspects of our work and this report shows that we are taking a holistic approach to ensure Welsh is a part of everything we do.

With the restrictions from Covid-19 easing over the reporting period covered by this report, you will note that we have taken positive steps to re-engage with our staff, patients, service users and communities.



**Sarah Simmonds**  
**Director of**  
**Workforce & OD**

# INTRODUCTION

This report addresses the statutory duty of Aneurin Bevan University Health Board (ABUHB) to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120.

This report sets out how ABUHB has complied with the Welsh Language Standards requirements from 01 April 2021 - 31 March 2022.

We recognise that the pressures experienced by services during the Covid-19 pandemic and the subsequent recovery plans has impacted our overall compliance against the Standards. This has been reflected in our revised work plans and additional training and a 'back to basics' approach has been adopted.

Our continued effort has ensured that our progress in auditing staff's linguistic is gathering pace. This helps to ensure that our recruitment campaigns will ensure the 'Active Offer' principle is embedded across our service.

We continue to audit our systems and processes and attempt to identify any inconsistencies in delivery. Where appropriate action plans are designed and implemented.

As required, the Health Board also includes within its annual report, specific information in a number of key areas. This data includes:

- The number of complaints received
- The Welsh language competency level of our existing staff
- The training offered through the medium of Welsh, and
- The level of Welsh required on all vacant and new posts advertised during the reporting period

The report also reflects on the work undertaken to continue to assess the availability of Welsh language Primary Care services, develop and implement further training to staff and engage with our Welsh speaking community and stakeholders.

We have an implementation plan that links to our Work Programme to ensure that we comprehensively deliver on these requirements. We have robust systems in place to ensure self-governance and monitoring of our work.

This report builds on the Health Board's previous annual reports, reflecting the improvements and progress made during this reporting year.



# MANAGEMENT, ADMINISTRATION OF AND COMPLIANCE WITH THE WELSH LANGUAGE STANDARDS

## Accountability, Governance and Assurance

The Executive Director of Workforce and Organisational Development is responsible for the Welsh Language portfolio within the Health Board. The Health Board has ultimate responsibility for the implementation of the standards. However, it is recognised that each member of staff has a role to play in the successful implementation of the standards.

### Welsh Language Unit (WLU)

The WLU includes staff working at a strategic, managerial and practical level in the areas of language policy and training and development. The WLU sits within the Workforce and Organisational Development Division and facilitates the early resolution of any issues that may occur. The function supports staff in the delivery of services in accordance with the duties placed on the Health Board. The role of the WLU is to provide leadership, advice, guidance and support regarding Welsh language matters to the organisation.

The WLU provides regular updates on progress, issues and good practice to the Welsh Language Strategic Group, which approves the WLU's work plan.

### Welsh Language Strategic Group (WLSG)

The purpose of the WLSG is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to Welsh language service provision for patients and service users.

The reporting mechanism for this group is through the Health Board's People and Culture Committee. The Committee has a key role with regards to workforce related legislation and the legislative frameworks provided by the Equality Act 2010 and the Welsh Language (Wales) Measure 2011. The Committee provides assurance and advice to the Health Board in relation to the appropriateness of the arrangements for workforce planning, workforce development and engagement which are in line with the Health Board's Integrated Medium-Term Plan, the Clinical Futures Programme and arrangements to meet organisational Welsh language strategic objectives.

The WLSG presents an Annual Monitoring Report to the Executive Team, which provides assurance that the Group has met its terms of reference and key duties, in addition to assurance reports to the People and Culture Committee.

The WLSG is chaired by the Executive Director of Workforce and Organisational Development and meets every quarter. Members include:

- Executive Directors or nominated deputy
- Independent Board Member
- Director of Operations
- Board Secretary
- Assistant Director of Communications and Engagement
- Staff Representative
- Community Health Council Representative
- Local Negotiating Committee (LNC) Representative
- Head of Welsh Language Services
- Welsh Language Officer

The meeting is serviced by the Workforce and Organisational Development function through the WLU.

The Welsh Language Standards are a standing item on the agenda of the WLSG. A comprehensive implementation plan is monitored by the WLSG and any gaps in capacity, or issues of compliance, are escalated to the People and Culture Committee and Executive Team.

## **Corporate Risk Register**

The Health Board sees active and integrated risk management as a key element of all aspects of our functions and responsibilities. Risks in relation to the Welsh language, are recorded in the Corporate Risk Register.

Current potential risks include meeting the requirements of the Welsh Language Standards, delivering the Bilingual Skills Strategy and implementing the 'active offer' principle of providing a service in Welsh without someone having to ask for it. Having Welsh language recorded as a corporate risk ensures that the actions and controls are regularly reported to and reviewed by our Executive Team.

## ANNUAL SUMMARY

The Standards, which have been applied to the Health Board under section 44 of the Welsh Language (Wales) Measure 2011, are contained in the Compliance Notice which can be found on our website.

The new staff SharePoint was launched March 2022 and Welsh language is prominent on the homepage, signposting staff to information, training and resources. In addition, staff are routinely briefed on issues around bilingualism and signposted to resources for guidance and learning via targeted emails and regular articles shared on the intranet.

Welsh Language Awareness training continues to be delivered as part of an online corporate induction and commissioned animations are being used to share key messages regarding the 'active offer' principle and Welsh Language Standards.

The Welsh Language Unit have continued to develop training opportunities in line with the needs of the workforce and the uptake on internal courses has been positive.

We were delighted to launch a series of virtual events during the month of March to mark St David's Day. These sessions were themed around intersectionality with Welsh language and Equalities. All sessions were provided fully bilingually and have been made available as resources.

ABUHB have marked several key dates during the year to increase awareness of the Welsh language and 'active offer' principle. This has included successful Dydd Miwsig Cymru and Diwrnod Hawliau Campaigns.

The launch of the bilingual card game 'Casglu', produced in collaboration with local Mentrau Iaith and Welsh medium schools, has provided a meaningful resource for use across services and encouraged opportunities for staff and patients to engage with the Welsh language.



# BILINGUAL ONLINE SERVICES

## Corporate Website

The ever-evolving corporate website is one of the most significant information platforms for our service users. We are therefore pleased to report that, overall, compliance remains positive in this area.

The allocation of additional translation resource remains in place for the communications team to meet the continually increasing demands for Welsh language content, as well as further support from the WLU, which is now a well established process.

Engagement with the Welsh medium corporate website has increased significantly over the past year, having seen the number of new users more than treble since the previous reporting year.

The Health Board's Covid-19 Mass Vaccination Programme pages in particular have seen a surge of website engagement from Welsh speaking users, including the completion of Welsh medium forms.

The Health Board has also purchased a subscription to the Website Accessibility tool, Recite Me, for both the English and Welsh medium corporate websites. This software is compatible with screen readers, can translate the website content into over 100 languages, and features a dictionary function. This has proven a useful tool for Welsh learners of all abilities, who are able to utilise Recite Me's English translation and dictionary functions on the Welsh website if they are not fully confident in understanding its content.

The re-introduction of face-to-face corporate engagement has allowed the Health Board to increase engagement with Welsh-speaking residents, with the most prominent Welsh language stakeholder groups being parents and teachers at Welsh-medium schools.




## SOCIAL MEDIA PRESENCE

We are pleased to note that throughout this reporting period, all communication assets produced by the Communications and Engagement Team have remained consistently fully bilingual. These have been tailored to individual campaigns and audiences, and have ranged from graphics, infographics, GIFs, videos, Instagram Reels and Tik Toks, to weekly and monthly newsletters.

We have supported bilingual campaigns across both English and Welsh medium social media channels throughout the year and have placed particular emphasis on incorporating the aims and ethos of the organisation into annual Welsh awareness days and campaigns. Examples of this include the Mae Gen i Hwl campaign, which featured members of staff promoting Welsh Language Rights they uphold in their roles, and Dydd Miwsig Cymru, which focused on using music, particularly Welsh music as therapy.

We continue to audit our corporate website and social media content to ensure accuracy and parity.

We look forward to further developing these campaigns over the coming year.

Channel	Medium	Number of Followers 2020/21	Number of Followers 2021/22
	Welsh	127	254
	English	104,642	106,807
	Welsh	194	210
	English	22,100	24,458
	Welsh	96	114
	English	12,200	15,575

# ENGAGEMENT CAMPAIGNS

## Urdd

With Wales's largest Welsh language youth organisation celebrating their centenary this year, their mascot 'Mistar Urdd' visited the children at the Grange University Hospital. He also brought presents for everyone. The Welsh Language Unit staff also participated in the organisations successful World Record attempt.



## DYDD MIWSIG CYMRU

It has long been known that music can have a huge impact on the healing of an individual. To coincide with 'Dydd Miwsig Cymru' a video was created with our Therapies team discussing how they use music as an effective form of therapy. The video resource is available for staff to watch.

### Miwsig fel Therapi

### Music as Therapy

**Joy Rickwood**

*Therapydd Cerdd /  
Pennoeth Therapiou'r Celfyddydau Anabled Dysgu*

*Music Therapist /  
Head of Learning Disability Arts Therapies*





## Santes Dwywnen

To coincide with the 'Love your NHS' communication team campaign a number of our Welsh schools wanted to ensure that our Welsh speaking staff were aware of how they felt about the work that they had done and were continuing to do. We received some wonderful artwork and look forward to working with these schools, and others in the future.



## 'SPOTLIGHT ON' Campaign

Following research undertaken last year by the WLU on patient experience, a recommendation was made to feature the Welsh language in the corporate Communications 'Spotlight Star' campaign, to raise the public's awareness of the availability of Welsh language services within the ABUHB. The campaign featured Welsh speaking staff, promoting the Commissioner's 'Mae Gen i Hawl' campaign, and encouraging the public to use the Welsh language when accessing our services.

Seren Sbotolau

Spotlight Star

**"Gyda fi, mae gennych chi hawl i.. "With me, you have the right to..**

**Dderbyn gofal yn Gymraeg**  
**Receive care in Welsh**

**"Being able to speak Welsh removes barriers for patients to access the service and improves their mental health."**

*- Oli, Person-centred Psychotherapist*

"As a Person-centered Psychotherapist, I understand the importance of being accessible to my patients. Being able to speak Welsh fluently, especially as an English person, is invaluable to me in my role. It allows me to bridge gaps between myself and the patient, and it allows them to feel comfortable and empowered."

**"It's important that we recognise the significance of language in our communications with our patients."**

**#maegenihawl**

Emoli Iechyd Pysgodyn  
 Aneuryn Ffyrdd  
 Ucheldwr Iechyd Menteol

## WELSH AND EQUALITIES

Over the reporting period of this annual report we have developed a number of resources and have worked closely with the Equalities team within the Health Board.

Having introduced Welsh and Equalities Month the Health Board held a series of virtual events throughout March. These events were held using simultaneous translation and so were available in Welsh and English. The events explored:

- Welsh and Dementia
- Welsh and Race
- The Welsh 'Mam'
- Welsh and sensory loss

The resources created from these and similar events will be available for staff to access for reference.

A tri lingual 'Sign' a day using British Sign Language, English and Welsh was shared across Twitter.

The Equalities specialist also conducts a book competition for staff each week and ensures that the competition involves a Welsh book and an English book.





## PRIMARY CARE & PATIENT EXPERIENCE

The Health Board continues to build on the relationships fostered with the contractors and their staff and will continually encourage and support them in the delivery of a bilingual service. The Health Board will ensure what linguistic dimension is considered in the following areas of its services:

- In care standards
- In improvement programmes
- In new practice models
- In workforce development

Tangible steps have been taken to increase the visibility of the Welsh language within Primary Care settings. During the reporting period we have worked with the GP practices that are directly managed by the Health Board in an attempt to gain an immediate impact. We have created bilingual greetings for their phone lines, and we have translated standard letter templates. Within our local Neighbourhood Care Networks (NCNs) the aim is to cascade these templates of both phone messages and letters to non-managed practices.

Following a scoping exercise carried out in 2019/20, a further audit is being undertaken to extend the information on our current delivery. By sharing this information on our website we have a clear pathway for staff and patients to help navigate the right services.

### Case Study

*We are registered patients at a Surgery in Pontypwl and we attended an emergency appointment with our son.*

*We were seen by Dr Davies who always provides us with the upmost level of care when he's called upon. Dr Davies observed my speaking Welsh to my son and immediately began conversing with him through the medium of Welsh.*

*I could tell that my son felt immediately at ease once he heard the doctor talking in Welsh just as we do at home, and he does in Ysgol Feithrin.*

*In the past few days, he has repeatedly talked about how his doctor is able to 'siarad Cymraeg' just like him, and how this made him feel happy!*

*He has previously displayed some anxiety when attending medical appointments, but I noted that Dr Davies' bedside manner and inclusive practice in this instance and so many before, immediately resolved this.*

*It's wonderful to know that we are fortunate to have not only a well regarded General Practitioner in our local community, but also one who promotes the Welsh language and delivers an 'Active Offer' where possible for a bilingual family such as ourselves.*

## BILINGUAL SKILLS STRATEGY

Following the release of the Health Board's Bilingual Skills policy, a workshop was created to educate and inform recruitment managers on its implications and the process for its delivery.

An initial series of 6 workshops were carried out and were attended by 45 participants. A further series of 4 workshops attracted a further 15 recruitment managers. The workshops went through the process that recruitment managers needed to follow to assess the Welsh language skills required when advertising a new or vacant post. You will see feedback which reflects an attendees view below.

### Recruitment

A working group has been established to monitor our work within recruitment. A new role of an internal Welsh language translator was approved at the end of March 2022 to work to improve compliance in this area.

#### **Feedback from workshop attendee Helen Hayes, Senior Nurse, Newport District Community Nursing Team**

At the start of the workshop I was a little sceptical. I am Welsh and am proud to be Welsh, I love being Welsh but the legal requirement and the necessity and emphasis of the Welsh language in everything is causing me some scepticism in how advantageous it is. However, I've really enjoyed it. I'm not saying I'm a convert, but I have really enjoyed it. It's been very interesting and informative and certainly it will be something I'll bring into my recruitment without a doubt and I'm going to go away and learn about my workforce, there's rather a lot of them. We see so many of these vulnerable patients who would be at risk of stroke are suffering from dementia so it would be great to find out".

# COLLABORATIVE WORKING AND CASGLU GAME

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

One of the seven goals of the Well-being of Future Generations (Wales) Act 2015 requires us to think more about the long-term aim of creating a country of vibrant culture and thriving Welsh language.

We continue to develop and foster positive collaborative relationships with our Welsh speaking communities, the local Welsh Language Forums, organisations and groups in the Health Board area. This helps us to maintain and improve engagement with Welsh language stakeholders and better understand the linguistic needs of the communities that we serve.

## Casglu Game

Working in collaboration with Menter Iaith Casnewydd and Menter Iaith Blaenau Gwent, Torfaen a Mynyw to engage with local Welsh medium schools, ABUHB has produced 2,000 packs of a bilingual card game that is being distributed across our services and communities.

We were delighted to launch the card game 'Casglu' at the Gwyl Newydd in September 2021. The game is designed to encourage people to learn words in Welsh and incrementally build short sentences. It is a valuable resource for staff to engage in meaningful activities with patients and is being used as a resource for the intergenerational work undertaken by the Ffrind i Mi initiative both in the care home settings and hospital wards, as well as in local schools.

The game provides a valuable resource for Welsh language learning within the workforce.



## CYMRAEG I BLANT PROJECT

We are pleased to report that the Mudiad Meithrin - Cymraeg I Blant project continued to promote the early benefits of Welsh medium childcare and education to all prospective and new parents across the Health Board over the past year.

With face-to-face groups having been suspended due to Covid-19, the online support that was provided for new parents by Cymraeg I Blant local officers became an important part of their daily routine and helped them with their health and well-being during a difficult year.

The local Cymraeg i Blant officers continued to share information with the local Midwifery and Health Visiting teams ensuring that all new parents were aware of the online provision and were encouraged to sign up online.

The following groups and sessions were run weekly with parents being able to sign up to groups run by their local officer:

- One to one baby massage sessions
- Welsh rhyme time and sign group
- Cuppa & Chat Cymraeg group to practise their Welsh at home
- Me and my baby group on the advantages of being bilingual from birth.

The groups enabled parents to become familiar with:

- How speaking or introducing Welsh can give their child more opportunities
- How to use sign, baby massage and yoga to communicate with their baby
- How to access Welsh and bilingual books, e-books and apps
- How to access local online Learn Welsh courses such as the 8-week free Clwb Cwtsh course for parents and the Cymraeg i blant Cuppa & Chat practise sessions.
- How to find their local Ti a Fi group, how to register at the Cylch Meithrin and at the local Welsh medium school.

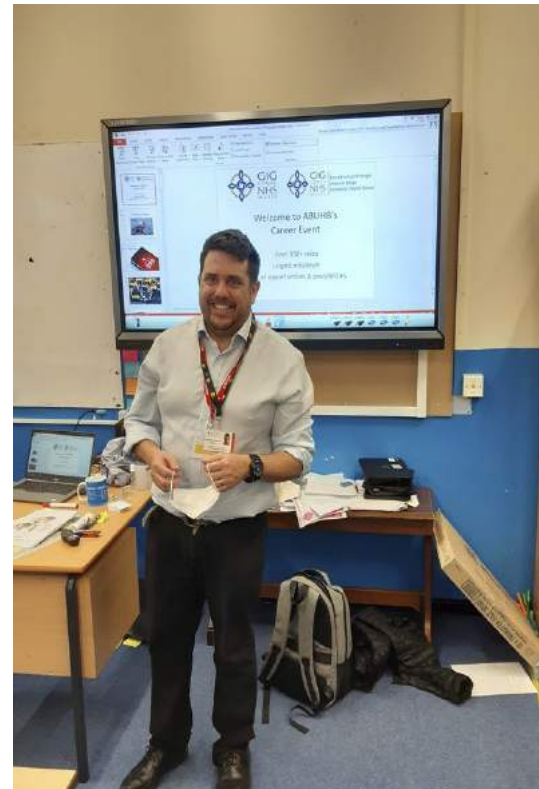
Further information can be found on [Meithrin.cymru](https://meithrin.cymru)



## WORKING WITH CAREERS WALES, SCHOOLS AND COLLEGES

A programme has been carried out to engage with Welsh speaking students within the area. We have created a number of resources to allow us to deliver tailored career information to various groups both in person and on-line. Within these materials we emphasise the value that we have as a Health Board place on their linguistic skills and how we want to ensure we are the **Employer of Choice** for prospective employees. Strong links have been made with key schools, colleges and careers advisers to ensure we are a key partner when careers programmes are established for students.

- Face to face careers advice delivered to all year 10 and year 11 students across both campuses of Ysgol Gyfun Cwm Rhymni.
- Face to face careers advice delivered to all year 10 and 11 students in Ysgol Gyfun Gwynllyw.
- Approximately 500 students reached in Careers Wales virtual events across Newport.
- A series of Vlogs created to populate the HEIW CareersVille site with staff within our Health Board discussing the importance of their Welsh Language Skills.



## PARTNERIAITH

The PartnerIAITH Welsh speakers/new speaker's network has developed steadily over the past year, with 91 members of staff registering.

Regular virtual events are being hosted on a monthly basis, including informal 'Clybiau Clonc' (Chat Clubs) and quizzes. The aim is to provide opportunities for Welsh speaking staff to use their language whilst at work and to meet other speakers.



New speakers are given opportunities to meet with one of our Welsh Language Support Officers to develop a personal development plan, and are signposted to appropriate resources and learning opportunities.

In addition, small groups or 1:1 sessions are also extended to new speakers to practice their Welsh language skills in preparation for assessments.



## PERFORMANCE INDICATOR DATA

The data included below is in accordance with Standard 120 of the Welsh Language Standards (Welsh Language (Wales) Measure 2011).

### Employee skills

The Health Board employs over 16,000 staff, two thirds of whom are involved in direct patient care.

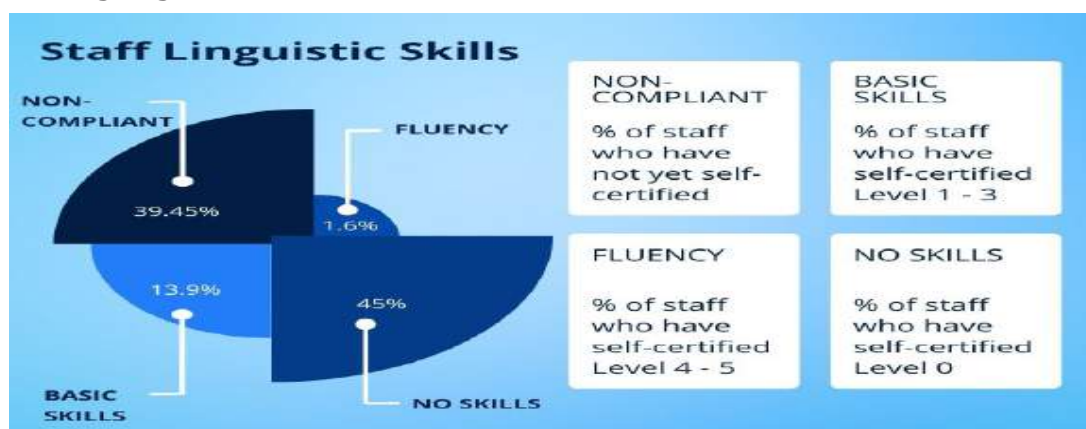
Work continues to improve the data held on the Welsh language competencies of staff. The Health Board's Welsh speaking staff profile is outlined opposite. Data is based on staff self-disclosure of their Welsh language competencies, and Divisions ensure staff have updated their competencies via the Electronic Staff Record (ESR) portal. This has been made mandatory during the reporting period.

### Organisational Compliance

We are pleased to report a 14% increase in compliance during 2021/22 as a result of mandating certification of Welsh Language Skills via ESR. We recognise that progress will be incremental and will continue to promote the importance of completion via targeted communication campaigns. Mapping the existing capacity within the organisation is essential in order for the Health Board to set a benchmark and compare capacity with need, thematically on an organisational level.

### Number and percentage of the Health Board employees

The Health Board continues to collect data on the language skills of its staff. The ESR system is used to capture, record and report on the language skills of staff, where staff are able to update their skills as necessary. Here is the most recent data held on staff Welsh Language Skills.



The above graphic shows the number of staff whose Welsh language skills have been assessed and the level of fluency using the ALTE scales for speaking Welsh (0 = No Welsh language skills - 5 = Proficient) e above graphic shows the number of staff whose Welsh language skills have been assessed and the level of fluency using the ALTE scales for speaking Welsh (0 = No Welsh language skills - 5 = Proficient)

## THE FIGURES

**% of staff who have recorded their welsh language skills via ESR**

**65%**

**2021/2022**

**51%**

**2020/2021**

**38.45%**

**2019/2020**



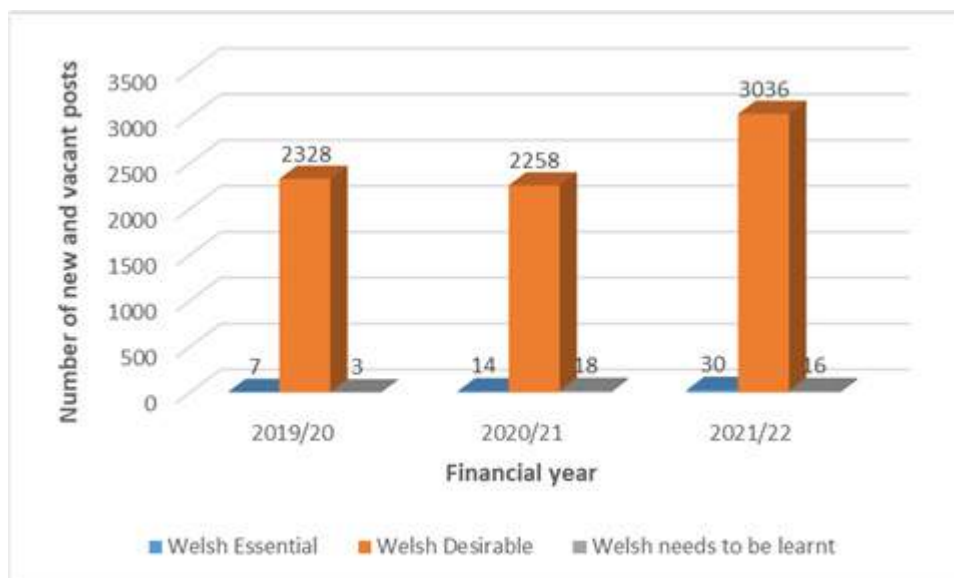
# WELSH LANGUAGE COMPETENCIES

Reading Levels	Number (20-21)	Number (21-22)	Change (%)
Level 0	3753	7998	
Level 1	590	1530	
Level 2	118	332	
Level 3	76	116	
Level 4	71	125	
Level 5	95	247	
Non-Compliant	9961	5379	-46%

Writing Levels	Number (20-21)	Number (21-22)	Change (%)
Level 0	3867	8259	
Level 1	462	1254	
Level 2	131	337	
Level 3	58	100	
Level 4	61	105	
Level 5	78	219	
Non-Compliant	10007	5446	-45%

Listening/Speaking Levels	Number (20-21)	Number (21-22)	Change (%)
Level 0	3790	7888	
Level 1	676	1747	
Level 2	136	355	
Level 3	80	137	
Level 4	82	135	
Level 5	91	230	
Non-Compliant	9809	5300	-46%

## WORKFORCE PLANNING: RECRUITING TO VACANCIES 2021-2022



## TRAINING TO IMPROVE WELSH LANGUAGE

A varied programme of training and awareness options are available to all staff both when they start and at any future point in their employment. We ensure that the options available cover different levels, styles of learning and materials. The aim is to ensure that the learning meets the need of the learner.

Divisions ensure that staff have Welsh Language Awareness and skills training in relation to their professional development, which is relevant to their role and individual needs, in addition to the needs of their service.

There is a corporate budget for Welsh language training, therefore, the courses are free for all Health Board staff.

Course Title	Number Enrolled (20-21)	Number Enrolled (21-22)	Change (%)
Welsh Language Awareness – Delivered by WLU	621	680	9.5%
Welsh Language Awareness – Corporate Induction	181	190	5.0%
Welsh Language Awareness to Apprenticeship Programme	N/A	150	N/A
Coleg Cenedlaethol 10 hour Welsh Language Taster Course	372	403	8.3%
Coleg Gwent Accredited Welsh Language Courses	26	21	-19.2%
Say Something in Welsh	10	20	100%

We have received positive feedback from the courses that have been run with clear evidence that participants have encouraged their colleagues to enrol.

## FEEDBACK FROM STAFF

Thanks for a fantastic Lunch & Learn session providing an overview of the objectives and the work being undertaken by the Welsh Language Unit. I think Jo and I both agree that from the different presentations we've had over the years on Welsh language standards, etc., that was definitely the most engaging and, for me at least, the most enlightening.

I now appreciate that yourself and the Welsh Language Unit have a good understanding of the challenges faced by the services, and the anxiety non Welsh speakers like myself have around doing the right thing and what is expected of us – that was so refreshing to hear!

I'm really pleased to be taking part in Welsh Language training within the Health Board so that I can greet everyone who attends the Mass Vaccination Centre bilingually.

I'm keen to continue improving my Welsh Language skills so that I can improve the service I offer, and also to increase employment opportunities in the future.

# EXEMPLAR OF ACHIEVEMENTS & ACCOMPLISHMENTS IN LEARNING

## **Kimberley Anthony, Community Learning Disabilities Nurse.**

Kimberley has been learning Welsh through Coleg Gwent for almost three years and is active member of the PartnerIaith Network, benefiting from 1:1 revision sessions with the Welsh Language Unit.

"I think everyone should learn Welsh because it is fun (although I am biased!) and it is great to learn something that's part of your culture.

In my role, I support patients with learning disabilities in the community. I have made friends in my Welsh class and would love the opportunity to speak Welsh with patients one day".



# COMPLAINTS

The Health Board's formal demonstration of dealing with complaints can be read within our Welsh Language Complaints Procedure. <https://abuhb.nhs.wales/about-us/complaints-concerns/welsh-language-complaints-procedure/>

No external investigations were held during the reporting period.

The Health Board have received 6 complaints directly and resolved with the co-operation of the associated service leads and in line with the Putting Things Right Regulations. Four of the complaints relate to performance against the service delivery Welsh Language Standards, one in relation to performance against the operational Welsh Language Standards and one in relation to Primary Care.

The Health Board's Putting Things Right Team have received training from the WLU and are fully equipped to deal with Welsh language complaints or concerns in line with existing Key Performance Indicators.

The Health Board are confident that we have taken an approach to resolving complaints that has allowed for organisational learning and change.

## CONCLUSION AND VISION FOR 2022 - 2023

Although Covid recovery still looms large over Health Boards we are pleased to show progress made during this reporting period. The Welsh Language Unit report to the highest level to ensure that we as a Health Board continue to progress.

A key priority for us in ensuring the delivery of the Active offer is to continue to audit of our current staff's linguistic skills. We will develop further tools to make this process simpler for staff and thus increase our compliance. This combined with our further work around the Bilingual Skills Strategy ensures that we are combining information on our current workforce with recruiting appropriate staff for the future.

We have conducted an audit of our Primary Care contracted providers and are now looking to implement a process to assess in more detail the skills present within their practice.

We continue to work in partnership with key stakeholders supporting the Welsh Government's Welsh Language Strategy Cymraeg 2050: A million Welsh speakers. We have strengthened links with training providers as well as our partners in local government.

We have worked very closely over the last year with local Colleges and Schools educating Welsh speaking students of all ages on the opportunities the Health Board can offer in terms of career opportunities and the importance we put on their linguistic skills.

Focus will remain on strategic planning to ensure a clear vision for the implementation of the standards and embedding of the 'Active offer' principle, with its key focus on further developing the following service areas:

- Delivering the Welsh Language Standards across the organisation.
- Promoting and implementing the "Active Offer" principle in line with the Welsh Government's Strategic Framework: More Than Just Words.
- Profile/mapping data of Welsh language skill levels and capacity across the workforce and planning the workforce through the implementation of the Bilingual Skills Strategy.

We continue to look to match Welsh language capacity with the needs of the service users.



We have identified a number of actions that will help us keep pace in the 2022/23 reporting period:

We will:

- Ensure that all staff receive the support required to embed the 'Active offer'.
- Look to further assess the provision available in Primary Care and offer training and support to providers to increase provision.
- Develop further our digital resources to support staff with the understanding and the skills required to provide the active offer to our service users.
- Work with local partners as well as targeted recruitment sites to maximise the chance of recruiting staff with Welsh language skills.
- Continue to focus on the promotion and facilitation of the use of the language in the workplace and further developing our PartnerIAITH network to support our Welsh speaking staff to maximise their linguistic skills.
- Further develop a suite of resources to support staff who wish to increase their abilities in relation to Welsh. This will be done in collaboration with the accredited and on-line resources provided by 'Learn Welsh'.
- Assess and amend our policies and procedures accordingly upon the publication of the new 'More Than Just Words' Framework.
- Self-governance and monitoring will continue to be key priority and there will be continued development of internal audit and self-regulation processes, to ensure tighter performance measures and accountability.
- Develop a strategic plan and associated work programme to progress the Bilingual Skills Strategy and implementation of More Than Just Words 'Active Offer' principle.
- Develop our translation service to ensure the Health Board is in a robust position to comply with our statutory requirements and provide the best care possible to our service users.

We aim to continually improve the care we provide to all service users. We remain eager to progress our work further against performance benchmarks and ensure that patients can access services through their language of choice.

The 'People Plan' developed by the Health Board has clear targets both for the Welsh Language Unit specifically as well as ensuring that delivery of services to our Welsh language service users are embedded within the wider range of targets identified.

Case Conferences have been identified as an area of development. Work will therefore be undertaken with the 'More Than Just Words' regional forum to progress the 'Active Offer' at a multi-agency level.

We continue to work positively with the Welsh Language Commissioner and look forward to this continuing into 2022/23.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
28<sup>th</sup> September 2022  
Agenda Item: 3.3

## Aneurin Bevan University Health Board

### Smoke-Free Legislation at Hospitals

#### Executive Summary

As part of the Public Health (Wales) Act 2017 and Smoke-free Premises and Vehicles (Wales) Regulations 2020, legislative changes have been implemented, whereby it is illegal to smoke on hospital grounds and in outdoor public places for children and young people. This legislation took effect from 1<sup>st</sup> March 2021 and includes an exemption for Mental Health and Learning Disability (MH&LD) inpatient units until September 2022. From this date, indoor areas of MH&LD units will be required to be smoke-free. The regulations aim to de-normalise smoking in public places and promote smoke-free environments as the norm. This legislation is part of wider plans by Welsh Government, who have announced an ambition to become smoke-free by 2030 (a smoking prevalence of  $\leq 5\%$ ).

The Health Board Smoke-Free Implementation Group has reconvened to ensure Aneurin Bevan University Health Board (ABUHB) hospital premises are taking reasonable steps to prevent smoking on their grounds and this report outlines the progressive approach of engagement, education, encouragement, and the plan to build up to active enforcement.

ABUHB has already ensured compliance with indoor areas of Mental Health & Learning Disability Units being smoke-free, not waiting for the exemption to end from September 2022. Whilst ABUHB, and specifically the MH&LD Directorate, agree with and will work towards the long-term aim of MH&LD units to be completely smoke-free, this is not achievable in the short term. A thorough review of the designated outdoor smoking areas in all ABUHB's MH&LD Units show they comply with all but one of the conditions in the legislation. That condition is that designated smoking areas are at least 10-metres away from any smoke-free buildings.

ABUHB Executive Team recently considered options for achieving compliance with the requirement for designated smoking areas to be at least 10-metres away from any smoke-free buildings. ABUHB Executive Team is supportive of adopting an alternative, pragmatic approach to achieve the principle of protecting other patients and staff from second-hand smoke. This is based around designated smoking areas near to MH&LD Units being 5-metres away from any smoke-free building, with the additional provision of self-closing doors and lockable windows in areas adjacent to outdoor designated smoking areas.

Whilst the proposed pragmatic approach would not make ABUHB fully compliant with the 10-metre rule, it would be in line with the spirit of the legislation in reducing the risk of second-hand smoke for non-smokers. ABUHB Director of Public Health and Strategic Partnerships has sought approval from each of the five Local Authorities Directors of Public Protection that they are content that ABUHB would be making all reasonable efforts to prevent second-hand smoke in ABUHB MH&LD units if the proposed pragmatic approach is adopted. Three of the five Local Authorities have agreed that the approach is sensible and pragmatic to achieve the aims of the legislation (Blaenau Gwent, Caerphilly, and Monmouthshire). One Local Authority (Newport) has acknowledged receipt of the letter without further comment. One Local Authority (Torfaen) has recommended bringing

the matter to the attention of Welsh Government, should the Health Board feel that it will not be possible to be fully compliant over a reasonable period of time. Our current position is that the Health Board is working towards being fully compliant.			
<b>The Board is asked to:</b> (please tick as appropriate)			
Approve the Report		X	
Discuss and Provide Views			
Receive the Report for Assurance/Compliance		X	
Note the Report for Information Only			
<b>Executive Sponsor:</b> Dr Sarah Aitken (Director of Public Health and Strategic Partnerships)			
<b>Report Authors:</b> Rebecca Lewis (Principal Public Health Practitioner) Natalie Hazard (Senior Public Health Practitioner)			
<b>Report Received consideration and supported by :</b>			
<b>Executive Team</b>	X	<b>Committee of the Board [Public Partnerships &amp; Wellbeing Committee]</b>	
<b>Date of the Report:</b> September 2022			
<b>Supplementary Papers Attached:</b> None			

<b>Purpose of the Report</b>
<p>The purpose of this paper is to:</p> <ol style="list-style-type: none"> <li>1. Provide assurance to the Board that progress has been made by Aneurin Bevan University Health Board (ABUHB) to take reasonable steps to ensure compliance with smoke-free legislation that came into place on 01 March 2021 affecting all hospital sites in Wales.</li> <li>2. Ask the Board to ratify the decision taken by ABUHB Executive Team to approve the approach for compliance with smoke-free regulations in Mental Health and Learning Disability (MH&amp;LD) inpatient units.</li> </ol>

<b>Background and Context</b>
<p><b>1.0 Smoke-Free Legislation</b></p> <p>Since 01 March 2021, it is illegal to smoke <u>anywhere</u> on hospital grounds, school grounds and public playgrounds, outdoor day care and childminding settings, as part of the Public Health (Wales) Act 2017 and Smoke-Free Premises and Vehicles (Wales) Regulations 2020.</p> <p>The purpose of the smoke-free legislation (and the ABUHB Smoke-Free Environment Policy) is to ensure that a smoke-free environment is provided for all patients, visitors, staff and contractors, and to protect everyone from exposure to second-hand smoke. This is about <u>where</u> individuals smoke rather than <u>whether</u> people smoke, although wider work aims to promote opportunity to support individuals to abstain from and to stop smoking as a positive step. This legislation is part of wider plans by Welsh Government, who have announced an ambition for Wales to become smoke-free by 2030 (a smoking prevalence of <math>\leq 5\%</math>).</p> <p>An exemption under the Smoke-Free Premises and Vehicles (Wales) Regulations 2020 has been in place for Mental Health &amp; Learning Disability inpatient units from 01 March 2021 until 01 September 2022. From September 2022, indoor areas of Mental Health inpatient units will be required to be smoke-free.</p>

To note: Electronic cigarettes (e-cigarettes) are not included in the Smoke-Free Regulations, however the ABUHB Smoke-Free Environment Policy does not permit their use on ABUHB hospital sites and this policy position is unchanged.

## Assessment

### 2.0 ABUHB approach to implementation of the smoke-free legislation

Since the legislation was introduced, ABUHB has taken reasonable steps to ensure compliance among staff, patients, visitors and contractors not to smoke anywhere on our hospital sites. Meetings have been held at regular intervals with Local Authority Enforcement Leads to monitor progress.

The Smoke-Free Implementation Group has been re-established, with representation from hospital site leads, Public Health, Facilities, Health and Safety, Communications, Workforce and Union representation. An implementation plan has been delivered, taking a progressive approach as summarised in Table 1. For those actions recorded as amber, detail is provided below.

**Table 1:** Summary of ABUHB approach to implementation of the Smoke-Free Regulations and progress of actions.

Milestone	Timescale	Activity	Progress Update 09/2022 (RAG)
Phase 1	Up to 28 February 2021	Preparation stage to put signage in place and review outdoor designated smoking areas in Mental Health Units	
		Engagement with staff via ABUHB communication campaign	
		Engagement/communication with public via national communication campaign	
Phase 2	01 March to 30 April 2021	Education and encouragement for staff, including: Line management support for staff who smoke to comply while on site (in line with ABUHB Smoke-Free Environment Policy) Access to Help Me Quit services for smoking cessation for all smokers	
		Engagement, education and encouragement for the public: Access to nicotine replacement therapy (NRT) for inpatients and referral to Help Me Quit services where required	
		Signage to raise awareness and loud speaker systems to inform smokers that it is illegal to smoke on hospital grounds	
		National communications campaign supported by local ABUHB communications	
		Staff training to encourage more people to approach smokers and encourage compliance with the legislation (Making Every Contact Count – MECC – Embedding Smoke Free training)	
		Progress reports/verbal updates from hospital site leads to the Smoke Free Implementation Group	
		Monitor and evaluate effectiveness of the implementation plan	

Phase 3	01 May 2021 to date	Continued education, encouragement for staff and patients/public	
		Shared learning with Local Authority Enforcement Teams and Health Boards across Wales to manage compliance by hard to engage smokers	
		Active enforcement for anyone smoking on a hospital site, ranging from verbal warnings to issuing Fixed Penalty Notices by Local Authority Enforcement Teams	
		Progress reports/verbal updates from hospital site leads to the Smoke Free Implementation Group Monitor and evaluate effectiveness of the implementation plan	

**RAG Key:** Green: planned action complete Amber: further action required Red: action not complete.

A staged approach to implementing the smoke-free legislation at hospital sites has been taken in line with the 4 E's approach – Engage, Educate, Encourage, Enforce. Engagement and Education with staff, patients and visitors is now complete. Further attention and action is required for the following amber actions:

- a. Ensure consistent support is provided across all sites to comply with the smoke-free legislation through access to and use of NRT for inpatients who smoke
- b. Progress to active Enforcement, including Fixed Penalty Notices (FPNs).

#### **a. Access to Nicotine Replacement Therapy (NRT) for inpatients who smoke**

An ABUHB NRT Policy has been in place for a number of years which encourages staff to:

1. Identify if a patient smokes on admission to hospital and complete an initial assessment;
2. Provide NRT for the patient to support abstinence while in hospital or a quit attempt with the offer of referral to Help Me Quit smoking cessation services for behavioural support;
3. Ensure patients making a quit attempt have a supply of NRT on discharge, until they can access community based services for the remainder of their course of treatment (Help Me Quit Community or Community Pharmacy smoking cessation).

Timely access to NRT on admission and during the course of their stay (either for abstinence or a cessation attempt) aims to ensure patient's nicotine addiction is appropriately managed and that they do not leave the ward to smoke. At present, this policy is not implemented routinely across all ABUHB wards and therefore a 'homely remedy' protocol has been devised to facilitate initial access to NRT. This protocol will ensure NRT items are available at ward level and in Medical Assessment Units (MAU) for patients awaiting treatment. Furthermore, vending machines across all ABUHB hospitals now stock NRT products to enable patients, staff and/or visitors to purchase NRT. In addition, all materials/possessions that are a source of ignition will be removed from inpatients on admission (as part of Health and Safety protocols) to reduce fire risk.

Whilst these measures are in place, further work is required to consistently implement and embed them. This will enhance the overall inpatient smoking cessation pathway, which is a priority set by Welsh Government for all Health Boards to implement from 2022/23 and is a priority for ABUHB.

#### **b. Progress on to active Enforcement, including Fixed Penalty Notices (FPNs)**

The Health Board continues to engage regularly with the five Local Authorities in Gwent on the progress made to implement the legislation and the enforcement approach required. Before progressing to active enforcement by the Local Authority, it is essential that support for patients and staff to comply with the policy and legislation is consistent across all hospital sites. Action is ongoing to achieve this, including recruitment to vacant Smoke-Free Environment Officer posts, who play a key role.

Smoke-Free Environment Officers (SFEOs) patrol hospital grounds and identify anyone smoking on site. They engage with the individual to inform them it is illegal and against Health Board Policy to smoke on hospital grounds, and request that they stop smoking or leave site if they wish to continue to smoke. If the individual is a patient, they will return with the patient to their ward to ensure they have access to NRT and Help Me Quit support, as required.

To enable the Health Board to lead by example with compliance with the Smoke-Free Environment Policy and legislation, a two-stage warning system for ABUHB staff, who are identified smoking on site, was implemented from October 2021. This system enables Smoke-Free Environment Officers to issue official warnings linked to the ABUHB disciplinary policy:

- A **FIRST official warning** (verbal and written) is issued to any member of staff identified smoking on hospital grounds.
- A **SECOND official warning** (verbal and written) is issued to staff who have already received one official warning. The ABUHB disciplinary process will be instigated at this stage.

SFEOs record all official warnings given on the DATIX Cymru Once for Wales Concerns Management System.

To support staff, patients and visitors further to comply with the smoke-free legislation and Health Board policy, audio speaker systems have been installed at the Royal Gwent and Grange University Hospitals. They enable individuals to anonymously activate the system to alert anyone seen smoking that the hospital is a smoke-free setting, and that it is against the law to smoke there.

Active enforcement of the legislation by the Local Authority will be progressive. The Local Authority is working closely with the Health Board and Smoke-Free Environment Officers to develop the approach required at each hospital site. Local Authority enforcement action is likely to commence with Officers supporting SFEOs with hospital site patrols, and verbal warnings being given to anyone smoking on hospital grounds. This will gradually build up to Fixed Penalty Notices being issued to those individuals smoking on hospital grounds who, despite having received several previous warnings, are not complying with the law. The Health Board is clear that the approach to enforcement must consider the sensitive nature of a hospital environment and that enforcement action is appropriate only for those individuals who repeatedly disregard the legislation.

### **3.0 Designated smoking areas in Mental Health and Learning Disability Units**

The exemption to the legislation for MH&LD units came to an end from 01 September 2022. This means that the Health Board will need to take all reasonable steps to ensure its MH&LD units are compliant with the legislation from that date. ABUHB has already ensured compliance with indoor areas of MH&LD units being smoke-free, not waiting for the exemption to end.

Whilst ABUHB, and specifically the MH&LD Directorate, agree with and will work towards the long-term aim of MH&LD units to be completely smoke-free, this is not achievable in the short-term. The nature of the units is to care for patients with acute mental illness which could be exacerbated by not being able to smoke if they are an established smoker.

All but one ABUHB MH&LD units has a designated outdoor smoking area. A thorough review of the designated outdoor smoking areas in all ABUHB's MH&LD units show they comply with all but one of the conditions in the legislation. That condition is that none of the designated smoking areas is at least 10-metres away from any smoke-free buildings.

The ABUHB Executive Team recently considered options for achieving compliance with the requirement for outdoor designated smoking areas to be at least 10-metres away from any smoke-free buildings. The existing MH&LD enclosed outdoor spaces would need to be enlarged to achieve re-positioning of designated smoking areas at 10-metres from smoke-free buildings, made more

complicated by garden areas of MH&LD units needing to be visible with few or no blind spots, and any furniture/ garden installation needing to be away from fences/walls to mitigate being used as a means to abscond and ligature risk. The works necessary to meet structural compliance with the legislation would cost a total of £360,000 capital expenditure.

Achieving structural compliance of ABUHB MH&LD units with the Smoke-free Premises and Vehicles (Wales) Regulations 2020 would not guarantee legal compliance with the legislation. Whilst not unreasonable to request that a person should smoke in the designated area, sitting or standing still can be impossible for someone who is very agitated, highly confused, paranoid and/or very chaotic in their behaviour due to the nature of their mental health at that time.

Given that a large expenditure on capital works would not necessarily achieve full compliance with the legislation, the ABUHB Executive Team is supportive of adopting an alternative, pragmatic approach to achieve the principle of protecting other patients and staff from second-hand smoke. That pragmatic approach would be for designated smoking areas in MH&LD units to be 5-metres from any smoke-free building with the additional provision of self-closing doors and lockable windows in areas adjacent to outdoor designated smoking areas.

The logic for that pragmatic proposal being:

- A 5-metre rule outdoors is the same as regulations for outdoor areas in playgrounds.
- A 5-metre distance from other users of the outdoor space could be managed based on dynamic risk assessment by the nurse in charge of the area at that time.
- The regulations for '*Adult care homes and adult hospices*' require a self-closing door as the required standard between a smoking room and the rest of the premises to prevent smoke ingress rather than a smoke lobby. The structural barrier of solid walls is accepted as a suitable measure to restrict smoke movement with no parameters applied to the distance between the smoking room and the smoke-free part of the building.
- From this it is reasonable to conclude that a solid wall including a door fitted with a self-closer represents a suitable standard of separation between a smoking area and a smoke-free building. Where windows are also a factor they will need to be in good repair and able to be locked shut.
- Whilst it is clear that the regulations that apply to MH&LD settings are those for hospital grounds, the nature of some people's admissions to MH&LD units – particularly rehabilitation units, require that the person stays for a prolonged period - up to two years or more – thus the unit is effectively the person's home for that period.

While the proposed pragmatic approach would not make ABUHB fully compliant with the 'letter of the law', it would be in line with the spirit of the legislation in reducing the risk of second-hand smoke for non-smokers. The Health Board is willing to invest in modifying the existing designated smoking areas, but the proposed pragmatic approach would enable other capital works to progress that would otherwise have to be delayed.

ABUHB Director of Public Health and Strategic Partnerships has sought approval from each of the five Local Authorities Directors of Public Protection that they are content that ABUHB would be making all reasonable efforts to prevent second-hand smoke in ABUHB MH&LD units if the proposed pragmatic approach is adopted. Three of the five Local Authorities have agreed that the approach is sensible and pragmatic to achieve the aims of the legislation (Blaenau Gwent, Caerphilly, Monmouthshire). One Local Authority (Newport) has acknowledged receipt of the letter without further comment. One Local Authority (Torfaen) has recommended bringing the matter to the attention of Welsh Government, should the Health Board feel that it will not be possible to be fully compliant over a reasonable period of time. Our current position is that the Health Board is working towards being fully complaint.

## Recommendations



The Board is asked to:

1. Receive the report for assurance that ABUHB is taking reasonable steps to comply with the smoke-free legislation through a progressive 'engage, educate, encourage, enforce' implementation plan.
2. Ratify the ABUHB Executive Team decision to approve the approach for compliance with smoke-free regulations in MH&LD units.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	Failure to prevent smoking on hospital grounds could incur the risk of the Health Board being issued with a Fixed Penalty Notice of £2500 that is payable by the person responsible for the hospital grounds.
<b>Financial Assessment, including Value for Money</b>	Implementation of the Smoke Free legislation will incur costs for appointing Smoke Free Environment Officers and increased access to NRT for inpatients.
<b>Quality, Safety and Patient Experience Assessment</b>	Insight work that has taken place and continues to take place will monitor patient experience and involvement. There is potential risk to patient safety if a patient chooses to move off site to smoke.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	The Smoke Free legislation and ABUHB implementation plan do not discriminate against any persons with protected characteristics.
<b>Health and Care Standards</b>	This report links to the Standards for Health Services Wales: <ul style="list-style-type: none"> <li>• Staying healthy</li> <li>• Safe care</li> <li>• Effective care</li> <li>• Dignified care</li> <li>• Timely care</li> <li>• Individual care</li> <li>• Staff and resources</li> </ul>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Investment in Tobacco Control is part of the IMTP.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – by reducing exposure to smoking and supporting adults who smoke to stop, implementation of the Smoke Free legislation will help to de-normalise smoking and reduce smoking prevalence in the long term.
	<b>Integration</b> – The ABUHB implementation plan for the Smoke Free legislation is integrated across hospital sites and Divisions and has been developed in consultation with Local Authority enforcement teams.
	<b>Involvement</b> – Staff representatives have been involved in the development of the ABUHB implementation plan that takes a phased approach to progressive implementation of the new Smoke Free legislation.
	<b>Collaboration</b> – The ABUHB implementation plan for the Smoke Free legislation has been developed in collaboration with Welsh Government, Public Health Wales and Local Authorities in the Health Board's area.
	<b>Prevention</b> – Smoking remains the biggest cause of avoidable disease and by becoming a Smoke Free organisation ABUHB will be providing leadership to de-normalise smoking.

Glossary of New Terms	N/A
Public Interest	





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 3.4

## **Aneurin Bevan University Health Board**

### **Patient Safety Risk of Cellular Pathology backlog and proposed solution**

#### **Executive Summary**

With the increased challenges in healthcare, access to pathology is under enormous pressure. This paper highlights the cellular pathology service's current position, including significant capacity constraints, a backlog crisis, potential patient harm and seeks funding to progress urgent outsourcing to mitigate clinical risk and improve reporting turnaround time.

Cellular pathology services play a vital role in all cancer pathways. They are the only diagnostic service that is required for every confirmed cancer as they provide the definitive diagnosis for patients. In many cases a patient's pathway will pass through cellular pathology twice, firstly in the process of diagnosis, and secondly in the post-operative analysis of retrieved samples to ensure the completeness of treatment. With the advancement of pathological sciences, testing is becoming increasingly complex and time-consuming as tests are required to guide patients' treatment modalities such as genetic testing. Because of this dependency on pathology, cancer performance will not improve until pathology capacity increases.

Welsh Government has published a list of 'Optimal Cancer Pathways', a step-by-step guide outlining how patients should progress through the cancer pathway with associated time frames.

The optimal pathways outline that cellular pathology morphology should be completed:

- Within 3 days of the sample collection, and
- 10 days for molecular markers

In its current capacity, ABUHB is working to a 28-day turnaround time for Urgent Suspected Cancer (USC) samples which is not conducive with a 62-day pathway and even this extended framework is now not being achieved in many cancer groups.

Aneurin Bevan Health Board's compliance against the Single Cancer Pathway (SCP) has been in rapid decline since February 2022 (graph below):

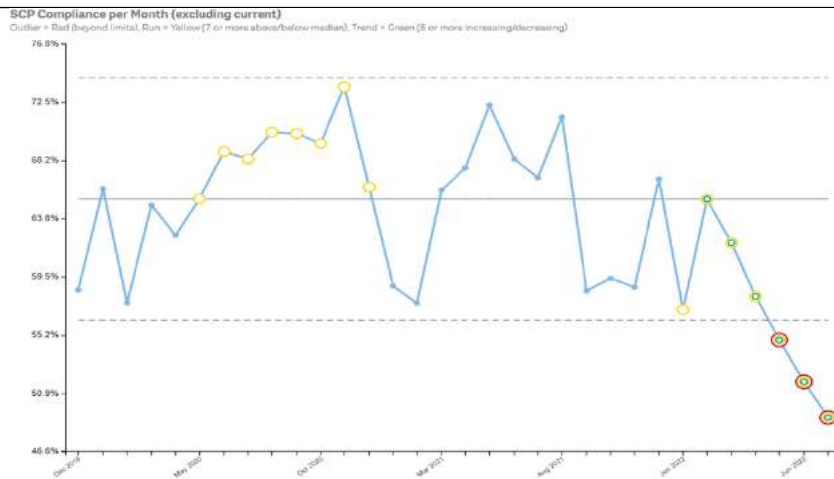


Chart 1: Single cancer pathway compliance

Whilst the performance position worsens, the numbers of patients on a cancer waiting list continue to grow; which at the end of August, was at over 4,500 patients. This growth in waiting list is reflected in the backlog and longest waiting patients. Single Cancer Pathway compliance will not improve, and may even worsen, whilst the backlog position continues to increase.

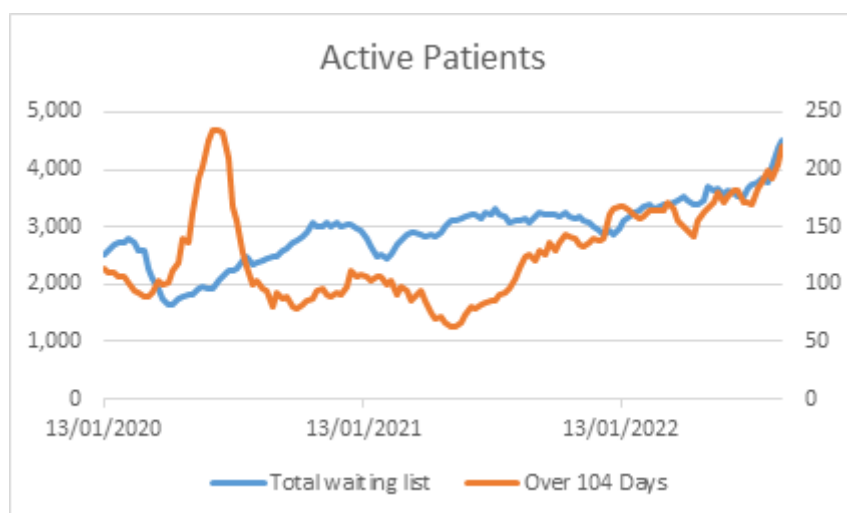
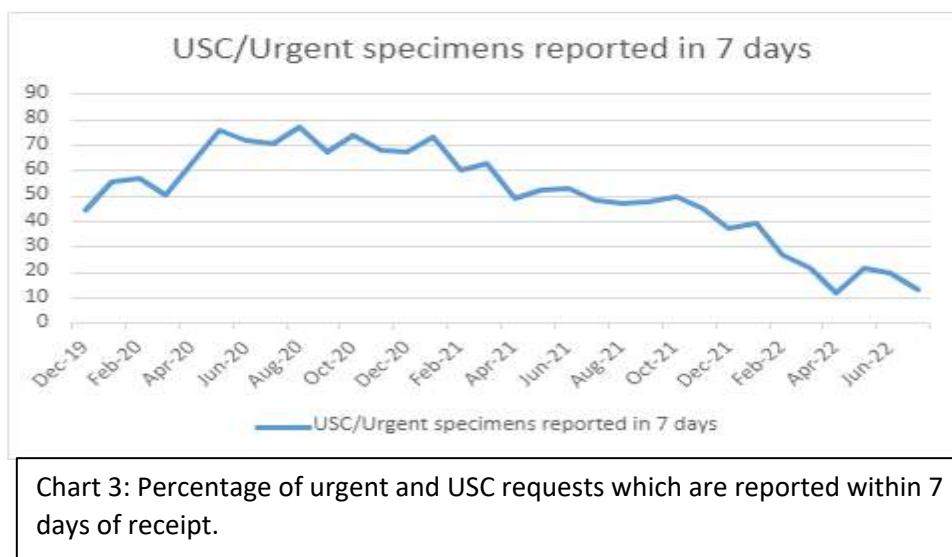


Chart 2: Active patients on the Cancer Tracker

The waiting list backlog expansion and the reduction in performance is multifactorial. Delays in pathology drive a significant proportion of this backlog. SCP performance is unlikely to improve without significant investment and change in the delivery of pathology services.

There has been a steep increase in USC/Urgent requests for histopathology, from 46% of all demand in 2018 to 62% of all demand in pro rota adjustments in 2022. The graph below demonstrates declining performance in the service to meet 7 days USC/Urgent report turnaround time.



There is a significant and growing backlog of routine samples which are waiting up to 4-5 months for processing/reporting. A local audit of 2,613 routine cases reported between January and March 2022 indicated 220 of these (8%) were diagnosed with cancer.

The Pathology Directorate has explored all possible available capacity, including extended days working and waiting list initiatives etc, but due to a significant shortfall in the capacity gap it is not possible to cover this without any external support. No current NHS providers can offer the Health Board an option of service provision to bridge the capacity gap as most are also outsourcing increasing volumes of work. Should external commissioning be approved, a tender process to outsource, via the Welsh National Framework Agreement, will be followed. Early indication is that this process could be completed quickly (between 2 to 4 weeks).

The estimated costs (subject to tender), is £876K for the period of the contract (Oct 22-March 23). This covers the cost for the potential solution which includes administrating the outsourcing, the outsourcing fees as well as increasing inhouse reporting capacity via locum consultants.

<b>The Board is asked to:</b>			
Approve the Report			X
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
<b>Executive Sponsor:</b> Leanne Watkins, Executive Director of Operations James Calvert, Executive Medical Director and Exec Lead for Cancer			
<b>Report Author:</b> Dr Chris Chick			
<b>Report Received consideration and supported by :</b>			
<b>Executive Team</b>	X	<b>Committee of the Board</b> <b>[Committee Name]</b>	
<b>Date of the Report:</b> 15/9/22			
<b>Supplementary Papers Attached:</b> None			

**Purpose of the Report**

The purpose of this report is to: describe the clinical and patient safety risks associated with the growing cellular pathology backlog, caused by a shortfall in capacity relative to demand; and to request funding for an immediate solution to this on a short term basis.

**Background and Context**

Over the last 10 years, Histopathology has grown in importance as a core activity in patient diagnosis, treatment and prognosis. The immunocytochemistry tests (ICC) such as PDL1 and EGFR, are now predicting responses to treatment regimens, immunotherapy and chemotherapeutic drugs for cancer patients. They are part of the SCP treatment pathways and new ICC tests are being moved from Research & Development into core services continuously. Increase in access to antibody testing is also contributing to the workload. It is important to note that in 2018 NHS clinicians had access to 65 antibodies; this increased to 68 in 2021. The upward trajectory continues with access to 70 tests in 2022. The impact of this on the pathway ranges from 3 days to 2 weeks. The additional direct work per specimen of an ICC request is estimated at 2 hours. Alongside the increase in core work, genetics testing, for which Histopathology provide the histological material (table below), has developed within the service is significant with the graph below showing **Complex Work Request Demand** has also increased.

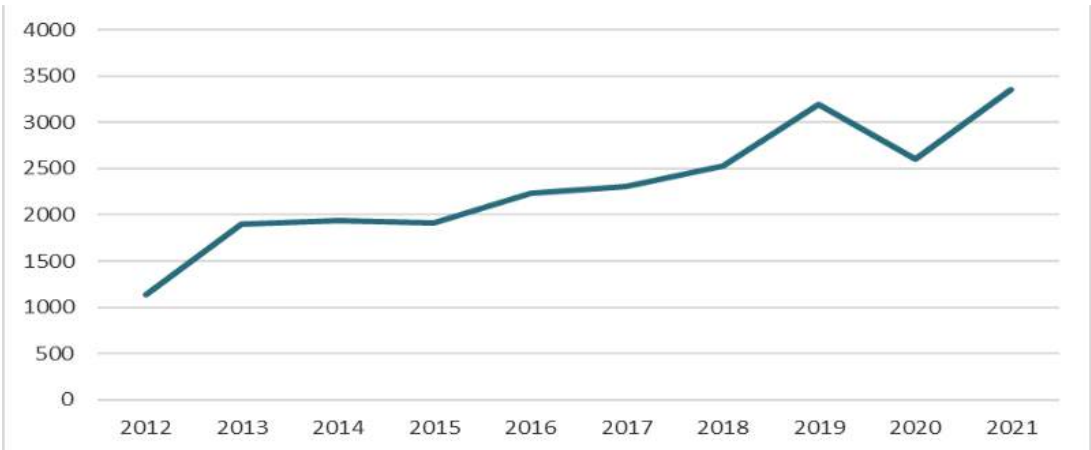


Chart 4: Number of complex work referrals into Cellular Pathology per year

Histology referrals are all the non-standard requests for work received e.g. additional slides and stains, material for the All-Wales Medical Genetics service. This is a measure of increasing complexity of workload which has risen by **>55%** since 2019.

**Overall Service Capacity Shortfall**

The demand for Histopathology reporting outstrips capacity in both the laboratory (for processing) and in Histopathologists for reporting, by an estimated 28% and 25% respectively. Taking into consideration the current backlog, this increases to a shortfall of 34% and 44%. At the beginning of September 2022, the Laboratory backlog was 1,700 patients (circa 2,430 specimens) with a reporting backlog of 3,300 patients (5,950 specimens with slides already processed). This does not include outsourced specimens. These numbers are increasing each week. Full year projections indicate a shortfall of core capacity of approximately 14,500 cases by March 2023 at current rate of urgency and demand. A shortfall in capacity was in existence prior to Covid-19, with 1,500-2,000 cases regularly awaiting an outcome.

Assessment and Conclusion

The number of specimens has returned to pre-covid levels whilst the number of requests (patients) is at 94%. However, there has been a significant increase in the complexity needed for Histopathology. The following graph shows the increase in the number of slides made from each specimen.

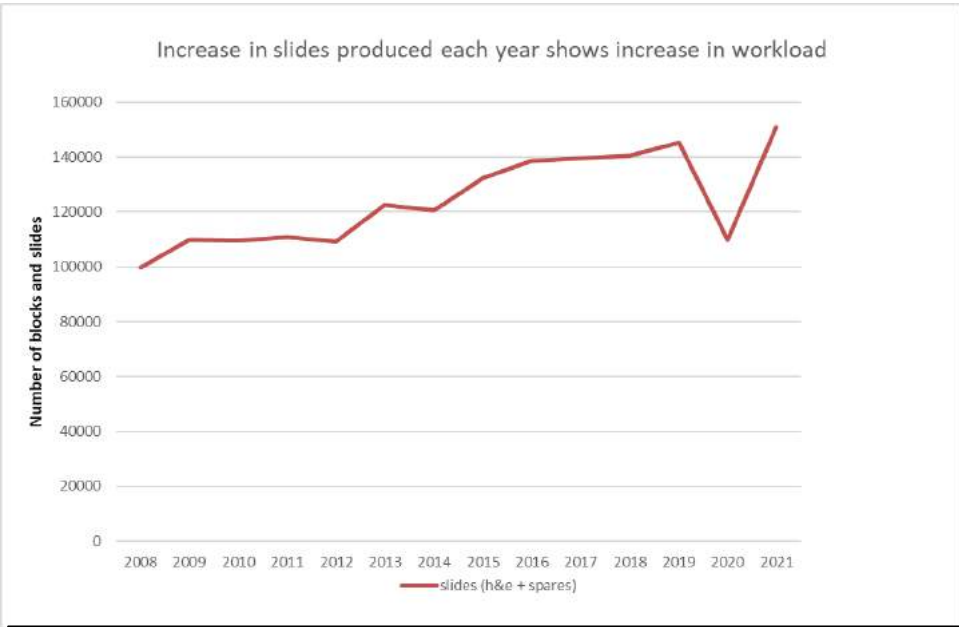


Chart 5: Histopathology slides produced each year

The urgency profile for the service places additional pressures for turnaround and has an impact on the length of time routine samples wait.

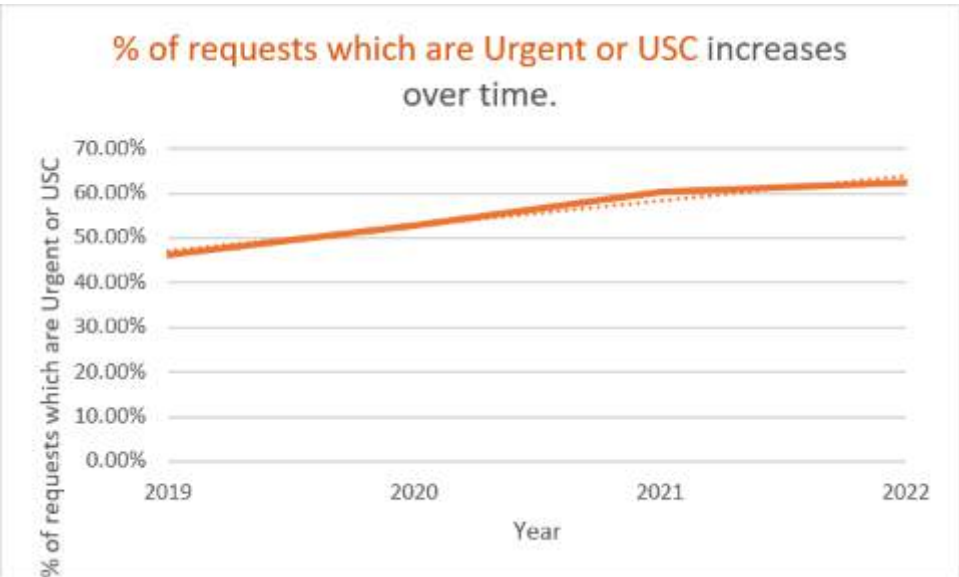
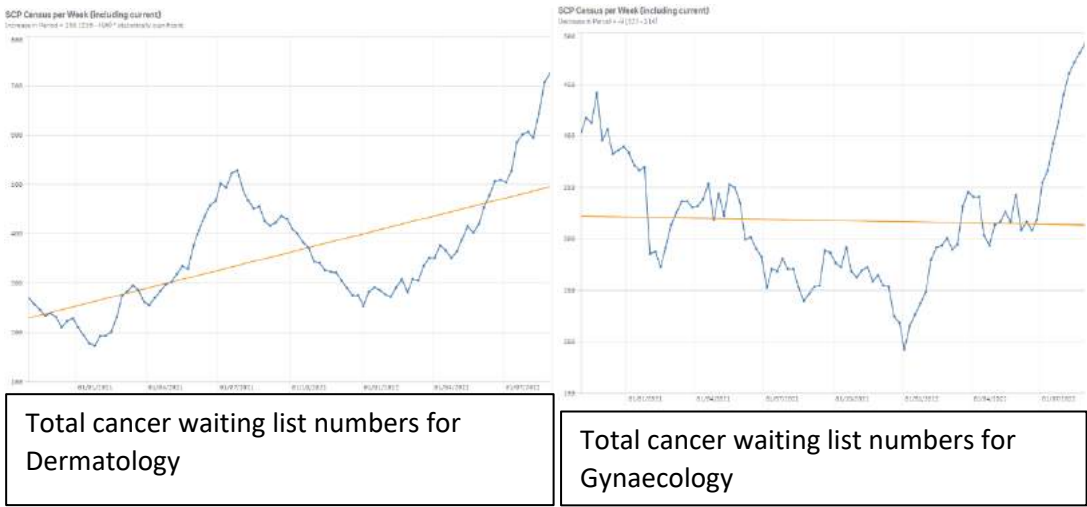


Chart 6: Percentage of all requests which are categorised as Urgent or USC

The percentage of requests that are labelled as Urgent or USC has increased from **46%** to **62%**. This is mirrored in the increases in cancer workload and decline in the 7 days report turnaround time (graph below).

Whilst the department is attempting to support all cancer patients, they have no option but to prioritise USC and Multi-Disciplinary Teams for some cancer tumour sites over others and some services are not receiving equitable turnaround times, with Gynaecology (right) and Dermatology (left) particularly impacted (graphs below).



At 8% cancer rate, the current backlog contains at least **670** cancerous cases, increasing by **67** cancer cases per week. The organisational risks to the Health Board, should no action be taken to address the backlog and capacity constraints, are potentially as follows:

- Delayed cancer diagnosis resulting in irreversible harm (I.e., non-treatable cancer) and poorer prognostic options both in terms of patient outcomes and cost
- Increased litigation costs
- Increases in complaints from patients and from requesting clinicians
- Inefficiencies in the laboratory as cases are reprioritised to meet MDT schedules
- Outpatient appointments delayed and rescheduled to align with availability of cellular pathology reports.
- Significant inefficiencies introduced to the workflow dealing with urgent calls and emails for results leading to selecting individual cases from backlog and rushing it through the process (recent audit showed 50 such cases chased in 1 week)
- Increased risk of diagnostic errors by Histopathologists due to fatigue from reporting 12 sessions work and time shifting for other reporting commitments such as Post-mortems etc.
- Reputational risk

Action is needed to meet capacity shortfall to mitigate these risks. The table below highlights processing and reporting capacity gaps and potential capacity solution to fill the shortfall gaps.

Demand and Capacity Analysis (Sep 22-March 23)

Summary		
	Number of specimens	Percentage
Cancer and Urgent Demand	17,313	
Routine Demand	10,168	
Endoscopy Insourcing	2,112	
Ceasing private activity	(1,143)	
Specimen backlog at end August	2,430	
Total demand (Specimens)	30,881	

Lab Capacity Total	20,417	
<b>Laboratory Shortfall</b>	<b>(10,464)</b>	<b>-34% (28% underlying)</b>
Reporting backlog at end August	5,950	
Reporting Capacity Total	23,238	
<b>Reporting Shortfall</b>	<b>(13,593)</b>	<b>-44% (25% underlying)</b>
Non-recurring solutions for laboratory (outsourcing excluding Endoscopy Insourcing)	8,380	
<b>Residual laboratory gap (includes Endoscopy Outsourcing activity)</b>	<b>29</b>	<b>0%</b>
Non-recurring solutions for reporting shortfall (outsourcing excluding Endoscopy Insourcing)	11,580	
<b>Residual reporting gap (includes Endoscopy Outsourcing activity)</b>	<b>1,434</b>	<b>5%</b>

ABUHB has two options (below) available to mitigate this patient safety risk:

	Option	Impact on lab/reporting/both
1	Outsourcing (from specimen through to reporting)	See Demand and Capacity Analysis
2	Locum Histopathologists (agency from September and NHS locum from February)	Reporting (231 cases per month)

## Financial Analysis

The table below sets out the proposed expenditure from October 2022 to year end.

### Workforce & Outsourcing Costs: Oct22- March23

Financial assessment of outsourcing options	
Outsourcing routines to Cell Path Services from October (wets to report)	<b>658,460</b>
Outsourcing prepared slides (routines) backlog to Cell Path Services for reporting	<b>137,143</b>
Transport costs of outsourcing	<b>18,072</b>
<i>Histopathology Agency Locum</i>	<b>22,845</b>
<i>Histopathology NHS Locum</i>	<b>11,900</b>
<i>Workforce to administer outsourcing processes (reporting)</i>	<b>27,864</b>
<i>Total cost projection</i>	<b>876,284</b>

Administrative resource will be reviewed and monitored to ensure that it is appropriate and compliant with UKAS requirements.

### Endoscopy Business Case & Cellular Pathology Costs

Outsourcing costs for Endoscopy Insourcing are excluded from this case. A decision has already been made by the Health Board to invest **£694k** within Histopathology as part of the Endoscopy business case (approved by Board at the end of 2021). This funding is expected to start when the

new facility is operational, however an element has been required ahead of this to support the insourcing.

### **Impact on Turnaround Time (TAT)**

Current routine request turnaround time is approximately 4.5 months. With no decision to outsource no routine patients will be processed and with increasing volumes of USC's there is risk that these may not be processed at all. The outsourcing service delivers an average TAT of 7 days. This will be monitored. If the decision is made to outsource, it is expected that the improvement in reporting turnaround time for USC will be to 75-80% within 7 days and routine TAT will be brought back into reasonable time frame i.e., 6- 8 weeks.

### **Quality, Safety and Governance Assurance:**

Robust contract management arrangements, including KPI compliance and monitoring, will be implemented to ensure a safe, effective and efficient service and that via the procurement process the provider will be scrutinised against required standards to ensure the service is appropriate and delivering.

### **Conclusion**

This paper demonstrates that there are urgent patient safety risks in cellular pathology in meeting patient demand. The Clinical Support Services Division has highlighted the urgency and importance of investment to mitigate this. If the Health Board does not take urgent action by the end of financial year, the Health Board will carry a backlog of over 10,000 cases.

Clinical Support Services Division recommend that funding and authorisation be given with immediate effect to outsource both the processing and reporting of predominantly routine cases. This will reduce the turnaround time for routine requests by 4 months and enable the service to focus on processing USC/Urgent cases and where possible meet the KPI of a 7-day reporting turnaround.

### **Recommendation**

#### **The Board is asked to:**

- 1) APPROVE the approach to outsourcing and agree funding of £876K, recognising the financial risks faced by the organisation and the potential need for prioritisation;
- 2) NOTE the current clinical risk being experienced;
- 3) NOTE that the Executive Team will support the development of the medium-term sustainability options.

### **Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	There is a high risk of serious harm to these group of patients. This is included on the divisional and health board risk registers.
<b>Financial Assessment, including Value for Money</b>	Proposal is based on Welsh shared services framework. Volume based discounts will improve value for money further.
<b>Quality, Safety and Patient Experience Assessment</b>	<ul style="list-style-type: none"><li>• Mitigate risk of harm to patients</li><li>• Meet waiting times</li><li>• Decrease delays</li></ul>



	<ul style="list-style-type: none"> <li>• Increase patient satisfaction</li> </ul>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Solution reduces variation in turnaround time for diagnosis.
<b>Health and Care Standards</b>	Solution supports the Health Board to comply with requirements to person centred care, through delivery of timely and effective care. The genomic and ICC elements of the service facilitates targeted individual care.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Single Cancer Pathway is included within the Health Board's IMTP
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Early detection and diagnosis of malignant cancers to improve outcomes
	<b>Integration</b> – Pathway and workflow to integrate with existing workflows to ensure continuity, quality and patient safety.
	<b>Involvement</b> – Consultants, Biomedical Scientists, all tumour site teams, input from neighbouring health boards
	<b>Collaboration</b> – The Division is participating in the Regional Diagnostic Board to learn from their experience and ensure a consistent approach.
	<b>Prevention</b> – To enable early detection of cancer and pre-cancerous cells
<b>Glossary of New Terms</b>	<p>SCP: The Single Cancer Pathway (SCP) is a Welsh Government target for diagnosing cancer and starting treatment more quickly. It also indicates where information and support should be provided across the pathway.</p> <p>ICC: This refers to immunocytochemistry testing which predicting responses to treatment regimens, immunotherapy and chemotherapeutic drugs for cancer patients</p> <p>EGFR: Stands for epidermal growth factor receptor, used in Cancer treatment. This is a type of ICC test.</p> <p>TAT: Turnaround time. Number of days from the receipt of specimen to authorisation of Histopathology report.</p> <p>UKAS: The United Kingdom Accreditation Service is the national accreditation body for the United Kingdom, appointed by government, to assess organisations that provide certification, testing, inspection and calibration services.</p> <p>USC: Urgent Suspected Cancer is a pathway and requesting definition to ensure that these specimens are prioritised.</p>
<b>Public Interest</b>	Cancer waiting times and performance is a high profile metric.



<b>Report Title</b>	<b>Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement</b>	<b>Agenda Item</b>	3.6		
<b>Meeting Title</b>	<b>Aneurin Bevan University Health Board</b>	<b>Meeting Date</b>	28/09/22		
<b>FOI Status</b>	Open				
<b>Author (Job title)</b>	Specialised Planner Neurosciences and Long Term Conditions and Assistant Director of Planning				
<b>Executive Lead (Job title)</b>	Director of Planning, WHSSC				
<b>Purpose of the Report</b>	<p>The purpose of this report is to :</p> <ul style="list-style-type: none"><li>• Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to,</li><li>• Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service.</li></ul>				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b> <p>Members are asked to:</p> <ul style="list-style-type: none"><li>• <b>Consider</b> and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs)</li><li>• <b>Support</b> local action to disseminate the information being cascaded as outlined within the main body of the report; and</li><li>• <b>Note</b> the Draft Equality Impact Assessment (EQIA).</li></ul>					

## COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT

## DEVICE SERVICE –ENGAGEMENT

### 1.0 SITUATION

The purpose of this report is to:

- Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to
- Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant (BCHI) Device Service.

### 2.0 BACKGROUND

WHSSC commissions Cochlear and Bone Conduction Hearing Implants for the population of Wales on behalf of the 7 Health Boards. This report applies to all Health Boards (HBs) with the exception of Betsi Cadwaladr University Health Board (BCUHB), and the population within Powys Teaching Health Board (PTHB) that flow to North Wales/England for their services.

**Cochlear** services are commissioned from two centres in South Wales; the University Hospital of Wales (UHW) in Cardiff and the Princess of Wales (PoW) Hospital in Bridgend. The services are provided to the populations of the following Health Board (HB) areas:

- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Cardiff & Vale University Health Board (CVUHB)
- Aneurin Bevan University Health Board (ABUHB)
- Powys Teaching Health Board (PTHB)
- Swansea Bay University Health Board (SBUHB)
- Hywel Dda University Health Board (HDUHB)

There are approximately 30 adult Cochlear implants and approximately 16 paediatric Cochlear implants undertaken each year.

Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unviable. At this time, a commitment was given to undertake a process compliant with the 'Guidance on changes to services in NHS Wales' in order to move towards a permanent model of delivery.

**Bone Conductor Hearing Implant** services for the South Wales population are currently provided from three HBs: SBUHB, CVUHB and

ABUHB. Across all three centres there are a total of between 16 and 20 BAHAs provided each year (approximately 6 per centre).

In order to inform both the future commissioning model and engagement requirements, 3 pieces of work have recently been undertaken:

- A clinical options appraisal,
- An external assessment of the options against clinical standards; and
- A financial options appraisal.

A summary of the process and outcomes, as well as a recommendation on a preferred future commissioning option for all specialist hearing services was outlined in a report to the WHSSC Management Group in July 2022, and subsequently to the Joint Committee on the 6<sup>th</sup> September 2022. The Joint Committee supported the proposals. The report which also presented a process and core content of a period of targeted engagement, can be viewed via the following [link](#). (it is important to note that the link to the JC papers refers to earlier versions of the engagement materials, which have since been updated).

Agreement was reached through these discussions to follow the process as advised by the Board of Community Health Councils(CHC's) and an agreement was given to the content of the engagement materials as the basis of a targeted engagement process, for which support is sought through HBs at their September meetings as follows:

Health Board (HB)	Date
Aneurin Bevan University Health Board	28th September 2022
Cardiff & Vale University Health Board	29th September 2022
Cwm Taff University Health Board	29th September 2022
Hywel Dda University Health Board	29th September 2022
Powys Teaching Health Board	29th September 2022
Swansea Bay University Health Board	28th September 2022

### 3.0 ASSESSMENT

The following section outlines the materials, methods and proposed timeline for the engagement process, as well as a summary view from each CHC, to enable HBs to consider this as part of their assessment.

### 3.1 Materials

In order to support the process, the following materials have been developed:

- A Core engagement document with a questionnaire to aid response (**Appendices 1 & 1a**),
- A Summary document (**Appendix 2**),
- An Easy Read document; and
- A Draft Equality Impact Assessment (EQIA) (**Appendix 3**)

It should be noted that the Easy Read document is currently being developed by an external organisation and will be available on request. It should further be noted that the EQIA remains in a draft format as it will be further updated using the information received through the engagement process.

### 3.2 Methods

In order to support the process, the following methods have been agreed:

- A Letter to all current patients/carers, (*note those already within the service, and those on a waiting list*) including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- A Letter to all clinical teams including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- Publication of the engagement process and materials on HB websites and consideration of cascade through stakeholder reference groups (SRGs); and
- Cascade of documentation to a number of stakeholders to enable broader view.

### 3.3 Timeline

The following timeline is proposed for targeted engagement, noting that an additional period of consultation may be required following this stage:

Governance Process	Date	Action
Health Board Meetings	September 2022	Seek support from Boards on engagement with Health Board
Community Health Council meeting	19 <sup>th</sup> October 2022	Final update based on Joint Committee and Health Board views

<b>Engagement Process *</b>	24 <sup>th</sup> October 2022	6 week targeted engagement
<b>Engagement Finishes</b>	5 <sup>th</sup> December 2022	Consideration of comments and any associated mitigations
<b>Health Board Meetings</b>	January 2023 (tbc)	Outcome of the Engagement process
<b>Community Health Council meeting</b>	19 <sup>th</sup> January 2023 (tbc)	Outcome of the Engagement process

*\*Note subject to Welsh translation timeline*

### 3.4 Community Health Council (CHC) Considerations

Outlined below are the considerations of each of the CHCs on the proposed process and materials:

Health Board	Status
Aneurin Bevan CHC	Supported
South Glamorgan CHC	Supported
Cwm Taf Morgannwg CHC	Supported
Swansea Bay CHC	Not meeting until 27 <sup>th</sup> Sept
Hywel Dda CHC	Supported
Powys CHC	Supported

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Consider** and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs);
- **Support** local action to disseminate the information being cascaded as outlined within the main body of the report; and,
- **Note** the draft Equality Impact Assessment (EQIA).

## Governance and Assurance

## Link to Strategic Objectives

<b>Strategic Objective(s)</b>	Development of the Plan Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	Yes
<b>Health and Care Standards</b>	Safe Care Effective Care Timely Care
<b>Principles of Prudent Healthcare</b>	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	To ensure that the delivery model will provide a safe and sustainable hearing implant device service, which meets national standards for the South Wales region.
<b>Finance/Resource Implications</b>	There are no resource implications.
<b>Population Health</b>	To ensure all users of the Hearing Implant Device centre have equal access to surgery and provide life management and care for patients offering care closer to home.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There are no known legal, equality and diversity implications.
<b>Long Term Implications (incl WBFG Act 2015)</b>	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	15 September 2022 - Corporate Directors Group Board
<b>Appendices</b>	Appendix 1 and 1a - Core engagement document with a questionnaire to aid response







GIG  
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WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)



**COCHLEAR IMPLANT AND BONE CONDUCTION HEARING  
IMPLANT (BCHI) DEVICE SERVICES FOR CHILDREN & ADULTS  
IN SOUTH & WEST WALES AND SOUTH POWYS**



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## 1. INTRODUCTION

Many people in Wales experience hearing loss. Specialist hearing services for patients needing a Cochlear Implant or a Bone Conduction Hearing Implant (BCHI) are provided from two centres in Wales, one in Cardiff and one in Bridgend. Health Boards in South Wales, West Wales, and South Powys have been working together to identify the best way of providing these services in the future, and would like to hear your views on these ideas. The reason we need to talk with you now is that there are temporary arrangements in place for these services, and we would like to get them to a more permanent position.

The discussion paper will answer the following questions:

- What are Cochlear implants and BCHI?
- Who needs a Cochlear implant or BCHI?
- How are services in South Wales currently organised?
- What challenges are facing the service?
- What options do we have to respond to the challenges?
- Do we have a preferred option?
- What are the advantages and disadvantages?

We would like to hear your views on the issues shared in the paper, and have developed a questionnaire that you can use to respond at Annex A. If you have feedback that you would like to comment on that the questionnaire does not cover, please use the commentary section at the end to share this.

We welcome views from all residents and stakeholders in South East Wales, South West Wales and South Powys who may be affected by the contents of this paper. An Equality Impact Assessment screening has been developed for this service, which the responses to this engagement will further inform. Both will be published as part of the outcome of the engagement process.

Due to the nature of the service, we recognise that this document will have some medical terms within it that may not be familiar to all. There is a description of these words in Annex 2.

**2. WHAT ARE COCHLEAR IMPLANTS AND BONE CONDUCTION HEARING IMPLANT (BCHI) SERVICES ?**

Hearing loss affects over 10 million people across the United Kingdom. It can lead to significant health and mental health issues<sup>1</sup>. It is a very common condition affecting around one in seven of the population. As we get older, the chance of us having hearing loss increases.

Many people with hearing loss wear a hearing aid(s) which make sounds louder in the ears. Not everybody is able to wear hearing aids as the hearing aid cannot be made loud enough for them to hear clearly. There are many medical conditions that make hearing aids unsuitable for certain people and therefore an implantable hearing device may be considered.

<b>What is a Cochlear Implant?</b>	<b>What is a Bone Conduction Hearing Implant (BCHI)?</b>
A cochlear implant is for people who gain no benefit from air conduction hearing aids. The implant stimulates the nerves in the inner ear to create sound.	A BCHI is for people who cannot physically wear an air conduction hearing aid. BCHI uses bone conduction to help sound get to the inner ear.

Specialist Auditory services that support people needing cochlear implants and/or BCHIs aim to:

- Improve speech and quality of life
- Promote normal development of hearing
- Provide adult hearing rehabilitation and paediatric hearing rehabilitation – this could be through direct input or an advisory

service.

- Provide a high quality, family focused cochlear implant and BCHI programme
- Promote understanding and the use of spoken language in children
- Provide remote rehabilitation and care to ensure patients get the maximum benefit from their devices
- Use of auditory devices to restore hearing functions and enhance the listener's quality of life to optimise the patient experience

### 3. WHO NEEDS THESE SERVICES?

#### What do we know about hearing loss in Wales?



There are approximately **613,000** people over the age of 16 with severe/profound deafness in England and Wales.

Around **370** children in England and **20** children in Wales are born with permanent severe/profound deafness each year. Around **90%** of these children live with hearing parents. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. It is 2 in every 1'000 between the ages of 9 – 16.

There are more women than men with hearing loss, which is because women live longer than men. Some ethnic groups may also have higher rates of hearing loss.

Doctors and Auditory Specialists who believe a person could be helped by a hearing implant, can refer them to a specialist hearing centre to be seen by a team of clinical staff (a multi-disciplinary team) who will assess whether a someone is suitable for a hearing

<sup>1</sup> [Overview | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE](#)

implant. Not all people will benefit from a hearing implant.

It is really important that children who have hearing loss are identified and seen early so that they can learn to speak well, take part in school and learning, make friends and have good conversations.

People who receive a cochlear implant or BCHI device may have:

- A chronic ear disease
- Deafness in one or both ears
- Ear canal problems
- Malformations of or absent ear structures

#### **4. HOW ARE COCHLEAR IMPLANT AND BCHI SERVICES CURRENTLY ORGANISED IN SOUTH WALES ?**

##### **National Context**

The Welsh Health Specialised Services Committee is responsible for the commissioning (buying and monitoring) of Cochlear Implant and BCHI Device services for Welsh residents.

There are two specialist centres for Cochlear Implant services in South Wales:



- One at the University Hospital of Wales, Cardiff and Vale University Health Board and;



- One at the Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board



These centres work together and are recognised as the Specialist Auditory Implant Device Service for children and adults in South Wales, West Wales and South Powys.

There are three centres delivering the BCHI Service and these are located at:



**The Royal Gwent  
Hospital in  
Newport**



**Neath Port Talbot  
Hospital**



**University  
Hospital of  
Wales,  
Cardiff**

Services from Cardiff & Vale and Neath Port Talbot are bought and monitored (commissioned) by WHSSC. The service at Aneurin Bevan University Health Board is funded by Aneurin Bevan University Health Board.

People from across South Wales, West Wales and South Powys are referred to one of the two centres funded by WHSSC for BCHI.

### **For Cochlear Implant referrals:**

Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the Princess of Wales Hospital, Bridgend :

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the University Hospital of Wales, Cardiff:

Cardiff and Vale
Gwent
Merthyr Tydfil
Rhondda Cynon Taff
Taff Ely
small number of South Powys patients

### **For BCHI referrals:**

People living in the following areas are currently referred to (sent to and seen at) Neath Port Talbot Hospital:

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

People living in the following areas are currently referred to (sent to and seen at) University Hospital of Wales, Cardiff:

Cardiff and Vale
Merthyr Tydfil
Rhondda Cynon Valley
Gwent
Taff Ely
small number of South Powys patients

Adults living in Gwent area are currently seen in Aneurhan Bevan University Health Board which is not a WHSSC funded service for BCHI.



The North Wales Cochlear Implant Programme and BCHI service is delivered in Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, with the children's cochlear implant service being in Central Manchester University Hospitals NHS Foundation Trust.

Services for people living in North Wales and North Powys are not included in this engagement.

To deliver these services the Specialist Auditory Implant Device Service must provide the following<sup>2</sup>:

- All patient areas should be appropriate to the needs of a hard of hearing and D/deaf population and take into account the needs of families and young children.
- A specialist auditory implant device centre should include the full range of staff to deliver it in line with the standards.
- Guidance<sup>2</sup> suggests the following roles should be included in an implantable devices team:
  - Otorhinolaryngologist/ENT surgeons
  - Audiological Scientists / Specialist Audiologists
  - Hearing Therapists
  - Speech & Language Therapist
  - Clinical Psychologist

In addition for children:

- Paediatric Anaesthetists
- Qualified Teachers of the Deaf
- Specialist Speech & Language Therapist
- Clinical Psychologist
- Specialist Radiologists
- Specialist Nurses

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<sup>2</sup> <https://www.bciq.org.uk/wp-content/uploads/2021/03/QS-update-2018-WORD-final-v2.pdf>

- The specialist auditory implant team must be suitably qualified and registered with the appropriate professional bodies. All members must continue to maintain continual professional development, and all will have training in D/deaf awareness and knowledge of the full range of hearing implants available.
- Specialist auditory implant services must have access to appropriately calibrated and up to date equipment and facilities to enable appropriate assessments to take place.
- Audiological testing will need to be undertaken in sound proofed rooms where the ambient noise levels are compliant with the BBS EN ISO 8253-1 1998 standard.
- Day case operating theatres
- Inpatient operating theatres
- Outreach clinics to provide care closer to the people's homes
- Home and school visits where appropriate
- Offer remote programming for cochlear implants

## 5. HOW DOES THE SERVICE PERFORM?

There are three pieces of information that are reported by the service, these are:

- **Referrals** – the number of adults and children who need the specialist service and are referred by their doctor or auditory specialists
- **Waiting times** – length of time adults and children have to wait in weeks or days to be seen for treatment
- **Activity** – number of adults and children who receive treatment

Table 1 shows the number of adults and children who are referred to the Cochlear Implant and Bone Conductor Hearing Implant (BCHI) service over the last four years. The BCHI information is shown as an average figure.

**Table 1: Referrals**

<b>Cochlear Implant Referrals</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Adults	56	57	82	31
Paediatrics	20	17	31	12
<b>Average Number BCHI Referrals</b>				
Adults	42	42	42	42
Paediatrics	2.5	2.5	2.5	2.5

The next table shows how long adults and children are likely to wait to receive treatment for a cochlear implant or BCHI during 2019/20. The Cardiff and Vale University Health Board is the only centre in South Wales that has had a cochlear implant service since August, 2019.

**Table 2: Waiting Times to first assessment 2019/20**

<b>Cochlear Implants Waiting time</b>	<b>Cardiff and Vale University Health Board</b>	<b>Swansea Bay University Health Board</b>	<b>Aneurin Bevan University Health Board</b>
New adult patients	8 weeks	Not applicable	Not applicable
New paediatrics patients	4 weeks	Not applicable	Not applicable
<b>BCHI Waiting Time</b>			
New BCHI patients	2-3 weeks	12 weeks	24 weeks

Table 3 shows the number of adults and children that were treated in the last four years.

The numbers were much lower in 2020/21 due to the Covid-19 pandemic.

## Activity

<b>Cochlear Implant Activity</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Adults	14	28	32 40	30
Paediatrics	16	15	17	16
<b>BCHI Activity</b>				
Adults	25	21	18	4
Paediatrics	0	0	0	0

## Outcome Measures for Cochlear Implants

The service are required to take account of national standards to ensure that treatment is provided in the best possible way. Patients are asked to complete a number of questionnaires asking about their hearing loss, how it is affecting them and whether the hearing implant has improved their hearing and general quality of life. These are called patient reported outcome measures (PROMS).

There are other tests that can be used to measure how well a person can hear words or words in sentences, without lip-reading. These tests are used to see if the adult or child is suitable for a cochlear implant. This is known as a speech test measurement and is performed before surgery and again after surgery to measure the change and whether there has been an improvement in the quality of their hearing.

For those adults or children who have been assessed and may be suitable for a BCHI, speech tests are not usually used. The measure is more around reduction in pain, ear infections, earmould allergies or how well the BCHI fits compared to an air conduction hearing aid.

## **6. WHAT ARE THE CHALLENGES FACING COCHLEAR IMPLANT AND BCHI HEARING DEVICE SERVICES IN SOUTH WALES ?**

Services face a number of current challenges which are outlined here:

- **Workforce challenges**

During 2019, it was established that the service provided from the Princess of Wales hospital in Bridgend service was facing workforce challenges and became unsustainable due to the immediate withdrawal of the Principal Clinical Scientist from the service. The Bridgend service was without Audiology support and were not able to meet some of the quality indicators to achieve the minimum standards as recommended by the British Cochlear Implant Group due to the staffing shortage.

In line with the guidance on '*Changes to NHS services in Wales*', arrangements were made for the temporary transfer of Cochlear surgery services from Cwm Taf Morgannwg to Cardiff and Vale University Health Board. The change means that patients who would have gone to Princess of Wales Hospital Bridgend for surgery and out-patient appointments would temporarily be seen at the University Hospital of Wales, Cardiff. Staff from the Bridgend service were also temporarily transferred on honorary contracts to support the provision of the service in Cardiff, enabling a level of continuity to patients previously being seen in the Princess of Wales hospital.

- **Meeting Quality Standards**

To deliver services, specialist auditory implant device centres should meet the 'British Cochlear Implant Group Quality Standards'. The key standards are set out overleaf:

Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/yr) and clinical scientist/physiologist's skills. (centre undertakes min 15 BAHA/yr)
Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected (recommended that a centre should have a minimum of 3)
Provide equitable and life long access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, SLT and TOD)	Publish data on audit and outcomes

The British Cochlear Implant Group (BCIG) standards recommend:

- That a Cochlear Implant Centre should have a minimum of two experienced ear surgeons with an annual surgical activity level of 10 surgeries, per year, per surgeon in order to maintain high levels of skill and experience.

Recommendations on standards for BCHI services comes from a consensus statement of experts, which states:

- That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 procedures per year.

Not all units are able to achieve the quality standards that are set out in the British Cochlear Implant Group guidelines and NHS England Clinical Commissioning Policy for Bone Anchored Hearing.

- **Services spread across the South Wales region**

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BCHI services are widely spread across the region. Some of the centres have single handed auditory specialist staff, which means that there is no cross cover when people are on leave. There is no arrangement in place for skilled staff to rotate into these posts and clinical staff are often also working in audiology and Ear, Nose and Throat services. There are challenges in recruiting staff to roles and in some centres there has been a lack of opportunity for development due to the gaps in the workforce.

- **Waiting Times**

Waiting times across the region vary from centre to centre and there is no central Multi-Disciplinary Team (MDT) provision, which means that not all patients have the opportunity to be considered for all types of hearing implant devices.

All of the issues above have led to the suggestion of a centralised service in order to have economies of scale and seek to address the challenges outlined.

<b>7. WHAT OPTIONS HAVE WE CONSIDERED TO RESPOND TO THE CHALLENGES?</b>
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Our aim is to have a Cochlear Implant and Bone Conduction Hearing Implant Device Service that:

- Can deliver a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys
- Has equitable access
- Meets national standards
- Has staff in the right place with the right specialist skills
- Facilitates timely access to surgery

To consider the best option, three pieces of work have been done:

- a) A clinical option appraisal
- b) An external assessment of the options and how they would deliver against relevant service standards

c) A financial option appraisal

Underpinning all three pieces of work were the British Cochlear Implant Group guidelines<sup>6</sup> and the NHS England BCHI Commissioning document.

Below is a summary of the work:

- **Clinical Option Appraisal**

A series of workshops with clinical teams were held between September 2021 and June 2022 with the aim of discussing the best way of delivering a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys that meets national standards.

The group considered five options for the delivery of specialist hearing services in the future and scored them against the following criteria:

- Quality and Patient Safety
- Achievability (Staffing, sustainability, and training)
- Accessibility
- Clinical Effectiveness and Efficiency
- Acceptability

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<sup>6</sup> <https://www.bci.org.uk/>

The options considered were:

	Option	Description
A	Do Nothing	2 Cochlear hubs for adults and children, 3 BCHI hubs for adults and children
B	Central Cochlear/distributed BCHI	Single Hub (with outreach) for Cochlear 3 BCHI hubs for both adults and children
C	Central Cochlear Central Paediatrics BCHI Distributed adult BCHI	1 Cochlear hub with cochlear outreach 1 BCHI hub (Paediatrics) 3 BCHI hubs (adult)
D	Single implantable device hub	1 single centre for Cochlear and BCHI for both children and adults with an outreach support model



E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)	1 single centre for BCHI (children and adults) 1 single centre for Cochlear (children and adults)
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The clinical team expressed a preference for Option B.

- **External Assessment**

To consider the options against the national standards, a specialist hearing centre from within NHS England was asked to objectively review the options. In undertaking this assessment, the external assessor arrived at the following ranking of the options:

Option	External specialist auditory implant centre assessment
A	5
B	4
C	3
D	1
E	2

The outcome of the external assessment against the standards was option D being the preferred option.

- **Financial Appraisal**

Finally, each of the options was reviewed financially. It was concluded that none of the options would cost more than the money that is currently invested in the service, in fact that through consolidating the services that there was an opportunity to release money for investment in an out of hours service, and other service developments.

The outcome of the financial appraisal identified that Option D, a single implantable device hub for both children and adults with an outreach support model was the most cost-efficient option.

**In summary of the outcome of the 3 pieces of work:**

Option	Title	Clinical Option Appraisal	External Assessment against of standards	Financial Appraisal
Option A	Do nothing			
Option B	Central Cochlear /distributed BCHI	√		
Option C	Central Cochlear, Central Paediatrics BCHI Distributed adult BCHI			
Option D	Single implantable device hub for both children and adults with an outreach support model		√	√
Option E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)			

## 8. DO WE HAVE A PREFERRED OPTION?

Welsh Health Specialised Services as commissioner of the service has the responsibility to consider the most appropriate means of commissioning the service for the future.

There are a number of key messages taken from the national standards that the service must have.

*A service must:*

- Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
- Be able to offer access to all types of commissioned hearing implants
- Have a functioning MDT where all referrals are discussed and planned for
- Facilitate timely access to surgery
- Facilitate rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected
- Provide equitable and lifelong access
- Have clear governance processes

- Facilitate effective liaison with relevant local services
- Publish data on audit and outcomes

Having considered all three assessments against the national standards the only option that meets these requirements is **Option D, a single implantable device hub for both children and adults with an outreach support model**. This is the model that WHSSC would like to commission.

## 9. IMPACT OF THE CHANGE

The suggestion above will enable the safe and sustainable delivery of services for patients requiring an implantable device which will include assessment, surgery and device programming. It will also include the full range of staff required to support the service, and see sufficient numbers of patients for the clinical team to maintain a high level of skill.

The service would:

- Support rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected at the specialist auditory centre and provide equitable and lifelong access
- Ensure equity of access for all patients (i.e. all patients having the same options open to them, and considered for them)
- Support a critical mass of patients required for the adoption of new technological advances
- Provide remote digital programming and outreach clinics in the local health boards to improve access to services

### What is the Impact?

- Some patients and families may need to travel further distance to receive the service
- Patients would be treated at a centre carrying out higher numbers of the procedures, which is linked to improved outcomes
- There is the opportunity to use money more efficiently, potential opportunity to reinvest in new developments for the service, and to have an improved service comparable to other regional specialist auditory device centres.

## **10. HOW CAN YOU CONTRIBUTE: ENGAGEMENT AND CONSULTATION**

This is the start of our conversation with you about the Cochlear Implant and BCHI Hearing Implant Device service for South and West Wales and South Powys. We would like you to share your views about what you have read.

Some of the things we would be interested to learn from you are whether:

- You have an understanding of the Cochlear Implant and BCHI Hearing Implant Device service as a result of reading this document
- You have a better awareness of how the services are currently provided as a result of reading this document
- The challenges facing the service and the options that have been considered for the future delivery of the services are clear
- Your views on the preferred model

### **Next Steps**

- When the engagement exercise has ended, all information received will be shared with the individual Health Boards and Board of Community Health Councils. We will also make available a report that outlines a summary of what has been received. We will consider all of your comments and decide to take any necessary mitigating actions as a result. We will also update the Equality Impact Assessment.

On discussing the outcome with Community Health Councils, a further period of consultation may be needed. If this is required we will once again invite your views.

A questionnaire is available at the end of this document to aid your response. It should be returned to:

Cochlear and BCHI engagement  
Welsh Health Specialised Services Committee  
Unit G1 Main Avenue

Treforest  
Pontypridd  
CF37 5YL

Or alternately [WHSSC.GeneralEnquiries@wales.nhs.uk](mailto:WHSSC.GeneralEnquiries@wales.nhs.uk) (*please title Specialist Audiology Engagement*)

We would welcome your feedback by **5<sup>th</sup> December 2022**



## APPENDIX 1– GLOSSARY OF TERMS

Audiology	The branch of science and medicine concerned with the sense of hearing.
Cochlear Implant System	A cochlear implant is an implanted electronic hearing device designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear.
Otorhinolaryngologist/ENT surgeon	A doctor who studies or treats diseases of the ear, nose, and throat.
Audiological scientists / Specialist Audiologist	A clinical scientist or specialist audiologist specialises in the diagnosis, analysis and treatment of human auditory disorders such as hearing, tinnitus and audio balance deficiencies.
Hearing therapist	A hearing therapist offers counselling to help with hearing difficulties
Speech and Language Therapist	A speech and language therapist provides life-changing treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing.
Clinical Psychologist for children	Clinical child psychologists work with children by assessing, diagnosing and treating children and adolescents with psychological or developmental disorders, and they conduct academic and scientific research
Paediatric Anaesthetist	Paediatric anaesthesiologists are responsible for the general anesthesia, sedation, and pain management needs of infants and children
Qualified Teacher of the Deaf (QTOD)	Qualified Teachers of the Deaf (also known as QToDs) are qualified teachers who provide support to D/deaf children, their parents and family, and to other professionals who are involved with a child's education.
Specialist Radiologists	Specialised Radiologists are medical doctors that specialise in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures (exams/tests) such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.
Specialist Nurses	Specialist nurses are dedicated to a particular area of nursing; caring for patients suffering from long-term conditions and diseases

NICE	National Institute of Clinical Excellence
MDT	Multi-disciplinary Team
SLT	Speech and language therapy



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)

# The Future of Specialist Auditory Hearing Implant Device Services in South Wales Questionnaire

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We are seeking the views of patients and other members of the public regarding how specialist auditory implant device services, such as Bone Conducting Hearing Implant (BCHI) and Cochlear implants, are currently delivered in South Wales, and how they could be delivered in the future. Your contribution to this is valuable, and helps us shape future discussions.

## **Section 1: Please tell us about yourself.**

1. Are you responding on behalf of a group/organisation or as an individual?

- ☐ Group/Organisation (please state which group or organisation and move to question 7)

- ☐ Individual

2. What is your age?

- ☐ Under 16  
☐ 16 - 18  
☐ 19 - 49  
☐ 50 - 69  
☐ 70+  
☐ Prefer not to say



3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

4. How would you describe your national identity?

- ☐ Welsh
- ☐ English
- ☐ Scottish
- ☐ Northern Irish
- ☐ British
- ☐ Other
- ☐ Prefer not to say

5. How would you describe your ethnic group?

- ☐ White
- ☐ Mixed or multiple ethnic groups
- ☐ Asian, Asian Welsh, Asian British
- ☐ Black, Black Welsh, Black British, Caribbean or African
- ☐ Other
- ☐ Prefer not to say

6. Please tell us the first four characters of your postcode. (this helps us learn where the answers have come from)

7. Which Health Board area do you come under?

- ☐ Aneurin Bevan University Health Board
- ☐ Betsi Cadwaladr University Health Board
- ☐ Cardiff & Vale University Health Board
- ☐ Cwm Taf Morgannwg University Health Board
- ☐ Hywel Dda University Health Board
- ☐ Powys Teaching Health Board
- ☐ Swansea Bay University Health Board

- ☐ NHS England
- ☐ Other

## **Section 2: About the Service**

8. As a result of reading this information:

- ☐ I have a better understanding of how BCHI and Cochlear services are currently organised
- ☐ I have no understanding of how BCHI and Cochlear services are currently organised
- ☐ My understanding of how services are currently organised is the same

9. As a result of reading this information:

- ☐ I have a better understanding of the issues facing the service
- ☐ I have no understanding of the issues facing the service
- ☐ My understanding of the issues is the same

Do you have any comments about the issues facing the service?

10. Would you agree/disagree with the following aims for a future Cochlear and Bone Anchored Hearing Implant service:

### **The service:**

- can deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales
- has equitable access
- meets national standards
- has staff in the right place with the right specialist skills
- facilitates timely access to surgery

Agree

☐

Disagree

☐

Neither agree or disagree

☐

Please tell us more

11. As a result of reading this information:

- ☐ I have an understanding of the process that has been followed to arrive at the preferred option
- ☐ I have no understanding of the process that has been followed to arrive at the preferred option
- ☐ Not applicable

Do you have any comments about the process followed?

12. Please tell us what you think about the preferred option of **a single implantable device hub for both children and adults with an outreach support model.**

- ☐ I agree with the preferred option
- ☐ I disagree with the preferred option
- ☐ I have no particular view on the preferred option

Do you have any comments about the preferred option (i.e. why you agree/disagree)?

13. Should the preferred option be progressed, what do you think the impact would be?

Please use this box to tell us more

# THE FUTURE OF SPECIALIST AUDITORY HEARING IMPLANT DEVICE SERVICES IN SOUTH WALES



# WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

We would like to talk with people across South and West Wales and South Powys on the ideas we have about how specialist auditory implant device services could be provided in the future.

# WHO IS LEADING THE WORK?

This work is being led by Welsh Health Specialised Services Committee (WHSSC) in conjunction with the Health Boards in:

- South West Wales,
- South East Wales, and
- South Powys.



# HEARING LOSS

- Hearing loss affects over 10 million people across the United Kingdom.
- It is a common condition affecting around 1 in 7 of the population.
- As we get older, there is a greater chance of increases in hearing loss and many people are offered a hearing aid.
- Not everyone is able to wear a hearing aid and patients may be sent to a specialist auditory hearing centre to be assessed whether they should have a hearing implant.



# WHY WOULD SOMEONE NEED A HEARING IMPLANT ?

- Deafness in one or both ears
- Hearing loss due to the shape or size of the ear canal
- Hearing loss for a medical reason
- Patients may be offered to wear a Cochlear Implant or a bone conduction hearing implant device.

<b>Cochlear Implant</b>	<ul style="list-style-type: none"><li>• A cochlear implant stimulates the nerves in the inner ear. It is implanted in the ear</li></ul>
<b>Bone Conduction Hearing Implant</b>	<ul style="list-style-type: none"><li>• A Bone Conductor Hearing Implant(BCHI) is a hearing aid which uses bone conduction to help sound get to the inner ear.</li></ul>

# WHERE ARE SERVICES PROVIDED NOW?

## **Cochlear Implant Service**

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

## **Bone Conduction Hearing Implant Service**

- Royal Gwent Hospital, Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board
- Neath Port Talbot Hospital, Swansea Bay University Health Board

# WHY DO WE NEED THIS CONVERSATION?

- The service in South Wales, West Wales and South Powys face some current challenges:



British Cochlear Implant Group (BCIG) say that Consultants working at the centres should do 10 cochlear implants and 15 BCHI per year. There are not enough patients to support this across multiple centres.



Patients needing implants should have access to a wide range of clinicians and implants all in the same place – not all centres can offer this.



Because of the above issues, not all centres can meet the standards as set out by the British Cochlear Implant Group.



The Bridgend service temporarily closed in 2019 with all patients currently being seen in Cardiff.

# WHAT ARE WE SUGGESTING?

To overcome the challenges outlined on the previous page, WHSSC would like to commission:

**A single implantable device hub for both children and adults with an outreach support model.**

# HOW DID WE GET TO THAT SUGGESTION?



We worked with clinical teams from the South and West Wales services to look at a number of options for future service delivery



We asked a service from NHS England to assess all of the options against the clinical standards



We undertook a financial assessment of all of the options.

# WHAT WOULD THE CHANGE MEAN?

- Patients would have their implant fitted in a single centre that would do all of this work for South Wales, West Wales and South Powys residents – this has been the situation since 2019.
- Appointments with the team before the implant has been fitted, and after the implant has been fitted will take place closer to home (where they do now)
- Services could meet their standards i.e. do the correct number of procedures
- There would be a critical mass of staff



# WILL THE CHANGE AFFECT ME ?

The change will affect patients living in the following Health Board areas:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

*Note the change is only suggested for the implant to be fitted*



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

# HAVE YOUR SAY

We want to hear your thoughts. Please complete the survey form at the end of the summary document and send it to:

Cochlear and BCHI engagement  
Welsh Health Specialised Services Committee  
Unit G1

Main Avenue 24

Treforest, Pontypridd CF37 5YL

Or alternately (insert WHSSC generic e-mail)

We would welcome your feedback by date **05<sup>th</sup> December 2022**







**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

**PROPOSED CHANGES TO THE SOUTH WALES COCHLEAR IMPLANT  
AND BONE CONDUCTION HEARING IMPLANT (BCHI)  
DEVICE SERVICE**

**EQUALITY IMPACT ASSESSMENT (EIA)**

## **1. INTRODUCTION**

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equality Duties to conduct an equality impact assessment (EIA) of their policies and service developments in order to assess the potential impact(s) upon people with protected characteristics.

This purpose of this document is to set out the narrative and findings of the equality impact assessment (EIA) of proposed changes to the Cochlear Implant and BCHI Hearing Implant Device Services in South Wales.

Equality is about making sure people are treated fairly. It is not about treating 'everyone the same', but recognising that everyone's needs are met in different ways. As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics', it is relevant because people from within protected groups are more likely to experience it.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be

treated effectively except in their first language. Our consideration of equality takes account of this.

Hearing loss affects over 10 million people across the United Kingdom which makes it the second most common disability in the UK. It can lead to significant health and mental health issues. It is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age.

## **2. THE DEMOGRAPHIC PROFILE**

According to Action on Hearing Loss at least 11 million people in the UK have varying degrees of hearing loss. In people over the age of 50, at least 40% have some form of hearing loss and this rises to around 70% in adults over 70<sup>1</sup>. 900,000 are classed as severe to profoundly deaf. There are around 50,000 children in the UK with hearing loss and half that number are born with it.

The Wales average life expectancy is 78.3 years for men, 82.3 for women; with healthy life expectancy being 65.3 years for men, 66.7 for women. According to Action on Hearing Loss in Wales, there are around 575,500 deaf and hard of hearing people in Wales<sup>2</sup>. In 2018 the total number of deaf children in Wales was 2,625.

## **3. BACKGROUND AND RATIONALE**

The intention to consolidate the cochlear implant service in South Wales has been discussed for some time. The reasons being the close proximity of the two providers, and the viability of sustaining multiple services that can all meet quality standards.

During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved with honorary contracts, in order to support the service.

At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Whilst the urgent temporary change related to the provision of Cochlear Implant services, WHSSC's commissioning responsibility for Specialist

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<sup>1</sup> <https://libguides.southwales.ac.uk/c.php?g=669129&p=4748827>

<sup>2</sup> <https://rnid.org.uk/wp-content/uploads/2020/05/Hearing-Matters-report--Wales-Supplement.pdf#:~:text=Action%20on%20Hearing%20Loss%20runs%20free%20hearing%20aid,hearing%20aids%20%28Action%20on%20Hearing%20Loss%20Cymru%2C%202014%29.>

Audiology includes both Cochlear and BCHI. The scope of the project was revised to include both Cochlear, BCHI, adult and children services. The EIA will help with answering the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service change?
- Will the proposed service change promote equality?
- Will the proposed service change affect different groups differently?
- Is there evidence of negative impact and what alternatives are available?

#### **4. CURRENT SERVICE PROVISION**

Cochlear Implant services are commissioned from two centres in South Wales:

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg University Health Board

The BCHI Hearing Implant Services are located at three sites:

- Neath Port Talbot Hospital, Swansea Bay University Health Board
- University Hospital of Wales, Cardiff and Vale University Health
- Royal Gwent Hospital, Aneurin Bevan University Health Board.

#### **5. PROPOSED SERVICE PROVISION**

Following the pandemic, a scoping exercise was undertaken. There were a number of steps in the process to agree a preferred delivery model which required to meet the aim of the service review:

*To consider how we deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales that meets national standards.*

The steps to determine the preferred commissioning model are outlined below:

- Develop an options appraisal on the future commissioning of specialist auditory services
- An external assessment of the options against the service standards
- A financial appraisal of the options.

The approach and outcome of all of these processes can be viewed at this link [\(insert hyper link when paper is published\)](#)

Having paid due regard to all three assessments, and the service standards, the only option that meets these requirement is;

**A single implantable Hub with outreach model with a central Multi-Disciplinary Team provision**

(note this is called option D in the link above)

- A single centre for both children and adults, for the provision and maintenance of both cochlear and BCI, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.
- There will be a central hub with an outreach service. This supports the establishment of a central Multi-disciplinary Team (MDT) where all referrals are discussed and planned for and where patients will be able to be offered access to all types of commissioned implants.
- The option will facilitate timely and equitable access to surgery and provide life management and care for these patients offering care closer to home with the establishment of outreach clinics across the region.

The proposed delivery model must be able to:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy,
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming,
- Be able to offer access to all types of commissioned hearing implants,
- Have a functioning Multi-Disciplinary Team (MDT) where all referrals are discussed and planned for,
- Facilitate timely access to surgery,
- Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected,
- Provide equitable and lifelong access,
- Have clear governance processes,
- Facilitate effective liaison with relevant local services; and
- Publish data on audit and outcomes.

The Welsh Health Specialised Services Committee, as commissioner of the service, has responsibility to ensure the provision of high quality specialist services for the Welsh population and will commission these in line with the agreed service standards.

## **6. HOW WILL IT BE DELIVERED**

### **Central Hub**

A decision has yet to be made on where the single site will be located in south Wales but there are a number of considerations:

All patient areas should be able to meet the needs of a hard of hearing population and the needs of families and young children.

There should be a full range of specialist staff to provide the service to meet the national standards.

There is a need to have other services at the same site for example day case, operating theatres.

The centre must provide a central multi-disciplinary team where all referrals are discussed and planned for.

### **Outreach Services**

The location of outreach services has not been agreed but here are some suggested centres:

- Neath Port Talbot, Swansea Bay University Health Board
- A location in north Cwm Taf Morgannwg University Health Board
- A location in Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board.

The key implications of the proposed relocation that are likely to have an impact on patients and staff are:

### **Patient parking**

This is available at all sites. There are no car parking charges within Wales' hospital sites.

### **Staff parking**

This is available at all sites. Members of staff who wish to park on site may need to apply for a permit. A permit does not guarantee them a parking space on site. Staff must park in designated staff car parks.

### **Healthcare Travel Costs Scheme**

Under this scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full or in part for costs incurred in travelling to receive NHS services provided in a hospital. This includes:

- Income support benefit
- Income based job seekers allowance
- Working tax credit or child tax credit
- Or hold a HC2 or HC3.

## 7. UNDERSTANDING THE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS

The proposal to locate a single implantable device hub for both paediatrics and adults with an outreach support model will therefore affect patients living in the local Health Board regions of Cwm Taf Morgannwg, Aneurin Bevan, Cardiff and Vale, Hywel Dda, Swansea Bay and South Powys.

### Gender/Sex

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	49.0%	51.0%	100.0%	178,806
Blaenau Gwent	49.2%	50.8%	100.0%	69,814
Torfaen	48.7%	51.3%	100.0%	91,075
Monmouthshire	49.2%	50.8%	100.0%	91,323
Newport	49.0%	51.0%	100.0%	145,736
Cardiff and Vale UHB	49.0%	51.0%	100.0%	472,426
Vale of Glamorgan	48.7%	51.3%	100.0%	126,336
Cardiff	49.1%	50.9%	100.0%	346,090
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	48.9%	51.1%	100.0%	234,410
Merthyr Tydfil	49.0%	51.0%	100.0%	58,802
Powys THB	49.4%	50.6%	100.0%	132,976
<b>Area affected*</b>	<b>49.0%</b>	<b>51.0%</b>	<b>100.0%</b>	<b>1,408,880</b>
Wales	49.1%	50.9%	100.0%	3,063,456

Car travel is the most common means of transport for both men and women from all age groups, including children. However, children make more walking trips than adults. For all age groups, men drive further than women

on average. According to the Department of Transport's Road Use Statistics 2016, nationally men are more likely than women to be car drivers, with 80% of men compared to 67% of women holding a driving licence in 2014.

It is therefore assumed that older female patients are most likely to be impacted by the change of location to the University Hospital of Wales due to their likely reliance on public transport. The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to, however some patients will be travelling less, based on the current available evidence. A single centre for Cochlear has been in place since 2019, with no adverse feedback from this group. We would anticipate a similar position and will look for feedback through the engagement process on this issue.

## **Age**

Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years. About half the incidence of childhood deafness is attributed to genetic causes, although approximately 90% of deaf children come from families with no direct experience of deafness. Causes of severe to profound hearing loss in children also include conditions such as meningitis and viral infection of the inner ear (for example, rubella or measles), as well as premature birth and congenital infections.<sup>3</sup>

Hearing loss is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age. There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales. In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss. There are more females than males with hearing loss although this is associated with females living longer rather than gender differences in causes of deafness.

The ageing population means that demand for both hearing assessment and associated interventions is set to rise over the coming years. The vast majority of the ageing population with poor hearing can benefit from a direct primary care referral to adult hearing services, often based in the community, and do not require referral to an Ear, Nose and Throat (ENT)

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<sup>3</sup> [2 Clinical need and practice | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE](#)

out-patient appointment prior to audiological assessment. This facilitates timely diagnosis and access to support for adults with poor hearing.

Older People are also less likely to have access to a car with the over 70 year age group with only 50% of women holding driving licences compared to 73% of men. Women, particularly older women, are therefore likely to be more dependent on public transport and would benefit from community/locality based services and those easily accessible by bus or train.<sup>4</sup>

Older people are therefore likely to be impacted more by the move to a central single implantable device hub as they tend to be high users of the service, some patients who are reliant on public transport may benefit from the outreach service that will be available. We will seek to understand this further through the engagement process.

## **Disability**

Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health. The Cwm Taf Morgannwg population report the poorest mental health status of all Health Boards in Wales. The proportion of people identifying themselves as disabled<sup>5</sup> in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the Health Boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability. At a Local Authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).

Patients are eligible for non-emergency patient transport if the medical condition of the patient is such that they require the skills of ambulance staff or appropriately skilled personnel on or for the journey; and/or if the

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/514912/road-use-statistics.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514912/road-use-statistics.pdf)

<sup>5</sup> Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little



medical condition of the patient is such that it would be detrimental to the patient's condition or recovery if they were to travel by any other means.

Some people undergoing hearing loss surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

The service will be able to provide and meet the needs of patients with any level of disability and be able to make reasonable adjustments to meet the person's needs if required. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further consideration following the engagement process.

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	14.0%	11.4%	74.6%	100.0%	178,806
Blaenau Gwent	15.7%	11.5%	72.8%	100.0%	69,814
Torfaen	13.1%	11.0%	75.9%	100.0%	91,075
Monmouthshire	9.7%	10.5%	79.9%	100.0%	91,323
Newport	10.6%	10.2%	79.2%	100.0%	145,736
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	9.9%	10.4%	79.7%	100.0%	126,336
Cardiff	9.2%	8.8%	82.0%	100.0%	346,090
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	14.5%	11.4%	74.2%	100.0%	234,410
Merthyr Tydfil	15.8%	11.1%	73.1%	100.0%	58,802
Powys	10.2%	11.2%	78.6%	100.0%	132,976
<b>Area affected</b>	<b>11.8%</b>	<b>10.4%</b>	<b>77.7%</b>	<b>100.0%</b>	<b>1,408,880</b>
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

## Sensory Loss

20% of people have impaired hearing and up to 70% of people aged over 70 have sensory loss. This can impact significantly on their ability to understand what they are being told and to interact effectively in a healthcare situation.

British Sign Language (BSL) is the preferred language of over 87,000 Deaf people in the UK for whom English may be a second or third language (A total of 151,000 individuals in the UK can use BSL - this figure does not include professional BSL users, Interpreters, Translators, etc. unless they use BSL at home).

Sign languages are fully functional and expressive languages; at the same time they differ profoundly from spoken languages. BSL is a visual-gestural language with a distinctive grammar using handshapes, facial expressions, gestures and body language to convey meaning.

Contrary to popular belief, Sign Language is not international. Sign languages evolve wherever there are Deaf people, and they show all the variation expected from different spoken languages. They are not derived from the spoken language of a country. Thus, although in Great Britain, Ireland and the United States the main spoken language is English, all three have entirely separate sign languages.

Deaf people can choose from a number of communication methods. An individual's choice will have been determined by many factors to do with their experience and the nature and degree of their deafness. The range includes:

- Sign Language
- Lip-reading
- Fingerspelling
- Deafblind fingerspelling
- Written communication

There are also signing systems that attempts to encode English into sign or to illustrate spoken English.

It can be difficult for a hearing person meeting a Deaf person for the first time, not knowing what communication methods they prefer, but the barriers are usually broken down once communication via the right method is established.

People with sight loss can also be affected by a changed location particularly if they are reliant on guide dogs. Others with low vision will benefit from clear signage, maps etc. It will be essential to take account the needs of people with sensory loss. This is also relevant to people with dementia.

There are already processes in place to support persons with disabilities, for example

- Easy read patient information leaflets
- Wheelchair access at places of safety facilities
- Translation services for those with Sensory issues

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their disability.

## **Ethnicity/Race**

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)<sup>6</sup> population compared to 4.4% BME population nationally. The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Cwm Taf Morgannwg has lower representation from ethnic groups other than white than Wales as a whole. However there are significant number of Polish, Portuguese and Czech people living in the Cwm Taf Morgannwg community and their access issues will need to be considered

Some minority ethnic groups may have higher rates of hearing loss due to increased genetic risk associated with consanguinity and increased risk of childhood infections. Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical or sensory disabilities<sup>7</sup>.

Overall, language can represent a barrier across a number of areas, for example in accessing public transport and also in terms of finding and accessing health or social services.

Cultural differences may also be a factor in how people engage with health services. It can also limit understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate.

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<sup>6</sup> Black and minority population is classed here as any ethnicity not included under the white categories

<sup>7</sup> [Overview](#) | [Cochlear implants for children and adults with severe to profound deafness](#) | [Guidance](#) | [NICE](#)

The language needs of patients from non-white ethnic groups will be taken into account when communicating information about the relocation of services.

Certain ethnic groups are less likely to access many of our services e.g. gypsies and travellers, and it will be important to take account of strategies which address this e.g. 'Travelling to A Better Future', Welsh Government. This has been a particular consideration in the development of the Health Board's Homeless and Vulnerable Groups Health Action Plan.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their ethnicity.

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	98.3%	0.7%	0.8%	0.1%	0.1%	100.0%	178,806
Blaenau Gwent	98.5%	0.6%	0.7%	0.1%	0.1%	100.0%	69,814
Torfaen	98.0%	0.7%	1.1%	0.2%	0.1%	100.0%	91,075
Monmouthshire	98.0%	0.7%	1.0%	0.2%	0.1%	100.0%	91,323
Newport	89.9%	1.9%	5.5%	1.7%	1.0%	100.0%	145,736
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	96.4%	1.3%	1.6%	0.4%	0.3%	100.0%	126,336
Cardiff	84.7%	2.9%	8.1%	2.4%	2.0%	100.0%	346,090
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	97.4%	0.6%	1.3%	0.6%	0.1%	100.0%	234,410
Merthyr Tydfil	97.6%	0.8%	1.2%	0.2%	0.2%	100.0%	58,802
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
<b>Area affected*</b>	<b>93.7</b>	<b>1.4%</b>	<b>3.2%</b>	<b>0.9%</b>	<b>0.7%</b>	<b>100.0</b>	<b>1,408,88</b>
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

## **Marriage and Civil Partnership**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their status of marriage or civil partnership.

## **Pregnancy and Maternity**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on pregnancy and maternity.

## **Religion**

Research indicates that patients and families rely on spirituality and religion to help them deal with serious physical illnesses, expressing a desire to have specific spiritual and religious needs and concerns acknowledged or addressed by medical staff.

It is important that services take cultural needs into account. Some BME groups have a strong reliance on spiritual belief and practice; this has important implications for the way that they want to be cared for.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their religion.

## **Sexual Orientation**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on sexuality. Patients of all sexualities would be given appropriate support when required.

## **Gender Reassignment**

Recent research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high among this group. It is also recognised that this group find it particularly difficult to access services and their dignity and respect must be protected in both hospital and community settings.

## **Welsh Language**

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. The Welsh average

of 18% of Males and 20% of Females are able to speak Welsh. 19 % of the population are able to speak Welsh according to the UK Census 2011.

Service users who may prefer or need to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. Reading materials will also be made available upon request.

It will be essential to comply with the Welsh Language Act 1993 and all supporting strategies particularly the Bilingual Skills Strategy and the 'active offer' when planning for service change. In addition to this, the Welsh Language Commissioner has applied a new set of Standards throughout the Health Service in Wales which were issued in November 2018 and many must be met by May 2019. They cover staff and patients and we have a legal duty to meet them.

There are no identified impacts on the Welsh Language Measure of the potential change. If staff are not Welsh speakers approved translation services will be contacted at the earliest instance if it is suspected that one will be required.

## **Socioeconomic status**

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status<sup>8</sup>.

Approximately a quarter of households (22.9%) in Wales has no access to a car. Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van. Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

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<sup>8</sup> National Equality Panel. (2010). *An anatomy of economic inequality in the UK*. London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3	42.4	25.3	6.0	2.0	100.0%	242,824
Caerphilly	24.4	43.2	25.0	5.7	1.8	100.0%	74,479
Blaenau Gwent	29.0	43.8	20.9	4.9	1.5	100.0%	30,416
Torfaen	23.6	43.5	24.9	6.0	2.1	100.0%	38,524
Monmouthshire	15.2	40.2	32.5	8.7	3.4	100.0%	38,233
Newport	27.9	41.4	23.7	5.2	1.7	100.0%	61,172
Cardiff and Vale UHB	26.4	42.9	24.1	5.0	1.6	100.0%	196,062
Vale of Glamorgan	19.4	43.0	28.8	6.7	2.2	100.0%	53,505
Cardiff	29.0	42.9	22.3	4.4	1.4	100.0%	142,557
Cwm Taf UHB	27.6	42.7	22.9	5.2	1.6	100.0%	123,927
Rhondda Cynon Taf	27.1	42.6	23.4	5.3	1.6	100.0%	99,663
Merthyr Tydfil	29.7	43.2	21.0	4.6	1.5	100.0%	24,264
Powys THB	15.0	42.8	30.1	8.4	3.6	100.0%	58,345
Area affected*	25.2	42.6	24.6	5.6	1.9	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

## Human Rights

At its most basic, care and support offers protection of people's right to life under Article 2 of the European Convention and the aim of this service is to preserve life through advanced treatment delivery. Reference has also been made to dignity and respect which is relevant to freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

### Right to Life (taking reasonable steps to protect life)

It is anticipated that having a single implantable hub with outreach model with a central Multi-disciplinary team provision will provide a safe and sustainable specialist auditory implant device service that meets national standards, will improve clinical outcomes and will have a positive impact on individuals right to have their life protected.

## **Summary Conclusion**

WHSSC has considered all of the protected characteristics, the proposed relocation of specialised services is not considered to have any significant negative impact, however will continue to review this position throughout the engagement period.

## **Next Steps**

Welsh Health Specialised Services will enter a period of targeted engagement, noting that a period of consultation may be required following this stage. The feedback from these processes will enable this EQIA to be further updated and associated considerations accordingly.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 3.6

## Aneurin Bevan University Health Board

### Mental Health and Learning Disabilities Residential Care and Domiciliary Care Proposed Provider Fee Uplifts – 2022/23

#### Executive Summary

The Mental Health and Learning Disability fee uplifts proposed for Residential and Domiciliary Care, follow the same principles as the Complex Care Division increases proposed.

The Mental Health and Learning Disability Division commissions packages of care for individuals who are eligible for Continuing NHS Healthcare (CHC), (where a person primary need has been assessed a health need), are entitled to aftercare under Section 117 of Mental Health Act or to meet an individual's healthcare needs under Additional Learning Needs and Education Tribunal (Wales) Act 2018. The Division currently commissions packages for 243 Adult Mental Health individuals and 162 Learning Disability individuals. Care can be provided within a residential setting or within a person's home (domiciliary care) and is part of a continuum of care and support that an individual with complex needs requires.

The Framework provider uplifts are coordinated nationally in Wales by the National Collaborative Commissioning Unit, and have already been agreed and implemented for those providers, and are shown in the table of costs below for completeness.

The current paper proposes the uplift in fees for both residential care and domiciliary care for the financial year 2022/23.

This paper follows the principles supported for Complex Care Division fee increases.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

#### Executive Sponsor:

- Dr Chris O'Connor, Interim Executive Director for Primary Care, Community and Mental Health

#### Report Author:

- Michelle Forkings – Divisional Nurse, Mental Health and Learning Disabilities Division

- Kevin Arundel – Business Partner Accountant, Mental Health and Learning Disabilities

## Report Received consideration and supported by:

Executive Team	x	Committee of the Board [Committee Name]
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**Date of the Report:** 9<sup>th</sup> September 2022

## Supplementary Papers Attached:

Letter from Care Forum Wales and HomeCare Association

## Purpose of the Report

This report seeks approval for the agreement of 22/23 fee uplifts for residential care and domiciliary care independent providers to be able to continue to commission complex care from the independent sector. The proposed increase in fees is in line with the methodology used in previous years to identify fee uplift as outlined below:

**Residential Care Homes** - In July 2015, the Executive Board approved a fee methodology to enable delivery of an equitable, transparent, and robust methodology for setting standard care home Continuing NHS Healthcare (CHC) placement fees. The methodology adopted key elements to the standard Continuing NHS Healthcare (CHC) weekly fee structure.

This methodology sees the baseline aligned to Local Authority individual residential nursing rates which range from 8-25% across the Gwent Local Authorities for 2022/23.

This rate is applied to care homes and all residential settings.

This methodology has historically been applied since 2015.

**Domiciliary Care** - In previous years, the fee uplift applied to domiciliary care providers commissioned by the Health Board has been the average percentage uplift of the 5 Local Authority partners, which are all different rates.

## Background and Context

From April 2022 there has been an increase in costs for care provided by independent care providers. This increase in costs is due to a number of factors including increases in the following:

- Cost of living (the current Retail Price Index RPI hit is 12.3% in July) including rising energy costs
- Real Living Wage (national increase of 6.9%)
- National Insurance contributions (national increase of 1.25%)
- Higher insurance premiums in the wake of the Covid-19 pandemic
- Limited availability of workforce within the health and social care sector increasing reliance upon offering higher financial incentives to fill vacancies and retain staff
- Increased reliance upon agency staff to fill vacancies

These increased costs have resulted in providers requesting additional funding for commissioned care from the Health Board.

During the Covid-19 pandemic additional funding was received from Welsh Government to support independent providers; however this was tapered from 1<sup>st</sup> October 2021 and ceased 31<sup>st</sup> March 2022 and there is no indication from Welsh Government that any additional funds will be received by the Health Board to support the sector from 1<sup>st</sup> April 2022.

The WG COVID-19 funding relief equated to £0.556 million in 2021/22.

**Domiciliary Care**

The domiciliary care sector has reached critical levels at times due to insufficient staffing. Labour shortages and cost pressures to meet the demands of increased wages are causing issues for providers. Since April/May 2020 there has been a consistent increase in the level of demand for domiciliary care services which exceeds pre-pandemic levels. The market has striven to meet this rise in demand but faces considerable challenges with recruiting and retaining sufficient staff to meet existing packages of care. These issues are not particular to Gwent and are replicated across Wales and the UK as a whole.

It is likely providers will select the commissioning agency that pays the highest rate and it is therefore essential that the Health Board provides a fee uplift that is reasonable.

In March 2022 the Health Board received a letter from the Care Forum Wales and HomeCare Association outlining the current challenges within the sector and requesting an increase in fees for HomeCare (see attached).

**Residential Care**

It is noted that individuals funded by the Health Board have more complex needs than those funded by the Local Authority (hence the Health Board’s inclusive rate of 7 hours of a HCSW to meet the complex needs of the individual). If an appropriate fee increase is not achieved there is a risk that providers will decline admissions from the Health Board Hospital sites in favour of those being funded by the Local Authority as they are less complex. It is also worth noting that individuals who have their care funded by the Local Authority can pay top ups to the home for any additional extras they request; this is not allowed for individuals in receipt of CHC funding.

The potential financial challenge associated with an increase in residential care and domiciliary care fees is acknowledged, and in order to support the efficient use of resource and potentially mitigate some of the increase in costs the MH & LD Commissioning team are implementing a number of cost improvement savings whilst maintaining quality and safety for individuals in receipt of care. These areas include:

- Repatriating patients to wards and Hiraeth project where needs allow
- Stepping down patient care where appropriate
- Review of packages of care to ensure individual’s needs are being met

**Assessment and Conclusion**

By utilising the methodology described above the table below summarises the proposed increase in domiciliary rate and residential care fees for '22/'23.

### **Proposed Fee Increases for 2022/23 CHC Commissioning**

Area	£000	Comment
<b>Supported Living and Domiciliary Care</b>	<b>£2,024</b>	<b>Proposed increase 12.38% in line with Complex Care Proposal</b>
<b>Residential Care</b>	<b>£863</b>	<b>Proposed increase 12.84% in line with Complex Care Proposal</b>
<b>Framework agreements agreed Nationally by National Collaborative Commissioning Unit (NCCU):</b>		
<b>Framework providers Low secure/adult mental health</b>	<b>£711</b>	<b>Agreed by NCCU</b>
<b>Framework providers care homes</b>	<b>£117</b>	<b>Agreed by NCCU</b>
<b>Total Proposed Fee Uplifts</b>	<b>£3,715</b>	
<b>Total per IMTP</b>	<b>£2,632</b>	
<b>Uplifts above IMTP</b>	<b>£1,083</b>	
<b>Amount in current Divisional Forecast Month 5</b>	<b>£845</b>	
<b>Amount above month 5 Forecast</b>	<b>£238</b>	

The original IMTP financial submission for the Division forecasted an additional fee increase of £2.632m compared with '21/'22 in order to cover the real living wage, inflationary costs and potential growth. The proposed increase of 12.38% for the domiciliary care rate, and an average of 12.84% for residential care, along with Framework provider fee uplifts agreed nationally, equates to £1.083m over the original IMTP submission by the Division related directly to fee uplifts. The Framework provider uplifts are coordinated nationally in Wales by the National Collaborative Commissioning Unit and have already been agreed and implemented. The £1,083k is a cost pressure to the Divisional IMTP, £845k has been included in the Divisional Financial forecast since month 4, but the additional £238k, based on final proposals is an increase to current forecast.

Changing from previous agreed fee methodologies, could raise the following risks: -

- Providers may choose not to commission with the Health Board or may become unviable with the risk of reducing available options for care across Gwent. Not only would this have a significant impact on patient and carer quality, outcomes and experience the impact on the wider system could potentially be significant with individuals unnecessarily being admitted to hospital, the number of delayed discharges increasing or individuals being placed outside of Gwent.
- Providers are currently contacting the Health Board requesting an update on fee position. Any delay in agreeing fees may impact on existing providers willingness and ability to either provide new packages of care or maintain existing ones.

- A potential negative impact on the Health Board's ability to work with partners to respond to the current Welsh Government request of increasing beds (or virtual beds) across Wales by 1,000 prior to the Autumn to support anticipated additional pressures within the system.
- Challenge to the Health Board can be expected with potential legal processes and potential reputational damage for the Health Board.
- The Health Board's ability to fund the real living wage for providers would be compromised which is not in line with Welsh Government commitments.

## Recommendation

The Board is requested to support the proposed increase in fees for both residential care and domiciliary care providers as per prior approved fee methodologies with effect from 1<sup>st</sup> April 2022.

Note that the proposal means an additional £238k spend to the current Divisional forecast, with £845k of the increase above IMTP estimates already being included.

The Board is also requested to note that this increase in fees is an additional £1.083m over the original IMPT financial submission and the wider actions being undertaken within the Division to try and mitigate part of these costs.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	There are a range of risks related to individuals, the sustainability and stability of the care sector market and the wider system if proposed fees are not supported.
<b>Financial Assessment, including Value for Money</b>	Previously agreed methodology has been used to propose rate and fee increase. Reduced fees could potentially impact ability to commission care with individuals remaining within the acute sector.
<b>Quality, Safety and Patient Experience Assessment</b>	There is a risk individuals may be admitted to, or remain in, hospital due to being unable to commission placements/community care if proposed fees not supported.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	There are no equality, diversity or child impact issues associated with this report.
<b>Health and Care Standards</b>	
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The proposed increase in fees is an additional £1.083m over the estimate included within the original IMTP financial submission.

<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – Not applicable to this report.
	<b>Integration</b> – Not applicable to this report.
	<b>Involvement</b> – Not applicable to this report.
	<b>Collaboration</b> – Not applicable to this report.
	<b>Prevention</b> – Not applicable to this report.
<b>Glossary of New Terms</b>	N/A
<b>Public Interest</b>	No reason not to be available to the public.



Glyn Jones, Interim Chief Executive  
Aneurin Bevan University Health Board  
Headquarters  
St Cadoc's Hospital  
Lodge Road, Caerleon  
Newport  
NP18 3XQ

1 March 2022

Dear Mr Jones,

### **Local Health Board fee rates for homecare**

First, we want to thank you and your colleagues for all you have done and continue to do to support homecare providers, and those they care for, during these most challenging of times. Your help and commitment are greatly appreciated by our members.

We are writing to urge you to do everything possible to increase fee rates for homecare in your local health board to help to maintain and grow vital homecare capacity and ensure stability of your local market.

Our UK wide calculations, explained below, suggest that providers face increases in wage and non-wage costs of 8-10% in 2022/23. From discussion with members in Wales, we understand that costs in Wales will likely be higher than the UK average due to the level of training requirements and registration that have been introduced by Social Care Wales and the introduction of the Real Living Wage – this could mean cost increases of up to 25%. Failure to increase fee rates sufficiently risks further damage to the supply of homecare, which could lead to further adverse consequences for older and disabled people.

### **Shaping homecare together**

Homecare Association, Sutton Business Centre, Restmor Way, Wallington, Surrey SM6 7AH  
T 020 8661 8188 F 020 8669 7100 E [info@homecareassociation.org.uk](mailto:info@homecareassociation.org.uk) W [homecareassociation.org.uk](http://homecareassociation.org.uk)

Homecare Association Limited. Registered in England under number: 03083104.  
Registered Office: Sutton Business Centre, Restmor Way, Wallington, Surrey SM6 7AH



Providers are also concerned about the future of the [£1 per hour uplift that they have been receiving via the Hardship Fund](#). This has been agreed until the end of the financial year, but pandemic related costs, such as high sickness absence rates and testing costs are continuing against a backdrop of significant workforce pressures. If this funding is removed then these costs will need to be met from other income when fee rates are often already inadequate to cover costs, suggesting a further need for fee rates to increase.

Care Inspectorate Wales' 2021 [National Overview Report – Assurance Checks Children and Adult Social Services](#) identified that “Based on what we found there is a clear lack of domiciliary support capacity in Wales. We heard the impact of this is care packages being returned to the local authority, increased pressure on unpaid carers, people placed on long waiting lists, and some people going without care and/or staying in hospital longer.”

Inadequate homecare capacity is also reportedly leading to an increase in numbers of [patients stranded in NHS hospitals](#) in Wales. As the [BMA noted](#) in their submission to the Senedd Health and Social Care Committee's Inquiry “Adequate discharge is massively dependent on appropriate services and packages of care being available to support the patients being released from hospital. There has been widespread coverage of a ‘crisis’ in the care sector in Wales due to an overwhelming lack of staff.” Of the measures announced so far to address these issues the BMA note that they “fear they will only go some way towards addressing the scale of the crisis.” We concur and continue to call on the UK and Welsh Government to increase social care funding.

Homecare Association survey data in November indicated that workforce shortages [continued to worsen at the end of 2021](#). Employers report that pay, terms and conditions of employment are the main factors driving difficulty in retaining and recruiting staff. Staff costs in homecare are at least 70-80% of total costs, so the fee rates paid by councils and the NHS have a direct impact on wages received by careworkers and on the ability of providers to remain financially viable.

We understand that [the Welsh Government have announced](#) additional funding in order to improve careworker pay, with Real Living Wage being the aim.



On 17 December 2021, the Homecare Association published updated UK-wide calculations on the [minimum fee rate for homecare](#) required by homecare providers in 2022/23, to enable compliance with employment and care regulations, as well as sustainability of services. The National Commissioning Board Wales are also in the process of updating their [Wales specific cost estimates](#).

The legal minimum wage does not adequately reflect the skill, training and experience required to perform modern care roles, as is recognised by Welsh Government with their Real Living Wage commitment. Due to this and the fact that the minimum wage is uncompetitive in many labour markets, we also calculated fee rates required to allow payment of higher wage rates, including the equivalent of Band 3 in the NHS (2+ years' experience), as advocated by the [ADASS](#).

The UK-wide minimum fee rate for homecare based on the national legal minimum wage is calculated as £23.20 per hour for 2022/23, compared with £21.43 per hour in 2021/22. This represents an 8% increase, driven largely by the increase in statutory minimum wage but also by non-wage inflation. However, if providers are to pay their staff at Real Living Wage for all hours worked we calculate they would need at least £24.08 per hour in 2022/23. This would be a 12% increase on the minimum wage rate of £21.43 per hour in 2021/22. The underpinning assumptions are detailed in [our report](#) and are based on national statistics, real-time data from one of the largest national suppliers of electronic monitoring software, and detailed financial data supplied by our members.

Furthermore, initial estimates from the National Commissioning Board Wales suggest that, once Wales-specific training and other costs are taken into account delivery costs at a pay rate of the Real Living Wage could be as much as £26.98 per hour.

Adding to this the scenario that the £1 Hardship Fund grant is withdrawn, COVID related costs, such as testing, vaccine administration and increased sickness absence costs may not be covered. If all these costs are to be met to the same level as they are presently, an hourly rate of £27.98 per hour would be required.

It should also be noted that the costs for shorter visits are not necessarily half of the hourly rate but will be more expensive as overheads, such as travel time, will go up.

## Minimum Price for Homecare by wage rate 2022-2023



 @homecareassn

 homecareassociation.org.uk

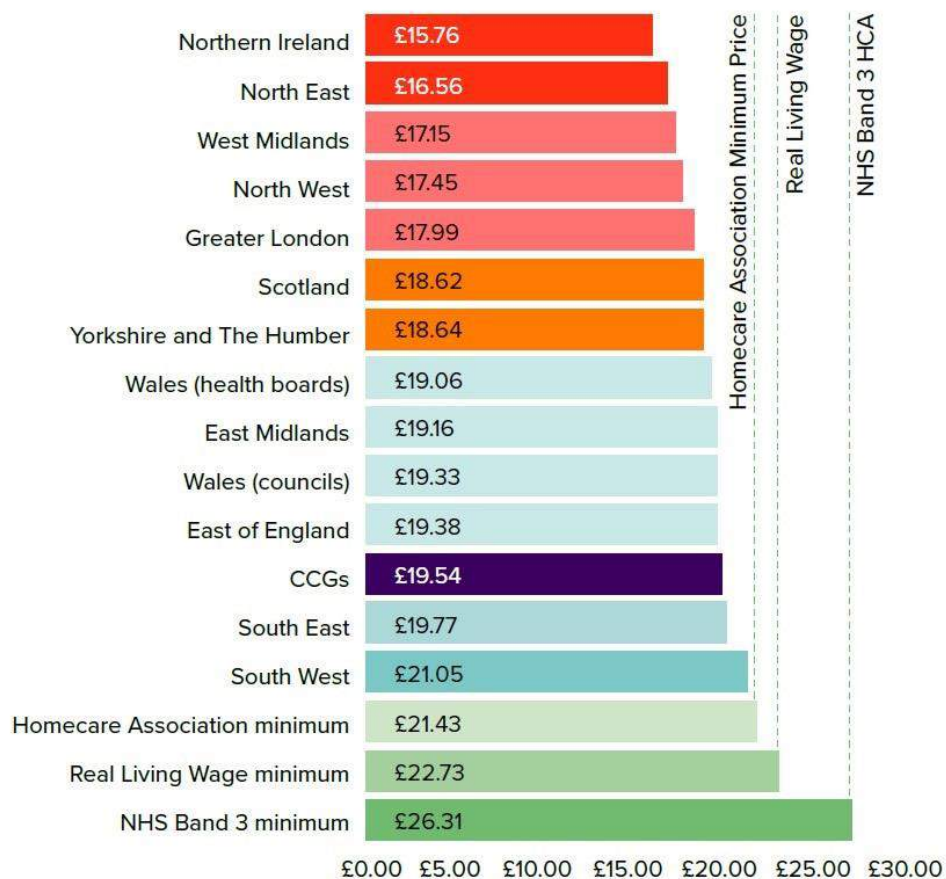
In October 2021, we published our latest [Homecare Deficit Report](#). This detailed the findings of enquiries, made under Freedom of Information legislation, to 340 public organisations across the United Kingdom. We received responses from all 312 organisations that confirmed they purchase homecare from the independent and voluntary sector, delivered to people aged 65 years or above. However, your local health board responded that it was not possible to extract the data that we requested from your system.

Other average fees for health boards in Wales were as follows:

*Figure 100. Average hourly prices paid for homecare by Local Health Boards in Wales during the 2021 sample week*



We also computed average hourly rates, weighted for the volume of hours purchased, for the UK's government and health regions:



In light of the Real Living Wage announcements and also with the forthcoming preparation of Market Stability Reports in Regional Partnership Boards, we hope that local health boards in Wales will engage with providers to understand their delivery costs.

As recorded in our Homecare Deficit report, only 14% of public organisations in Wales said they had undertaken a recent calculation demonstrating a rationale for the fee rates paid for homecare. This proportion is lower than Scotland, England and Northern Ireland.

Based on feedback from Homecare Association members we understand that, as of January, few public sector commissioner had begun engaging with providers about fee rates for 2022-23.

We therefore urge you, if you have not already done so, to move as soon as possible to discussing and agreeing fee rates for 2022-2023 with providers, as uncertainty risks increasing market instability.

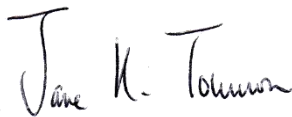
In reviewing fee rates for homecare, it is critical that you consider inflationary costs, most notably wage levels, but also non-wage costs, including increases in fuel and insurance costs. As already stated, our calculations indicate inflationary pressures of at least 8% and possibly as much as 25%.

Failure to increase fee rates for homecare by enough risks further loss of workforce capacity. In turn, this could lead to further increases in unmet need; providers handing work or entire contracts back; or provider insolvency.

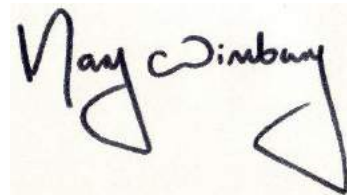
We call on you to act now, engage with providers and commit to increase fee rates for homecare to fund the Real Living Wage, or preferably to enable a pay rate of £11.14 per hour, equivalent to NHS Band 3, in line with ADASS recommendations.

Many thanks for your ongoing support for the homecare sector.

Yours sincerely,



Dr Jane Townson  
Chief Executive  
Homecare Association



Mary Wimbury  
Chief Executive / Prif Weithredwr  
Care Forum Wales / Fforwm Gofal  
Cymru



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item:3.7

## Aneurin Bevan University Health Board

### Review of the current arrangements for Midwife Led Services within ABUHB

#### Executive Summary

In response to staffing deficits within maternity services, highlighted in the local options appraisal paper reviewed by the Executive Team on the 5<sup>th</sup> May 2022, it was agreed to introduce a temporary service change to maintain safe services.

**The Board is asked to:** (please tick as appropriate)

Approve the Report

Discuss and Provide Views

✓

Receive the Report for Assurance/Compliance

Note the Report for Information Only

**Executive Sponsor: Jennifer Winslade – Executive Director of Nursing**

**Report Author: Jayne Beasley – Head of Midwifery**

**Report Received consideration and supported by:**

**Executive Team**

x

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

**Date of the Report: 13 September 2022**

**Supplementary Papers Attached: N/A**

#### Purpose of the Report

The purpose of this report is to review the current arrangements for Midwife led services within ABUHB. The Executive Team received updates on the 23<sup>rd</sup> June and the 12<sup>th</sup> August 2022 in regards the effectiveness of to this temporary arrangement. This report provides a further update on the impact of the change in the service provision, which commenced from the 9<sup>th</sup> May 2022, together with the current staffing status. The report also provides potential options to consider in regards, to sustaining safe and effective obstetric care.

#### Background and Context

Women should have a choice of place of birth, to include:

- Home birth
- Free-Standing Midwifery Led Unit (FMU)
- Alongside Midwifery Led Unit (AMU)
- An obstetric Unit



The opening of the Grange University Hospital (GUH) saw the centralisation of obstetric births supported by an Alongside Midwife Led Unit (AMU). In addition, Midwife led care births, close to home, was supported across four sites: Royal Gwent Hospital (RGH), Nevill Hall Hospital (NHH), Ysbyty Aneurin Bevan (YAB) and Ysbyty Ystrad Fawr (YYF).

The clinical futures model for maternity services was based on 6000 births per annum with an expected caesarean section rate of 25% and induction rate of 22%. Obstetric led births at GUH are slightly lower than was projected. However, high levels of acuity, complexities of obstetric led births, requirements for baby observations and antibiotic medication have increased overall care requirements and length of stay.

For context:

#### Caesarean Section Rates:

- 2022 - 34%
- 2021 - 33.2%
- 2020 - 29%
- 2019 - 26.3%

#### Induction Rates:

- 2022 - 23.3%
- 2021 - 22.3%
- 2020 - 23.3%
- 2019 - 26.2%

The staffing model across the service was based on the projected number of births. The table below highlights the projected births versus actual in 2021. It also demonstrates the demand for AMU births at GUH is in sharp contrast to the underutilisation of the FMU's.

Hospital	Projected Births	Births
GUH Obstetric Unit	4258 (75%)	4139 (80%)
GUH - AMU	800 (14%)	840 (16%)
YYF	280 (5%)	118 (2.3%)
NHH & YAB	280 (5%) YAB - 37 NHH - 243	39 (NHH 20/YAB 19) (0.75%)
RGH	58 (1%)	24 (0.5%)
<b>TOTAL</b>	<b>5676</b>	<b>5160 (= 90% of predicted)</b>

In response to significant workforce challenges and to maintain safe services the following actions was agreed from May until October 2022: -

- Temporary closure of the birthing units at NHH and RGH.
- Maintenance of home births and births at YAB birthing pod with a risk assessment to be undertaken on a case-by-case basis.
- Conversion of YYF to a birthing pod from 5pm and overnight (instead of a staffed unit 24/7).
- Incentivised pay.

These actions meant there has been no requirement for 24/7 midwifery cover at the birth centre in YYF. This secured the release of 4.4WTE midwives and 1WTE HCSW to support midwifery activity across the service (NB: increasing the midwifery complement in the community enables the earlier discharge of more complex cases from GUH, positively impacting on acuity and pressures at GUH).

## Assessment and Conclusion

The temporary changes from May 2022 have demonstrated: -

- There has been no compromise in women's ability to choose their place of birth with the maintenance of all 4 birthing options.
- Births have continued to be supported at home, YAB and YYF with no reported untoward outcomes.
- There has been no increase in births at home or enroute to hospital (unplanned) and no concerns received by the Division from women and families about access to the midwife led areas.
- No overall increase in births in GUH. A normal variation is noted in keeping with anticipated booking numbers.
- Safe services have been maintained at GUH and across the community with better targeted workforce to areas of clinical demand.
- YYF midwives have supported day assessment activity to prevent admissions to GUH
- No increase in transfer rates from YYF to GUH.
- Reduction in rostered hours at YYF has resulted in GP clinics being covered by substantive midwives, which has been reviewed positively. This has also resulted in improved community cover.
- Positive feedback in regards improved patient contact, continuity of care and time to deal with complex safeguarding concerns has been received.

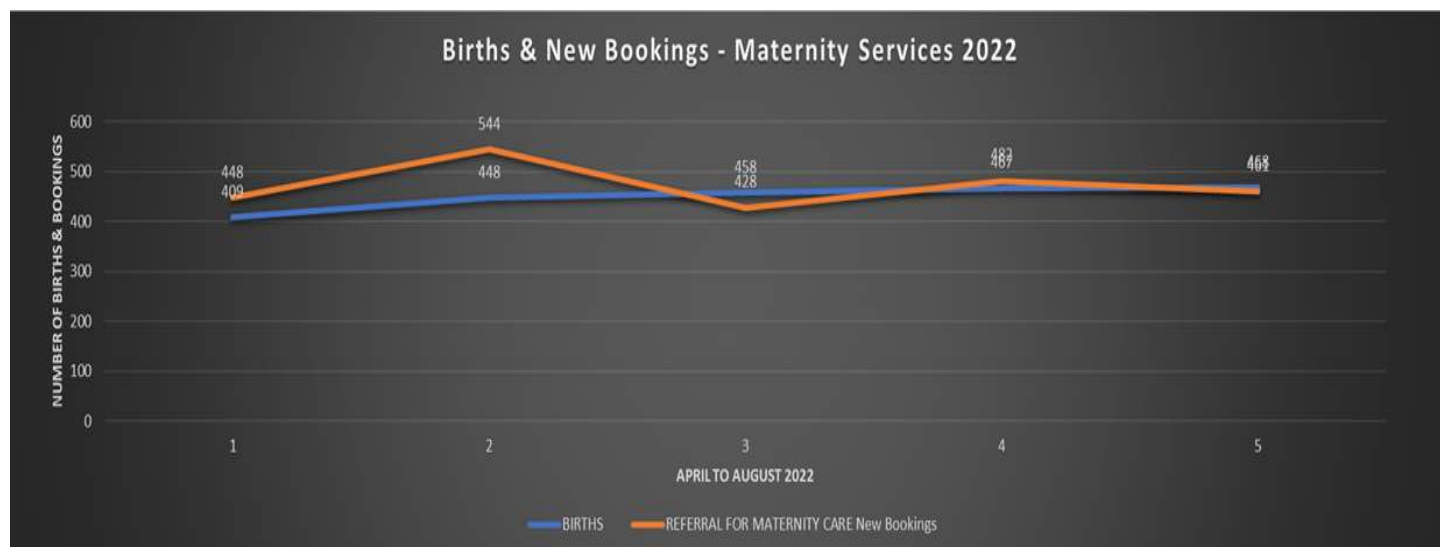
## Activity: Births 2022

	Jan	Feb	March	April	*May	June	July	Aug
<b>Total</b>	<b>448</b>	<b>444</b>	<b>450</b>	<b>409</b>	<b>448</b>	<b>458</b>	<b>467</b>	<b>468</b>
<b>GUH Obs</b>	342	349	347	325	365	353	354	375
<b>GUH MLU</b>	76	70	71	60	68	87	89	77
<b>YYF</b>	11	8	12	6	5	5	8	6
<b>NHH</b>	1	1	1	1	0	0	0	0
<b>YAB</b>	1	1	0	1	0	0	1	1
<b>NBC</b>	3	1	3	1	1	0	0	1
<b>HOME</b>	14	14	16	15	9	12	15	8



## Referrals for Maternity Care:

Bookings or requests for maternity care remain stable for the current year at circa **450** per month. To note, there has been an increase in booking numbers in March 2022 (**503**) and May 2022 (**544**). Therefore, it is anticipated this will result in a potential peak in birthing activity in October 2022 and December 2022.



## Staffing:

### Vacancies:

- 25.4 WTE band 6/5 Midwife
- 1.1 WTE band 7 Midwife
- A further 6.2 WTE band 6 Midwives will have left the service by September/October and 0.9 WTE band 7 Midwives (Health Visiting/Promotion/Retirement).

The service continues to advertise actively Band 6 posts and has successfully recruited the following: -

- 23 band 5 Midwives via streamlining
- 6 band 5 Midwives external to Wales
- 7 band 6 Midwives

In addition, the service has recruited: -

- 0.8 WTE Scrub Nurse
- Rolling band 6 Midwife post for bank only contracts – 4 appointed, further 3 for interview.
- 1 WTE Ward Assistant
- Roster Creator
- 5.2 Health Care Support Worker
- Band 5 Registered General Nurse

It is anticipated that maternity services will have 5.1WTE Midwifery by October 2022.

Additionally, the following actions have been taken/maintained to support workforce gaps in midwifery services: -

- The Head of Midwifery has reviewed GUH midwifery roles, specialist midwives supporting activity
- Birth rate plus review is ongoing
- Proactive recruitment to all posts
- Recruitment drive via resource bank
- Bank nurses/ ODP utilised to support theatre
- Utilisation of HCSW from YYF to the community
- Escalation of community midwives at peak activity
- Birth Rate acuity tool implemented

In order to support safe staffing, it is proposed that the service will: -

- Utilise maternity leave back fill to recruit HCSW to support staffing levels in GUH and community
- Explore the opportunity for a hospital on call system/ hospital bank on call system
- Explore the opportunity to undertake prudent recruitment for potential of 10 WTE midwives

**Sickness:**

There has been an overall downward trajectory in sickness from 9% in April to 8.19% in May and 7.58% in June. However, July and August have seen a slight increase at 8.72% and 8.94%.

Whilst all sickness absence is managed robustly and a positive reduction in long term sickness has been achieved short term sickness remains a concern.

**Variable Pay:**

A review of bank staffing costs for YYF demonstrate a downward cost to the service.

Jan	Feb	March	April	May	June	July	Aug
£4,139	£9,191	£13,138	£9,766	£2,435	£418	£400	£8

\*To note: YYF staff have continued to receive enhanced pay during the temporary change.

**Conclusion**

Maternity services have been under considerable and sustained staffing challenges. To support safe staffing and effective care temporary changes to the Midwife led birthing model have been implemented. This temporary arrangement has allowed the service to deploy its workforce to areas of clinical demand and activity, thus ensuring safe care and service at GUH and across the community areas.

The service has proactively recruited and continues to recruit into its vacancies, despite this a small number of Midwifery band 5/6 vacancies will remain in October. Many midwives are joining the service in October, which will provide stability. However, as most new starters are preceptor midwives they will require a period of induction, supernumerary status and significant support. This, combined with a potential peak in birthing numbers in October and December could serve to add increased pressure at GUH.

The temporary service change has demonstrated no untoward outcomes, concerns, or additional pressures at GUH. Positively, choice has been supported, with 4 options for birth remaining available for women and birthing people, including those small number of women who chose FMU.

It is however recognised that due to the emergency nature of the temporary changes, organisational change management has not been undertaken and staff have been in receipt of 100% enhanced pay. There is a planned review of Midwifery Led Services which is in the process of being commissioned and therefore given staffing position and the fact that choice has been maintained for women the following options for temporary organisation of maternity service are outlined below. It should be noted that this does not pre-judge the outcome of the review and further consideration of the model of service delivery will need to be considered at the point the review is published. The Health Board recognises that any permanent service change requires engagement with the public and the organisation is committed to working with the Community Health Council on any potential engagement process.

## **Options:**

### **Option 1:**

Extend the current temporary changes to the service model at YYF, RGH and NHH until 31<sup>st</sup> January 2023.

This option will:

- Ensure sufficient staff are available to support GUH and community activity.
- Ensure support can be provided to newly qualified registrants which will aid recruitment and retention.
- Allow for expected peaks of activity in October and December 2022.
- Allow time for an independent review to be undertaken of the Midwife led services.
- It will ensure women can attend FMU and or have a home birth.
- Most importantly, will not reduce options for birth for women.

Staff will continue to be in receipt of 100% enhancements due to the temporary arrangements. There will be a requirement to engage key stakeholders in regards continuation of an extension.

### **Option 2:**

Extend the temporary changes in the model for services for YYF until January 2023 but open the FMU in RGH and NHH.

This option will increase on-call requirements thereby 5 on call midwives will cover 4 FMU sites and potentially any escalation to GUH. This option will add to the staffing challenges currently being experienced by maternity services and is a potential mother/baby quality and safety risk.

**Option 3:**

Open RGH and NHH and revert YYF to its previous staffing model.

This option will require an increase in midwifery staffing at YYF. This would be achieved through rotation of staff from GUH, thus putting additional pressures on the high acuity area or by increasing the use of temporary staffing resulting in an increase in variable pay.

**Preferred Option: Option 1****This will: -**

- Provide sustainability of the current maternity services.
- Support preceptorship of newly qualified midwives, improving recruitment and retention.
- Improve well-being of existing substantive midwives.
- Support mothers and babies to be cared for by substantive midwives, which improves maternal safety and reduces the use of temporary staffing arrangements.
- Ensure women continue to have a choice of where to give birth.

**Recommendation**

The Board are asked to:

- **NOTE** the update in terms of midwifery staffing and the impact of the temporary service change.
- **NOTE** the ongoing work and progress to address the significant staffing challenges.
- **CONSIDER** options and provide a view.

**Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	
<b>Financial Assessment, including Value for Money</b>	Direct and indirect impact on finances
<b>Quality, Safety and Patient Experience Assessment</b>	This report highlights key information to maintain the safety and quality of care provided to women and families.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Not applicable for the purpose of this summary report
<b>Health and Care Standards</b>	This report provides information around standards 1.1, 2.1,3.1,3.2,4.1,4.2,5.1,6.1,6.2,6.3,7.1
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Aligned to IMTP priorities

<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – will meet the long term needs of the population and ensure sustainable services
	<b>Integration</b> –
	<b>Involvement</b> – Improvement initiatives are developed using feedback from the population using the service.
	<b>Collaboration</b> –
	<b>Prevention</b> – Developing sustainable models of care will improving patient safety will prevent patient harm within our services and improve public confidence.
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	There is considerable public interest in this report



GIG  
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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 4.1

## Aneurin Bevan University Health Board

### Maternity Services Self-Assessment

#### Executive Summary

On 30 March 2022, the final report from the Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust (SaTH) was published. This follows the first report from the inquiry, published in December 2020 which set out local actions for learning as well as immediate and essential actions to improve quality, safety and service user experience. The second, and final report, identifies several new themes intended for wider sharing across NHS England.

On 13 May 2022, the Chief Nursing Officer for Wales wrote to Health Boards (Appendix 1) requesting the completion of an internal self-assessment, using a standardised tool, to be returned to Welsh Government by the 27<sup>th</sup> May 2022. The tool extrapolated relevant learning from the HIW review of Maternity Services, CTMUHB maternity report & the final Ockenden Report.

ABUHB returned its response on time however due to the short turnaround given to complete, it was acknowledged further work would be required in relation to collating the evidence to support the assurance provided. It was recognised that the collation of evidence may change the initial RAG rating provided.

This work has since been completed and is now embedded within the self-assessment (Appendix 2) with a supplementary attachment (Appendix 3) for ease of reference. To note, the initial assessment submitted to Welsh Government identified 4 amber areas which has now increased to 13 following a thorough review and collation of all relevant evidence.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	x
Note the Report for Information Only	

**Executive Sponsor:** Jenny Winslade - Executive Director of Nursing

**Report Author:** Linda Alexander - Deputy Director of Nursing

#### Report Received consideration and supported by:

Executive Team	x	Committee of the Board [Public Partnerships & Wellbeing Committee]	
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**Date of the Report:** 9 September 2022

**Supplementary Papers Attached:**

- Appendix 1 - Letter from Welsh Government
- Appendix 2 – ABUHB Assessment Assurance Exception Reporting Tool
- Appendix 3 – ABUHB evidence

**Purpose of the Report**

The report is provided for assurance.

**Background and Context**

Maternity and Neonatal services across the United Kingdom have, for many years, been subject to increasing scrutiny, with a series of commissioned high profile reviews published including:

- The Morecombe Bay Investigation (Kirkup Report) 2015
- Royal College of Obstetricians and Gynaecologists Review of Maternity Services at Cwm Taf Health Board (April 2019);
- Health Inspectorate Wales (HIW) Phase One of its National Review of Maternity Services in Wales (November 2020);
- CTMUHB Independent Maternity Services Oversight Panel Thematic Stillbirth Category Report (October 2021);
- CTMUHB Neonatal Deep Dive Review (February 2022).
- Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at Shrewsbury and Telford Hospitals NHS Trust chaired by Donna Ockenden (March 2022)

There has also been a national approach to safer maternity care directed through the Maternity and Neonatal Network in Wales.

Following the much-anticipated publication of the final Ockenden Report, the CNO commissioned the development of an assessment tool for use by all Health Boards, to determine local progress against a range of recommendations.

An Executive-led exercise was conducted in Aneurin Bevan University Health Board to complete the self-assessment involving key stakeholders within the Family & Therapies Division, to include: the Divisional Director, General Manager and Head of Midwifery (the triumvirate) together with senior representatives from Neonates, Obstetrics, Anaesthetics, Midwifery and Workforce and OD.

Based on the questions posed within the tool, and following collation of all evidence to support each recommendation, ABUHB have identified no red areas, 13 amber areas with the rest rated green. A number of actions/recommendations were not rated, either because they did not apply to the service i.e., level 3 neonatal unit or require a wider national response.

It is important to note that a key for the RAG rating was not provided by Welsh Government and nor was the approach to the completion of the self-assessment prescribed.

Following submission from all Health Boards a national improvement plan will be developed which will be monitored via the ABUHB Maternity & Neonatal Assurance Group, with oversight via the Patient Quality, Safety & Outcomes Committee (PQSOC).

## Recommendation

The Board is asked to **NOTE**:

- The completion of the self-assessment;
- The national approach to further improvement;
- The intention to report progress via the PQSOC.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
<b>Financial Assessment, including Value for Money</b>	No financial impact.
<b>Quality, Safety and Patient Experience Assessment</b>	A notable impact for women, babies and families which has a local, regional and national impact.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	An equality and diversity impact assessment has not been conducted for the self-assessment tool.
<b>Health and Care Standards</b>	Staying Healthy Safe Care Effective Care Dignified Care Timely Care Individual Care Staff & Resources
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Links to priority 1: every child has the best start in life
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Aligned to the well-being goals: a healthier Wales
<b>Glossary of New Terms</b>	ABUHB – Aneurin Bevan University Health Board OD – Organisational Development CTMUHB – Cwm Taf Morgannwg University Health Board HIW – Health Inspectorate Wales SaTH - Shrewsbury and Telford Hospitals NHS Trust CNO – Chief Nursing Officer for Wales



<b>Public Interest</b>	Written for public domain. No public identifiable information contained within.
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Sue Tranka  
Prif Swyddog Nyrsio  
Chief Nursing Officer  
Cyfarwyddwr Nyrs GIG Cymru  
Nurse Director NHS Wales



Llywodraeth Cymru  
Welsh Government

To:  
Executive Nurse Directors  
Executive Medical Directors

13 May 2022

Dear Colleagues,

I am writing to update you on the planned oversight arrangements and performance monitoring for Maternity and Neonatal services together with an update of mechanisms to support service delivery and outcomes.

### **National reports and assurance**

Maternity and Neonatal services across the United Kingdom have, for many years been subject to increasing scrutiny, with a series of commissioned high profile reviews published including:

- Royal College of Obstetricians and Gynaecologists (RCOG) Review of Maternity Services at Cwm Taf Health Board (April 2019)
- Health Inspectorate Wales (HIW) Phase One of its National Review of Maternity Services in Wales (November 2020)
- CTM UHB Independent Maternity Services Oversight Panel (IMSOP) Thematic Stillbirth Category Report (October 2021)
- CTM UHB Neonatal Deep Dive Review (February 2022)
- Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at Shrewsbury and Telford Hospitals NHS Trust (SaTH) chaired by Donna Ockenden (March 2022)

These reviews have resulted in both local targeted improvements and or assurance against the large number of recommendations or actions included in the reports. The Network has previously summarised these recommendations into a single report at the request of yourselves



BUDDSODDWR MEWN POBL  
INVESTOR IN PEOPLE

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to enable ease of reference and a process for assurance. This document has now been updated and attached to include the IMSOP thematic reviews and the Ockenden recommendations to aid internal health board assurance mechanisms. I would ask as part of this process that following initial internal review and assurance you provide any immediate red and amber flag alerts to my office by 27 May 2022 as agreed at the last EDoN meeting on 28 April 2022.

Following initial health board assurance, on 7 July 2022, the Maternity and Neonatal network have been asked to host on my behalf a National Assurance workshop to bring together all your self-assessments and related learning to inform national priorities and future direction. This will include maternity and neonatal leads, governance and clinical representatives from multi-professional fora.

Finally, I will be hosting together with Deputy CMO a National Safety summit on 6 September 2022, this will form a national conversation embracing feedback from the IMSOP intervention programme and the important learning and improvements delivered by the health board. This will be integrated into the national programme of work for the Maternity and Neonatal safety support programme. More details will follow for both events.

### **Performance Boards**

We have been reviewing the current architecture of assurance and performance meetings related to the Maternity policy area. We note that there has been a separation of Performance meetings for maternity outside of our current governance structures. As the NHS Exec is getting ready to stand up, we have agreed that this area should then move into that oversight and monitoring function, so we are therefore standing down the July Performance board and are now including Maternity into the IQPD meetings, JET meetings and then the Quality Delivery Boards as of now.

We will conclude the performance meetings with one last self -assessment exercise in July, ready to be shared with the NHS Executive to be able to progress their oversight. We will provide details of this process in the coming weeks.

### **Service pressures and closures**

I recognise that during the course of the pandemic maternity has continued to provide an essential service, however in recent months staffing pressures have escalated and you have needed to consolidate services to continue to provide safe and effective care. On discussing

this with my Chief Midwifery Officer we feel it would be proactive to work with your Heads / Directors of Midwifery to scope future service provision and workforce requirements in relation to current vacancies, student graduates and ability to provide choice in place of birth across various settings. A meeting has been arranged for 30 May 2022, with HEIW and health board representatives to discuss these issues and provide recommendations for discussion and agreement at EDoNs.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Rankin', written in a cursive style.

**CHIEF NURSING OFFICER  
NURSE DIRECTOR NHS WALES  
PRIF SWYDDOG NYRSIO  
CYFARWYDDWR NYRS GIG CYMRU**

# Maternity and Neonatal Services in Wales

## Assessment, Assurance and Exception Reporting Tool

This tool has been developed to support provider health boards to assess their current position against the recommendations made within recently published reviews, reports and audit documents. The tool should be used to assess compliance with the recommendation and exception report and action plan for those recommendations which are **AMBER** and **RED**. It is recommended that an evidence log be created to support the document.

As of May 2022, the following reports and audits have been included. This document can be amended when other reports are published.

### Key

Abbreviation	Author	Report Title
R	RCOG / RCM / IMSOP	Review of Maternity Services at Cwm Taf Health Board / Thematic Maternal Category Report / Thematic Stillbirth Category Report / Review of Neonatal Services at Prince Charles Hospital
O	Ockenden	Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospitals NHS Trust / Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust
H	HIW	Phase 1. National Review of the Quality and Safety of Maternity Services
M-MD	MBBRACE-UK	Saving Lives, improving mothers' Care: Lessons Learned to Inform Maternity Care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-2018
M-SND	MBRRACE-UK	Perinatal Confidential Enquiry. Stillbirths and Neonatal Deaths in Twin Pregnancies. Recommendations Identified from Existing Guidance Required to Reduce Stillbirth and Neonatal Death in Twin Pregnancy

## 1) SAFE AND EFFECTIVE CARE

*Maternity care provision has seen growing levels of complexity over the last decade with rising rates of obesity and chronic medical conditions. To ensure that services are sustainable and provide the best care it is imperative that women and families are cared for within the most appropriate pathways and by the professionals who best meet their needs.*

### Governance Processes

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
O	1.1	Patient safety specialist should be in post at each health board.			<p>Several senior roles where safety, quality and experience are integral. Currently, ABUHB do not have designated safety specialists in the Family &amp; Therapies Division.</p> <p>WG – PHW Improvement Cymru have funded local safety champion in each HB.</p> <p>0.6 maternity &amp; 0.4 neonatal services seconded for 6 months advert closed on TRAC.</p> <p>Interviews planned for September 2022.</p>
O, R	1.2	<p>Any clinician with the responsibility for clinical governance must have sufficient time within their job plan to deliver their duties. They should also receive training in human factors, causal analysis and family engagement.</p> <p>Have appropriate clinical risk and governance processes and training in place, including a consultant lead. A governance framework from ward to board must be evident ensuring joint ownership from maternity and neonates.</p>		Evidence 1.2 Complete	Rated green due to strong governance infrastructure and focus but a recognition that greater awareness of "Human Factors" would be beneficial.

O	1.3	Regular progress reports presented at Board level to review progress against improvement plans.		Evidence 1.3 Complete	Regular reporting to Patient Quality & Safety Outcomes Committee, a sub-committee of the Board.
R, O	1.4	Processes are in place for data collection and accuracy checking, clinical validation and monitoring of clinical practice and outcomes. Clinical change where required must be embedded across health boards with regional clinical oversight in a timely way. Health boards must be able to provide evidence of this through structured reporting mechanisms.		Evidence 1.4 Complete	<p>A robust dashboard is available within ABUHB that monitors the clinical performance and governance of maternity services. ABUHB collect data on the quality and delivery of the maternity services as outlined in the All-Wales Maternity Performance Indicators dataset.</p> <p>The dashboard is completed monthly and enables the identification of patient safety issues and ensures timely and appropriate action is taken, where required, to ensure high quality care. Data from the dashboard is presented at local Clinical Governance Meetings monthly, the MSAG and to Welsh Government annually.</p> <p>ABUHB is moving to digitisation of maternity health records go live date Feb 2023.</p> <p>NMPA data shared at Clinical standards group</p> <p>Throughout the pandemic, the midwifery research team have coordinated data collection for UKMiDSS, UKOSS, CARIS, the RECOVERY study, SURGE and Pan-Covid</p>
R, H, M-SND	1.5	Identify named midwife/obstetrician to lead on updating policies and procedures, ensuring staff are aware of updates to maintain the delivery of safe and effective care.		Evidence 1.5 complete	<p>Local guidelines, policies and procedures are evidence based and agile in responding to revised publications in national and international guidance (including MBRARACE-UK (Mothers and Babies Reducing Risk through Audit &amp; Confidential Enquiry UK), the National Maternity &amp; Perinatal audit, UKOSS, RCOG, and NICE.</p> <p>The updating and ratification of these guidelines, policies and procedures are discussed and reviewed within a multi-disciplinary clinical effectiveness meeting (CEF). Once ratified they are uploaded onto the Health Board intranet. All guidelines, policies and procedure documents are updated and ratified every three years.</p>

O	1.6	<p>Systems must be in place to ensure appropriate management of women with high risk of pre-term birth, including:</p> <ul style="list-style-type: none"> <li>• Counselling of parents</li> <li>• Appropriate monitoring of pregnancy</li> <li>• Mode of delivery</li> <li>• Tertiary discussion</li> <li>• Continuous audit of In-utero transfers</li> </ul>		<p>Evidence 1.6 complete</p>	<p>Guideline in place to support practice "Pre-Term Labour and Birth Guideline". Extreme Preterm pathway standards in place.</p> <p>All Wales Guideline currently in draft.</p> <p>Parents are counselled if determined high risk of preterm birth by neonatal team.</p> <p>Audit supported by Neonatal /maternity network.</p> <p>Regular Maternity and Neonatal team supporting cot meetings to discuss cot usage and transfers across Wales.</p> <p>Perinatal optimisation audit in place.</p>
R, O	1.7	Midwifery, neonatal and obstetric co-leads identified for audit, clinical guidelines, mortality and morbidity.		<p>Evidence 1.7 complete</p>	<p>There are midwifery neonatal and obstetric leads for audit and champion lead midwives in place undertaking IOL and OASI audit. The bereavement lead midwives support PMRT audit, along with Labour Ward Lead Consultant.</p> <p>Aneurin Bevan University Health board has a well-established midwifery research team facilitating local and national portfolio studies, commercial studies, structured service evaluations and national audit. In addition to two experienced research midwives, supported by the Consultant Midwives.</p>
O	1.8	Processes are in place to provide assurance that adherence to guidance is being achieved. Where guidance is not being followed evidence should be available to outline the reasons why.		<p>Evidence 1.8 complete</p>	<p>ABUHB maternity service has a robust governance structure with weekly MDT risk meetings ensuring review of care and adherence to guidance. Quarterly notes audit undertaken by Clinical Supervisors for Midwives provide further assurance.</p>
R	1.9	Support a full program of clinical audit.		<p>Evidence 1.9 complete</p>	<p>Clinical audit is ongoing and evident throughout the Division and is shared via monthly clinical governance, Empowering Lead Midwives meeting, MSAG, Closing the loop and HoM/CSfM meetings.</p>



R, H, M-MD	1.10	<p>Ensure appropriate staff training is available, including CTG, emergencies, NLS and</p> <p>Develop an effective department wide multi-disciplinary teaching program. This must include clinical governance, skills and drills for obstetric emergencies, CTG interpretation, human factor training, NLS and psychological safety; incorporating learning from audits. Ensure that staff have timely access to the training that is required for them to carry out their roles. Compliance should be monitored.</p>		Evidence 1.10 complete	<p>PROMPT Wales is a maternity safety programme funded by Welsh Risk Pool. Its vision is to reduce avoidable harm and improve perinatal outcomes, through multi-professional training in obstetric emergencies enhancing safety, human factors, teamwork and communication. Data provided to PROMPT Wales demonstrates training has been successfully implemented. Welsh Risk Pool Safety and Learning programme will continue to provide quality assurance support to each faculty team, approve the planned programmes and monitor compliance against the PROMPT Wales standards to ensure training compliance is maintained.</p> <p>A Performance Dashboard, which includes training statistics is presented to the quarterly Maternity Services Assurance Group.</p> <p>Monthly Clinical Governance is widely attended by members of the MDT.</p> <p>All Wales fetal surveillance standards mandate 6 hours of CTG training. Monitoring via monthly dashboard.</p>
O	1.11	<p>Health Boards should appoint a dedicated Lead Midwife and Lead Obstetrician for fetal surveillance who will run regular fetal surveillance meetings, cascade training and lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.</p>		Evidence 1.11 complete	<p>A Lead obstetrician has dedicated time to support fetal surveillance via fortnightly fetal surveillance (CTG) meetings. Champion midwives in place – fetal surveillance midwife post advertised to ensure weekly CTG meetings are in place. Obstetric Labour Ward Lead leads on review of cases of adverse outcome involving poor FHR interpretation and practice. Cases shared with All Wales morbidity group.</p> <p>Twice yearly STAN study in place.</p>
O	1.12	<p>Clinicians working on labour ward or delivering intrapartum care must be trained in CTG and emergency skills. This must be mandated.</p>		Evidence 1.12 complete	<p>There is a strong commitment to training across the Division:</p> <p><b><u>Protected Time for Training: Medical Provision</u></b></p> <ul style="list-style-type: none"> <li>• 2 SPAs given to consultants for training/ Personal development</li> </ul>

					<ul style="list-style-type: none"> <li>• Weekly Departmental Teaching</li> <li>• PROMPT training</li> <li>• STAN/ Fetal monitoring training</li> <li>• Deanery Training days</li> <li>• Mandatory training on Clinical Governance Day</li> </ul> <p><b><u>Protected Time for Training: Midwives</u></b></p> <ul style="list-style-type: none"> <li>• Dates for Midwifery mandatory training is given in a timely manner i.e. the whole training year dates are given at least 6 months in advance so that staff and rosters are supported for the following Training Year.</li> <li>• Prompt Training dates arranged for the year given to line managers 6 months in advance provided for staff asked to book on with admin.</li> <li>• Community Prompt training dates are given in timely manner at least 6 months and again booked through Admin.</li> <li>• Staff allocated to training via line managers communicated via Health Roster.</li> <li>• Staff allocated to further training via line managers any ad hoc training at least a month in advance</li> <li>• Stan CTG training twice yearly.</li> </ul>
O	1.13	<p>Local guidelines should be in place for:</p> <ul style="list-style-type: none"> <li>• When Consultant Obstetrician presence is mandatory</li> <li>• When Consultant Obstetrician and Managers need to be informed of situations</li> <li>• Escalation to a tertiary unit is required</li> </ul>		Evidence 1.13 complete	Local guidelines in place and available on the intranet
H	1.14	Ensure medicines management policies in place which include safe storage of medicines and the		Evidence 1.14 complete	ABUHB Medicines Management Policy in place. Medicine management forms part of preceptor midwives' induction programme.

		prescription and administration of medication for the induction of Labour.			The service has an IOL pathway, care and management is discussed within the Labour Ward Guidelines.
R	1.15	Have process in place to facilitate MDT debrief after an unexpected outcome.		Evidence 1.15 complete	<p>The service is committed to supporting parents, women and birthing people who have experienced an untoward outcome, and F/u care is provided. The service offers joint debrief appointments facilitated by Consultants and Bereavement Lead Midwives. An "After Birth Service" is in place facilitated by Midwife for Perinatal Mental Health and the Consultant Midwife.</p> <p>A guideline for obstetric communication post traumatic birth debrief is available on the intranet.</p>
R, O, H	1.16	Health Boards must work collaboratively to ensure that local investigations into National Reportable Incidents (NRIs) are reported as per Welsh Government Framework. All significant learning should be shared across Wales. Lessons from clinical incidents must inform local multi-disciplinary training.		Evidence 1.16 complete	<p>Collaborative working with PTR ensures all NRIs are reported as per Welsh Governments Framework. A Divisional day where themes from the maternity serious incidents shared with staff across the Division by the Quality and Patient Safety Lead. This is called 'closing the loop' and ensures that the quality and patient safety agenda is shared at the appropriate level within the multi-disciplinary team. The HOM shares all themes/trends, lessons of the month and patient stories at the 'Empowering Lead Midwives' Meeting every month.</p> <p>Feedback is also provided for the MSAG, QPSOG, and the Maternity Steering Group. NHS Wales Collaborative Morbidity and Mortality Review</p>
R, H	1.17	Ensure that steps are taken to encourage staff to speak up and report incidents without fear of reprisal or repercussion.		Evidence 1.17 complete	The Division actively promote a learning culture, incident reporting is part of mandated training. Staff are provided with feedback following the raising of issues. The reporting system is Datix but Gratix is also in operation to report good practice. In addition, "Thank you" letters are circulated to staff when notable good practice is identified during MDT risk review.

					Risk management/ datix reporting forms part of maternity mandatory training. Feedback from incidents is shared by regular lessons of the month, undertaken at clinical governance and at empowering lead midwives meeting. Datix reporting averages 80 per month. Themes and trends are discussed at Clinical supervision sessions, feed back via monthly Hom/CSfM meetings.
R, O, H, M-SND	1.18	External clinical specialist opinion from outside the Health Board, must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death. This should include the use of the PMRT where applicable.		Evidence 1.18 complete	<p>NB. Not mandated. Internal reviews occur with referral to external specialists, as required.</p> <p>Previous Independent commissioned reviews have been undertaken in relation to neonatal deaths in MLU services, a clear framework for commissioning across Wales is required.</p> <p>The Network perinatal group comprising of clinical risk leads, consultants with an interest in governance with network leadership conclude that an all Wales national framework to ensure standardised process to incident investigation, resulting in a consistent and structured approach to reviews must be undertaken. Network T&amp;F group to progress.</p>
R, O, M-SND	1.19	Ensure learning and service improvement actions are implemented following incidents, concerns or audit, is effectively shared with staff across all sites. Mechanisms will be in place to capture this information to close the loop.		Evidence 1.19 complete	As per 1.16.

O	1.20	There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.		Evidence 1.20 complete	Obstetrics provide a dedicated Consultant & specialist clinics for women and birthing people who require maternal medicine and or have complex pregnancies.  There are Guidelines and pathways in place for Cardiac disease/ epilepsy/ diabetes/ asthma/ hypertension/ hyperthyroid.
H	1.21	Ensure that a high standard of documentation is maintained, in particular ensuring that the standard of patient records is improved and prescribing.		Evidence 1.21 complete	The standards for record keeping and medical records have been reinforced with clinical staff and are monitored through regular auditing.  This is performed every 3 months via CSfM.
H	1.22	Ensure the ongoing monitoring in line with health board policy of neonatal resuscitaires and emergency medical equipment.		Evidence 1.22 complete	Action has been taken to reinforce the importance and requirement for daily checking and a checklist implemented.  Regular spot checks are undertaken by the Divisional Leadership and Management Team to ensure full compliance with the daily checking requirements.  An assurance checklist has also been commenced which is completed and signed by the Senior Midwifery Manager.

### Clinical Pathway

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
O, M-MD	1.23	Development for high-risk pregnancies including rapid referral for neurology review, an epilepsy team, rapid specialist stroke care, specialist multidisciplinary care for		See 1.2	As per 1.20

		pregnant women who have had bariatric surgery.			
O, M-MD	1.24	Regional integration of maternal mental health services should be considered.		–	NB. Currently not a regional approach.
O	1.25	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional and must include ongoing review of the intended place of birth		Evidence 1.25 complete	<p>All women are risk assessed during their routine antenatal care, and this forms part of their care and is documented within the All Wales Handheld records. Robust pathways for referral are in place to ensure appropriate care provision. All Women undergo Birthplace discussion during their pregnancy and reinforced at 36/40 gestation.</p> <p>The All Wales Midwife Led Care guideline in process of being updated</p>
O, M-MD	1.26	Ensure early senior involvement in the care of women with extremely preterm pre-labour rupture of membranes and a full explanation of the risks and benefits of continuing the pregnancy. This should include discussion of termination of pregnancy.		Evidence 1.26 complete	<p>There is a Preterm birth guideline available on intranet. The guideline supports women having a birth prior to 37 weeks' gestation.</p> <p>Women accessing care in extreme preterm labour have a sensitive discussion with the neonatal team. All Wales standards for care in Extreme prematurity in place.</p>
O	1.27	Robust pathways of care in place between hospital and community setting		Evidence 1.27 complete	<p>There are robust referral pathways in place between hospital and community, starting from booking and may occur during pregnancy in response to identified risk factors.</p> <p>Clear pathway guidance in place for women transferring care from Free standing birth units/home during labour or post birth</p> <p>Midwife led care guidelines in process of being updated.</p>

O	1.28	Complex pregnancy pathways must be in place for <ul style="list-style-type: none"> <li>• Preconception advice and management of women with pre-existing conditions</li> <li>• Multifetal pregnancies</li> <li>• Pre-existing conditions e.g. Diabetes, cardiac, chronic hypertension</li> </ul>		As per 1.20 Evidence 1.28 complete	As per 1.20 There is a dedicated Consultant lead for preconception care. MCDA referral pathway in place GL for diabetes hypertension and cardiac on intranet
O	1.29	Systems must be in place to ensure appropriate management of women with high risk of pre-term birth, including: <ul style="list-style-type: none"> <li>• Counselling of parents</li> <li>• Appropriate monitoring of pregnancy</li> <li>• Mode of delivery</li> <li>• Tertiary discussion</li> <li>• Continuous audit of in-utero transfers</li> </ul>		As per 1.6 Evidence 1.29 complete	As per 1.6
O	1.31	During labour and birth women must receive a full clinical assessment on presentation, including a review of risk factors. Women who choose to birth outside of a hospital setting must receive documented information on transfer times to an obstetric unit.		Evidence 1.31 complete	<a href="http://cymru.nhs.uk">Where to have my baby: Healthier Together (cymru.nhs.uk)</a> Birth choice discussion leaflet shared with women at booking and women signposted to healthier together. Forms part of Midwife led care guidance and assessment during labour Part 1, part 2 and part 3 As per 1.27 All women receive information regarding transfer times when deciding place of birth. birthing outside of GUH receive information regarding transfer times.

O	1.32	Pathways must be in place for induction of labour, that includes the management of delays		Evidence 1.32 complete	<p>IOL working group in place working with our service user group – BABI.</p> <p>The IOL patient information leaflet has been recently updated in partnership with members of the BABI group.</p> <p>ABUHB have an Induction of Labour Policy and Pathway in place.</p> <p>Outpatient Induction is offered in line with Policy and Governance arrangements.</p>
O, M-MD	1.33	Centralised CTG monitoring must be mandated		Stan CTG machines in situ	<p>ABUHB have 9 rooms that have a live stream CTG monitoring system. STAN S41 is a unique, one-of-a-kind, fetal monitor which combines standard CTG technology with fetal ECG ST-Analysis. The fetal ECG ST-Analysis adds a new dimension to fetal monitoring, which provides the obstetric and midwifery staff with a deeper insight into the fetal physiological reaction to events and the capability of the foetus to cope during the stress of labour and, hence, enabling the obstetric and midwifery staff to make a more informed decision on the best action to take at the time.</p> <p>STAN is a fetal monitor that detects these changes in the Fetal ECG in addition to recording the CTG. The combined analysis of the CTG and Fetal ECG helps detect a fetus which is exposed to Hypoxia and needs remedial action or delivery.</p> <p>The system displays automatic configuration of all live recordings, with connection to 9 of the beds and a centralised viewing station in the handover room. We have recently made a request to Capital Funding from end of year monies which has been approved, to upgrade the current system and introduce an additional 2 monitors (which will be mobile on carts) that will give the Grange University Hospital 11 live stream CTG surveillance monitors on the Labour Ward.</p>



O	1.34	There must be clear pathways of care for the provision of neonatal care. Activity outside of the agreed pathways must be supported by NICU advice on resuscitation and management, with all cases outside of pathway exception reported.		Evidence 1.30 complete	<p>The Division is committed to provision of excellence in neonatal care and is a Level 3- Tertiary unit that is able to support births less than 27/40 gestation. The neonatal unit follows the BAPM standards and All Wales guidance and standards in place.</p> <p>There are regular cot meetings to discuss cases on an All Wales basis.</p>
O	1.35	Neonatal staff should have the opportunity for secondment to other units to maintain clinical expertise. Units should maintain Network contacts to share best practice, learning and education	Not rated	–	NB. ABUHB is a Level 3 unit.
R, O	1.36	Bereavement care must be available on a daily basis to ensure compassionate, individualised, high quality bereavement care is consistently offered to all families experiencing perinatal loss. This should be included as part of regular training updates.		Evidence 1.36 complete	<p>Bereavement lead midwife in post Monday to Friday all midwives receive education around bereavement care to support the service out of hours.</p> <p>The service available for maternity and pregnancy loss is led by the bereavement specialist midwife and support team who arrange a personalised package of care with the mother / family. This would include consent for post-mortem and funeral arrangements. Staff are trained to provide sensitive, compassionate one to one support.</p>
O	1.37	Obstetric Anaesthetic assessments must be robustly documented in line with Good Medical Practice GMC recommendations. Follow up care should include but not be limited to: postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric		Evidence 1.37 complete	<p>NB. There is a good compliance to follow-up care but to note demand is increasing and, which may require further investment for increased staffing.</p> <p>ABUHB anaesthetic team has weekly clinics for F/u and there is an anaesthetic review offered in the immediate post birth period and during inpatient stay of all operative births in immediate post birth.</p> <p>Maternity critical care pathway in place on Intranet.</p>

		<p>interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.</p> <p>Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance.</p>			
O	1.38	<p>Postnatal care must include systems in place to ensure a consultant review of all readmissions within 14 hours of readmission, including daily review of unwell postnatal women regardless of clinical setting.</p>		Evidence 1.38 complete	<p>Requirement is fully met during weekdays. Not entirely met on weekends due to 9:00am-5:00pm resident Consultant presence.</p> <p>75 hours of consultant presence on the labour ward.</p>

## 2) FAMILY CENTRED CARE

*Respect and compassion are core values underpinning the care women and their families receive. Respectful family-centred care enables women to have control over their behaviour, surroundings and the treatment they receive. This supports meaningful discussions and shared decision making about their pregnancy, Labour, birth and postnatal care. Maternity services also have a key role in promoting the health and wellbeing of the mother and her family, and in preparing families for parenthood.*

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
R	2.1	Maternity and neonatal services must ensure that women and their families are listened to with their voices heard.		Evidence 2.1 complete	The Division have a strong history of focus on service user experience with evidence of actively seeking views, reflecting, learning and improving services as a direct result. The Maternity Facebook page has a far reach and is proactively managed.
O	2.2	Service users (ideally through the MVP / MSLC) must be involved in the complaints process, ensuring responses are caring and transparent		Evidence 2.2 complete	Concerns lead midwife in post engages service users during the complaints process, striving to attain a caring and transparent response.  Themes from concerns shared in BABI group ie IOL and patient information leaflet updated  A Divisional day where themes from the maternity risk register, serious incidents and complaints are shared with staff across the Division by the Quality and Patient Safety Lead,
R	2.3	Develop and strengthen the role and capacity of the MSLC/MVP to act as a hub for service user views and involvement of women and families to improve maternity care		Evidence 2.3 complete	The Division has a well-established service user group and is actively seeking to ensure engagement.  Recent funding from Safer Beginnings will enable the service to train volunteers living in communities within ABUHB where limited English is spoken. The volunteers act as liaison people/ preceptor parents/ supportive friend to women and girls accessing maternity services at ABUHB. The volunteers will attend our BABI (service user group). This initiative was created as a partnership between the BABI group and ABUHB maternity services,

					and will be launched via the Safer Beginnings, Birth Rights and Baby buddy platforms on the 5/5/22
H	2.4	Improve the ability of birth partners or family members, to be able to support women, in line with a woman's wishes		Evidence 2.4 complete	<p>As per 2.1</p> <p>Throughout the pandemic the service has actively worked with women and families to ensure appropriate levels of support can be available.</p>
O	2.5	All Health Boards will have pathways in place to provide timely emotional and specialist psychological support		Evidence 2.5 complete	<p>The Perinatal Mental Health Service is pan-Gwent. This multi-disciplinary team provides care and treatment for women who are pregnant or postnatal and are at risk of or are affected by mental illness. The team includes a consultant psychiatrist, psychologists, mental health nurses, specialised midwife, occupational therapist and administrative staff.</p> <p>Woman can access practical and emotional support, a range of psychological interventions including Mindfulness and Acceptance and Commitment Therapy groups; advice on local services and information; care planning. Referral is through midwives / GP.</p> <p>The multidisciplinary perinatal mental health team have clear criteria for referral of women. ABUHB perinatal mental health team are developing 'Perinatal Champion' roles in midwifery which evolved from the two year project on birth trauma. This role would involve increasing the knowledge and awareness of perinatal mental health presentations, interventions and being a link with the team and with colleagues who might need advice on perinatal mental health.</p> <p>The service has recently expanded its commitment to support women through the training of 6 midwives to undertake REWIND therapy with women diagnosed with PTSD.</p> <p>Women can be signposted to "After Birth" discussion debrief with Consultant Midwife or Perinatal mental health midwife.</p>

O	2.6	Psychological support for the most complex levels of need, should be delivered by psychological practitioners, who have specialist expertise in maternity care		As per 2.5	Supported by PNMH Team As per 2.5
O	2.7	A framework for Family Integrated Care should be implemented and its impact evidenced.		Evidence 2.7 complete	The Division is committed to family integrated care.
O	2.8	Peer support networks should be developed for families when using and after discharge from the neonatal services.		Evidence 2.8 complete	There is a peer support network for families who have used the neonatal unit "Dinky Dragons" they provide ongoing advice and support through social media sites and monthly meetings.
H	2.9	All Health Boards must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery. All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care. Women must be enabled to participate equally in all decision-making processes and to make informed choices about their		Evidence 2.9 complete	<p>ABUHB recognises the value of offering women, with low risk of pregnancy and labour complications, the opportunity to birth in a non-medicalised environment. Women are signposted to the healthier together website at booking to form a discussion around place for birth, options for birth are revisited at 36/40.</p> <p>A national survey of women's experiences of birth in Wales 'Your Birth – We Care' was led by midwives in the health board and the findings utilised to inform the development of services, most notably the theme for maternity services to enable women's choice.</p> <p>ABUHB Maternity Services provide women with the full range of options in terms of place of birth and pathways of care across three main sites. Additionally, the Grange University Hospital is a centre for modern obstetric care alongside a birth centre complete with birth pool. We promote and encourage water birth for women, and water birth facilities are available at all of our 5 birth settings.</p>

		care. Women's choices following a shared and informed decision-making process must be respected.			<p>Most of the rooms in the maternity unit at the Grange University hospital are interchangeable to ensure that women are supported in their chosen model of care and can remain in the room following the birth.</p> <p>Women requiring additional support regarding choices can meet with the Consultant Midwife for informed decision making.</p> <p>A series of workshops to support midwives to optimise normal birth and the language and narrative around birth choices discussions, with a focus on providing the best available evidence to support and facilitate choice.</p>
H	2.10	Ensure that women are aware of how they can request information or support in their language of choice		Evidence 2.10 complete	<p>When women first access maternity services, they meet with their Community Midwife and language preferences/needs are highlighted on the Maternity Request for Care Form. If an interpreter is required, then arrangements are made, and the interpreter attends the women's dating appointment. In all antenatal clinics there is also access to 'The Big Word' Telephone Interpretation Service (which has replaced language line). This has not been identified as a local issue.</p> <p>Maternity services has been part of the pilot for "Sign Live" which has been implemented across all sites and enables equity for women, birthing people and families who require hearing assistance.</p>

### 3) SKILLED MULTI-PROFESSIONAL TEAMS

*Professional groups who work together must develop strong inter-professional working skills to ensure that they share clear aims, language and culture in order to deliver safe and effective care. Multi-professional training should be a standard part of professionals' continuous professional development, both in routine and emergency situations*

#### Governance Processes

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
O	3.1	Health Boards must implement a robust preceptorship programme for newly qualified midwives		Evidence 3.1 complete	Newly qualified midwives enter the service following the streamlining process. There has been work across Wales with Practice Educator midwives and Clinical Supervisors for Midwives and this has led to the development of the Once for Wales preceptorship programme. This programme covers the first year to 18 months of preceptorship and ensures successful transition to band 6 midwife.
O	3.2	Midwives responsible for coordinating labour ward must attend a funded and nationally recognised labour ward coordinator education module. This must be a specialist post with an accompanying Job Description		Evidence 3.2 complete	RCM LW leadership programme supported - Compliant but to note there is currently no education module available in Wales. Ongoing work with HEIW to explore training and education.  Ongoing work with HEIW to ensure a funded education module.  ABUHB has a clear job description for the labour ward coordinator which is seen as a specialised role. The roster supports 3 LWC in attendance per shift.
O	3.3	Health Boards must ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs.		Evidence 3.3 complete	ABUHB maternity service has had a stable band 7 workforce. Where opportunities have arisen, appointments have been internal to Midwives experienced within the labour ward area of ABUHB. Opportunities for shadow shifts in place for junior staff.

					A formalised induction programme has been developed to cater individual needs.
O	3.4	Health Boards must train a core team of midwives to deliver high dependency maternity care, sufficient in numbers to ensure one midwife is available each shift		Evidence 3.4 complete	<p>NB. A Competency Framework is currently in development to further strengthen role and skills of co-ordinators.</p> <p>There is high dependency care training as part of PROMPT which is mandated.</p> <p>We have developed a critical care guideline and care pathway/HDU booklet. Regular MDT (minimum 3x per day)</p>
O	3.5	Competing workloads in obstetric staffing must be risk assessed and discussed at Board (where no separate rota is in place)	Not rated	–	<p>Allocated Obstetric and Gynaecology staffing</p> <p><b>Consultant cover:</b>  Resident Consultant cover for LW 08.30 -9pm Mon-Friday and 9-5pm on weekends (total 78.5 hrs per week)  Further 3 x resident consultants during weekdays 08.30-13.30pm (1x TRIAGE and ward, 1 x elective CS list, 1x Gynaecology).  Further 2x resident consultants weekdays 1-5pm (1x Triage/ CS list, 1x Gynaecology)  Non resident Consultant cover 9pm-08.30am weekdays, 5pm-9am weekends</p> <p><b>Junior Doctors cover:</b>  Weekdays  Registrars 4x per day 08.30-5pm, (LW, Triage, CS list, Gynaecology)  SHO x 5 per day 08.30- 5pm (3 for LW/Triage/CS and 2 x gynaecology)  OOH (5pm-9am weekdays, 24hr weekends)  2x Reg and 2x SHO</p>



R, O	3.6	Ensure the Medical Director has effective oversight and management of the consultant body by: making sure they are available and responsive to the needs of the service, urgently reviewing and agreeing job plans to ensure the service needs are met, clarifying what is to be covered as part of SPA activity (audit, governance, teaching, guidelines, data assurance, train more consultant obstetricians as appraisers), ensuring the most unwell women are seen initially by a consultant and all women are seen by a consultant within 12 hour NCEPOD recommendation 4 (national standard).		Evidence 3.6 complete	<p>There is a robust process in place for consultant job planning to ensure the needs of the service are met. SPA and direct clinical care are agreed in order clear objectives can be met.</p> <p>NB. Compliant with the exception of women being seen within 12 hours on weekends due to availability and rota. Cover during weekdays is 12 hours but over weekend is 9-5pm, with on call consultant cover out of hours.</p>
R	3.7	<p>Ensure obstetric consultant cover is achieved in all clinical areas when required by:</p> <ul style="list-style-type: none"> <li>• reviewing the clinical timetables to ensure that 12-hour cover per day on Labour ward is achieved,</li> <li>• undertake a series of visits to units where extended consultant Labour ward presence has been implemented</li> <li>• Ensure the consultant on-call for the labour ward has ownership of all patients in the maternity unit for the period of call. This must involve the antenatal ward round being performed by the consultant.</li> </ul>		As per 3.6 and 1.38	As per 3.6 and 1.38. Resident consultant 12 hour cover available weekdays and 9-5 pm on weekends

R	3.8	Neonatal consultant of the week 09:00-17:00 with a minimum of 4 weeks service per year.		Awaiting Evidence from Service	There is on site neonatal cover 12 hours, 7 days per week and on call consultant out of hours.
R, O	3.9	Clinical supervision and consultant oversight of practical procedures must be in place for all staff including specialist midwives and staff doctors.		Evidence 3.9 complete	Clinical supervision is embedded in practice and forms part of job plans and objectives. There is a Lead Obstetrician with responsibility for training and education. Consultant support faculty for PROMPT.
R, O	3.10	Support training in clinical leadership. The Health Board must allow adequate time and support for clinical leadership to function. Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles.		Evidence 3.10 complete	There is a strong commitment to training and Clinical Leadership across the Division:  There is pride in compassionate leadership, acknowledging good practice and validating kindness and compassion on every contact through one-to-one interaction, positive reinforcement through emails, telephone and face to face contact and ensuring transparency to support staff to know that they are included, valued and have shared ownership in a safe, effective maternity service.
R, H	3.11	Review their workforce plans to ensure appropriate actions are being taken to address the impact of staff working excessive hours, and any shortfall across staff groups.		Evidence 3.11 complete	<b><u>Midwifery Staffing</u></b>  Although recognising current midwifery staffing is challenging there has been a temporary realignment of services to accommodate, and continued review of workforce plans via division and with F&T business partner.  Midwifery staffing underwent 'Birth Rate Plus' assessment in March 2020 for the Clinical Futures Model, with the opening of the Grange University Hospital

				<p>There is current ongoing work to review the staffing levels pending Birth Rate plus review due September 2022.</p> <p>Acuity app has been implemented to ensure day to day review of acuity versus staffing.</p> <p><b><u>Medical Staffing</u></b></p> <p>The centralisation of obstetric deliveries and emergency obstetrics and gynaecology care, upon the opening of the health boards new critical care hospital, The Grange University Hospital, on 15<sup>th</sup> November 2020 served to strengthen the medical workforce arrangements. Maintaining obstetric deliveries and emergency gynaecology cover on 2 acute sites, was a challenge for the Obstetrics and Gynaecology Directorate for many years due to challenges with recruitment and retention of doctors on all tiers.</p> <p>On call rotas were not equitable across the two acute sites.</p> <p>The centralisation of the rota has enabled the service to strengthen resident cover for the emergency work streams and the out of hour's rota for all tiers.</p> <p>Non-resident consultant on call is supported by 2 teams that consist of a resident Registrar and SHO.</p> <p>One team covers the obstetric work streams, and the other team covers the gynaecology work streams. These teams will work to support each other as and when emergency demand dictates.</p> <p>The consultant on call rota is delivered on a 1:20 basis.</p> <p>Middle tier is delivered on a 1:10</p> <p>Junior tier is delivered on a 1:10</p>
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					<p>Resident Consultant delivered care is provided on labour ward Monday – Friday between the hours of 8:30 – 21:00 and on weekends between the hours of 9:00 – 17:00 on weekends.</p> <p>A total of 78.5 hours consultant led labour ward cover.</p> <p>A resident consultant is assigned to obstetric triage Monday – Friday 9:00 – 17:00 with the same cover in place, with a different consultant, for senior gynae.</p> <p>ELCS has a dedicated consultant 08:30 – 17:00 Monday, Wednesday and Friday and 08:30 – 12:30 Tuesday and Wednesday.</p>
H	3.12	Consider implementation of positive initiatives to recognise the good work carried out by staff within the midwifery and medical teams.		Evidence 3.12 complete	<p>GRATIX for good practice and safety of care provision is in place. Midwives have additional letters of good practice from the Clinical Supervisors for Midwives which are useful for revalidation.</p> <p>Maternity services staff are encouraged and supported to submit abstracts of examples of good practice and innovation to local, national and international conferences and this is celebrated in newsletters, events and through social media.</p> <p>Maternity staff are always nominated for staff recognition awards locally and nationally, including the Aneurin Bevan University Health Board staff recognition event the Royal College of Midwives awards, the Royal College of Nursing Awards, the Midwifery and Maternity Festival awards, Cavell Trust, the Wales Chief Nursing Officer Awards and many more.</p> <p>There is pride in compassionate leadership, acknowledging good practice and validating kindness and compassion on every contact through one-to-one interaction, positive reinforcement through emails, telephone and face to face contact and ensuring transparency to support staff to know that they are</p>

					included, valued and have shared ownership in a safe, effective maternity service.
H	3.13	Ensure all midwives complete appropriate training before being required to assist in theatre		Evidence 3.13 complete	<p>ABUHB has a designated scrub team with the appropriate level of knowledge, skill and competency to support elective and emergency caesarean sections. This accredited training has been supported by Agored Cymru.</p> <p>The Scrub Nurse works as part of the multidisciplinary team to provide kind, compassionate care to women and their babies, under the supervision of a registrant and in line with the All-Wales Guideline for Delegation (2010). The Theatre Assistant Practitioner as directed by the Nurse/midwife or ODP in charge will work in accordance with relevant procedures, guidelines and policies and will undertake routine and specially identified tasks for which he/she has been trained and assessed as competent.</p> <p>ABUHB has in place a designated RN who leads and supports the running and delivery of safe effective care within the obstetric theatres. In addition, competency and training updates are recorded and monitored.</p> <p>The Elective Caesarean list is performed within an elective scheduled care pathway in main theatres, GUH. Therefore, all Theatre standards are met by working through the JOE Document (Journey of Excellence) a Collaborative Professional Preceptorship Programme to gain objectives required over a three-year period.</p>
O	3.14	Bereavement training must be offered to all staff		Evidence 3.14 complete	Bereavement lead midwife in post to support training. Training is supported through sands training pathways. All midwives receive training to deliver bereavement care to all women and their families.

					<p>Will form part of mandated training from September 2022.</p> <p>The service available for maternity pregnancy loss is led by the bereavement specialist midwife and support team who arrange a personalised package of care with the mother / family. This would include consent for post-mortem and funeral arrangements. Staff are trained to provide sensitive, compassionate one to one support.</p> <p>Privacy and dignity are part of the current curriculum for ST1-2 trainees and is in the RCOG/ST communication skills package as well as attending specific training days. This skill has to be completed by the end of ST2.</p> <p>The bereavement training is included it in local teaching and role play is an integral part of ST1-2 training regionally.</p>
O	3.15	Rotation of neonatal staff into exemplar units to ensure competence in key clinical skills and decision making.	Not rated	–	Level 3 unit.
R, O	3.16	Investment in neonatal nursing staff, part matron part improvement. Nurse in charge to be supernumerary, ANNP should be expanded to ensure career progression. Nurse consultant roles to be explored. AHP in line with national recommendations including an expansion of pharmacy services.		On-going	<p>AHP and pharmacy services business cases have been produced with a focus on expanding current provision. The Health board is currently commencing work to ensure alignment to the All Wales Neonatal standards.</p> <p>Registered nurse staffing in line with BAPM standards.</p> <p>Band 8a in post to support service improvement and management of clinical areas. Nurse in charge supernumerary. ANNP have career progression most on Tier 1 but can extend to Tier 2.</p> <p>Across Wales Neonatal nurse consultant post limited.</p>

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## 4) CONTINUITY OF CARER

*Continuity of carer affords women and Midwives / Obstetricians the opportunity to build a trusting relationship over the pregnancy journey and into parenthood. It is acknowledged that women often have very individualised journeys through pregnancy from straight forward to complex and requiring multiple specialist inputs.*

### Governance Processes

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
H	4.1	Take steps to ensure that women have contact with a consistent group of healthcare professionals, to improve continuity of care.		Evidence 4.1 complete	<p>Continuity of care is paramount to building a good relationship with the woman and the healthcare professional. Our aim is to ensure women have a named midwife, some may need a named obstetrician throughout the antenatal and postnatal period, which offers continuity in line with the All-Wales multi-professional work plan.</p> <p>There is recognition, women benefit from continuity, gaining trust and maintaining a good relationship is important to obtain a positive outcome and therapeutic approach.</p> <p>This has, however, proved very challenging during the Covid pandemic and has not always been achieved due to significant staffing deficits.</p> <p>A Task and Finish Group has been created and will continue to take this work stream forward. A survey will be carried out in September 2022 to gain feedback on women's antenatal care, and consistency of Midwifery support</p> <p>Review of workforce has been undertaken. Rotation of staff to community is planned for October 2022 this will ensure sufficient staffing within community to provide continuity.</p>



## 5) SUSTAINABLE SERVICES AND WORKFORCE PLANNING

*Maternity services in Wales should provide equity across health boards to ensure all women and families have individualised care appropriate to their needs. This will require key resources to ensure sustainable future delivery of services.*

### Staffing

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
H	5.1	Multiyear workforce planning process in place, incorporating the whole perinatal team		Evidence 5.1 complete	Workforce planning embedded within the Division and supported by workforce business partner. Workforce planning forms part of IMTP and is shared at MSAG, Maternity assurance
H	5.2	Nationally agreed minimum staffing levels based on acuity and complexity of pregnancies, vulnerable families and mandatory training requirements		As per 3.11	As per 3.11 Staffing levels based on Birth rate plus, however current vacancies and absenteeism creates challenges. Birth rate plus review allows for complexities and training requirements.
H	5.3	When staffing levels cannot be achieved a process of escalation to the highest level of senior management in the organisation		Evidence 5.3 complete	ABUHB is committed to safe staffing levels and safe effective care of women and babies. There is an Escalation policy in place for both neonatal and midwifery services which supports and guide's practice. All cases of escalation are Datixed and are reviewed as part of MDT risk management process.  The Birth Rate Plus Acuity App has been implemented in maternity services to assess the acuity versus staffing. This will provide regular audit of standards for staffing.
H	5.4	Staffing uplift to be representative of the previous 3 years data on sickness,		Evidence 5.4 complete	See 3.11 Birth rate plus review is currently underway findings to be shared September 2022. Birth

		maternity leave, mandatory training and annual leave			rate plus includes a 26.9% uplift and 15% community travel when considering staffing numbers.
H	5.5	The feasibility and accuracy of the Birthrate+ tool and it associated methodology must be reviewed nationally	Not rated	–	NB. Not rated as a national requirement.
H	5.6	A strategy is in place to support a succession planning programme for the maternity workforce and develop future leaders and senior managers. This must include a gap analysis of all leadership and management posts in midwifery and obstetric		On-going	NB. There is strong CPD for the MDT but not necessarily a strategy for maternity in terms of leadership development and succession planning.  Divisional Workforce meetings in place in collaboration with workforce business partner and review of gap analysis to be undertaken.
H	5.7	Obstetric anaesthesia staffing guidance to include: <ul style="list-style-type: none"> <li>• The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.</li> <li>• The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.</li> <li>• The competency required for consultant staff who cover obstetric services out of hours, but who have no regular obstetric commitments.</li> </ul>		Awaiting Evidence from Service	There is a full commitment for staffing obstetric anaesthesia within maternity services, with allocated sessions and full participation in handover, MDT rounds and faculty for PROMPT.  The Elective Caesarean list is performed within an elective scheduled care pathway in main theatres, with dedicated staffing.

		<ul style="list-style-type: none"> <li>Participation by anaesthetists in the maternity multidisciplinary ward rounds</li> </ul>			
O	5.8	RCOG guidance on locum management is to be followed		Evidence 5.8 complete	There is a recruitment process in place for management of locums with long term locum opportunities.
R, H	5.9	Neonatal units must be staffed according to BAPM guidelines.		Evidence 5.9 complete	The neonatal unit is staffed as per BAPM standards, where staffing or acuity is exceeded the escalation process is invoked.

## 6) SPECIALIST SERVICES

Abbrev.	No.	Recommendation	RAG Rating	Evidence	Comment
R, H	5.10	Consider the introduction of smoking cessation leads to strengthen their approach.		Evidence 5.10 complete	<p>Healthcare Support Workers have been introduced into maternity services in collaboration with Public Health Wales to reduce smoking in pregnancy. This has proved very beneficial, with evidenced smoking cessation and this provision has embedded into the maternity services.</p> <p>In addition, there is a Lead Midwife for a Public Health whose role incorporates smoking cessation as a key priority.</p> <p>The support given to women during pregnancy to quit smoking is prudent to ensure the wellbeing of the unborn baby. Monitoring the reduction in smoking cessation is on-going through the public health dashboard and aligned to the ABUHB "start well" organisational priority.</p>
H	5.11	Consider working with Public Health Wales to further promote healthier living and lifestyles.		Evidence 5.11 complete	<p>Public Health Midwife in post</p> <p>Commencement of Health maternal weight management programme. Band 4 HCSW in place to promote healthier lifestyle.</p> <p>Public Health advice is shared widely on the Aneurin Bevan University Health Board social media pages including videos and posters to raise awareness of all aspects of the Maternity Services Vision for Wales (2019). In addition, all women are sent a generic email at booking and at 24 weeks of pregnancy with further information about maternal mental health, breast feeding, healthy lifestyles and family wellbeing.</p>

					<p>Programmes have been facilitated to raise awareness of female genital mutilation and family violence, through local and national published research, staff training days and social media.</p> <p>There is engagement with Public Health Wales who update on all aspects of health promotion including advice such as physical and emotional wellbeing, breastfeeding, smoking cessation and healthy eating. Health Promotion display boards are in place across the Health Board.</p> <p>We work collaboratively with Public Health to protect and improve health and well-being and reduce health inequalities for all pregnant women, as per ABUHB clinical futures plan.</p>
R, H	5.12	Ensure the appropriate level of breastfeeding advice, guidance, and support is provided at all times.		Evidence 5.12 complete	<p>ABUHB have a Lactation Midwife in post and have supported two clinical midwives, to complete a two-year lactation consultant course. Information is shared with women via posters and QR code displayed in the clinical areas. Information about support groups and shared learning about breastfeeding with other mothers, will feature on the maternity services social media pages. All new staff are given a copy of the All Wales 5 Year Breast feeding plan.</p> <p>Responsive feeding programmes working in collaboration with flying start/ communities first and health visiting to support all families with infant feeding and parental care. This programme has been well received by families and provides additional support via telephone or face to face visits.</p> <p>Breastfeeding and infant feeding is a mandated training session for all maternity staff, the infant feeding guideline directs care and practice.</p>

O, H	5.13	Review the adequacy and availability of perinatal and postnatal mental health support for women.		Evidence 5.13 complete	<p>Services are adequate but to note there is no local provision for inpatient care in the event of puerperal psychosis.</p> <p>The Perinatal Mental Health Service is pan-Gwent. This multi-disciplinary team provides care and treatment for women who are pregnant or postnatal and are at risk of or are affected by mental illness. The team includes a consultant psychiatrist, psychologists, mental health nurses, specialised midwife, occupational therapist and administrative staff.</p> <p>Woman can access practical and emotional support, a range of psychological interventions including Mindfulness and Acceptance and Commitment Therapy groups; advice on local services and information; care planning. Referral is through midwives / GP.</p> <p>The multidisciplinary perinatal mental health team have clear criteria for referral of women. ABUHB perinatal mental health team are developing 'Perinatal Champion' roles in midwifery which evolved from the two-year project on birth trauma. This role would involve increasing the knowledge and awareness of perinatal mental health presentations, interventions and being a link with the team and with colleagues who might need advice on perinatal mental health.</p> <p>The Perinatal Response and Management Service (<b>PRAMS</b>) is now available for women with <b>mental health</b> problems during pregnancy and up to one year after birth. ABUHB has a lead perinatal mental health (PNMH) midwife and the role is embedded in both maternity services and also the wider PNMH team. All midwives receive updates on how to recognise and support women with PNMH needs, access to resources and updates on communication</p>
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				<p>skills. All midwives have access to the PNMH lead midwife for advice and support, and in addition the PNMH lead midwife holds a small caseload of women with complex PNMH needs. All women are called on discharge from hospital or after home birth by the <b>Responsive Team</b> who offer virtual infant feeding support and PNMH support.</p> <p>Some scoping work has been completed for a piece of research in a pilot area within ABUHB as part of the Welsh Government <b>Pathfinder</b> work that is being piloted within ABUHB. This work includes four structured listening visits to support women in this area with their PNMH needs.</p> <p>Access to mindfulness applications and identifying PNMH are available on the Healthier Together web page.</p> <p>The Perinatal Infant Mental Health service (PIMHS) have established virtual support groups for all women in the ABUHB area, GAVO have set up peer support groups and members of the BABI group (ABUHB service user group) are available for one-to-one peer support to women who feel isolated.</p> <p>There is a robust pathway and guidance for PNMH services.</p> <p>The Service has also engaged with Clinical Psychologist, Family &amp; Therapies Division to support women in the community setting who are experiencing Perinatal Mental Health issues. The Psychologist and team will engage with Community Midwives to offer support to women during these challenging times. A toolkit has been developed by the Specialist Perinatal Mental Health team to help pregnant women and new mums with self-help tools to try to offer some guidance and help for women.</p>
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					<p>A Consultant Obstetrician has been appointed as lead for PNMH.</p> <p>Maternity Services has also trained 6 midwives in REWIND therapy. The Rewind Technique is a simple technique for processing traumatic memories.</p>
O, H	5.14	Ensure effective and timely access to dedicated perinatal mental health service is available to all women who require it.		As per 2.5, 2.6	As per 2.5, 2.6.
H	5.15	Consider how water birth options can be made available across all units.		Evidence 5.15 complete	<p>ABUHB recognises the value of offering women, with low risk of pregnancy and labour complications, the opportunity to birth in a non-medicalised environment.</p> <p>ABUHB Maternity Services provide women with the full range of options in terms of place of birth and pathways of care. Additionally, the Grange University Hospital is a centre for modern obstetric care alongside a birth centre complete with birth pool. We promote and encourage water birth for women, and water birth facilities are available at all our 5 birth settings.</p>
H	5.16	Consider the implementation of champion midwives to support further innovation and research.		Evidence 5.16 complete	<p>Aneurin Bevan University Health board has a well-established midwifery research team facilitating local and national portfolio studies, commercial studies, structured service evaluations and national audit. In addition to two experienced research midwives, supported by the Consultant Midwives, there are midwifery, sonography and obstetric research champions in all areas who are all GCP trained (Good Clinical Practice in research) and who raise awareness of studies with colleagues and service users, disseminate results locally and can screen, take informed consent and collect data for studies.</p>



				<p>Posters and flyers about open research studies are available in all clinical areas. Results of local and national surveys are disseminated to staff through newsletters, email, and closed and public social media groups and at staff training and learning sessions. A 'midwifery hub' has been created on Microsoft Teams to share research-based information and examples of good practice in research.</p> <p>Throughout the pandemic, the midwifery research team have coordinated data collection for UKMiDSS, UKOSS, CARIS, the RECOVERY study, SURGE and Pan-Covid.</p>
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# Exception Reporting Tool

Recommendation Number	
Area assessed as amber	1.1, 1.11, 1.18, 1.24, 1.38, 3.2, 3.4, 3.6, 3.7, 3.16, 5.1, 5.6, 5.7
What is currently in place to meet this recommendation?	
How will we evidence that we are meeting this recommendation?	
How do we know that these are effective?	
What further action do we need to take?	
Who and by when?	
What resource or support do we need?	
How will we mitigate risk in the short-term?	

The ABUHB Team feel these would benefit from some national discussion in order to then complete the exception reporting tool.

## Maternity and Neonatal Services in Wales

### INDEX

<b>Evidence 1.2</b>	<ul style="list-style-type: none"> <li>• Maternity Risk Management Group - Terms of Reference</li> <li>• Clinical Governance Midwife Job Description</li> <li>• Consultants Job Plan Proforma</li> <li>• Anonymised Risk Minutes</li> </ul>
<b>Evidence 1.3</b>	<ul style="list-style-type: none"> <li>• Maternity and Neonatal Assurance Group Minutes</li> <li>• Maternity and Neonatal Assurance Group Agenda</li> </ul>
<b>Evidence 1.4</b>	<ul style="list-style-type: none"> <li>• Maternity Risk Management Group – Terms of Reference</li> <li>• Dashboard</li> <li>• Supervisors end of year report</li> <li>• Anonymised Risk Minutes</li> <li>• Risk and transfer meetings</li> <li>• Perinatal &amp; Mortality and Morbidity meetings</li> <li>• Maternity Steering Group</li> <li>• NMPA reporting</li> </ul>
<b>Evidence 1.5</b>	<ul style="list-style-type: none"> <li>• Clinical Effectiveness Meeting – Terms of Reference</li> <li>• Clinical Effectiveness Minutes</li> <li>• Clinical Governance Minutes</li> <li>• Job Plan Consultant</li> </ul>
<b>Evidence 1.6</b>	<ul style="list-style-type: none"> <li>• Pre-Term Labour and Birth Guidelines</li> <li>• All Wales Standards for Extreme Prematurity</li> <li>• BAPM Webinar education offered to all staff</li> </ul>
<b>Evidence 1.7</b>	<ul style="list-style-type: none"> <li>• Consultants Job Plan Proformas</li> <li>• Bereavement Midwives Job Description and Personal Spec</li> <li>• Audit Midwives adhering to Uniform Policy</li> <li>• Stillbirth Audit</li> <li>• Supervisors of Midwives Notes Audit</li> <li>• OASI secondment</li> </ul>
<b>Evidence 1.8</b>	<ul style="list-style-type: none"> <li>• Clinical Supervision of Midwives – monthly update for HOM</li> <li>• Notes Audit</li> </ul>
<b>Evidence 1.9</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Minutes</li> <li>• Clinical Governance Terms of Reference</li> <li>• MSAG Minutes</li> <li>• Closing the Loop</li> <li>• HoM/CSFM Minutes</li> <li>• ELM Minutes</li> <li>• ASW audit</li> <li>• Notes audit.</li> </ul>

<b>Evidence 1.10</b>	<ul style="list-style-type: none"> <li>• PROMPT Compliance</li> <li>• PROMPT dates 2022</li> <li>• ABUHB final PROMPT Wales QA Report</li> <li>• Doctors PROMPT Compliance STAN</li> <li>• PROMPT Programme</li> <li>• PROMPT action plan fetal surveillance</li> </ul>
<b>Evidence 1.11</b>	<ul style="list-style-type: none"> <li>• Fetal Surveillance Job Description and Personal Spec</li> <li>• STAN Study Day</li> </ul>
<b>Evidence 1.12</b>	<ul style="list-style-type: none"> <li>• PROMPT Compliance</li> <li>• Doctors PROMPT Compliance STAN</li> <li>• Mandatory training dates/report</li> </ul>
<b>Evidence 1.13</b>	<ul style="list-style-type: none"> <li>• Jump Call Policy – due to be updated</li> <li>• ABUHB Responsibilities of the on-call Consultant</li> <li>• Quality and Patient Safety outcomes committee</li> <li>• Ockenden Report</li> </ul>
<b>Evidence 1.14</b>	<ul style="list-style-type: none"> <li>• ABUHB Medicines Management Policy</li> <li>• Labour Ward Guidelines</li> <li>• IOL pathway</li> </ul>
<b>Evidence 1.15</b>	<ul style="list-style-type: none"> <li>• Integrated Care Pathway</li> <li>• Obstetric communication Guideline.</li> </ul>
<b>Evidence 1.16</b>	<ul style="list-style-type: none"> <li>• Maternity Steering Group Minutes</li> <li>• Maternal Death Presentation</li> <li>• HIE Maternity Obstetric Template</li> <li>• ELM Minutes</li> <li>• Closing the Loop</li> <li>• Reportable incident evidence</li> </ul>
<b>Evidence 1.17</b>	<ul style="list-style-type: none"> <li>• Letter of thanks</li> <li>• Dashboard reportable incidents</li> </ul>
<b>Evidence 1.18</b>	<p>Currently Amber not mandated</p> <ul style="list-style-type: none"> <li>• SI report</li> <li>• Action plan</li> </ul>
<b>Evidence 1.19</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Minutes</li> <li>• ELM Minutes</li> <li>• Closing the Loop</li> <li>• Lessons of the Month</li> </ul>
<b>Evidence 1.20</b>	<ul style="list-style-type: none"> <li>• Fetal Medicine Services Pathway</li> <li>• Guidelines available on the intranet</li> </ul>

<b>Evidence 1.21</b>	<ul style="list-style-type: none"> <li>Supervisors of Midwives Notes Audit</li> </ul>
<b>Evidence 1.22</b>	<ul style="list-style-type: none"> <li>Corporate Nurses Inspection Assurance Checklist</li> <li>Action Plan following inspection</li> </ul>
<b>Evidence 1.23</b>	See 1.2
<b>Evidence 1.24</b>	Not rated
<b>Evidence 1.25</b>	<ul style="list-style-type: none"> <li>ABUHB Booking Referral Form</li> <li>All Wales Handheld records</li> <li>Management of the SFA Guideline</li> </ul>
<b>Evidence 1.26</b>	<ul style="list-style-type: none"> <li>Preterm Guideline available on intranet</li> <li>All Wales standards for extreme prematurity in place see 1.6</li> <li>Pre-term training poster</li> </ul>
<b>Evidence 1.27</b>	<ul style="list-style-type: none"> <li>ABUHB booking form</li> <li>Transfer proforma</li> <li>Transfer of women and baby's guideline available on the intranet</li> </ul>
<b>Evidence 1.28</b>	<p>As per 1.20</p> <ul style="list-style-type: none"> <li>MCDA referral pathway</li> <li>Guidelines for diabetes, hypertension and cardiac disease available on the intranet</li> </ul>
<b>Evidence 1.29</b>	As per 1.6
<b>Evidence 1.31</b>	<ul style="list-style-type: none"> <li>Birth Choice Discussion Leaflet</li> <li>Labour Ward Guidelines</li> <li>Part 1, Part 2 All Wales Pathway</li> <li>ELM minutes/ email</li> </ul>
<b>Evidence 1.32</b>	<ul style="list-style-type: none"> <li>BABI Minutes</li> <li>Induction of Labour Guideline</li> <li>Outpatient induction guideline available on intranet</li> </ul>
<b>Evidence 1.33</b>	Centralised CTG monitoring is evident GUH labour ward
<b>Evidence 1.34</b>	<ul style="list-style-type: none"> <li>All Wales BAPM standards of care</li> </ul>
<b>Evidence 1.35</b>	Not rated
<b>Evidence 1.36</b>	<ul style="list-style-type: none"> <li>JD Bereavement Lead Midwife</li> <li>Mandatory Training Dates</li> <li>IUD pathway</li> <li>Consent training Compliance</li> </ul>

<b>Evidence 1.37</b>	<ul style="list-style-type: none"> <li>• Maternity critical care pathway available on intranet</li> </ul>
<b>Evidence 1.38</b>	<ul style="list-style-type: none"> <li>• Obstetric Rota</li> </ul>
<b>Evidence 2.1</b>	<ul style="list-style-type: none"> <li>• BABI group minutes and agenda</li> <li>• Communication presentation</li> <li>• Womens survey</li> </ul>
<b>Evidence 2.2</b>	<ul style="list-style-type: none"> <li>• Putting Things Right Statistics 2022</li> <li>• IOL leaflet</li> <li>• BABI group minutes</li> <li>• Closing the loop</li> <li>• ELM PTR presentation /minutes</li> </ul>
<b>Evidence 2.3</b>	<ul style="list-style-type: none"> <li>• Babi Group minutes</li> <li>• Volunteer group project</li> </ul>
<b>Evidence 2.4</b>	<p>As per 2.1</p> <ul style="list-style-type: none"> <li>• CHC feedback ELM</li> </ul>
<b>Evidence 2.5</b>	<ul style="list-style-type: none"> <li>• Perinatal Mental Health Midwife Job Description</li> <li>• PNMH guideline pathway available on the intranet</li> </ul>
<b>Evidence 2.6</b>	As per 2.5
<b>Evidence 2.7</b>	Family integrated care – Healthier Together intranet page
<b>Evidence 2.8</b>	<ul style="list-style-type: none"> <li>• Facebook page</li> <li>• Information leaflet</li> </ul>
<b>Evidence 2.9</b>	<ul style="list-style-type: none"> <li>• Healthier together website</li> <li>• Poster and available QR code</li> </ul>
<b>Evidence 2.10</b>	<ul style="list-style-type: none"> <li>• BABI Minutes</li> <li>• Language Line Interpreter request</li> </ul>
<b>Evidence 3.1</b>	<ul style="list-style-type: none"> <li>• Once for Wales Preceptorship Programme</li> </ul>
<b>Evidence 3.2</b>	<ul style="list-style-type: none"> <li>• Labour Ward Co-ordinator Job Description</li> </ul>
<b>Evidence 3.3</b>	<ul style="list-style-type: none"> <li>• Induction programme</li> </ul>
<b>Evidence 3.4</b>	<ul style="list-style-type: none"> <li>• Competency booklet draft</li> <li>• PROMPT training</li> </ul>
<b>Evidence 3.5</b>	Not rated
<b>Evidence 3.6</b>	<ul style="list-style-type: none"> <li>• Job plan</li> </ul>

<b>Evidence 3.7</b>	As per 3.6 and 1.38
<b>Evidence 3.8</b>	<ul style="list-style-type: none"> <li>• Neonatal Rota – awaiting copy from Service</li> </ul>
<b>Evidence 3.9</b>	<ul style="list-style-type: none"> <li>• Prompt faculty list</li> <li>• Job plan</li> </ul>
<b>Evidence 3.10</b>	<ul style="list-style-type: none"> <li>• Development of Midwives succession planning sessions</li> </ul>
<b>Evidence 3.11</b>	<ul style="list-style-type: none"> <li>• Birth rate Plus</li> <li>• Acuity App</li> </ul>
<b>Evidence 3.12</b>	<ul style="list-style-type: none"> <li>• Letter of good practice</li> <li>• Staff recognition messages awards</li> </ul>
<b>Evidence 3.13</b>	<ul style="list-style-type: none"> <li>• Theatre Assistant Practitioner JD</li> <li>• Your Journey of Excellence Document</li> </ul>
<b>Evidence 3.14</b>	<ul style="list-style-type: none"> <li>• Mandatory training dates</li> <li>• Journey of Bereavement care</li> <li>• JD Bereavement Midwife</li> <li>• Post mortem consent compliance and training</li> </ul>
<b>Evidence 3.15</b>	Not rated
<b>Evidence 3.16</b>	Work ongoing (Amber)
<b>Evidence 4.1</b>	<ul style="list-style-type: none"> <li>• Continuity of care survey</li> <li>• Continuity of care Task and Finish Group presentation</li> </ul>
<b>Evidence 5.1</b>	<ul style="list-style-type: none"> <li>• MSAG</li> <li>• IMTP</li> <li>• IMTP Workforce</li> <li>• Maternity assurance</li> </ul>
<b>Evidence 5.2</b>	<ul style="list-style-type: none"> <li>• Birth Rate Plus</li> </ul>
<b>Evidence 5.3</b>	<ul style="list-style-type: none"> <li>• Escalation policy (maternity and neonatal) available on intranet</li> <li>• Birth rate plus acuity app</li> <li>• Risk minutes</li> </ul>
<b>Evidence 5.4</b>	<ul style="list-style-type: none"> <li>• Birth rate plus</li> </ul>
<b>Evidence 5.5</b>	Not rated
<b>Evidence 5.6</b>	<ul style="list-style-type: none"> <li>• Working towards currently amber</li> </ul>
<b>Evidence 5.7</b>	<ul style="list-style-type: none"> <li>• Job plan anaesthetic ROTA – awaiting copy from Service</li> </ul>

<b>Evidence 5.8</b>	<ul style="list-style-type: none"> <li>• RCOG Guidance on the agreement of long-term locums in maternity</li> </ul>
<b>Evidence 5.9</b>	<ul style="list-style-type: none"> <li>• Escalation policy NICU</li> <li>• BAPM standards</li> </ul>
<b>Evidence 5.10</b>	<ul style="list-style-type: none"> <li>• Public Health Midwife Job description</li> <li>• NMPA data</li> </ul>
<b>Evidence 5.11</b>	<ul style="list-style-type: none"> <li>• As per 5.10</li> <li>• Maternal Weight Management and Evaluation</li> <li>• Female genital mutilation guidance</li> <li>• Healthier together website</li> </ul>
<b>Evidence 5.12</b>	<ul style="list-style-type: none"> <li>• Healthier together website</li> <li>• Breast feeding Data</li> <li>• Infant feeding guidance available on intranet</li> </ul>
<b>Evidence 5.13</b>	<ul style="list-style-type: none"> <li>• Perinatal Mental Health Midwife Job description</li> <li>• PNMH guidance available on intranet</li> <li>• REWIND Therapy</li> </ul>
<b>Evidence 5.14</b>	As per 2.5 and 2.6
<b>Evidence 5.15</b>	<ul style="list-style-type: none"> <li>• Healthier together website – choice for place of birth</li> </ul>
<b>Evidence 5.16</b>	<ul style="list-style-type: none"> <li>• Research programmes</li> <li>• UKOSS posters</li> </ul>





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
28<sup>th</sup> September 2022  
Agenda Item: 4.3

## Aneurin Bevan University Health Board

### Gwent Regional Partnership Board Update

#### Executive Summary

The Gwent Regional Partnership Board has evolved over recent months with significantly refreshed Board membership particularly from local government. The Chair of the Gwent Regional Partnership Board is now provided by Aneurin Bevan University Health Board and there has been a refreshed approach to the governance and work programme of the RPB, along with consideration of a partnership response to existing system pressures.

The first output of the governance review of the RPB has seen the redevelopment of the Terms of Reference providing clarity and structure regarding decision making capabilities. In addition, consideration has been given to the work programme and rules associated with partnership revenue funding provided to RPB, to ensure all RPB members and statutory partners are in a position to consider liabilities attached to the revised funding model.

December has been established as a key milestone for the Regional Partnership Board to consider the ongoing developments of its work programme against any refreshed priorities established by Strategic Partnerships.

#### The Board is asked to:

Approve the Report	
Discuss and Provide Views	X
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor:** Ann Lloyd, ABUHB Chair

**Report Author:** Roxanne Green, Assistant Director of Partnership & Integration

**Report Received consideration and supported by:**

Executive Team		Committee of the Board	
		[Committee Name]	

**Date of the Report:** 16 September 2022

**Supplementary Papers Attached:** RPB Winter Plan v3



RPB Winter Plan  
2022-23 v3.pdf...

#### Purpose of the Report

This report seeks to provide an update to the Board on the recent programme of work and developments within the Gwent Regional Partnership Board.

## Background and Context

The 2022-23 financial year has provided significant change within the Gwent Regional Partnership Board as a consequence of the local government elections in May 2022, along with multiple changes of Directors and Executives across Health and Social Care.

These changes have brought about new leadership of the Regional Partnership Board, with the Directors of Social Services nominating the Chair of ABUHB as the new RPB Chair, formally endorsed by the Regional Partnership Board in July 2022. Developments during recent months have provided a focus on governance and regional priorities, with the Regional Partnership Board considering the new revenue funding model provided by Welsh Government and its associated programme of work, along with the remit and decision making capabilities of the Regional Partnership Board.

To support the system pressures as we enter Winter 2022-23, Gwent Regional Partnership Board have given early consideration to a regional response contributing to the national 1000 alternative beds initiative, alongside the continued development of the RPB programme enabled by the Regional Integration Fund. The national 1000 alternative beds initiative has been developed to generate additional capacity with the intention of ensuring that the organisations are better prepared in the preparation for the winter period 2022-23. The regional joint response has been described within the RPB contribution to the Winter Plan and risk assessment (attached).

## Assessment and Conclusion

**The key issues considered at the last meeting of the RPB are summarised below:**

### **Eliminating Profit from Children's Services**

In considering the priority areas where a joint response of the Regional Partnership Board would be beneficial, Directors of Social Services presented to the Regional Partnership Board collective concerns associated with the 'Eliminating Profit from Children's Services' manifesto commitment, and the destabilising effect this is already generating amongst existing providers.

With a lack of supply of not for profit providers operating within Gwent, along with the providers registered in England operating along with Wales-England border falling outside of the remit of this programme, Gwent RPB considered and discussed the concerns raised by social care, and the potential additional increase in the use of unregistered placements as providers step away from the Welsh market. Whilst the strategic intent is welcomed to ensure quality children's placements are appropriately priced, the Regional Partnership Board agreed to provide support in representing views to Welsh Government on the concerns raised and endorsed the joint response as a priority of the Children & Families Strategic Partnership. Consideration is also being given to any potential consequences of a development of the policy for other client groups.

### **Winter Plan Update and Risk Assessment**

Gwent RPB received and reviewed the RPB elements of the Winter Plan (attached as Appendix 1) describing the joint response to the 1000 alternative beds national initiative,

adhering to the ministerial directive to make use of the Regional Integration Fund to support the additional capacity needed within the system.

The RPB 1000 bed equivalent plan describes key actions against five development areas:

- 1. Alternative Bedded Capacity: working with our care home provider network to enhance our model of graduated care, commissioning beds specifically to support discharge from hospital.
- 2. Resilient Community Capacity: supporting existing arrangements during the winter period, intended to stabilise current capacity, mitigating further deterioration.
- 3. Admission Avoidance: Mobilising key actions of the COTE / Frailty Redesign Programme to enhance the operating hours of our Community Resource Teams including night time support aligned with our District Nursing model. We will also replicate the same day emergency care (SDEC) model within Ysbyty Ystrad Fawr.
- 4. Discharge Enablers: Strengthening our existing Home First model to provide consistent support across the Grange University Hospital, Royal Gwent Hospital and Nevill Hall Hospital, in addition to providing additional equipment via GWICES to facilitate timely discharge
- 5. Workforce Support: Expanding and extending the provision of a wellbeing bus across health and social care over the winter period.

The existing workforce constraints have been fully acknowledged by the RPB Community resilience activity will at best mitigate further deterioration of the system pressures owing to the significant shortage of workforce particularly within domiciliary care. It was also recognised that a wider regional plan will be needed to reflect the activities and escalation procedures of statutory partner organisations responding to system pressures.

Gwent Regional Partnership Board endorsed the plan and the use of the Regional Integration Fund (RIF). The RIF Strategic Outline Plan will be updated to reflect the developments described within the RPB elements of the Winter Plan (1000 bed equivalents) for submission to Welsh Government.

**RPB Programme**

Regional Partnership Boards are required to submit a plan of the investment associated with the new revenue funding model, the Regional Integration Fund. This source of revenue for Regional Partnership Boards is now provided over a 5 year programme, with a complex tapered funding model. Gwent RPB received and discussed a report to aid on the Regional Integration Fund Strategic Outline Plan, its associated rules and financial liabilities. For the tapering to be realised across existing projects and services, the guidance prescribes the following budget implications:

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
STATUTORY ORGANISATIONS	Year 1 Indicative Allocation	Year 2 Actual Budget Required From Partners	Year 3 Actual Budget Required From Partners	Year 4 Actual Budget Required From Partners	Year 5 Actual Budget Required From Partners	Year 6 Actual Budget Required From Partners
ABUHB	£8,154,197	£1,022,713	£1,799,985	£2,222,703	£2,222,703	£2,999,975
Blaenau Gwent	£1,333,036	£275,409	£359,016	£514,752	£514,752	£598,360
Caerphilly	£2,508,583	£542,949	£683,855	£998,852	£998,852	£1,139,758
Monmouthshire	£2,318,270	£437,765	£654,586	£874,156	£874,156	£1,090,977
Newport	£3,849,073	£576,661	£1,113,827	£1,319,212	£1,319,212	£1,856,378
Torfaen	£1,462,832	£282,477	£397,955	£547,780	£547,780	£663,258
GRAND TOTAL	£19,625,991	£3,137,973	£5,009,222	£6,477,455	£6,477,455	£8,348,704

Each statutory partner is considering in detail the financial liabilities attached to the Regional Integration Fund, to provide an organisational response to the Regional Partnership Board on its acceptance or rejection of those liabilities. In this respect, ABUHB Executive Team will be receiving detailed reports on the financial liabilities and implications in respect of funded schemes to allow for a recommendation to be provided to the Board for onward transmission to the RPB.

Chairs of Strategic Partnerships have been asked to review existing strategic priorities to ensure the RIF Strategic Outline Plan remains relevant in the context of current system pressures. It was agreed both statutory organisational responses and confirmation of strategic priorities would be provided to the Regional Partnership Board by December 2022. Gwent RPB therefore, agreed to approve the RIF Strategic Outline Plan up to March 2023. The RPB will consider the responses from the statutory organisations to determine the content of the RIF for years 2 to 6.

**RPB Governance**

With the support of the ABUHB Director of Corporate Governance, the Terms of Reference for Gwent Regional Partnership Board have been redeveloped to ensure clarity on the strategic intent, objectives and functions of the Regional Partnership Board, along with the Board membership and operational arrangements.

The clarity provided within the terms of reference was welcomed by RPB members, and the draft version of Terms of Reference submitted for consideration were formally endorsed at the 6 September meeting of the RPB.

**Recommendation**

The Board is asked to note the contents of this report for information and provide views on the development undertaken within the Gwent Regional Partnership Board.

# Gwent Regional Partnership Board

## Regional Winter Plan 2022-23

## Document History

Version	Reviewing Body	Date	Amendments Made
01 draft	Gwent Adult Strategic Partnership	18/08/2022	Risk assessment & mitigation
01	Regional Leadership Group	25/08/2022	Introduction, workforce constraints, minor changes to action plan (saved as V2)
02	RPB Chair	01/09/2022	Front Door Analysis requested of RPB to be presented separately, system data inclusion
03	Regional Partnership Board	05/09/2022	

## Introduction

To support the system pressures as we enter Winter 2022-23, Gwent Regional Partnership Board have given early consideration to a regional response contributing to the national 1000 alternative beds initiative, alongside the continued development of the RPB programme enabled by the Regional Integration Fund. The national 1000 alternative beds initiative has been developed to generate additional capacity with the intention of reinvigorating flow in preparation for the winter period 2022-23.

Consideration has been given to the demands and capacity constraints within our system, identifying the need to avoid hospital admission wherever appropriate, and strengthen our discharge enablers and community capacity to ensure people are able to receive care at home or close to home wherever possible.

This winter plan identifies the joint response by Gwent Regional Partnership Board, and will be synergistic to plans developed by statutory partners seeking to address wider system pressures. The key actions intended to provide additional or alternative capacity to support known system pressures are itemised within. Risks and mitigations associated with the actions have been developed, and consideration given to the reliance on workforce to support continued delivery of core services along with the actions included within the plan. The Gwent Workforce Development Board, a strategic partnership under the governance of the Regional Partnership Board, will be advising the RPB on how best to maximise supply of our workforce.

The current position of our system entering the winter period has been identified, to provide a baseline for which this winter plan will be measured against. This information is provided as community capacity, and hospital delays.

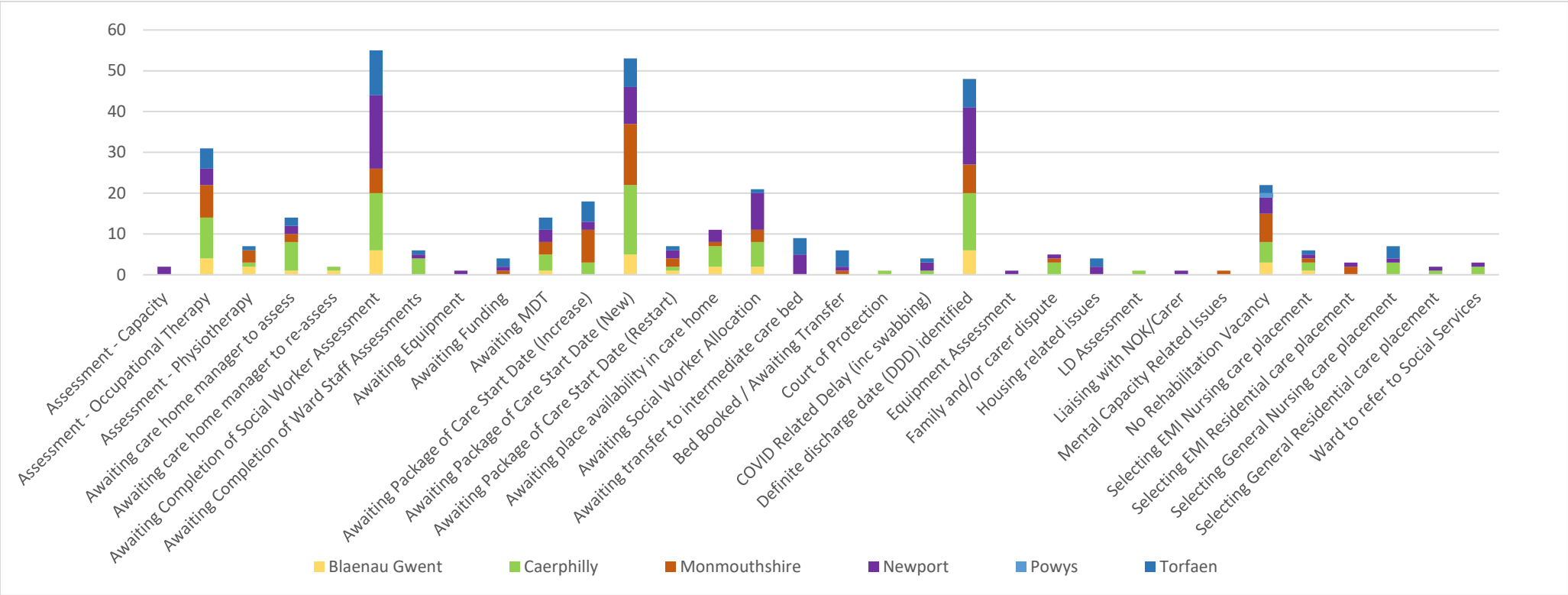
### 1. Community Capacity

To understand the current community workforce position, waiting lists have been reviewed across all localities demonstrating the extent of the current capacity constraints.

County	OT (# of people)	Physio (# of people)	Social Worker (# of people)	Reablement (# of people)	Hosp SW (# of people)	Dom Care deficit (Hrs)
Blaenau Gwent	14	23	80	1	0	131
Caerphilly	88	125	109	27	0	666
Monmouthshire	102	72	159	83	4	2000
Newport	371	0	182	27	28	792
Torfaen	3	13	134	1	0	708
<b>Regional Total</b>	<b>578</b>	<b>233</b>	<b>664</b>	<b>139</b>	<b>32</b>	<b>4297</b>

2. Hospital Delays

A review of the complex list identifies 373 patients delaying. The broad spectrum of delays is shown in the group below.



Evaluation of the winter plan will be established at the outset, to support ongoing monitoring and evaluation. To support partnership approaches to system performance, a 'Whole System Data Viewer' is currently being refined, supported by collaborative data inputs from Health, Social Care, Police, Fire and WAST. This tool has been developed as a collaboration between the Local Resilience Forum and Gwent Regional Partnership Board.



Regional Contribution to 1000 Alternative Beds

Supporting a regional response to the national 1000 alternative beds initiative, the proposed additional bed capacity reflected within this plan has been modelled to understand the impact this may generate across the system. This is set in the context of the measure most used to assess flow within the system, being the number of ambulances waiting outside of hospitals. The proposed additional capacity is to improve flow and provide care for patients who are waiting for discharge and do not need to be in hospital.

Data analysis for the provision of 80 further beds identifies that this capacity alone would not be enough to create flow that would impact the front door of the hospitals. As the intended additional capacity alone will not see immediate impact, this initiative will need to be implemented alongside other interventions in the pathway including (but not exclusively); assessment pathways alternative to front door attendance, discharge to home and additional care capacity.

The alternative bedded capacity is therefore more likely to have measurable impact on DTOC performance and person-centred outcomes if the model is able to be realised effectively. There are further variables in considering the impact that can be realised across DTOC and person-centred outcomes, that will be influenced by the therapeutic capacity that can be sourced, and community capacity for patients needing support to return home.

The table below illustrates the potential number of people that could be supported, dependent on ALOS achievable within the model.

	1000 beds additional capacity		
	Est. ALOS = 9 weeks	Est. ALOS = 6 weeks	Est. ALOS = 3 weeks
# Beds	80	80	80
Duration of Capacity (weeks)	26	26	26
Average LOS	9	6	3
Each bed could support # people:	3	4	9
Total people supported during period	231	347	693

## Outline Plan

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
<b>Development Area: Alternative Bedded Capacity</b>									
<p><b>Create additional beds as part of a graduated care pathway</b> (costings and modelling taking place on 80 beds). Supporting reablement and/or convalescence whilst individuals awaiting for reablement to commence.</p> <p><i>Assessment beds will be used to support either 'step up' from the community to prevent hospital admission, or facilitate discharge via a 'step down approach'</i></p>	<p>Service specification in process of development collaboratively within Winter Planning Group</p> <p>Consideration will be needed to overcome the challenges experienced with the SC2H pathway, and the transition from the existing to the alternative capacity.</p> <p>Costings will need to be updated dependent on recruitment requirements of therapy capacity</p>	<p>Staff shortages noted in the care home sector, may impact the ability for homes to respond to the tender invitation.</p> <p>Ability to source Therapy capacity (OT/Physio/As sts)</p> <p>Throughput of the pathway to maintain flow</p> <p>Capacity of GP surgery(ies) to support additional care home capacity</p>	<p>Refine patient cohort included within service specification for these beds.</p> <p>Patients moved on maintenance plans waiting for PoC, reduced reliance on therapy capacity</p> <p>National service specification in developed for D2RA beds</p> <p>Contingent on therapy model and community capacity to support discharge</p> <p>To be considered following care home responses as to suitable</p>	<p>Up to 693 patients could be supported within a 26 weeks timeframe</p> <p>Reduction in DTOC</p>	<p># Patients supported via pathway</p> <p># of DTOCs</p> <p>Hospital Length of Stay</p> <p>Pathway LOS</p> <p>Personal Outcomes achieved</p>	£1,872,000	£4,992,000	LOW-MED	<p>Flow Impact - Medium</p> <p>A&amp;E Impact - Very Low</p>

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
			geographical area – engage with NCN leads						
<b>Development Area: Resilient Community Capacity</b>									
<b>New Directions Caerphilly</b> Continue to provide domiciliary care commissioning via complex care (inc. within current SC2H pathway)	Ongoing informal arrangement; requiring funding support	Continued availability of provision; no risks identified through consideration	Nil required	Maintained or improved DTOC position Good person centred outcomes	Balancing measure: DTOCs # of individuals in SC2H pathway	£121,000	£242,000	High	Low additional impact as Stabilising existing capacity
<b>Additional winter capacity within community resource teams</b> Supporting the ability to offer additional hours of work to mitigate further staff shortages due to sickness/leave over the winter period (provided via overtime/ additional hours of existing staff)	Scoping underway across all localities	Reliant on willingness of staff	Nil available	Stabilised workforce Capacity to provide 7 day working (e.g. brokerage over the weekend)	waiting lists/times for reablement /EC@H	£500,000	£0	Medium	High
<b>Equitable fuel reimbursement for care staff</b> ( <i>providers only – excl. Health and Social Care care staff</i> ) Responding to the cost of living crisis and increasing number of carers leaving the	Costings currently being received. LA Commissioners linking with complex care to share methodology	LA's mobilising at risk to mitigate ongoing staff retention issues due to the cost of living crisis	Not required	Stabilised workforce	# vacancies # unfilled hours/PoC	£500,000	TBC	High	Low-Med - stabilising existing capacity

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
profession, methodology developed to identify methods of providing equitable fuel reimbursement for care staff across the region.									
<b>Development Area: Admission Avoidance</b>									
<b>COTE/Frailty Redesign - 8-8 CRT Model</b> extend the operational hours for CRT rapid up to 8pm Monday to Friday, by Jan/Feb 23. It is proposed that by recruiting additional support now, it would be possible to make the existing CRT medical team more robust across all areas and develop a weekend response in the same timescale. The provision of an additional CRT consultant, a staff grade and two B6 nurse practitioners enables the team in all areas to increase the reach of the service and the number of people who stay safely at home. It is proposed we employ: <ul style="list-style-type: none"> <li>• 1 WTE CRT consultant</li> <li>• 1 WTE staff grade/SAS</li> </ul>	If this case is approved, the staffing would likely be in place in January/February 2023 given the timescale associated with recruitment of medical staff.	Recruitment Initiative cannot be viewed in isolation of the wider activities within the CRT	Comms and engagement across all CRTs re. the Pilot development  Clear dependency map	The numbers of people supported to stay at home would continue to increase and the initial target of an extra 22 people per week seen by CRT would be expected to increase potentially to 32 people per week (based on an	tbc	£145,958	£291,916	Medium	Low

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
doctor • 2 x Band 6 ANPs				additional 5 people seen on both Saturday and Sunday).					
<b>COTE/Frailty Redesign - Proactive Frailty Transformation Project</b> developing a robust method of identification and collaborative planning, admissions and GP interactions reduce. Project resource needed: • 1 WTE Band 8a programme manager • 4 medical sessions each week split across CRT consultant and GP • 1 WTE Band 5 Project support officer	Opportunity identified within COTE/Frailty Redesign programme; activity proposed to be brought forward into winter activity to enable earlier benefits realisation (into 2023-24)	Recruitment		This project would be unlikely to deliver in significant numbers before Mar/Apr 23 but would work with the three projects that are currently in existence and would develop the proactive frailty project in these areas.	tbc	£51,562	£154,685	Medium	Low

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
<b>COTE/Frailty Redesign: Night Time Support</b> A small-scale approach is taken to develop two teams of HCSW working initially in the out of hours period 8 pm to 8am, seven days per week. Each team would consist of two Health Care Support Workers who are trained to undertake observations and provide personal care and support to people to enable them to stay safely in their own home. The team will primarily provide peripatetic support across either North or South Gwent.	Opportunity identified within COTE/Frailty Redesign programme; activity proposed to be brought forward into winter activity to enable earlier benefits realisation (into 2023-24)	Ability to recruit to intended posts Recruitment activity having a detrimental effect on other services Incremental gains in the early stages of the programme not realising full impact within winter period	Recruitment will be for a night contract only, which will minimise the staff pool interested, and therefore less likely to impact domiciliary care market	Keeping frail and/or elderly people at home reduces dependency on longer term social care services, increasing independence and quality of life.	tbc	£195,354	£468,849		Low
<b>Same Day Emergency Care @ YYF</b> Over the last 12 months since the early opening of the GUH the Health Board has developed an SDEC model at GUH which aims to provide timely and high-quality care for ED patients and others who would benefit from SDEC. The SDEC model at GUH is now operational and started	The workforce plan ensures that there is a robust medical and nursing team with joined up leadership across the front door. From a nursing perspective SDEC will be managed by the Band 7 and Band 6 in AMU and the nursing team will be allocated from a	Recruitment of staff for a 6-month pilot	Confirmation of interest in the posts from existing staff, opportunity to work in a new initiative service, delivering patient centre care	4 weeks	<ul style="list-style-type: none"> <li>Improved patient flow</li> <li>Reduced bed occupancy</li> <li>Optimised patient experience</li> <li>Reduction in waiting times</li> </ul>	£259,000	£514,000	Medium	High

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
<p>receiving patients in August 2022.</p> <p>The development of the SDEC treatment space alongside other improvements in AMU will ensure that YYF is in a position to meet the demand and requirements for the Caerphilly population, supporting whole system flow and optimising patient outcomes. The Flow Centre will direct GP referred patients directly to SDEC, avoiding prolonged waits in AMU. In addition, this will free up space in AMU for patients directly transferred from GUH ED and GUH AMU</p>	<p>joint AMU and SDEC roster. It is noted that the Band 7 post is currently part time, the Divisional SMT have agreed a full time post due to patient safety this decision will ensure staffing levels to oversee both SDEC and AMU. An additional specialty doctor and two junior clinical fellows will support the 9 treatment spaces in SDEC 5 days a week. Senior consultant support will be provided by the consultant based in AMU Monday to Friday</p>				<ul style="list-style-type: none"> <li>• Reduced hospital admissions</li> <li>• Avoiding unnecessary overnight admission</li> <li>• Patient is seen at the right time, in the right place by the right person</li> <li>• Financial benefits and cost savings</li> </ul>				
<b>Development Area: Discharge Enablers</b>									
<p><b>Additional equipment for GWICES to facilitate hospital discharge</b></p> <p>Procurement and supply of equipment can be undertaken on a phased basis to take advantage of</p>	<p>Understanding urgent requirements v standard requirements to ensure individuals receive equipment in an appropriately</p>	<p>Procurement of stock, potential supply chain issues</p>	<p>Phased procurement takes account of lead in timeframes</p>			£500,000	£0	High	Medium

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
slippage: Phase 1: Manual Handling (seating, hoists & stand aids) - £300,000 Phase 2: Bettercare (showering, bathing including bariatric) - £100,000 Phase 3 - Single handed care (Elks, slings, returns including bariatric) - £100,000	prioritised method. Authorisation process being updated.								
<b>Strengthened resource for Home First Service</b> Existing home first resource from RGH & NHH spread to GUH. Proposal is to strengthen the capacity to reflect the 3 hospital model.	Costings fully developed, ready to commence recruitment	Ability to appoint staff, due to funding decision timeframes		<i>Need to understand where increase in capacity will be generated to project impact</i>	# Turnaround at front door Reduction in admissions	£208,077	£416,154	Medium	tbc* HoAS discussing and submitting info
<b>Development Area: Workforce Support &amp; Wellbeing</b>									
<b>Staff support provided via Wellbeing Bus</b> , able to be placed throughout the region and available to partnership organisations. The service offers a warm and personable welcome, light refreshments, a quiet zone, a colleague chat zone, chats with crew, and hospitality treats.	Tested within ABUHB over last 2 months. Staff spent 10-20 minutes on board; 100% found it valuable, and 97% indicated interest in further events. Proposed that the offer is widened to the partnership.	None known.  Would need to consider where the bus can be placed regionally - needs electricity supply	Scoping to be undertaken within winter planning group on suitable locations for the wellbeing bus	Improved staff wellbeing	Feedback from staff	£15,000.00	£0	High	Low



ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	SUCCESS MEASURES	REVISED WINTER COST	EST. FULL YEAR COST	VIABILITY RAG RATING	IMPACT RAG RATING
TOTAL						£4,367,950	£6,565,604		

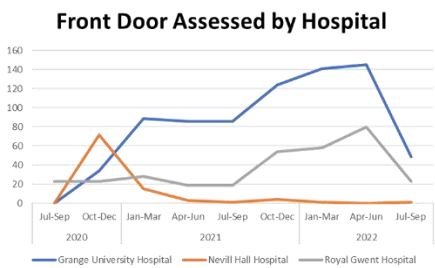
Viability Key	Impact Key
Unlikely to be implemented successfully	Impact unlikely to be realised during winter period
Likely to be implemented, with challenges expected	Limited additional system impact demonstrable
No issues identified to implement	High impact demonstrable across the system

The above plan identifies costings for the six month winter period, defined as October 2022 to March 2023. With the anticipated slippage due to recruitment, and lead in times, it is estimated that all schemes will be achievable within the unallocated and slippage position of the Regional Integration Fund. A financial profile for this action plan to reflect identified lead in times is included as Appendix B to this plan.

At this stage, given the considerations of financial liabilities associated with the Regional Integrated Fund, it is not possible to consider or commit longer term funding. Further consideration of the longer term requirements will be discussed at the November meeting of the Regional Partnership Board.

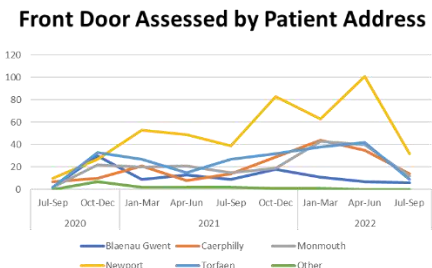
Should Gwent Regional Partnership Board approve all proposed funded activity identified within this plan, the Regional Integration Fund Strategic Outline Plan will need to be updated to reflect the developments, and alignment with the national models of care identified within Guidance. It is proposed the additional investment and developments are aligned with the Improving System Flow and Place Based Graduated Care strategic programmes.

Appendix A: Home First Data



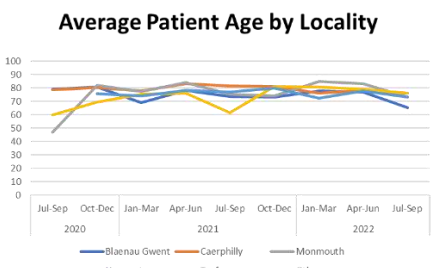
There has been a steady increase in the amount of patients assessed in GUH and RGH.

NHH has decreased significantly



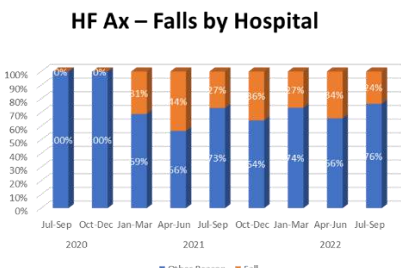
The highest volume of patients assessed derive from Newport.

There is also an increase across Torfaen, Monmouth and Caerphilly.



The most elderly patients are from the Monmouthshire locality and the youngest from Blaenau Gwent and Newport however the difference between these is only 5 years.

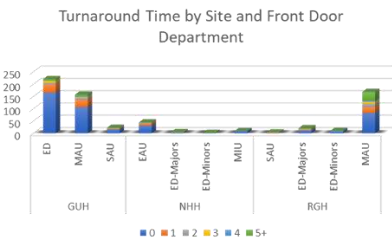
This has stayed consistent throughout the past two years.



Patients falling makes up almost 1/3<sup>rd</sup> of all Home First assessments. There is no obvious trend of falls becoming more or less prevalent in this dataset.

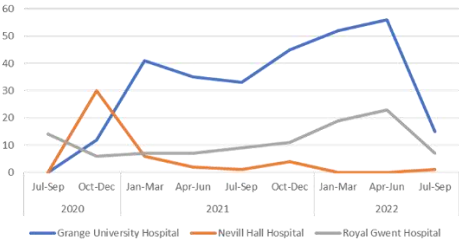
It would be useful to marry this data up with ED's data to get the other clinical codes for people's attendances in order to paint a clearer picture.

**Turnaround Time by Dept & Site**



This data shows that the Home First team turns around 81% of the patients that they assess at the front door within the first 48hrs.

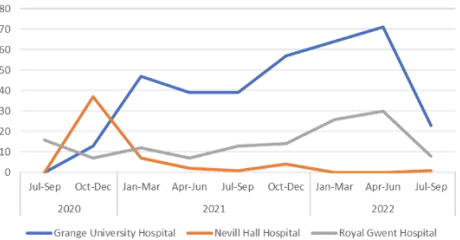
**Turnaround by Hospital [0-24hr]**



These figures show how many people are assessed at the front door and turned around as to prevent an admission

The number of turnarounds has been generally increasing in GUH and RGH but have declined in Qtr3 of 2022

**Turnaround by Hospital [0-48hr]**



As a reflection of longer waits at the Front Door, a 0-48hr period was considered.

An increase for patients turned around is demonstrated at GUH & RGH

Appendix B: Winter Financial Profile

ACTIVITY	Financial Profile						
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Revised Planned Cost
Development Area: Alternative Bedded Capacity							
Additional alternative beds (80 beds)	£0	£208,000	£416,000	£416,000	£416,000	£416,000	£1,872,000
Development Area: Resilient Community Capacity							
Additional Dom Care Caerphilly (via New Directions)	£20,167	£20,167	£20,167	£20,167	£20,167	£20,167	£121,000
Additional winter capacity within Community Resource Teams	£0	£0	£125,000	£125,000	£125,000	£125,000	£500,000
Equitable fuel reimbursement for care staff	£500,000	£0	£0	£0	£0	£0	£500,000
Development Area: Admission Avoidance							
COTE/Frailty Redesign - 8am-8pm operating model	£24,326	£24,326	£24,326	£24,326	£24,326	£24,326	£145,958
COTE/Frailty Redesign - Proactive Frailty Transformation Project	£0	£0	£12,890	£12,890	£12,890	£12,890	£51,562
COTE/Frailty Redesign: Night Time Support	£0	£39,071	£39,071	£39,071	£39,071	£39,071	£195,354
Same Day Emergency Care @ YYF	£43,167	£43,167	£43,167	£43,167	£43,167	£43,167	£259,000
Development Area: Discharge Enablers							
GWICES Equipment to facilitate discharge	£300,000	£0	£100,000	£0	£100,000	£0	£500,000
Home First Strengthened Resource	£34,680	£34,680	£34,680	£34,680	£34,680	£34,680	£208,077
Development Area: Workforce Support & Wellbeing							
Staff support via a Wellbeing Bus	£15,000	£0	£0	£0	£0	£0	£15,000
							£4,367,950.42



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University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item:4.4

## Aneurin Bevan University Health Board

### System Winter Planning and Resilience 2022/23

#### Executive Summary

**The Board is asked to:** (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Christopher Dawson-Morris, Interim Director of Planning and Performance

**Report Author:** Christopher Dawson-Morris, Interim Director of Planning and Performance

**Report Received consideration and supported by:**

Executive Team

Committee of the Board  
[Committee Name]

Public Board

**Date of the Report:** 20<sup>th</sup> September 2022

**Supplementary Papers Attached:**

#### Purpose of the Report

The purpose of this report is to provide assurance on the process by which plans for the winter season of 2022/23 (November to March) will be developed.

#### Report Narrative

In planning for this winter period the challenges are significant with seasonal respiratory infections, potential further waves of Covid 19, severe weather and the impacts of the increased cost of living on the population. These challenges come following a period of sustained pressure on health and care systems and the continued need to recover activity lost during the first two years of the pandemic.

The objective of the plan is to provide resilience to services to best meet the anticipated pressures in Winter 2022/23.

Responding to these multiple threats requires a whole system response. Therefore, the planning for this period is being delivered through the Regional Partnership Board mechanism drawing together health, social care and wider system actions to support the population. The aim is therefore to produce a single integrated Winter Plan approved through the Regional Partnership Board alongside the individual statutory organisations.

The process for the development of the Winter Resilience Plan is set out below:

	<b>Actions</b>
<b>September</b>	Development of Health Board and contractor action plans (Finalised by 28/09/22)
	Development and Agreement of the allocation of Regional Integrated Funding initiatives (06/09/22)
<b>October</b>	Alignment of plans into single Integrated Plans
	Final Draft Plan Completed (07/10/22)
	Whole System Workshop (11/10/22)
	Finalised Plan approval through statutory organisations
<b>November</b>	Formal Sign off the Regional Winter Resilience Plan (15/11/22)

Whilst November may seem late for formal sign off, action is already underway and appropriate implementation will begin alongside the sign off process.

Formal guidance and a modelling scenario for respiratory conditions are anticipated from Welsh Government to support assumptions for system planning, at the time of writing these are still awaited. Work is also underway at a national level to support health and social care organisations such as reviewing the local options framework, national messaging and reinforcement of the choices policy.

### **Regional Integrated Funding**

Through the Regional Partnership Board, Regional Integrated Funds have already been allocated to initiatives to support the winter period. This early decision making will allow the necessary recruitment and procurement to take place.

Funding agreed through the Regional Integrated Fund includes:

- Procurement of additional (care home) beds as part of a graduated care pathway
- Additional capacity for Community Resource Teams to mitigate staff shortages due to leave and sickness
- Equitable fuel reimbursement for care staff
- Provision of 8am to 8pm Community Resource Team model
- Additional night-time support – out of hours team trained in observation to provide care in individuals homes
- Proactive Frailty Programme- offering early identification and proactive intervention
- Establish Same Day Emergency Care at Ysbyty Ystrad Fawr
- Additional equipment for GWICES to support discharge
- Strengthen home first service
- Staff support provided via a Wellbeing Bus

Each of these schemes has been considered in terms of impact on the health and care system. The schemes are targeted at areas of the greatest challenge and opportunity for system flow, in particular facilitating improvement in delayed discharge and admission avoidance.

The full breakdown of funding is provided in the Regional Partnership Board update paper. Recruitment and necessary procurement to support these initiatives has begun.

## Health Board Plans

Plans to development further resilience in the health elements of the system are in development. Traditionally the seasonal pressures of winter are addressed through the creation of additional capacity and workforce expansion. The sustained pressures experienced in urgent care and the necessity of the recovery of planned care means there are limited opportunities to expand the workforce further. It is also essential the health board supports its teams through this period without creating further pressures.

Therefore, the starting point for the development of the health plans are centred around how the system can best be configured within available resources. Whilst plans are being finalised actions will include:

### Vaccination

Preventative action through vaccination is already underway. The COVID-19 autumn booster programme is being delivered through a combination of mass vaccination centres, mobile teams and primary care services. The timetable remains to have invited all eligible cohorts by the end of November, and to have completed vaccinations by the end of December. Planning work is also underway to respond if a new variant emerges during the winter which requires a surge in vaccination activity. The seasonal flu vaccine is also being rolled out across the target populations.

### Actions to protect elective capacity:

- Reconfiguration of wards and consolidation of planned care activity in the Royal Gwent Hospital and Neville Hall Hospital in order to protect elective services
- Introduction of an orthopaedic step down pathway from the Grange University Hospital to the Royal Gwent Hospital
- Use of Pod Space in Critical Care to provide protected beds for urgent cancer activity in the Grange University Hospital
- Continued Insourcing/ Outsourcing to maintain elective capacity

### Actions to enhance urgent care and medical services:

- Appropriate Cohorting of Medically Fit Patients in order to provide effective reablement and workforce
- Further Role Out of Same Day Emergency Care Model, further rolling out the services provided through the model in the Grange University Hospital
- Maintaining additional staffing in the Emergency Department
- Advanced Paramedic Practitioner in flow centre
- Front door therapies and MSK service in place
- Virtual Ward role out in Families and Therapies Division
- Additional Winter Ward in Nevill Hall

### Actions to support Primary and Community Care:

- Reconfiguration of community hospital wards, to include additional nurse led beds and increase direct admission Community Resource Beds.
- Additional winter ward in St Woolos Hospital
- Virtual ward roll out in community teams

- Additional oral surgery sedation provision
- General Dental Service access increases
- Optometric Diagnostic and Treatment Centre for Glaucoma to increase in sessions
- Ward rounds in the care homes by GP's
- National Enhanced Service for General Practice
- Provision of the Health Board IV & Antiviral Team Service

As these plans are finalised their proposed system impact will be considered and the Health Board will make use of operational performance systems to understand if the desired impact is being achieved.

## Local Authority

Further work is taking place within Local Authorities to consider actions to provide further resilience in social care and wider service provision. These actions will be included in the Winter Resilience plan in order to provide transparency across all partner actions.

## Summary

The objective is for these plans to mitigate the anticipated operational pressures and to protect essential service. It is recognised there may be times where escalated action is required and decisions may have to be made in relation to the balance of risk between urgent and planned services. To support this operational escalation plans are in place and a full hospital protocol is being developed to have clear processes for decision making should this be needed.

Clear public communication through this period will be essential and will form part of the plan.

The final plan will be provided to the Board alongside the Regional Partnership Board Governance mechanism

## Recommendation

The Board is asked to:

- Note the process for the development of the Winter Resilience Plans 2022/23

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	The report highlights key risks for the Winter period.
<b>Financial Assessment</b>	There is no additional Welsh Government Finance proposed for Winter. Further funding has been allocated through the Regional Integrated Funds
<b>Quality, Safety and Patient Experience Assessment</b>	These actions seeks to mitigate QPS incidents in the Winter period.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Plans need to ensure equity as they are developed.
<b>Health and Care Standards</b>	This proposal supports the delivery of Standards 1, 6 and 22.

<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Actions for Winter represent an acceleration of priority programmes in some areas, such as Six Goals for Urgent Care
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
	<b>Long Term</b> – <i>can you evidence that the long term needs of the population and organisation have been considered in this work?</i>
	<b>Integration</b> – <i>can you evidence that this work supports the objectives and goals of either internal or external partners?</i>
	<b>Involvement</b> – <i>can you evidence involvement of people with an interest in the service change/development and this reflects the diversity of our population?</i>
	<b>Collaboration</b> – <i>can you evidence working with internal or external partners to produce and deliver this piece of work?</i>
	<b>Prevention</b> – <i>can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?</i>
<b>Glossary of New Terms</b>	





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Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item:4.9

## Aneurin Bevan University Health Board

### Performance Report

#### Executive Summary

**The Board is asked to:** (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Christopher Dawson-Morris, Interim Director of Planning and Performance

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

**Report Received consideration and supported by:**

<b>Executive Team</b>	<b>Committee of the Board</b>	<b>Public Board</b>
	<b>[Committee Name]</b>	

**Date of the Report:** 5<sup>th</sup> September 2022

**Supplementary Papers Attached:** Dashboard attached and supplementary graphs

#### Purpose of the Report

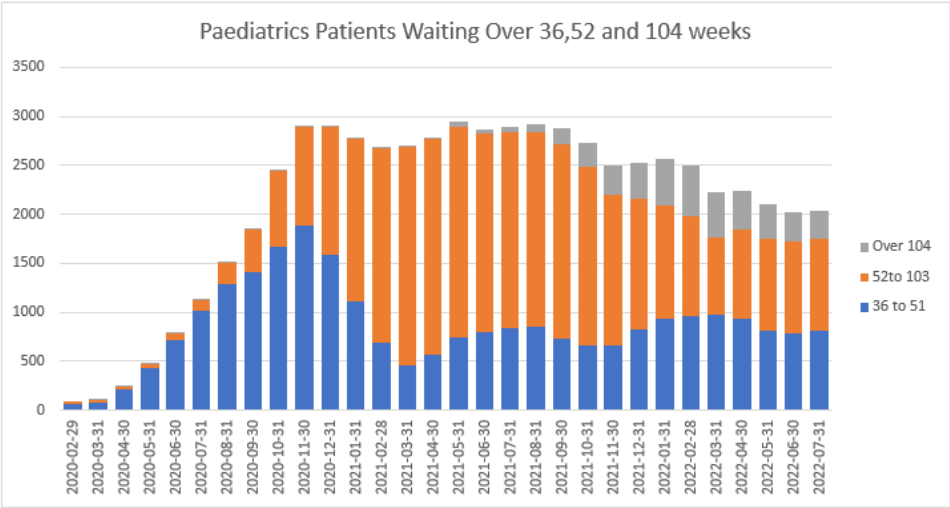
This report provides a high level overview of activity and performance at the end of July 2022, with a focus on delivery against key national targets included in the performance dashboard. Outcomes based reporting will be provided on a Quarterly Basis in line with the IMTP cycle. This report therefore focusses on specific performance against the organisations key priorities in line with the national performance framework.

#### Report Narrative

#### Every Child has best start in life



The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased over the pandemic and peaked during the summer of 2021. Since the end of 2021, the number of children who have been experiencing longer waits has been falling. The chart below shows the number of children who have been waiting for 36, 52 and 104 weeks, it is anticipated that these numbers will continue to fall as activity increases to pre-pandemic levels in the coming months.



Getting it Right for Children and Young Adults

Priority 2  
Getting it right for children and young adults

Our Outcomes:

Improve mental health resilience

Support being a healthy weight

Improve healthy lifestyle behaviours

**CAMHS**  
Sustained performance of the CAMHS measure of 80% is reported, with 94.4% of patients waiting less than 28 days for a first appointment at the end of July 2022. The implementation of the SPACE wellbeing (development of single point of access, multi-agency panels) which is operational in all five local authority areas has continued to have a positive impact on access to services.

Access to services on the CAMHS Neurodevelopmental (ND) pathway has a target of children waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment. The service has unfortunately not seen an improvement in July 2022 with 47.2% compared with 47.5% in June 2022 against the target of 80%.

It has been evidenced that there has been an increase in service demand, the level of acceptance of ND referrals has grown by 103% since the relaunch in April 2021. The team have been operating additional evenings and weekend clinics, as well as using both telephone and video consultation to meet the demand. This increase in demand and also the impact of the easing of COVID19 lockdown and the restarting of face to face appointments resulted in a backlog of follow up appointments for the children undergoing a neuro-developmental assessment.

Part of the changes, that are being introduced to better meet the demands, is working more closely with Local Education teams with the help of our Schools InReach, School Nurses, the Locality Community support services and School staff to help schools produce a tailored school setting support plan. All children and young people undergoing an ADHD assessment will automatically have a school observation rather than a 1:1 clinical observation. The aim is to be able to keep the waiting list moving more fluidly acknowledging that there will be more complex

cases that require school observations to gather more evidence and additional ADOS (Autism Diagnostic Observation Schedule assessments).

The service is also reviewing all children and young people on the existing waiting list assessing their appropriateness for assessment and working with their parents/carers with signposting to alternative support or if they would benefit from support by other community services. Continuing this work will mean only those children and young people who need to be on the waiting list are progressed to ND for assessment.

With the 2022 Mental Health Service Improvement funding, the service is committed to it's ongoing investment in ND this year with a focus on further reducing the current waiting lists by providing additional capacity for the ND pathway that will enhance its assessment capability.

**Adults in Gwent live Healthily and Age Well**



**Primary Care Mental Health**

Performance against the 80% target for Primary Care Mental Health Measures for assessment improved in July 2022 to 91.6% compared with 78.3% in the previous month.

However, the position for intervention remains below the target with position improving from 18.1% to 27.8% between June and July 2022.

The continued delay in recovery of the intervention performance is in part due to the service focusing on the assessment in line with Welsh Government guidance, to ensure that all patients receive the initial assessment with a registered mental health practitioner. This is an approach which aims to minimise the number of interactions with different practitioners and to direct patients to the most appropriate care and support first time. Where therapy is indicated, the aim has been to maintain care interventions with the same practitioner. As these longer waiting patients have started their intervention, this has consequently had a negative impact on performance.

A recovery plan is being implemented which focuses on reducing waiting list volumes and reducing waiting times in both measures and arrangements are already in place for approximately two thirds of the Primary Care Mental Health waiting list to be addressed. This will support continuation of service delivery in line with contracts that have been awarded but these would need to continue at least for the first nine months of the new financial year to ensure that waiting lists do not increase further.

The service is due to migrate across to the new Welsh Community Care Information System (WCCIS). WCCIS is a unique system that will allow local authorities and health service to share records and optimise services for citizens across Wales, as required by the Integrated Health and Social Care, Social Services and Well-being (Wales) Act. It is anticipated that it will provide a mobile solutions to deliver workflow for Mental Health, CAMHS, Learning Disability, Young Persons and Community Nursing staff, delivering scheduling and information, and therefore allowing transformational service change to better deliver person-focused, coordinated care that meets the needs of individuals and their families. This is a significant change to the services involved including the training of clinical and administrative staff already identified as resource light.

Despite the many challenges described, and loss of some staff, the service is focussed on improving performance, although it is anticipated that the position will not start to improve until later in the financial year, particularly with the anticipated downtime associated with the implementation of WCCIS.

## Planned Care

Measure	Target	Forecast				
		Mar-22	APR	MAY	JUN	July
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024		6,514	6,029	5,813	5,778
	Planned	8,946	6,514	6,029	5,813	4,485
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		33,177	32,959	33,570	34,998
	Planned	32,720	33,177	32,959	33,570	29,640
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		61.20%	61.40%	62.10%	62.1%
	Planned	58.00%	61.20%	61.40%	62.10%	58.00%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022		1,462	1,362	1,354	1,443
	Planned	1,884	1,462	1,362	1,369	1,064
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	9,975	8,925	9,147	9,381	10,252
	Planned		8,925	9,147	9,381	9,200
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021		18,787	18,402	19,055	21,650
	Planned	17,910	18,787	18,402	19,055	16,927
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026		3,528	3,515	3,247	3,212
	Planned	2,986	3,528	3,515	3,247	1,977
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	65.00%	57.00%	53.00%	49.40%	50.40%
	Planned	53.00%	57.00%	53.00%	49.40%	50.00%

## Outpatients

The number of patients waiting 52 weeks for a new outpatient appointment has deteriorated in a three month trend and the Health Board is not meeting the planned performance.

This is being driven by long waiting in mostly the high-volume specialties of Trauma and Orthopaedic, Ear, Nose and Throat (ENT) and Ophthalmology. Alongside the Divisional Plans, further action is in place to assist with reducing the number of patients waiting over 52-weeks through the Outpatient Transformation Programming including:

- Development of SoS and Pifu pathways – 5 new pathways within Scheduled Care to be implemented by December 2022. Impact review to be determined.
- Review 'Treat out of Turn' and identify any opportunities to improve efficiency
- A review of clinic space allocation is being undertaken to identify any space that is either being held for services or not allocated which can then be released/allocated as appropriate
- Specialities being reviewed in terms of Pre-covid and current activity levels to identify reasons for variance

- Activity throughput in clinics versus clinic capacity being used currently being evaluated to identify areas of opportunity
- One stop Outpatient Treatment Unit at RGH – staged opening commencing with general surgery lumps and bumps, colorectal infusions and dermatology one stop. This is planned for September 2022
- Interventions not Normally Undertaken (INNU) The INNU policy has been recirculated to Divisions, along with the current data showing 'potential' INNU procedures that have been undertaken. Each service has been asked to evaluate the information and report back by September and present the outcome of the review at the directorate outpatient meetings
- The design stage has been completed and a pre-review of potential suppliers to be undertaken for an automated booking system for allocation and reuse of Outpatient clinical space.
- Development of Individual Outpatient Transformations plans which will also assist with delivering transformation as well as linking to increased activity
- Roll out of consultant connect specialist advice system which will assist with decreasing demand onto waiting lists and emergency demand
- Use of advice process – this reduces demand onto waiting lists where consultants review the clinical letter and send advice back direct back to General Practitioners
- Patient Activation and Support project commenced to ensure support to patients whilst waiting
- A rolling programme of patient contact and validation of long waiting patients is ongoing (the patient is required to confirm whether they wish to remain on the waiting list from this exercise)
- Development of an Outpatient Treatment Unit focussing on interventions that do not require a 'main' theatre setting. Carpel Tunnel and ENT pathways are being developed

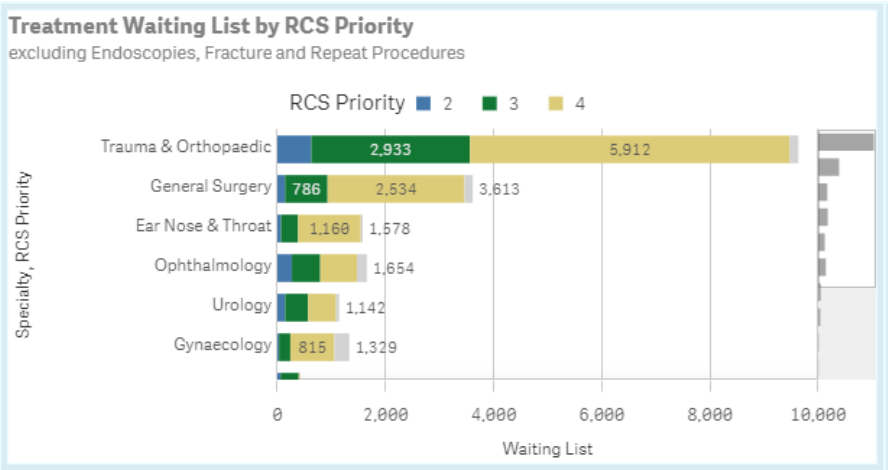
### **Elective Activity**

Elective inpatient admissions had been increasing but remain at a lower level than pre-COVID-19. The number of elective inpatient admissions have steadily increased in July from June activity. Elective inpatient admission activity for July represented 62% of pre-pandemic levels. Daycase activity also increased in July to 90% of pre-pandemic levels. Whilst services are developing plans to improve activity further over the next few months this is in the context of sustained urgent care pressure. Any additional work that will need to be undertaken to deal with the significant backlog may also still be affected by the implications of the current pension/tax issues for some of the Health Board's medical staff.

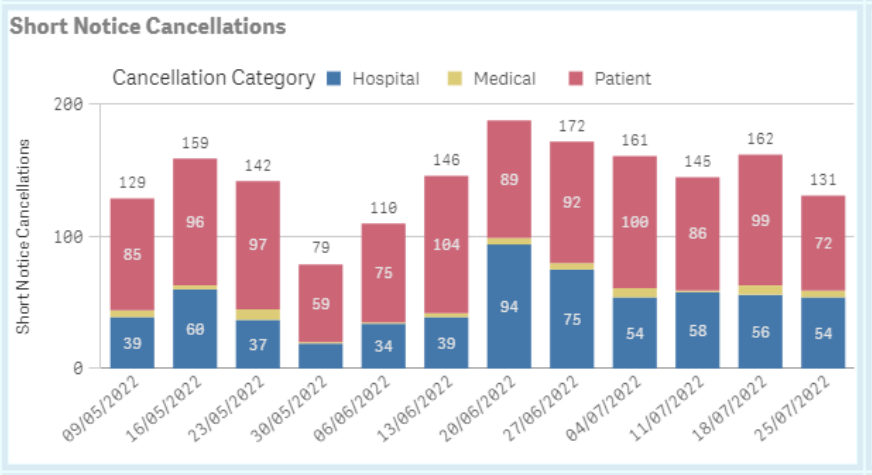
The Royal College of Surgeons (RCS) introduced guidance on how and what pathways should be prioritised. Changes to incorporate the agreed RCS risk prioritisation on the national Welsh Patient Administration System (WPAS) has enabled services to apply a risk code of P2, P3 or P4 to those patients waiting for treatment on an inpatient or daycase waiting list with P2 being the highest risk. Capacity is planned and focused on treating those patients where they have been prioritised most at risk from harm. As part of the risk stratification process, patients must be re-assessed when they reach the priority target date. However, Welsh Government via the Chief Medical Officer for Wales has now issued new guidance to Health Boards to ensure that clinical risk and long waiting patients are prioritised in the same way. This is likely to increase the volumes in the highest risk category and the available capacity.

Under the RCS prioritisation methodology, overall compliance of a risk priority applied to the inpatient and daycase waiting lists is just under 95% with 12% being prioritised as P2. The graph

below show the waiting list for the top six surgical specialties with a priority level and the number of P2 priorities that are within each specialty.

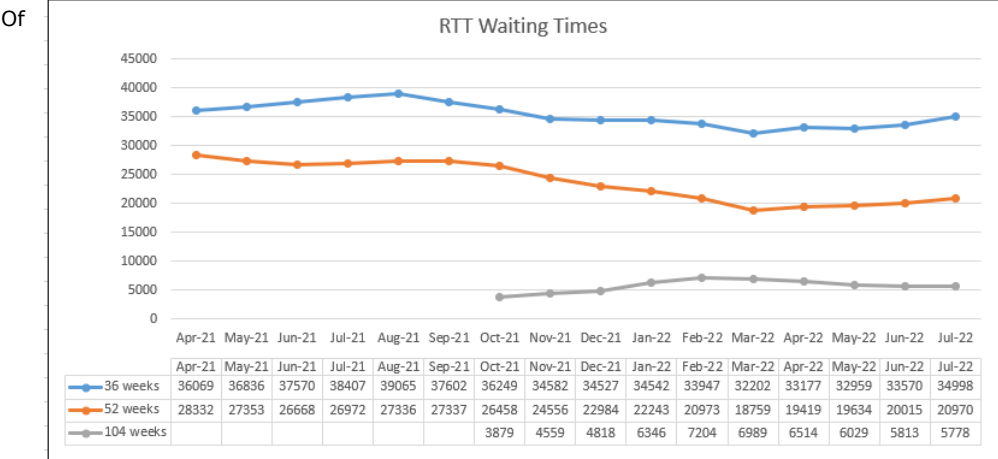


P2 patients are prioritised for admission, there are however, a number of patients who decline the offer of treatment due to the pandemic or pre-admission Covid isolation requirements and prefer to remain on the waiting list. The breakdown of cancellations is shown below with patient cancellations making up the majority of cancellations each week. The number of short notice cancellations attributed to Covid-19 issues is minimal compared with the overall numbers.



The most complex elective patients will be treated at the Grange University Hospital where some patients have been cancelled due to emergency pressures. The volume of elective patients waiting

beyond 36 weeks increased in July 2022 with 34,998 compared with 33,570 in June 22. The chart below illustrates the trend in the 36+ week breach patients and also the focus on treating the longest waiting patients:



the 34,998 patients waiting over 36 weeks at the end of July, the table below shows that approximately 20,253 of those are at the new outpatient waiting list stage. There are also 20,970 waiting over 52 weeks with 10,252 of those at the new outpatient waiting list stage. Of the 20,970 patients waiting over 52 weeks, 5,778 of those patients have been waiting over 104 weeks with 1,443 of those at the new outpatient waiting list stage.

Week Bands	1 Outpatient WL	2 Diagnostic	2 Therapy	3 Follow Up	4 Daycase WL	4 Inpatient WL	Grand Total
0 to 25	52,042	2,885	184	4,125	8,408	2,346	69,990
26 to 35	8,959	607	31	1,014	1,866	814	13,291
36 to 51	10,001	590	22	515	1,761	1,139	14,028
52 to 103	8,809	692	71	604	2,616	2,371	15,163
104 +	1,443	236	21	190	2,031	1,857	5,778
Total	81,254	5,010	329	6,448	16,682	8,527	118,250

Whilst the contract with care UK for ophthalmology treatments ceased at the end of June 2022, discussions are ongoing to renew and opportunities continue to be explored for additional capacity, along with other outsourcing / insourcing opportunities and regional working. This will be key in ensuring that the Health Board will be able to respond to the programme of revised Ministerial Priorities that have been introduced to tackle the backlog for the new financial year and longer term.

To address this challenge the Health Board has added additional assurance into the Planned Care programme

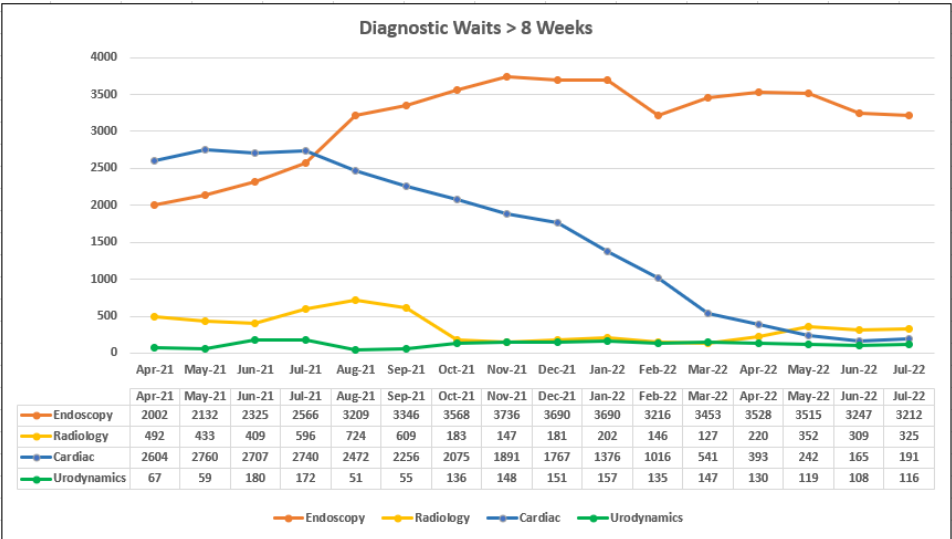
- In addition to the Planned Care Recovery Programme, a Planned Care System Leadership and Response group has been established to oversee core metrics of activity. This includes RTT (focus on 52 and 104 week waits), Treat in Turn, Activity levels and Outpatient KPIs.
- Scheduling review across theatres related to use/output and RTT focus
- Detailed review of modelling of demand and productivity of outpatient and theatre system to inform trajectories of waiting times and opportunities for improvement
- Theatre Improvement workshop planned for 17<sup>th</sup> October 2022 to develop action plan to improve utilisation of planned theatre sessions

- GIRFT reviews and action plans in orthopaedics and gynaecology that support adopting best practice in terms of performance and quality

Diagnostic access

Services are gradually increasing capacity for all patients, although the backlog in patients needing to be seen and consequently requiring diagnostics is putting pressure on the services. However, the overall over 8 week position decreased in July 2022 for the fourth consecutive month, with 3,212 waiting over 8 weeks compared with 3,247 in June.

The chart below illustrates the trend in the 8 week diagnostic waiting times since April 2021, Endoscopy is the main area of concern and plans to address the backlog are being implemented and further developed by the division. These include sustained insourcing of additional activity at the Royal Gwent Hospital and the training of non-medical endoscopists to consolidate the workforce.



The most significant improvement has been in Cardiology diagnostics with the numbers waiting over 8 weeks is almost a third compared to the position at the end of March. With the procurement of an insourcing company to deliver additional echo capacity, this has resulted in a significant reduction in the number of 8-week breach patients, the impact of which is evident in the graph above. This improvement is likely to continue particularly with the approval to continue the insourcing capacity next year

The following areas are noted as high risk in this month’s report:

- The increase in the number of colorectal cancer referrals has increased the wait for more routine diagnostics. The FIT10 test was rolled out with a new pathway for lower GI USC and clinically assessed urgent referrals as part of demand management. The service continues to insource additional capacity and the above graph indicates a slight decrease in the 8-week backlog. Despite further pressures with availability of staff which is affecting delivery through



core theatres, the service anticipates that with service improvement and the additional insourcing capacity, the 8 week breach position will improve.

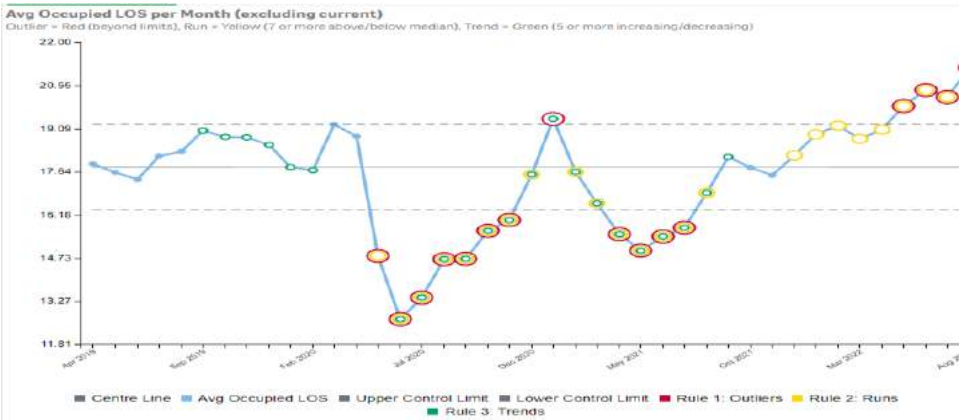
- Radiology diagnostics continue to recover well, with a few areas of exception. The main backlog is in MSK ultrasound although performance continues to higher than other parts of Wales. Some areas where there have been some longer waits are with those patients who require a general anaesthetic and a dedicated session to proceed with the diagnostic. Cardiac Mibi remains an issue nationally and has been for a few years particularly with the isotope availability.

The Health Board has recently commenced its Planned Care Recovery Programme and is starting to plan and deliver service improvements at pace across the planned care pathway. Some highlights of work underway and planned include:

**Urgent Care**

The urgent care system continues be under significant pressure both nationally, regionally and locally. This is in the context of significant workforce challenges, increasing demand for urgent primary care, increased ambulance call demand, increasing self-presenters at Emergency Departments and minor injury units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked to significant social care workforce challenges.

This pressure on the urgent care system has resulted in patients staying in hospital for longer. The average length of stay for patients admitted as an emergency improved slightly in July but is still high compared to previous years. The chart below illustrates the monthly average length of stay for patients admitted as an emergency:

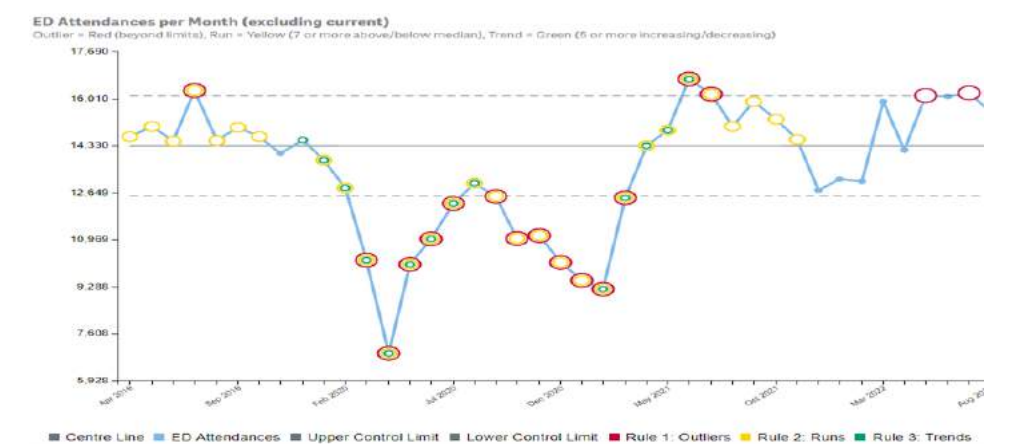


**Emergency Demand**

Attendance at the Health Board’s Emergency Departments (ED) had been increasing since the start of February 2021. This increasing trend changed in December, January and February as it does

every year, but a sharp increase in attendances was seen in March and with the following months trend remaining over 16k with 16,214 attendances in July 2022.

The graph below provides an overview of the overall monthly ED attendances across the Health Board since April 2019.



The Grange University Hospital continues to see a higher rate of patients being admitted than is the case for other emergency departments. The typical rate is 19% compared to 25% at the Grange University Hospital. This higher admission rate reflects the higher acuity of patients attending The Grange University Hospital Emergency Department which consequently results in more patients staying longer than 12 hours.

The ambulance handovers over 60 minutes increased slightly in July compared with previous months. In July 2022, 808 patients waited over 60 minutes compared with the previous month where the June position reported 793. The challenge in meeting this target is one that is experienced nationally and when compared with other Health Boards in Wales, Aneurin Bevan ranks higher than many other Health Boards in July 22. Proactive steps have been taken to deliver improvement plans to support timely ambulance crew handovers. The range of measures and actions continue to be implemented to support our ability to achieve the above.

Commented [CDM(BUP1): What was July number?

4 and 12 Hour Performance

The 4 hour compliance improved slightly in July 2022 with performance at 73% compared with 71.4% for June 2022. For July, the Health Board achieved the highest 4 hour performance for all Welsh Health Boards with a major Emergency Department.

The performance measures are taken across all of the ED and Minor Injuries Units in the Health Board and it is performance at the Grange University Hospital that has been the most challenging. Performance against the number of 12 hour breaches in July improved slightly on June's position with 1607 waiting over 12 hours in July 2022 compared with 1658 in June 22. This increase is reflective of the significant increase in attendances for the month and the acuity of a high proportion of those patients.

Performance at other sites in relation to the 4 hour wait are consistently in the high ninety percent. There are a number of factors that impact on the flow of patients within the Grange University Hospital (GUH) and therefore, on the performance. The type of patients attending at the Grange ED

department are those with more serious conditions. Consequently, these patients tend to flow through the system at a much slower pace, depending on the number and type of diagnostics required and working within Covid-19 guidelines. Given the clinical condition of patients, they are more likely to be admitted to the GUH or may require step down to e-LGH sites. However, as already referred to above, there may be a number of patients attending who could be seen more appropriately in other health settings. For example, in July 6% of the attendances at the GUH were categorised as inappropriate and a quarter of these were redirected to minor injuries, Out of Hours or the patients' GP services.

Other factors that can delay patients in ED are the turnaround times for bed capacity and conveyance of patients to other sites. However, the level of focus will provide assurance that the Health Board is fully committed to ensuring the delivery of safe and effective urgent and emergency care services.

The community health and social care system is under intense pressure with a significant gap in the availability of domiciliary care provision and rehabilitation placements.

Continued pressures on bed capacity and staffing levels across the hospital system is a significant issue which ultimately impacts on flow and capacity available in the emergency departments and assessment units to support new presentations both in terms of self-presenters and ambulance handovers.

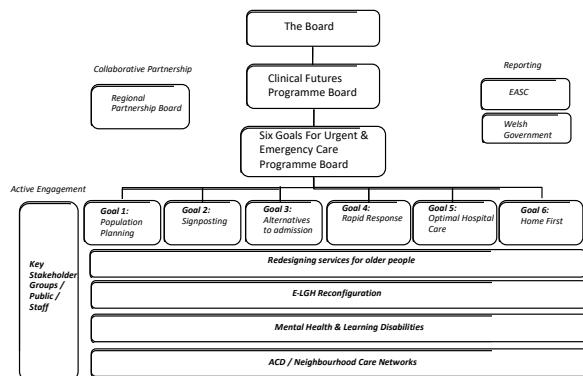
#### **Six Goals for Urgent and Emergency Care**

In May 2022, Welsh Government launched the Six Goals for Urgent and Emergency care programme. The programme sets out the expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. These include:

- Coordination, planning and support for people at greater risk of needing urgent or emergency care.
- Signposting to the right place, first time.
- Access to clinically safe alternatives to hospital admission.
- Rapid response in a physical or mental health crisis.
- Optimal hospital care following admission.
- Home-first approach and reduce risk of readmission.

To ensure that the Health Board is able to deliver the expectations that the Six Goals for Urgent and Emergency care programme expects, the Health Boards has revised its existing Urgent Care transformation programme to align with the requirements and structure of the new national programme as follows:

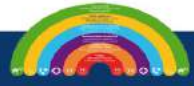
## Six Goals Programme Governance



- The Six Goals programme board represents an evolution from the former 'Urgent Care transformation board'
- Collaborative Partnership via the Regional Partnership Board is critical to success
- Six Goals has interdependencies with a number of other IMTP priority programmes in Particular 'Redesigning services for older people'
- Six Goals requires significant engagement with key stakeholder groups, the general public and staff via local and national communications teams
- The Programme Board membership includes Local Authority, WAST and Delivery Unit partners



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University Health Board



Clinical and Non Clinical Leads have been identified for each goal supported by the Clinical Futures programme team. Additional resource from Welsh Government will be deployed to enhance programme clinical leadership and a dedicated Six Goals Programme Management Lead role.

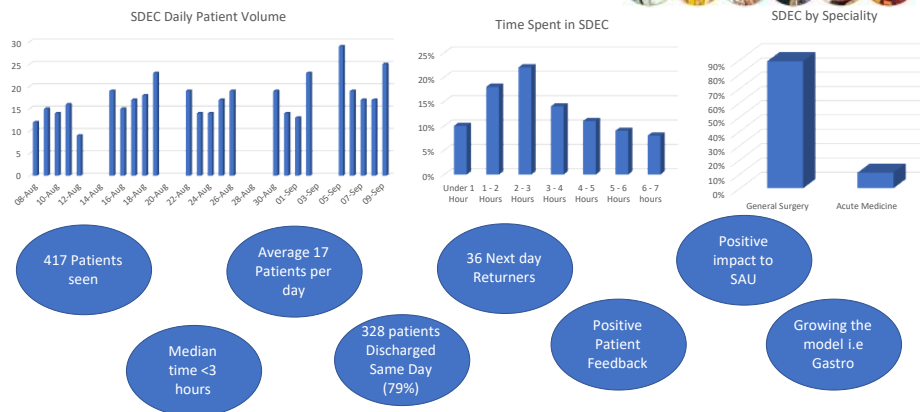
An overarching Programme plan is under development including highlighting where other improvement and transformation work will impact on 6 Goals measures

Specific areas of improvement include:

- Establishment of Same Day Emergency Care (SDEC) at GUH from August 2022 following capital and revenue investment from Welsh Government
- Development of SDEC at YYF following funding via Regional Partnership Board
- Development of eTriage pilot in collaboration with Cardiff and Vale 9 (supported by the National 6 Goals team) to modernise patient flow at the start of their ED department arrival and assist with signposting and data gathering
- Development of speciality same day services e.g. Respiratory, Gastro and Frailty to reduce ED attendance and Assessment Unit stays
- Review of Flow Centre clinical model and processes to ensure optimum utilisation and reduce unrequired attendances at the GUH ED
- Commencement of review of eLGH Front Door services and links to community services via RSfOP programme
- Development of patient discharge pathways from GUH to home and eLGH sites to improve system flow

The SDEC service is a key addition to our emergency care services and is a significant opportunity in streaming of patients from Same Day to next day and acting as an incubator for speciality ambulatory service development. The below infographic illustrates the impact of SDEC at GUH in its first 4 weeks

## SDEC at a Glance 8/8/22 –9/9/22



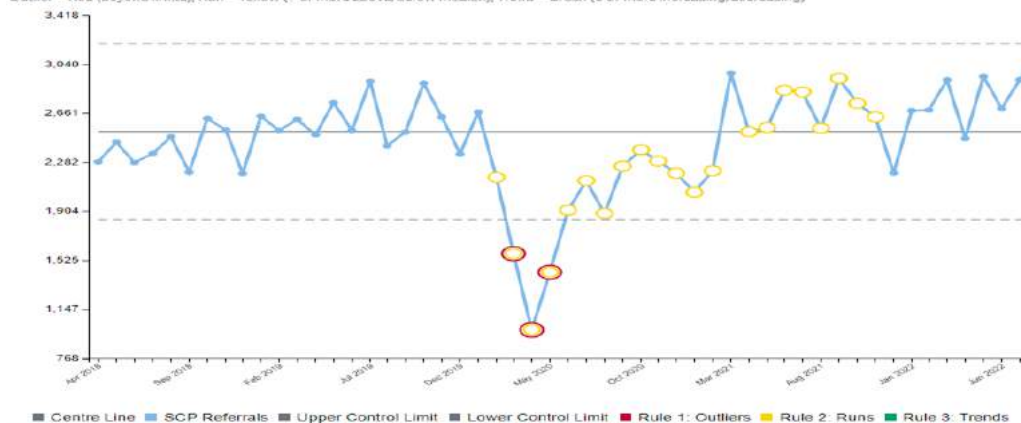
Further development of the acute medicine service linked to the broader review of the acute medicine eLGH service is ongoing. Phases 2 and 3 of SDEC roll out will increase connections to community services via the Flow Centre and direct from ED attendance (linked to eTriage opportunities) in quarter 4.

## Cancer Access, including Single Cancer Pathway

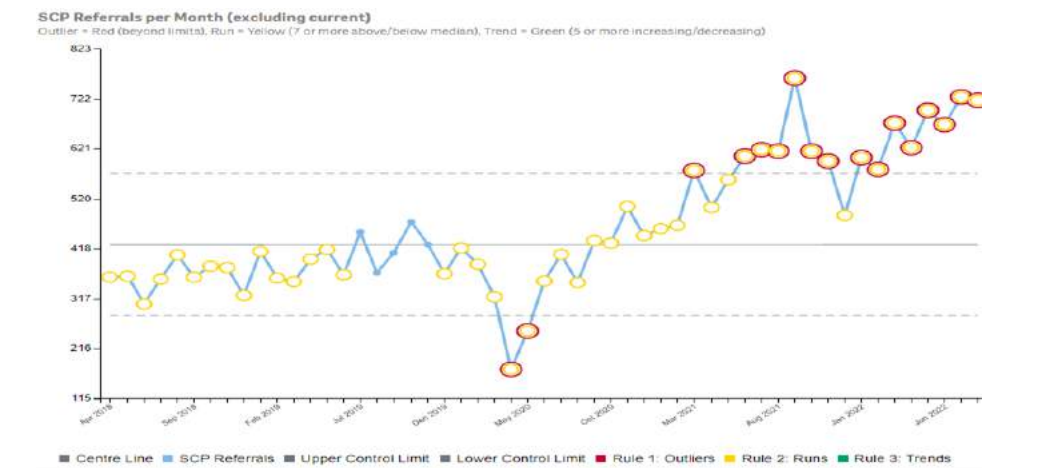
Suspected cancer referrals in the first 4 months of 22/23 have continued to exceed 2,500 referrals per month. The rapid sustained demand this year is continuing to have an onward impact on performance creating capacity challenges throughout the pathway both in the Health Board and for those patients requiring surgery at tertiary centres

### SCP Referrals per Month (excluding current)

Outlier = Red (beyond limits), Run = Yellow (7 or more above/below median), Trend = Green (5 or more increasing/decreasing)



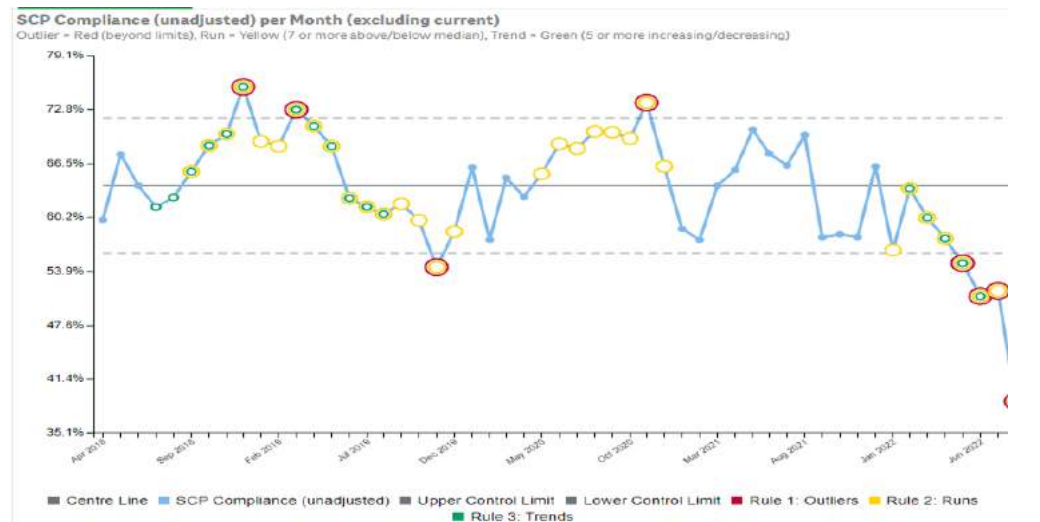
The variance that we have seen in referral rates between tumour sites has continued into this year. However, the demand for Colorectal in particular, is challenging. The service experienced the 2<sup>nd</sup> highest referrals in July with 726 referrals. The chart below illustrates the significant increase in demand for Colorectal since March 2021 and far exceeds pre-pandemic levels.



The Health Board's 62-day compliance position during the last 4 months has been between the high 50% and low 50%. This variation is a demonstration of the fragility of the Single Cancer Pathway and the need for sustained and consistent deliverable capacity.

The most recent July performance figure has been reported as a disappointing 50.4%, a slight improvement on June's position of 49.4%. There are a number of factors which have had an impact on overall performance, but this has been primarily driven by a considerable reduction in skin treatments whose high volumes have historically helped in increasing the performance denominator and gynaecology. This reduction has been influenced by the current pathology pressures, and reduced cancer activity to recover waiting lists.

The reliance on skin treatments to maintain the cancer performance position clarifies the need for improvement across all tumour sites in improving the 62-day compliance. The recovery of cancer performance is multifactorial, with capacity issues particularly for Head and Neck at the Grange University Hospital and delays throughout the pathway including treatment at Tertiary providers. To turn the position around in the face of sustained high demand will require a concerted effort to create additional capacity, with an initial surge to recover the current backlogs



The 2021/22 financial year closed having seen a 14% increase in suspected cancer referrals when compared with the 2019/20 financial year which was largely unaffected by COVID-19. Furthermore, the first 4 months of 2022 have seen an increase of over 30% compared to the first 4 months of the same period last year. These high referral numbers are welcomed as good news suggesting the disruption to patients accessing primary care for concerning symptoms has mostly passed. The huge demand is however challenging the Health Board's capacity to diagnose and treat patients in a timely way.

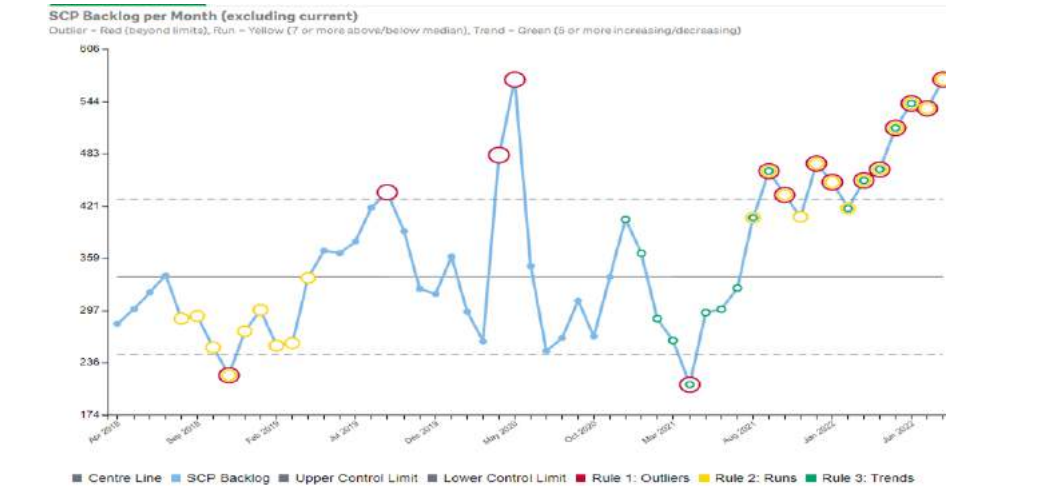
This high demand is not evenly distributed across tumour sites. Those tumour sites that have seen the biggest increases have subsequently struggled to achieve against the 62-day pathway target. Most notably, the huge Lower GI demand seen throughout the year has been sustained. Urology is also seeing very high demand which is affecting the timeliness at the start of the cancer pathway. Urology has been severely impacted by the loss of consultant sessions associated with the opening of the GUH. Sickness and annual leave over the summer months is further exacerbating these capacity challenges.

In Breast, the high demand, and ongoing workforce issues in supporting radiologists has resulted in the service is struggling to meet compliance within several parts of the pathway. Generally, there are further issues that can result in high demand within diagnostic services. This high demand has not consistently been met with comparative capacity increases which is leading to inflated waiting times within these services, most notable in pathology and endoscopy.

The recovery of pathology waiting times is of the highest priority. The movement of laboratories from the Royal Gwent site to a more suitable off site location is in progress, with the business case being presented to the Health Board's Pre Investment Panel (PIP). Ongoing plans are in place to try and reduce the level of unnecessary USC demand coming through the system. The turnaround time for pathology samples is having a noticeable impact on performance and is contributing to the reduced numbers of reported skin treatments. Endoscopy demand mirrors the high referral rates within the Lower GI pathway. Cancer Services are actively engaging with the Gastroenterology service to improve administrative processes which are currently struggling to schedule the increasing number of requests for endoscopy.

The growing backlog is an indication that performance over the coming months is unlikely to demonstrate significant improvement without operational intervention to increase cancer capacity and reduce waiting times. Plans to improve performance are focussing on those areas that will align pathways against the optimal pathway and a number of these are expected to go live in September. A recovery action plan has now been implemented which outlines an organisational focus on reducing waits to all First Outpatients to within 14 days, reducing the volume of "Did Not attends" and "Could not attends" (DNA/CAN) and accurately mapping demand and capacity.

The chart below illustrates that the current backlog is still a concern with the forecast that the volume is likely to increase before the implementation plans take effect.



Pressures within tertiary providers continue to add significant delays to some pathways, most notably Gynaecology surgery within the University Hospital of Wales and plastics and pancreatic within Swansea Bay.

The establishment of the diagnostic support services division has provided an opportunity to expand work into one stop and rapid access pathways which has started in Urology and is looking to be rolled out to colorectal and gynaecology.

Delivering timely cancer care and the requirement to adhere to the 62 day cancer pathway is a priority for the Health Board and planned workshops at the end of June and July, chaired by the Medical Director and Director of Operations will bring together all services involved in the delivery of cancer care to understand the resource allocated and the work being done to shape cancer pathways, to share best practice and to develop plans to resolve the current challenges.

### **Stroke Care**

The Health Board monitors a number of key quality metrics for urgent intervention in stroke that determines whether a patient was able to have a CT scan within 1 hour and be admitted to the HASU within 4 hours of arriving at the hospital. Whilst stroke patients will receive necessary care interventions in the Emergency Department, and often pre-hospital by the paramedics, a timely scan and HASU care are critical for optimal outcomes.

The proportion of patients with a suspected stroke who have a CT within 1 hour of arriving at the Emergency Department has been constitutently in the 70% region since May with compliance in July 2022 of 75.9% which is one of the highest in Wales. This is reflected in an improvement in the processing of patients through the department as soon as they have been assessed.

The proportion of patients with a confirmed stroke directly admitted within 4 hours has remained low over the past 6 months which reflected a similar performance across Wales. The position deteriorated in July with 10.7% compared with 25.9% in June 2022.

In July 2022, the Health Board sustained its previously good performance for the percentage of patients assessed by a stroke consultant within 24 hours at 89.7% against a target of 85%.

The proportion of applicable patients assessed by at least one therapist within 24 hrs of clock start improved with 55.2% in July 2022, up from 50% in June 2022. The measure of the percentage of stroke patients receiving the required minutes for speech and language therapy was 39.4%, a compared with 39% in June 2022. The impact of the urgent care system pressures has resulted in decisions being taken to use the HASU therapy assessment room as additional bed capacity; whilst this assessment facility is unavailable then it is not possible to undertake the required level of therapy assessment for stroke patients during the critical acute phase.

There has been a sustained improvement with the percentage of patients receiving a swallow screen within four hours with 63% in July 2022. This has been due to improved communications between key stroke staff and the Emergency Department and with the YALE screen being implemented at the front door and the new training available on the Health Board's Electronic Staff Record.



Older Adults Supported to Live Well and Independently

Priority 4  
Older adults are supported to live well and independently

Our Outcomes:

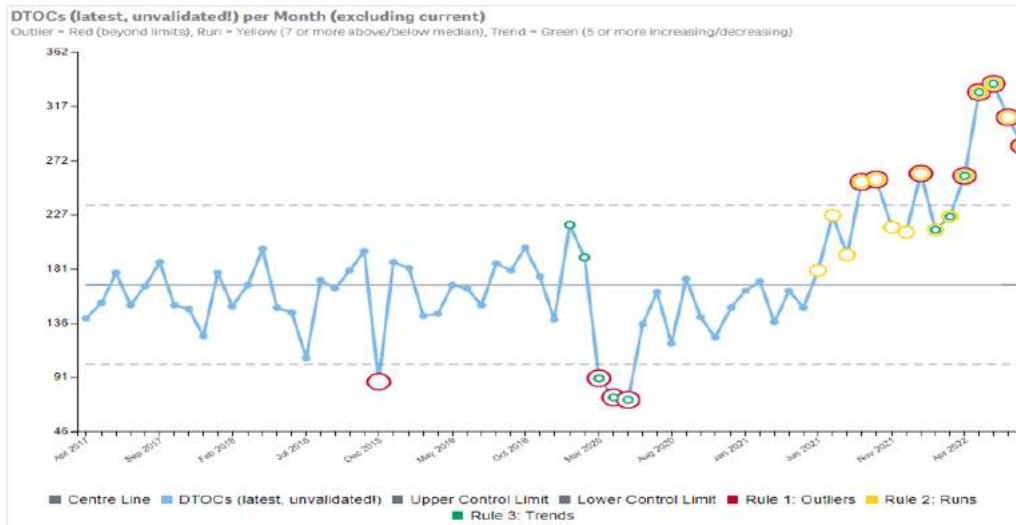
Prevention and keeping older adults well

Delivering care closer to home

Reducing admissions and time spent in hospital

**Delayed Transfers of Care (DToC)**  
Timely patient discharge or transfer of care to another provider is essential to ensure the timely admission of patients from the Health Board's Emergency Department, or the transfer of patients from one site to another within the Health Board.

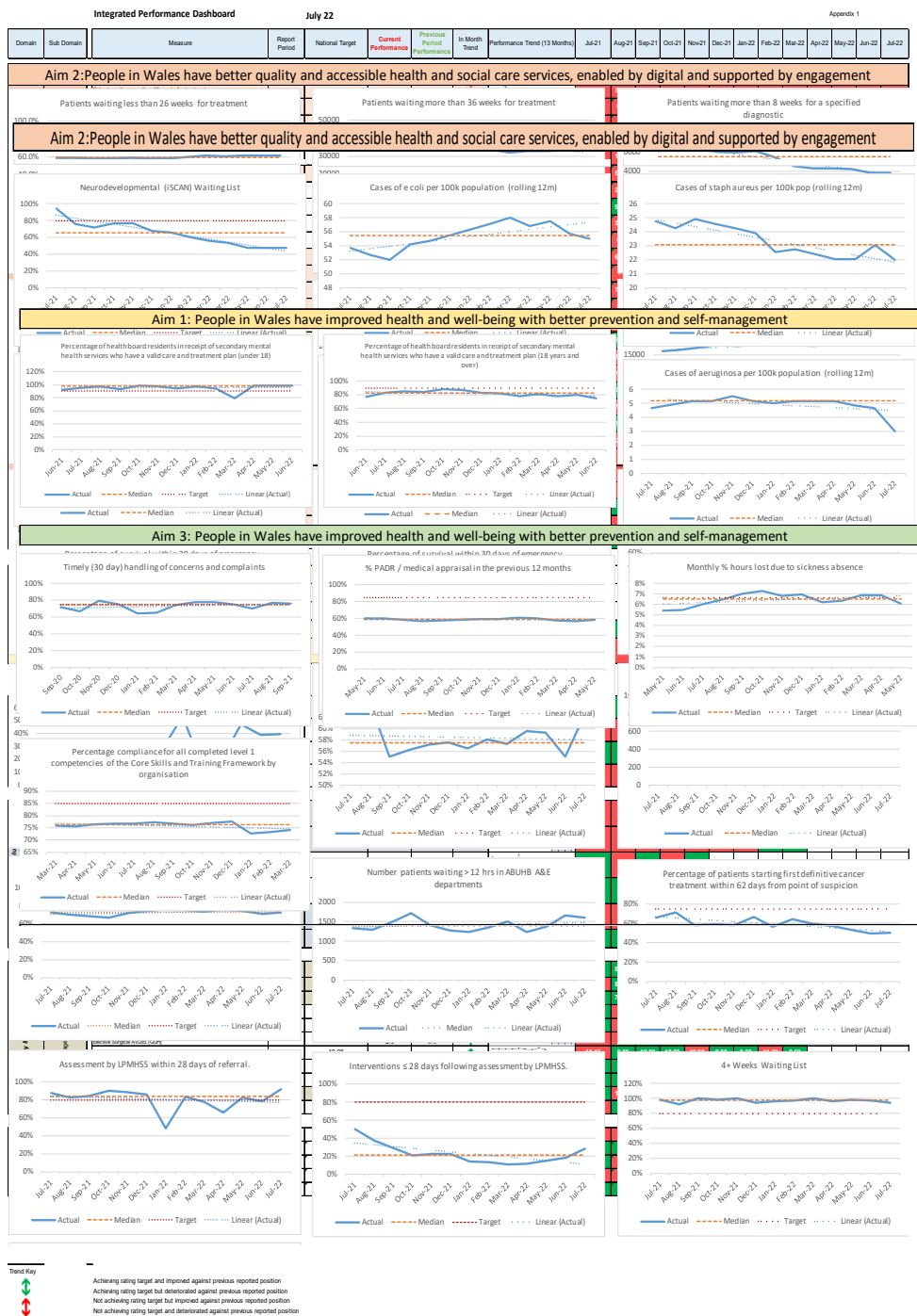
The number of these patients was a formal reporting measure prior to the COVID-19 pandemic but was suspended by Welsh Government at the start of the pandemic in March 2020. The Health Board still monitors the number of these patients for internal use however the actual number is unvalidated and may be higher or lower. The chart below illustrates the pre-pandemic numbers and the increases since July 2021.



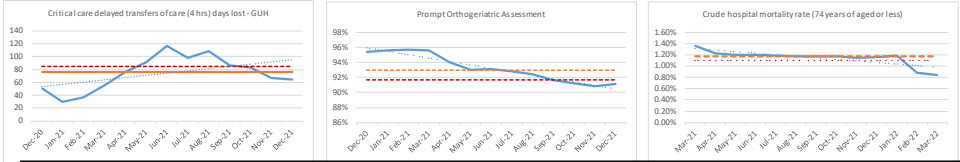
Prior to the COVID-19 pandemic, there were typically 160 patients who had their discharge or transfer of care delayed. Since July 2021, this number has rarely dropped below 200 and at its highest in June has been in excess of 360. The position at the end of July is 308 and with the pressure across the health system this number may increase in the coming months.

Recommendation	
The Board is asked to:	
<ul style="list-style-type: none"> <li>Note the current Health Board performance, trends against the national performance measures and targets and progress on service recovery.</li> </ul>	
Supporting Assessment and Additional Information	
<b>Risk Assessment (including links to Risk Register)</b>	The report highlights key risks for target delivery.
<b>Financial Assessment</b>	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.
<b>Quality, Safety and Patient Experience Assessment</b>	There are no adverse implications for QPS.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	There are no implications for Equality and Diversity impact.
<b>Health and Care Standards</b>	This proposal supports the delivery of Standards 1, 6 and 22.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This paper provides a progress report on delivery of the key operational targets
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
	<b>Long Term</b> – can you evidence that the long term needs of the population and organisation have been considered in this work?
	<b>Integration</b> – can you evidence that this work supports the objectives and goals of either internal or external partners?
	<b>Involvement</b> – can you evidence involvement of people with an interest in the service change/development and this reflects the diversity of our population?
	<b>Collaboration</b> – can you evidence working with internal or external partners to produce and deliver this piece of work?
	<b>Prevention</b> – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
<b>Glossary of New Terms</b>	

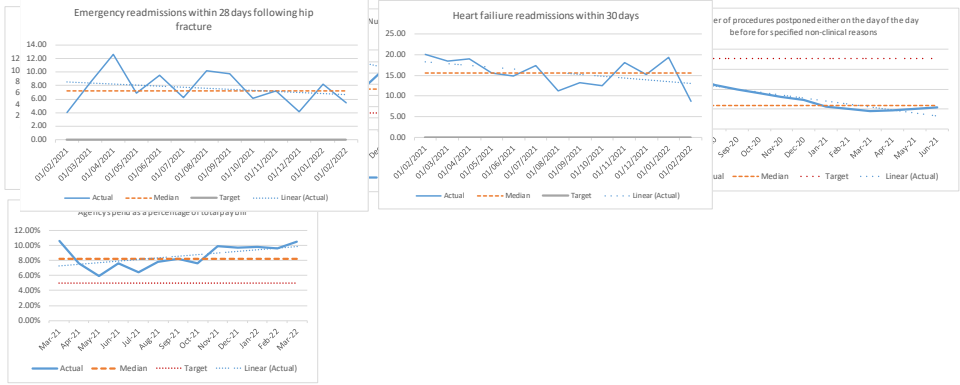




Aim 4:Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and



Local Measures







**GIG**  
CYMRU  
**NHS**  
WALES

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University Health Board

Aneurin Bevan University Health Board  
28<sup>th</sup> September 2022  
Agenda Item: 4.6

## Aneurin Bevan University Health Board

### Local Public Health Team Staff Transfer – 1<sup>st</sup> October 2022

#### Executive Summary

The Health Board's Accountable Officer (Chief Executive Officer) has received a letter (Appendix A) from the Public Health Wales Accountable Officer seeking agreement to approve:

- The Memorandum of Understanding that supports maintaining Local Public Health Team (LPHT) business continuity.
- The financial aspects of the transfer
- The transfer of employment, via TUPE, of Public Health Wales (PHW) staff into Aneurin Bevan University Health Board (ABUHB) on the 30 September 2022, therefore accepting the Local Public Health Team staff into Aneurin Bevan University Health Board as their new employer from 1 October 2022.

This staff transfer will support the Health Board's mission to improve population health and reduce the health inequalities experienced by our communities.

Public Health Wales is requesting a response by 19 September 2022 to enable the transfer to remain on track to be completed on the 30 September 2022.

#### The Board is asked to:

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

x

Note the Report for Information Only

**Executive Sponsor:** Dr Sarah Aitken, Director of Public Health and Strategic Partnerships

**Report Author:** Dr Sarah Aitken, Director of Public Health and Strategic Partnerships

**Report Received consideration and supported by :**

**Executive Team**

x

**Committee of the Board**  
**[Public Partnerships & Wellbeing Committee]**

**Date of the Report:** August 2022

#### Supplementary Papers Attached:

- Appendix A Letter to Chief Executive
- Appendix Two – Finance
- Memorandum of Understanding – provided in supporting appendices

## Purpose of the report

The purpose of this report is to outline the proposal to transfer staff from PHW to Health Boards to respond to the system-wide challenges faced around the long-term impact on population health and to subsequently support Health Boards, and the wider system, to tackle these.

The Board is requested to note the action agreed by the Executive Team.

## Background and Context

This staff transfer from PHW to Health Boards transfer is part of a PHW proposal, supported by the Minister for Health and Social Services, to respond to the system-wide challenges faced around the long-term impact on population health and to subsequently support Health Boards, and the wider system, to tackle these.

An All-Wales LPHT Staff Transfer Project Board was set up in March 2022 to oversee:

- TUPE - Successful transfer of staff (including ESR, IT etc.) to all 7 Health Boards in Wales
- The development of Part 1 of an MOU between Public Health Wales and Health Boards to ensure that LPHTs transferring to Health Boards remain professionally connected to, and supported by, Public Health Wales as appropriate, following the point of transfer. The focus of MoU Part 1 is on continuing workforce development and exchange of knowledge across the specialist public health system.
- Financial Transfer Agreements – This covers core funding, grant funding, programme grants, development grants and apprenticeship levy

Locally there has been an internal ABUHB Local Public Health Team Transfer Steering Group with representation from finance, HR, IT and staff affected by the Transfer.

## Assessment

There are 29 staff transferring, this includes 3 permanent vacancies. The letter dated 30 august 2022, from Chief Executive, Public Health Wales requests the Health Board to:

- Sign the Memorandum of Understanding (MoU) (Part 1).
- To confirm that the Health Board is content with the financial aspects of the transfer.
- Agree the transfer of employment taking place on the 30 September 2022, therefore accepting the Local Public Health Team staff into Aneurin Bevan University Health Board as their new employer from 1 October 2022.

## Memorandum of Understanding (Part 1)

The MoU is not a legally binding document and focuses on maintaining business continuity during transfer and is separate to TUPE. This was formally approved by the LPHT Staff transfer Project Board on the 23 August 2022.

## No risks to the Health Board have been identified arising out of signing this MoU Part 1

The Memorandum of Understanding is attached as Appendix One

## Financial Transfer Agreements

### Core funding

Core staff budgets have been arrived at using a set of principles and are based on the staffing establishment (staff in post and vacancies) as of the 30 June 2022. A final revised core funding allocation will be confirmed to reflect official confirmation and details from the Welsh Government in relation to the latest pay inflation. Core Budget to be transferred on a recurrent basis is £1 544, 023.



## Grant funding: Programme and Development Grants

There is no change to the current management by Public Health Wales of a number of grant programmes (Programme Grant Funding and Development Grant) on behalf of the Welsh Government.

This funding includes the Healthy Weight Healthy Wales (HWHW) Whole System Approach funding which funds 3 members of staff in the Aneurin Bevan Gwent Local Public Health Team (ABGPHT). This funding of £136, 545 is confirmed until March 2025, with an expectation that the funding will continue after that date when the next Welsh Government HWHW Delivery Plan is published. The current arrangements will continue with Health Boards submitting claims to PHW on quarterly basis in line with the grant agreement

## Apprenticeship Levy

PHW has acknowledged they will see a reduction in the Apprenticeship Levy costs which will be passed across to Health Boards as part of this transfer.

## In Summary

Budget to transfer to Health Board on recurrent basis *	£1, 551, 487
Budget to be claimed via agreed grant process already in place	£226, 967

\*includes apprenticeship levy but not the cost of living pay rise

**No financial risks have been identified as transferring to the Health Board other than the risk associated with the Healthy Weight Healthy Wales Whole System Approach grant funding.**

The details of the financial transfer are attached as Appendix Two

**TUPE Transfer** – Public Health Wales and all Health Boards have previously agreed that TUPE applies to the transfer of all staff. This will happen 30 September 2022, the two Consultation closure meetings with affected staff took place on the 24 and 25 August 2022.

From the point of transfer, one PHW measure has been identified that will remain in place for the duration of the transferring employees' employment, or until they secure alternative employment; this allows paid time off for attendance for screening appointments. Given the move to flexible working and a desire to ensure our own staff are healthy this isn't viewed as a risk.

There is an amendment to pay dates from 21<sup>st</sup> of each month to 23<sup>rd</sup> of each month. This has been communicated to staff throughout the consultation process and will also be highlighted at the induction day.

All staff have received a letter confirming the close of the consultation process and the arrangements of the TUPE transfer.

A further letter will be sent to staff on 21<sup>st</sup> September following the sign off of the MAU.

A successful transfer of IT hardware and systems has already taken place. ABUHB is the first in Wales to complete this successfully.

A bespoke induction programme is being held on 21<sup>st</sup> September.

Due diligence has been received and interauthority transfer of employees personal records are being completed in readiness for the transfer on 1<sup>st</sup> October.

HR are content with the transfer and do not report any risks arising out of the transfer.

## Recommendation

The Board is requested to note the action taken by the Executive Team in relation to their agreement to:

1. Signing the Memorandum of Understanding Part 1
2. The financial aspects of the transfer.
3. The transfer of employment on the 30 September 2022 and accepting the Local Public Health Team staff into Aneurin Bevan University Health Board, as their new employer from 1 October 2022.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	No risks to the Health Board have been identified arising out of signing the Memorandum of Understanding
<b><i>Financial Assessment, including Value for Money</i></b>	No financial risks have been identified as transferring to the Health Board other than the risk associated with the Healthy Weight Healthy Wales Whole System Approach grant funding.
<b><i>Quality, Safety and Patient Experience Assessment</i></b>	N/A
<b><i>Equality and Diversity Impact Assessment (including child impact assessment)</i></b>	There is no expected detriment to Equality and Diversity.
<b>Health and Care Standards</b>	N/A
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This staff transfer will support the Health Board's mission to improve population health and reduce the health inequalities experienced by our communities
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	N/A
<b>Public Interest</b>	Written for the public domain



**Iechyd Cyhoeddus Cymru**  
Rhif 2 Capital Quarter, Stryd Tyndall,  
Caerdydd CF10 4BZ

**Public Health Wales**  
Number 2 Capital Quarter, Tyndall Street,  
Cardiff CF10 4BZ

Tracey Cooper  
☎ Llinell Uniongyrchol/ Direct Line: 02920 104300  
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Glyn Jones, Chief Executive  
Aneurin Bevan University Health Board

Ref:TC.LS.300822.AB

30 August 2022

Dear Glyn,

### **Transfer of Local Public Health Teams From Public Health Wales to Health Boards**

Following my letter of the 9 June 2022, I am now writing to you to seek your confirmation of the final elements requiring your agreement for the transfer of employment of our Public Health Wales staff who work in the seven Local Public Health Teams (LPHT) to their respective Health Board, to take place. The transfer remains expected to be completed on the 30 September 2022.

I would like to take this opportunity to again thank you and your teams for the tremendous amount of work and ongoing collaboration that has gone into the LPHT transfer project – particularly your Director of Public Health who has been excellent as a member of the Project Board.

As you are aware, the Local Public Health Teams transfer project is part of a proposal, supported by the Minister for Health and Social Services, to respond to the system-wide challenges we face around the long-term impact on population health and to subsequently support Health Boards, and the wider system, to tackle these. This is a strong and positive example of demonstrating our collective commitment to whole-system working between nine organisations, including the Welsh Government, in a fair and proportionate way. Now, more than ever, there is a shared aim to develop a strong, more integrated specialist public health system to protect and transform the health and well-being of the people of Wales.

We are now on the home stretch for the transfer and the final items now requiring your agreement are as follows:

## **1. Signing the Memorandum of Understanding (MoU) Part 1**

As you know, the MoU Part 1 document has been developed to ensure that local teams transferring to Health Boards remain professionally connected to, and supported by, Public Health Wales as appropriate, following the point of transfer. The focus of MoU Part 1 is on continuing workforce development and exchange of knowledge across the specialist public health system. The document is underpinned by a mutual commitment to ensure business continuity and further strengthen the system, and will be overseen by the Public Health Director's Leadership Group (PHDLG) on an ongoing basis. The document is not a legally binding agreement. The document is also wholly separate to the TUPE process for protecting individual staff terms and conditions, although it does include a general commitment upon all parties to act in accordance with TUPE both during and after the transfer.

With thanks to your teams, working in collaboration with your Executive Directors of Public Health, staff representatives and affected staff themselves, the MoU Part 1 was formally approved by the Project Board on the 23 August 2022. The next step is for Public Health Wales, and each Health Board, to formally sign this document through [your own](#) respective governance arrangements. As Public Health Wales will do, please complete this request **by the 19 September 2022**, in advance of the agreed transfer date of the 30 September 2022.

The document will also need to be approved by the NHS Wales Leadership Board in September and arrangements for this are being confirmed with Welsh Government officials.

The MOU Part 1 document is available as an attachment to this letter to complete the above action (Appendix 1).

## **2. Financial Transfer Agreements**

Over the course of the last few weeks, a significant amount of work has been undertaken by our respective teams pertaining to the financial aspect of the transfer. I would like to again, thank your teams for their ongoing contribution in ensuring that there is a fair and transparent transfer.

The financial transfer is broken down in relation to a number of elements. These are described below, together with corresponding funding tables for your Health Board in Appendix 2.

### **2.1 Core funding**

Further to Andrew Jones's (our Senior Responsible Officer for the transfer) letter to each Health Board on the 7 July 2022, and Project Board agreement, core staff budgets have been set using a set of principles and are based on the staffing establishment (staff in post and vacancies) as of the 30 June 2022. This detail was provided to each Health Board on the 21 July 2022. Following local discussion, the final proposed core budget for your Local Public Health Team is shown in Appendix 2.

We are awaiting official confirmation and details from the Welsh Government in relation to the latest pay inflation. A final revised core funding allocation will therefore be confirmed to reflect this and any other amendments arising, such as payments for participation in the health protection on-call rota.

## **2.2 Grant funding**

We currently manage a number of grant programmes on behalf of the Welsh Government. These fall into two groups a) Programme Grant Funding, for example, the Welsh Network of Healthy School Schemes and b) Development Grant funding. There is no change to the current management of these grants and the respective grant budgets for your LPHT are set out in the tables in Appendix 2

### **Programme Grants**

Grant funding and agreements for the year have already been issued and accepted. There are ongoing strategic discussions about these longstanding grant programmes (for example, Healthy Schools) and the level of funding arising from the current funding model. This already forms part of a national review of these programmes (also involving our partners in Local Authorities) to consider the optimum model going forward. It will be essential, reinforced by this process, for us and each of the seven Health Boards, to continue to work in collaboration with the Welsh Government to review this as part of the next steps.

### **Development Grants**

We are in receipt of grant funding from the Welsh Government, particularly through the Healthy Weight Healthy Wales funding stream. This funding is confirmed until March 2025. Future management of these grants will be discussed as part of any continuation funding discussions with the Welsh Government.

Grant funding payment will continue to flow through Public Health Wales and grant management will continue in line with established practices for both categories of grant. As such, at the end of Quarter 2 claim period (mid-November), we will confirm the remaining level of grant for the year. Health Boards will then submit claims for the remaining two quarters in line with the

grant agreements.

## **2.3 Apprenticeship Levy**

We will see a reduction in the Apprenticeship Levy costs which we have acknowledged will be passed across to Health Boards as part of this transfer. The financial transfer amount is shown in Appendix 2.

## **2.4 External Funding**

We acknowledge that the funding for the Caerphilly Health Valley is already part of the Health Board finance arrangements. This is identified here for completeness. Current invoicing with Public Health Wales will therefore cease.

*I hope that the information above is helpful and provides full confidence that the financial aspect of the transfer is adequate, fair and transparent.*

## **3. Confirmation of the Transfer of Employment**

This transfer of employment of Public Health Wales staff in Local Public Health Teams to the seven Health Boards is due to take place under the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014, which protects the employments rights of staff.

The staff formal consultation process, comprising individual one-to-one meetings as well as group sessions with each Health Board, ran from the 24 May 2022 through to the 31 July 2022 and has therefore now concluded. This was then followed by a meeting with Trade Union Leads on the 17 August 2022 and subsequently, two Consultation closure meetings with affected staff on the 24 and 25 August.

Finally, I hope this letter is helpful in updating you on the progress of the transfer and I would appreciate if you can please confirm that you are now:

1. Content to sign the Memorandum of Understanding.
2. Content with the financial aspects of the transfer.
3. In agreement that the transfer of employment will take place on the 30 September 2022 and are therefore accepting the Local Public Health Team staff into your organisations, as their new employer from 1 October 2022.

I would appreciate your confirmation of these points **by the 19 September** so that we can continue to collectively prepare for and meet the transfer date of the 30 September and move to a more effective, integrated specialist public health system for Wales.

Please do not hesitate to contact me if you have any questions and many thanks again to you, your Director of Public Health and your wider colleagues for all of their contributions to this process to date.

With best wishes,



**Tracey Cooper**  
**Chief Executive**

Copy:

Dr Sarah Aitken, Executive Director of Public Health;  
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance;  
Neil Lewis, Director of People and Organisational Development, PHW;  
Andrew Jones, Deputy National Director for Health Protection and Screening Services, Project Senior Responsible Officer, PHW

Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn ateb yn Gymraeg heb oedi.

We welcome correspondence in Welsh. We will respond in Welsh without delay.

**AB Finance Funding Tables**

**Core Funding Table**

Total Available Budget	1,497,599
Additional funding agreed to fund at actual	45,126
Previously removed travel budget reinstatement	1,298
<b>Core Budget to be transferred on a recurrent basis</b>	<b>1,544,023</b>

**Grant Funding Table**

Obesity	136,545	Development Funding
Whole School Approach to Mental Health	90,422	Development Funding
<b>Total Grant Allocation - accessed via invoice to PHW</b>	<b>226,967</b>	

**Apprentice Levy Table**

Apprentice Levy allocation for Core Funding	6,855
Apprentice Levy allocation for Grant Funding	609
<b>Budget to be transferred on a recurrent basis</b>	<b>7,464</b>

**External Funding Sources**

Caerphilly Healthy Valley Project	140,350	External Funding source
<b>Budget supported by the Health Board</b>	<b>140,350</b>	
<b>Budget to transfer to Health Board on a recurrent basis</b>	<b>1,551,487</b>	
<b>Budget to be claimed via agreed grant process already in place</b>	<b>226,967</b>	
<b>Budget supported by the Health Board</b>	<b>140,350</b>	



## Aneurin Bevan University Health Board

### Finance Report – August (Month 5) 2022/23

#### Executive Summary




This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of August 2022 (month 5) and the year-to-date performance position for 2022/23.

The 2022/23 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation papers agreed at the March & July 2022 Board meetings and updated during the year. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

#### Aug-22

#### Performance against key financial targets 2022/23

+Adverse / ( ) Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
<b>Revenue financial target</b> To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	3,105	17,441		0
<b>Capital financial target</b> To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £48,662	1,063 2.2%	8,282 16.9%		0
<b>Public Sector Payment Policy</b> To pay a minimum of <b>95%</b> of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.6%	94.5%		>95%

Performance against requirements 21/22		19/20	20/21	21/22	3 Year Aggregate (19/20 to 21/22)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	✓	(32)	(245)	(249)	(526)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(28)	(13)	(50)	(91)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

Underlying Financial Position (Brought Forward ULP)	19/20	20/21	21/22
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£11.405m Deficit	£16.261m Deficit	£20.914m Deficit

**Note:** The Health Board has submitted an IMTP for 2022/23 – 2024/25, which has been approved by WG on the basis of achieving financial balance.

Key points to note for month 5 include:

- A reported year to date position of **£17.4m deficit**, (the original IMTP plan for month 5 was £3.17m deficit), the revised in year profile for month 5 was expected to be £17.1m year to date deficit.
- Income - includes anticipated Covid-19 and exceptional cost pressure funding of c.£103m,
- Pay Spend (excluding annual leave provision and in-month agency adjustments) – has increased by c.£0.1m (0.1%), due to increased bank costs (Registered and HCSW) to cover vacancies and enhanced care, particularly in community hospitals.
- Non-Pay Spend (excluding capital adjustments) - has increased by c£0.3m (0.4%) due to increases in Primary Care contract costs in line with expected profiles. These costs are offset by reduced CHC, Individual Patient Treatment Referral (IPTR) and out of area treatment costs.
- Savings – overall achievement is £3.4m below plan as at month 5 (£2.3m achievement versus £5.7m plan) with significant risks with delivery of a number of savings opportunities where achievement is assumed after quarter 1. These savings plans remain amber for month 5 reporting to enable the Health Board the opportunity to drive these plans into an achievable position. These will be under continual review for future monthly reporting.

***At Month 5, the year to date reported revenue position is a £17.4m deficit and the reported capital position is break-even. The forecast position for both is break-even, however, the revenue position has extremely significant risks that need to be mitigated to achieve this forecast.***

The Board was provided with a comprehensive forecast risk assessment on the 27<sup>th</sup> July. The Board agreed to continue to forecast financial balance on the basis of actions being identified and considered during the rest of 2022/23 to manage this. All budget holders were asked to clarify their forecast for the financial year providing options to reduce and mitigate expenditure for month 5 reporting. There were no material changes to the forecast risk as a result of this request. Further mitigating actions are being developed by the Executive for Board consideration.

***Month 6 is a crucial month for submitting a forecast to WG, organisations will be expected to maintain this forecast, or improve on it, for the remainder of the financial year. Given the extreme risk to forecast break-even the CEO has commenced additional focussed sessions of the Executive team to review income opportunities and cost reduction opportunities and likely delivery levels for 22/23. This will provide the basis for consideration with the Board of an updated service, workforce and financial plan and forecast for 2022/23.***

***The underlying financial deficit coming into 2022/23 (£20.9m) will need to be addressed to support financial sustainability and recurrent balance in future years. The IMTP assumes recurrent savings opportunities will be achieved to reduce the underlying financial deficit for 2023/24 (to £8m). This assumption will need to be adjusted if the recurrent savings and mitigating actions are not achieved during the year. This is now at significant risk given the challenges faced in 2022/23.***

The Board has approved the 2022/23 – 2024/25 IMTP initial Budget delegation plan for 2022/23 as well as an update for quarter 2. WG have approved the IMTP which assumes financial balance.

<b>The Board is asked to:</b> (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			
Receive the Report for Assurance/Compliance		√	
Note the Report for Information Only			
<b>Executive Sponsor: Rob Holcombe – Interim Director of Finance, Procurement &amp; VBHC</b>			
<b>Report Author: Suzanne Jones – Interim Assistant Director of Finance</b>			
<b>Report Received consideration and supported by:</b>			
<b>Executive Team</b>	√	<b>Committee of the Board</b>	
<b>Date of the Report:</b> 15 <sup>th</sup> September 2022			
<b>Supplementary Papers Attached:</b>			
1. Glossary 2. Appendix			

<b>Purpose of the Report</b>
<p>This report sets out the following:</p> <ul style="list-style-type: none"> <li>➤ The financial performance at the end of August 2022 and forecast position – against the statutory revenue and capital resource limits,</li> <li>➤ The savings position for 2022/23,</li> <li>➤ The 2022/23 forecast,</li> <li>➤ The significant level of risk to the financial position,</li> <li>➤ The revenue reserve position on the 31<sup>st</sup> of August 2022,</li> <li>➤ The Health Board’s underlying financial position, and</li> <li>➤ The Capital position.</li> </ul>

<b>Assessment &amp; Conclusion</b>
<ul style="list-style-type: none"> <li>• <b>Revenue Performance</b></li> </ul> <p>The month 5 position is reported as a <b>£17.441m deficit</b>, with a forecast <b>year-end out-turn reported position as break-even, however, there is significant risk to this forecast which the Board will further consider at the September Board meeting.</b> A summary of the financial performance is provided in the following table.</p>

Summary Reported position - August 2022 (M05)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
<b>Operational Divisions:-</b>				
Primary Care and Community	271,231	(944)	(1,334)	390
Prescribing	99,190	3,101	2,050	1,051
Community CHC & FNC	71,296	(1,844)	(1,170)	(675)
Mental Health	104,853	3,960	2,562	1,398
Director of Primary Community and Mental Health	311	(63)	22	(85)
<b>Total Primary Care, Community and Mental Health</b>	<b>546,881</b>	<b>4,210</b>	<b>2,131</b>	<b>2,079</b>
Scheduled Care	226,287	10,097	7,470	2,627
Medicine	106,819	9,250	7,996	1,254
Urgent Care	41,204	2,676	2,358	319
Family & Therapies	119,405	(346)	13	(358)
Estates and Facilities	104,043	588	(37)	625
Director of Operations	7,634	392	311	81
<b>Total Director of Operations</b>	<b>605,392</b>	<b>22,659</b>	<b>18,112</b>	<b>4,547</b>
<b>Total Operational Divisions</b>	<b>1,152,273</b>	<b>26,869</b>	<b>20,242</b>	<b>6,626</b>
Corporate Divisions	111,486	(6,406)	(4,513)	(1,893)
Specialist Services	172,248	(957)	(499)	(458)
External Contracts	83,965	605	732	(126)
Capital Charges	34,734	(159)	(67)	(92)
<b>Total Delegated Position</b>	<b>1,554,706</b>	<b>19,952</b>	<b>15,895</b>	<b>4,057</b>
Total Reserves	28,595	(2,511)	(1,559)	(952)
Total Income	(1,583,301)	0	0	0
<b>Total Reported Position</b>	<b>0</b>	<b>17,441</b>	<b>14,336</b>	<b>3,105</b>

The year to date overspend is £14.3m higher than forecast in the submitted IMTP. The position has been underpinned by appropriately releasing part of the annual leave accrual, maximising available non-recurrent opportunities and assuming an on-going level of funding for Covid-19 and exceptional pressure to match related costs. Current service pressures being experienced are incredibly challenging, presenting an increasingly significant risk to the Health Board's ability to meet its statutory requirement to break-even. The Health Board reaching a break-even position in 2022/23 was predicated on:

- Achieving savings of at least £26m,
- Managing and mitigating the £19m risks included in the IMTP through cost avoidance,
- Managing any new in year cost pressures,
- WG funding for Covid-19 (local and national), exceptional cost pressures and wage award.

The CEO has commenced additional focussed sessions of the Executive team to review income opportunities and cost reduction opportunities and likely delivery levels for 22/23. If this is not achieved there is a significant risk to achieving break-even for 2022/23.

The Chief Executive has asked all budget-holders across the UHB to consider various short-term measures and approve revised local forecasts for month 5 reporting. The Board meeting on the 28<sup>th</sup> July noted the current financial position with the level of risk shown whilst holding a break-even position to enable further actions to be considered to improve the financial outlook for 22/23 with due consideration to the impact on patients, workforce, service delivery and performance.

**To ensure delivery of the IMTP service, workforce and financial plans, progress must be made to deliver transformational change to support value driven efficiency improvement and financial sustainability. While transformation is the preferred sustainable solution for long term efficiency and value gain, short term actions need to be strengthened to support 2022/23 balance in parallel with accelerating efficiency delivery through the IMTP priority transformation programmes.**

### **Financial impact of service and workforce pressures**

- During August 2022, pay expenditure (excluding the effect of reduced annual leave provisions) increased compared with July. Variable pay costs increased compared with July due to increased bank costs (Registered and HCSW) to cover vacancies and enhanced care, particularly in community hospitals. Medical agency costs decreased due to reduced service recovery costs. Significant operational pressures continue due to vacancies, enhanced care hours and sickness. Non-Pay Spend (excluding capital adjustments) - has increased by c£0.3m (0.4%) due to increases in Primary Care contract costs in line with expected profiles off-set by reduced CHC, Individual Patient Treatment Referral (IPTR) and out of area treatment costs.
- The number of Covid-19 positive patients in hospital has decreased throughout August. The total number of patients (positive, suspected and recovering) is 157 (31<sup>st</sup> August 2022) which is at similar levels to August 2021 (153 as at 31<sup>st</sup> August 2021). There are a considerable number of patients recovering from Covid-19 across several wards in the Health Board. The temporary staffing cost to operate these areas, some of which is surge capacity, remains significant and is impacting on efficient bed utilisation.
- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals, remains in many cases above the levels seen pre-pandemic. In August the levels of patients deemed ready for discharge but remained in hospital increased notably. There are 286 patients who are fit for discharge as at the end of August; approximately 29% of the blocked bed days are health related, 50% are social care related with the remaining 21% relating to other reasons e.g. patient/family related, nursing homes etc..
- The extrapolated cost of the associated blocked bed days which are Health or Social care related is c.£8.3m using a £150 cost per bed day. The surge capacity required for this as well as the increased Covid measures in place continue to result in overspends across the UHB. There also remain challenges in terms of demand and flow across the UHB. The challenge is now to reduce the requirement for this capacity to achieve a safe and sustainable service, workforce and financial plan across the UHB.
- The operational factors together with the cost of enhanced care and increasing elective activity result in significant financial pressures. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where funding is assumed, which is a requirement of WG.

Additional local Covid-19 costs are being incurred due to the following, but the most significant problem is the delayed discharges resulting in blocked beds.

- Additional services implemented to deal with exceptional emergency pressures across all sites,
- 'green' patient pathways to minimise infection,
- GUH ward A1 urgent care temporary ward,
- additional bed capacity across hospital sites,
- the number of patients requiring enhanced care,

- delayed discharges for patients waiting for social care support and packages of care, and
- service models being flexed to respond to service pressures faced.

To mitigate, key areas of focus for the Health Board are:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Workforce efficiency, reducing variable pay in particular HCSW agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of current savings plans, current investments made and service options across Divisions,
- Corporate opportunities and Executive Director options, and
- Other actions to improve the financial position e.g. review of income/allocations

**These areas for mitigation aligned with turnaround actions need to be invigorated and implemented as a priority, whilst maintaining patient safety, to support achievement of financial balance.**

## Workforce

The Health Board spent £60.4m on workforce in month 5 22/23 an increase of £0.1m compared with month 4 (21/22 monthly average of £58.3m). **The workforce costs for ABUHB have continued at the same level since quarter 3 2021/22 despite a reduction in Covid demand.**

Substantive staffing costs (excluding notional 6.3% pension costs in March) have decreased by £0.1m (0.2%) compared with July due to a decrease in additional hours.

Compared with month 4, bank costs have increased by £0.3m (8.6%). Agency costs have decreased by £0.1m (2%). Bank HCSW costs have increased due to increased enhanced care shifts covered by this group of staff particularly within the Primary Care and Community Division. There continues to be on-going high levels of enhanced care provision across the UHB.

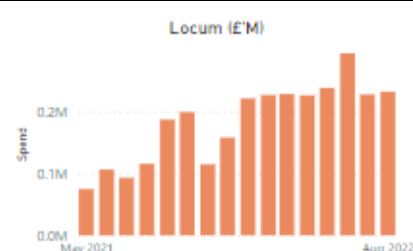
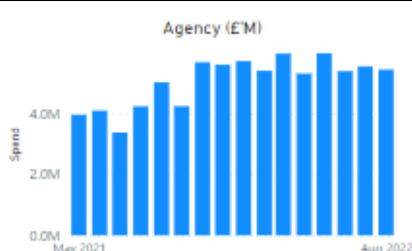
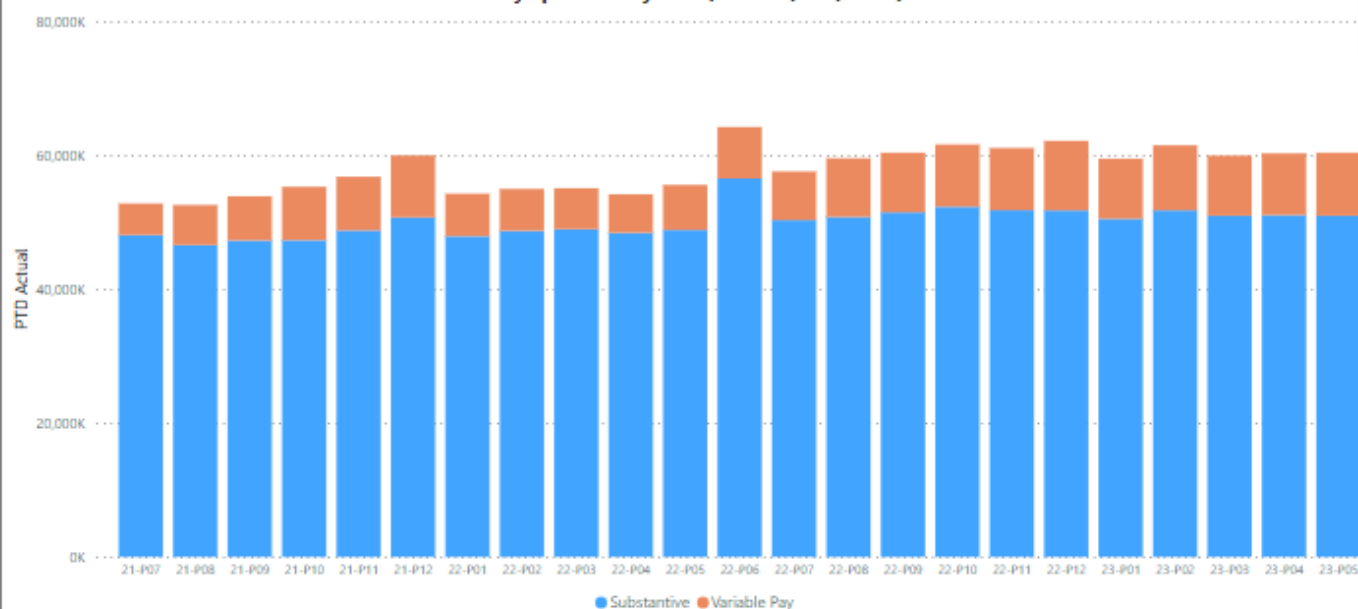
There is still a continued and significant reliance on the use of agency and bank staff.

Workforce expenditure is shown below differentiating between substantive and variable pay<sup>1</sup>:

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<sup>1</sup> To enable useful comparisons and trends all references to 21/22 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£2m), and Additional employer pension contributions (6.3%/£27m).

Pay spend analysis 20/21 - 21/22 (£'000)



### Substantive staff

Substantive pay was £51m in August (exc. annual leave related adjustments) – a £0.1m decrease compared with July. Administrative & Clerical costs increased by £0.2m within Primary Care and Community services off-set by reduced Medical and Registered nursing costs.

### Variable pay

Variable pay (agency, bank and locum) was £9.4m in August – an increase of £0.2m compared with July.

The Executive Team has agreed a variable pay programme which is aimed at reducing high cost variable pay and developing alternative solutions. This includes a number of areas including recruitment of substantive staff, review of specialist rates, reduction in HCSW agency as well as detailed review of nurse staffing across ward areas. Current service demand for agency as well as the on-going use of off-contract agencies is challenging the level of achievement.

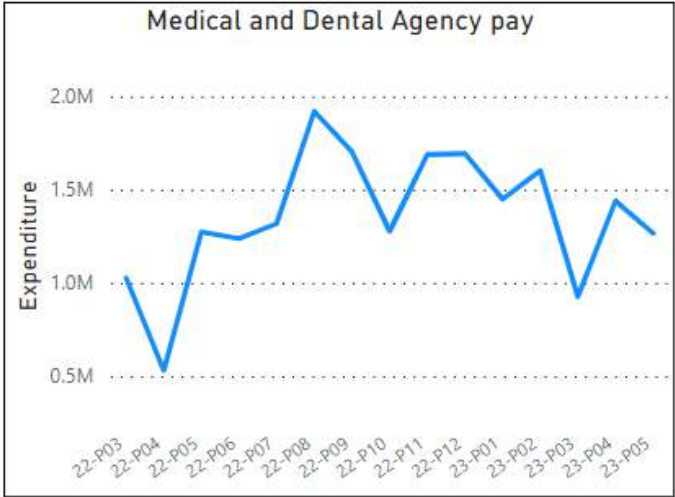
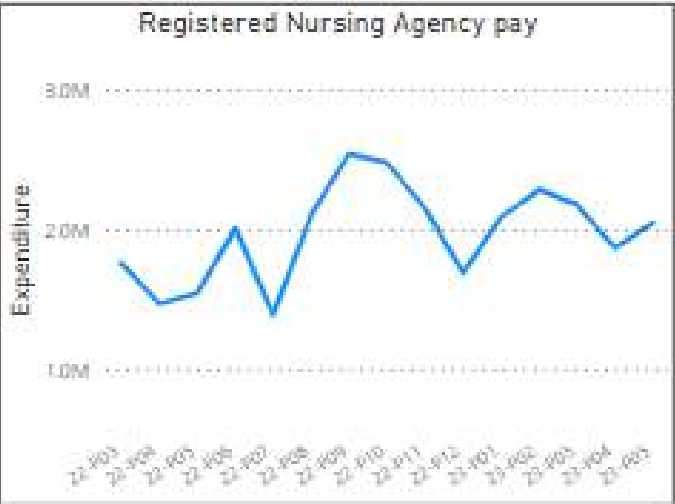
It should be noted that the number of unfilled nursing shifts remains at a high level throughout the HB (183wte for the week commencing 10<sup>th</sup> September which was approximately 8% of all shifts required). If all these shifts were filled through variable pay the cost impact would be significant.

### Bank staff

Total bank spend in August was £3.8m – an increase of £0.3m compared with July. There remains continued high usage of enhanced care shifts especially within the community hospitals in August. Other areas where bank usage has increased include Mental Health, Urology and GUH ED.

Agency

Total agency spend in August was £5.4m (excluding the in-month agency adjustment) a decrease of £0.1m compared with July. A specific review of shifts booked between 1<sup>st</sup> April 2021 and 31<sup>st</sup> July 2022 was undertaken by finance, workforce and nursing teams. As a result £0.67m of shifts have been cancelled across all Divisions. This review of accrued shifts undertaken will continue over the next few months. Costs stated on the following page exclude this review.

<div><p>Medical and Dental Agency pay</p></div>	<ul style="list-style-type: none"><li>• In-month spend of £1.3m, a £0.2m decrease compared to July.<ul style="list-style-type: none"><li>◦ Continued pressures in Medical wards, GUH ED and community hospitals.</li><li>◦ Increases in Mental Health and Gynaecology for operational pressures.</li><li>◦ Increase in radiology and Ophthalmology to cover vacancies and additional recovery activity.</li><li>◦ On-going costs for managed practices (£0.18m in August) with a likely further increase due to notice of closure in 22/23.</li></ul></li></ul>
<div><p>Registered Nursing Agency pay</p></div>	<ul style="list-style-type: none"><li>• Medical agency spend averaged c.£1.3m per month in 2021/22.</li><li>• In-month spend of £2m an increase of £0.2m compared to July (excluding accrual adjustment)</li><li>• Reasons for use of registered nurse agency include:<ul style="list-style-type: none"><li>◦ Additional service demand including opening additional hospital beds, support for recovering Covid-19 patients,</li><li>◦ Enhanced care and increased acuity of patients across all sites,</li><li>◦ On-going sickness and international recruitment costs,</li><li>◦ vacancies, and</li><li>◦ enhanced pay rates.</li></ul></li><li>• Registered Nursing agency spend averaged c.£1.9m per month in 2021/22.</li></ul>



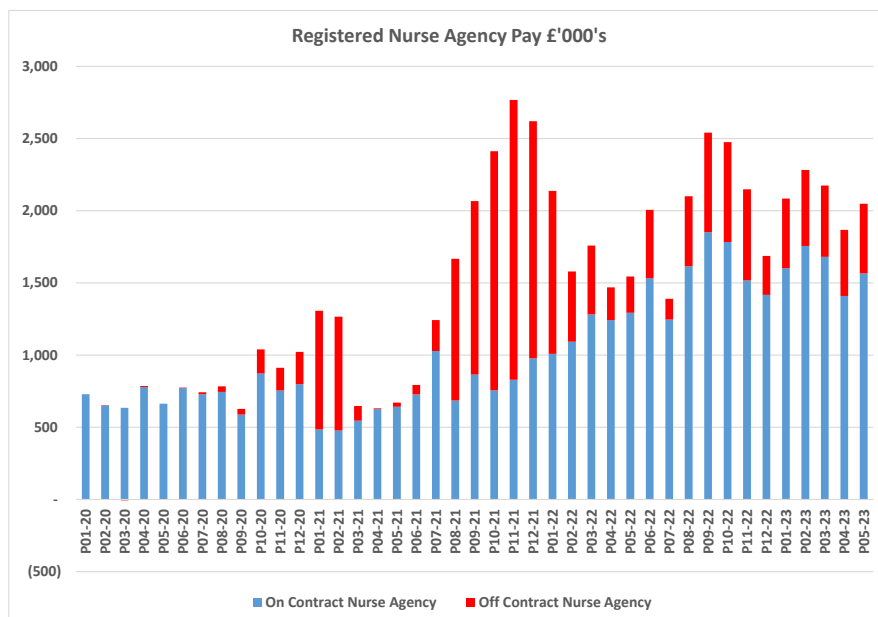


- In month spend of £0.7m on Estates & Ancillary (similar to July), which is primarily within GUH and related to Covid.
- Reasons for use of agency include:
  - Meeting enhanced cleaning standards,
  - Covid-19 and surge capacity
  - Enhanced care and increased acuity of patients,
  - Sickness,
  - Vacancies and
  - Supporting the Mass Vaccination Programme.
- Estates and Ancillary agency spend averaged c.£0.5m per month 2021/22.

## Registered Nurse Agency

Registered nurse agency spend totalled £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

Health Board spend for the year to date is £10m on nurse agency. If this level of use continues throughout the financial year it would cost c.£24m in 2022/23. The use of "off-contract" agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay. This has remained significant during the month.



The Health Board spent £0.5m on 'off' contract RN agency in August which is at a similar level to previous and reflects the on-going vacancy hours used and the usage of agency to cover enhanced care hours. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses (especially for recovering patients), and
- Increased sickness and cover for staff in isolation.

As part of the new Variable Pay savings programme for 2022/23, the Nurse Agency Reduction Plan will form a key part of delivering efficiencies.

## Medical locum staff

Total locum spend in August was £0.23m which is at a similar level to July. GUH ED and Mental Health costs increased in August whilst radiology remains the area of highest expenditure relating to on-going operational pressures, elective recovery and substantive vacancies.

## Enhanced Care

Enhanced Care, also known as 'specialling', can include a spectrum of reasons ranging from the provision of assistance to help a patient mobilise, through to one-to-one patient monitoring. Enhanced care is designed to ensure a patient centred safe approach for patients with additional care needs.

A review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	2020/21	2021/22	2022/23 (forecast costs)	2022/23 increase
Average number of hours used per month	15,305	35,446	41,916	17%
Average monthly notional expenditure (£m)	0.24	0.70	0.93	
Increase in average notional cost per month compared to prior year				£0.2m
Estimated increase in the calculated annual cost based on average hours				£2.7m
<b>Total annual costs (£m)</b>	<b>2,826</b>	<b>8,413</b>	<b>11,155</b>	<b>2,742</b>

In August (P05-2023), enhanced care hours and associated costs remained high and increased significantly within the Primary Care and Community Division. Costs (& associated hours) increased in the Medicine as well as within Scheduled Care Divisions. It should be noted that the hours quoted are the number of bank and agency hours worked using 'enhanced care' as the reason for booking, notional costs are calculated using average registered/unregistered hourly rates incurred. These have been updated for 2022/23 using shift time, type and specialist rates where defined. Further updates will be completed to reflect the off-contract nature of many shifts which will inevitably increase the costs described. The E-Systems team within the Workforce and OD Division are undertaking a review of previously booked shifts. As a result it is likely that there will be further amendments in the next couple of months to reflect the review.

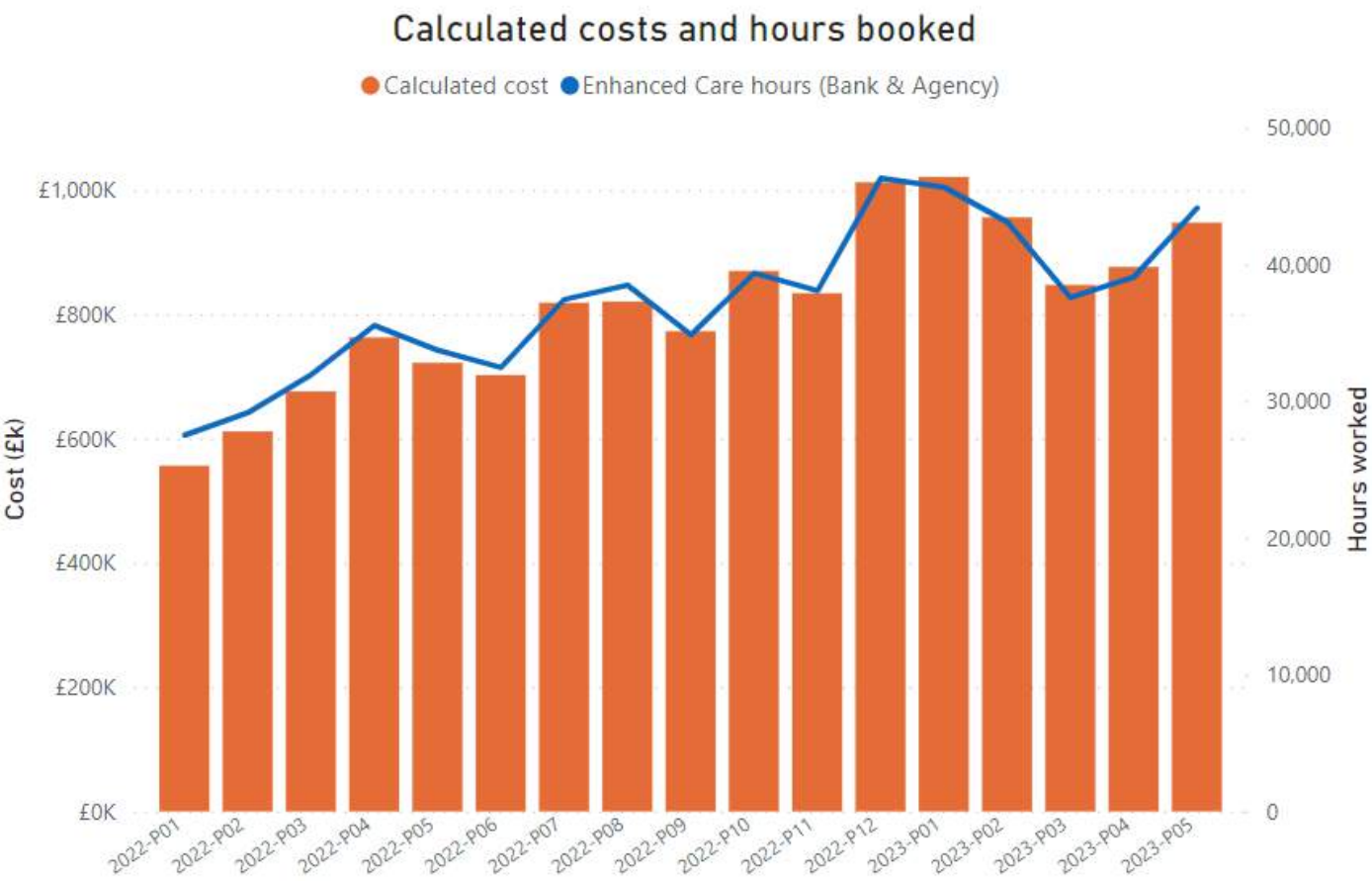
There is a distinct increase in enhanced care hours (and associated costs) from February 2022 (see graph below). The monthly average from April 2021 to February 2022 is approx. 34,400 hours and £0.68m cost. The August cost of £0.95m is an increase of £0.27m above that average and continues to indicate a step change which reflects the change in acuity of patients across the UHB.

The level of the provision of enhanced care on bed utilisation within Medicine for August 22 is shown below:

Enhanced Care (acuity EC4 & EC5) by Hospital Site as a percentage of total bed capacity		
	Month 4	Month 5
<b>YYF</b>		
Total no of Medicine beds	148	148
Month's average bed numbers occupied by EC4 & EC5 pts	46	35
<b>%age of beds in receipt of Enh Care (EC4 &amp; EC5)</b>	<b>31%</b>	<b>24%</b>
<b>RGH</b>		
Total no of Medicine beds	192	192
July monthly average enh care patients	30	45
<b>%age of beds in receipt of enh care</b>	<b>16%</b>	<b>23%</b>
<b>NHH</b>		
Total no of Medicine beds	164	164
July monthly average enh care patients	39	35
<b>%age of beds in receipt of enh care</b>	<b>24%</b>	<b>21%</b>
<b>GUH</b>		
Total no of Medicine beds	91	91
July monthly average enh care patients	18	32
<b>%age of beds in receipt of enh care</b>	<b>20%</b>	<b>35%</b>

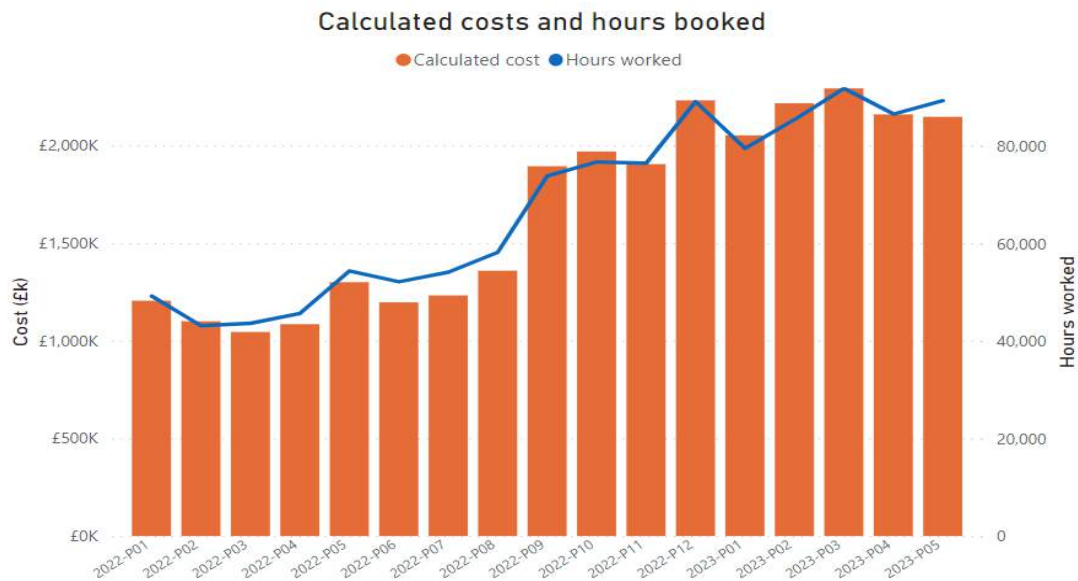
The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 (P01-2022) to August 2022 (P05-2023) using bank and agency registered nurses and health care support workers.

### Enhanced Care bank and agency calculated costs and hours booked



The graph below describes the bank and agency hours and costs relating to those booked to cover vacancies. The graph highlights that in July that variable pay relating to vacancies remains significant and over £2m of 'notional calculated' expenditure.

Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies



Non-Pay

Spend (excluding capital) was £77.5m in August which is £0.3m increase in comparison with July. Increased Primary Care contract costs in line with profile were off-set by reduced CHC, Individual Patient Treatment Referral (IPTR) and out of area treatment costs. The in-month energy costs reflect the volatility in energy prices, which is regarded by Welsh Government as an exceptional cost pressure. Further additional funding has been anticipated for this volatile cost pressure now estimated at £33.9m (increase of £17.8m from July) and will continue to be adjusted in future months based on the latest data from NWSSP.

Other areas to note are:

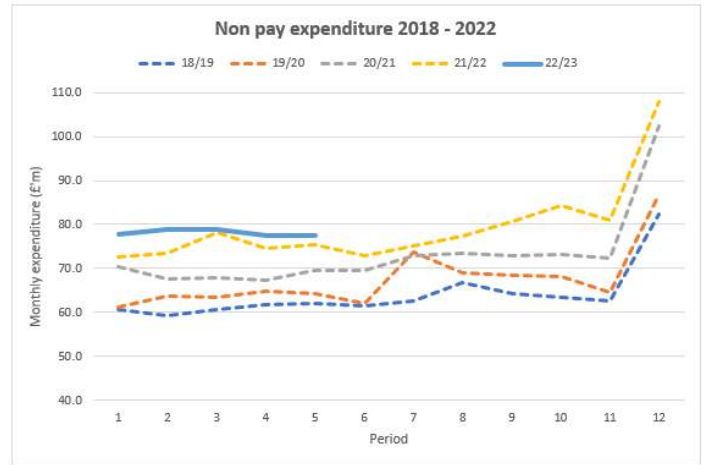
- CHC Mental Health – the current patient numbers at the end of August were 413 (at a cost of £3.8m in August) which is a net decrease of 2 MH&LD patients in month. The increase in LD patients included higher cost per packages resulting in an on-going cost pressure for the Division.
- CHC Adult / Complex Care - 668 active CHC and D2A placements (increase of 6 from July). There was a decrease of 5 D2A patients but an increase of 12 placements on the 'Step Closer to Home' pathway (47 total) in August. The 2022/23 forecast cost is £1.1m which assumes this pathway will cease in November 2022. The table below summarises the current position:

Activity	July 2022	August 2022	Movement
D2A	62	57	-5
Step Closer to Home	35	47	+12
All Other CHC	565	564	-1
Total	662	668	+6

- FNC - currently 887 active placements, which is an increase of 2 from end of July placements (expenditure of £36k in August).
- Primary Care medicines – the expenditure year to date is £44.4m. The August 2022 forecast is based on growth in items of 0.8% (using underlying growth estimate) with an average cost per item of £6.82, category M drugs prices continue to fluctuate but presents

an in-month pressure for August prices. Price increases compared with pre-Covid levels have not been mitigated through medicines management actions due to redeployment of pharmacy staff. Mitigating actions and resources to deliver cost reductions in prescribing costs are needed. NCSO drugs costs remain a pressure from July – September due to 2 drugs (one osteoporosis and one anti-depressant).

**Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure particularly for pay. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where funding is assumed.**



Current operational forecasts based on March bed and activity plans, are assuming a similar level of spending through to the end of the year. These assumptions will now be subject to detailed review as part of financial recovery 'turnaround' work to re-assess the 22/23 operational service, workforce and financial plans. These plans will inform a revised, service, workforce and financial forecast for ABUHB.

Furthermore, the Executive requested that all budget-holders identify further cost reduction and savings opportunities during August as part of this focus on financial recovery and development of options and the associated implications. However, this did not result in any material changes to the forecast.

## Service Pressures & Activity Performance

### Bed Capacity

Additional medical beds have been opened as part of responding to the system pressures described previously. The level of additional capacity beds have reduced to 131 in August as described in the table below:

No. of Additional Beds							
Site	Ward	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Description
RGH	B3 Winter Ward	0	0	0	0	0	26 Additional Capacity
	C6E Med Additional Capacity from Oct	0	30	28	28	30	Old Resp Ward converted to Add Cap
	Other wards		6	0	0	0	
NHH	3rd Floor	7	8	11	11	11	32 (flexed up from 28)
	4th Floor	6	7	9	9	9	28 (flexed up from 30)
	4/1 winter	0	0	0	0	0	Winter ward from 27th Dec (flexed up from 28)
	AMU	0	0	0	6	2	
GUH	C4	0	0	0	0	0	2 Covid beds in March
	B4	8	8	8	8	8	
	A4	1	1	1	1	1	Using Ringfenced beds
	Fox Pod	8	8	8	8	8	Closed 18th August
	Other wards					13	Includes AMU chairs
YYF	MAU				27	0	Open for part of August
RGH AMU	AMU / D1W	18	0	8	16	10	D1W closed in July
Sub-total Medicine		48	68	73	114	92	
STW	Ruperra	24	24	24	24	24	
	Holly	10	10	10	10	0	
YAB	Tyleri	11	15	15	15	15	
Sub-total Community		45	49	49	49	39	
Total		93	117	122	163	131	

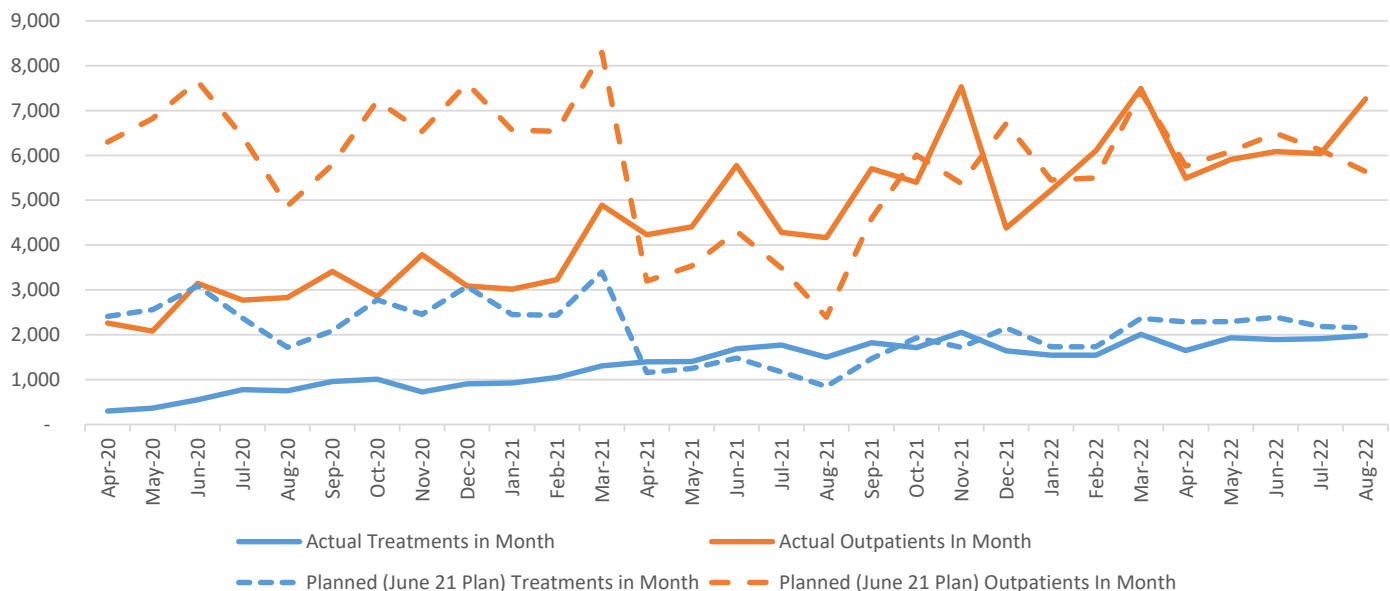
The number of medically fit patients and those delayed transfers of care remain at significant levels at 286 patients as at the end of August. Approximately 50% of these patients relate to social care delays with an estimated cost of £3.4m YTD (£8.2m for 2022/23). These patients are across multiple sites and are generally within the Medicine specialities. These delays affect flow and the level of additional capacity across the UHB resulting in significant additional costs. These levels were not factored into the IMTP for 2022/23. Further discharge support solutions have been implemented to mitigate the flow pressures but these continue to increase the financial pressure for the Health Board.

#### Scheduled Care treatments and outpatients

Elective activity in August was at a similar level to July and remains below planned levels (year to date 1,932 treatments under plan), activity remains below plan due to a range of operational reasons including vacancies, reduced theatre utilisation and a low uptake to provide additional sessions. T&O activity remains under plan due to long-term sickness alongside operational issues relating to WLIs but did increase in August compared with plan. Outpatient activity had a significant increase in-month mainly due to an increase in core General Surgery activity. The plan assumed reduced activity due to annual leave but activity was maintained, the year-to-date activity is now 689 appointments above plan although the profile is to come back in line with plan in future months. Virtual clinics are also being used as well as on-going review of clinic templates to potentially increase future activity with demand and capacity plans being updated for a number of specialities. Whilst most routine elective services have fully resumed, elective activity remains lower than pre-Covid-19 levels.

Activity plans are finalised linked to demand and capacity plans triangulated with service, workforce and financial affordability; however, the forecast plans are being reviewed.

### Scheduled Care Treatments & Outpatients (RTT)



- Elective Treatments for August '22 was 1,986 (July '22 was 1,913).
- Outpatient appointments for August '22 was 7,259 (July '22 was 6,041).

### Medicine Outpatient Activity

Medicine Outpatient activity for August '22 was 1,311 attendances (July '22 was 1,522 attendances and 2021/22 activity 15,581, a monthly average of 1,298) the year to date activity is presented by specialty below:

#### Aug-22

YTD Aug-22	PREVIOUS Assumed monthly activity	Actual activity	Variance
Gastroenterology	2550	1073	-1477
Cardiology	2765	1441	-1324
Respiratory (inc Sleep)	3030	1517	-1513
Neurology	1295	1191	-104
Endocrinology	1210	774	-436
Geriatric Medicine	1155	768	-387
<b>Total</b>	<b>12005</b>	<b>6764</b>	<b>-5241</b>

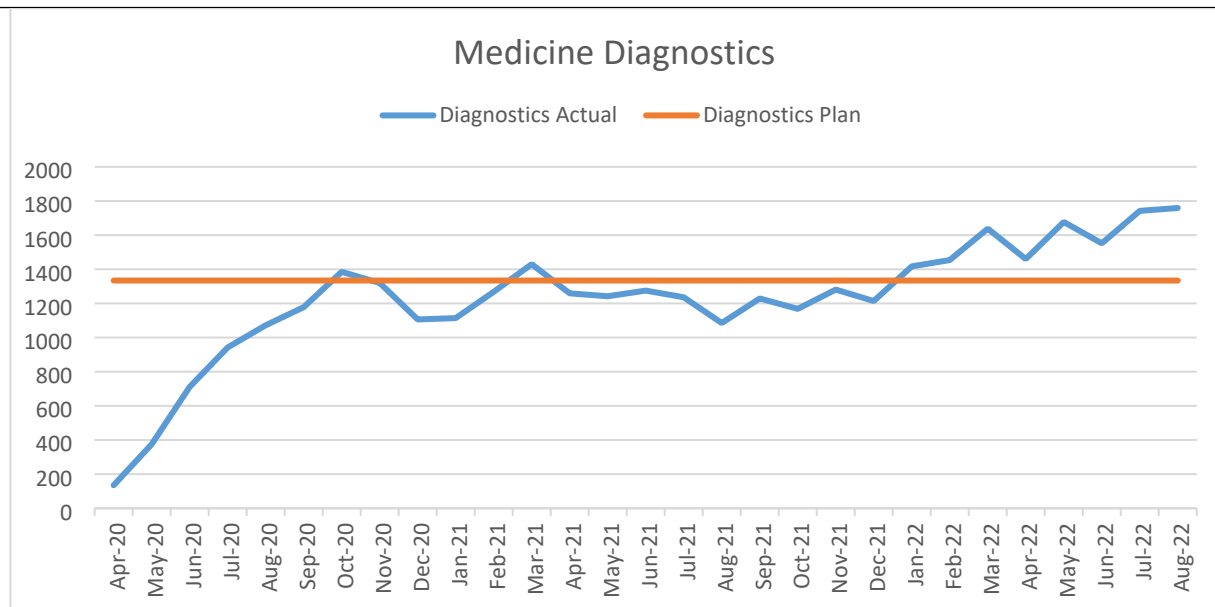
Demand and capacity plans are currently being revised by the Division and as a result an updated performance position will be provided in following reports.

### Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for August '22 was 1,759 procedures which is 425 cases more than plan.

The activity undertaken since April '20 is shown below;





## Covid-19 – Revenue Financial Assessment

Total Covid-19 costs are shown as c.£73.6m and at this stage the Health Board is including matched funding. These are full year forecasts unless otherwise stated:

- Testing - £4.07m. It should be noted that the current forecast is c.£5.6m, the Director of Therapies is in discussions with WG regarding the level of funding and is committed to reducing this forecast as required (forecast reduction of £0.3m compared to previous month). This funding includes Testing Team and Pathology department testing costs.
- Tracing - £6m
- Mass Vaccination - £9m
- PPE - £3.3m
- Cleaning standards - £2.5m
- Long Covid - £0.9m
- Nosocomial investigation - £0.8m, and
- Other additional Covid-19 costs (now including dental income target reduction) - £44.9m.

The Health Board is reporting costs for additional capacity and maintaining Covid-19 safe and compliant operational service delivery across all sites, as part of the other additional Covid-19 costs section.

The cost impact of responding to Covid-19 and emergency system pressures along with increased patient acuity will be closely monitored and the implications for Q2 to Q4 will continue to be reviewed and appropriately reflected in future months reports.

Though a higher cost, the assumptions are in line with those used for the submitted IMTP, correspondence from WG and the IMTP financial assumptions letter sent in March 2022. In addition, forecast costs decreased for discharge support, facilities and enhanced cleaning. This is linked to revised workforce plans for later in the financial year. On-going review of the local schemes will be required to ensure forecasts and classifications remain in line with the assumptions described.

The Health Board is not including costs for Velindre Trust Covid-19 (recovery or outsourcing) within these figures, in line with the All Wales LTA agreement. The table below describes allocations which have been confirmed and received versus those which remain anticipated.



Type	Covid-19 Specific allocations - August 2022	£'000
HCHS	Tracing	2,867
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	1,548
HCHS	PPE	695
HCHS	Mass COVID-19 Vaccination	1,331
GMS	Mass COVID-19 Vaccination	185
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Nosocomial investigation and learning	753
	<b>Total Confirmed Covid-19 Allocations</b>	<b>11,204</b>
HCHS	Testing (inc Community Testing)	2,522
HCHS	Tracing	3,133
HCHS	Mass COVID-19 Vaccination	7,484
HCHS	PPE	2,630
HCHS	Cleaning standards	2,491
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,749
HCHS	A3. Other capacity & facilities costs	7,061
HCHS	B1. Prescribing charges directly related to COVID symptoms	50
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,609
HCHS	D1. Discharge Support	8,309
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	1,911
	<b>Total Anticipated Covid-19 Allocations</b>	<b>61,836</b>
	<b>Total Covid-19 Allocations</b>	<b>73,041</b>

The Health Board is expected to manage these costs downwards.

### Exceptional Cost Pressures

The exceptional cost pressures recognised by Welsh Government for 22/23 includes energy prices, employers NI and the Real living wage costs for social care contracts. It has been agreed that these be managed with WG on a collective basis with funding assumed to cover costs, albeit the funding is not confirmed. The Health Board still has a duty to mitigate these costs within its financial plan to reduce the collective risk.

- Real living wage costs only relate to CHC; the agenda for change element will receive an allocation in line with wage award funding once confirmed.
- It should be noted that increased energy costs are based on forecasts provided by NWSSP adjusted for any local information. The energy prices increase was based using August information adjusted for local intelligence, early September information received will result in a further increase but was unable to be fully validated for month 5 reporting.

Type	Exceptional items allocations - August 2022	£'000
HCHS	Energy prices increase	33,945
HCHS	Employers NI increase	4,606
HCHS	Real living wage	2,154
	<b>Total Exceptional items allocations (anticipated)</b>	<b>40,705</b>

The Health Board is expected to manage these costs downwards.

### Budget Setting / Delegation

In line with Health Board SFI's, budget delegation letters have been sent to Executive Directors, setting out the expectations to manage within the delegated budget levels.

Executive Directors are expected to issue delegation letters to Deputies and Divisional Directors, stating the level of budget and the expectations associated with managing that budget. **This should be cascaded to all budget holders.** A review is underway to determine how far the delegation letters have been delegated and what actions are in place for overspending areas.

A budget delegation paper for quarter 2 budgets including adjustments for Covid-19 and exceptional items was approved at July's Board. Funding was delegated to Divisions in month 4 with an on-going quarterly review thereafter.

- **Revenue Reserves**

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 5.

£483k Outpatient Transformation funding – delegate to Director of Operations	£25k Outpatient Transformation funding – delegate to Director of Operations for specific post
£297k Value Based Healthcare – delegate funding to Medicine	£34k Value Based Healthcare – High risk surgical wound management delegation to Family & Therapies
£15k Cervical Screening income: Amend PHW income budget to reflect activity delegation to Scheduled Care and Family & Therapies	£72k SAS Advocacy implementation – delegation to Medical Director
£1.067m – Vertex funding - delegation to WHSSC	£60k Climate emergency National Prog Round 1 for Decarbonisation bids – delegation to Director of Planning
£144k – English contracts additional 1.3% inflation – delegate funding to contracting	£197k WHSSC English contracts additional 1.3% inflation – delegate to WHSSC
£904k (from 23/24 onwards) – PACU confirmed allocation	£1.4m Urgent Primary Care (23/24 recurrent element) – delegate to Primary Care
£119k Digital Priorities Investment Fund – Medicines Transformation – delegate to Director of Planning	(£228k) Recover VBH Heart Failure funding into reserves. Replaced by National Value bid funding.
(£17k) TEC Cymru funding recover funding into reserves to reflect recent WG confirmation	

There is no contingency reserve held by the Board in 22/23.

### **Long Term Agreements (LTA's)**

LTA agreements have been signed with all Welsh providers/commissioners in accordance with the DOF LTA Financial Framework for 2022-23. Initial performance data shows significant variation from baselines levels (both under and over performance) depending on the provider / commissioner.

The £605k year to date variance reflects the NICE drugs growth in Velindre and pressure arising from the reduction in Powys income offset by underperformance on other Welsh and English agreements.

Further work is ongoing to understand the performance variation by provider/commissioner and to understand the financial risk that may crystallise in future. Velindre forecasting remains a particular risk due to the implementation of the new commissioning currencies in 2022-23 and the volatility in NICE forecasting based on limited data received to date. ABUHB is establishing a clinically led drugs review process with Velindre NHS Trust.

### **Underlying Financial Position (ULP)**

The Underlying (U/L) forecast position is a brought forward value of £21m.

Financial sustainability is an on-going priority and focus for the Health Board.

The IMTP forecasts an improved closing 2022/23 underlying deficit of £8.1m. This is now at significant risk given the challenges of 22/23.

This is based on the IMTP assessment of available recurrent funding, savings and the recurrent financial impact of existing service and workforce commitments. It continues to exclude any potential recurrent impact of Covid-19 decisions or 2022/23 operational pressures outside of the IMTP.

The Health Board's 2022-25 IMTP identifies several key priorities where the application of Value-Based Health Care principles – improving patient outcomes along with better use of resources – should result in delivering greater service, workforce and financial sustainability whilst improving the health of the population. The actions being taken through transformation programmes to improve financial sustainability are integral to this approach.

The Board approved approach to the refreshed 22/23 IMTP financial plan is to focus on making previous investment decisions sustainable before new investments are committed to. The WG allocation funding 22/23 provided the Health Board with the opportunity to help address its historic underlying financial position and prioritise current challenges and commitments as part of the 2022/23 IMTP.

Health Board savings schemes for 2022/23 need to be implemented in full and on a recurrent basis both to manage future cost pressures and reduce the underlying deficit. This position is assumed at present but will require constant management and implementation of new schemes to mitigate new cost pressures and manage risks as they arise. The underlying position will be reviewed as part of the mid-year review.

### **Savings delivery**

As part of the IMTP submitted by the Board to Welsh Government (March 2022), the financial plan for 2022/23 identifies a core savings requirement of £26.2m and cost mitigation of £19m. As at Month 5 forecast savings achievement in 22/23 is £26.2m however this includes an extreme level of on-going risk to ensure full delivery of savings and cost avoidance from opportunities identified.

The ABUHB preferred approach to financial balance is to improve efficiency and sustainability through the agreed IMTP priority programmes. Current operational and service pressures are continuing to drive additional expenditure above IMTP planned levels and are affecting the level of savings achievement required.

Actual savings delivered to August amounted to £2.31m, now compared with month 5 planned delivery of £5.7m. The profile of savings has been amended to reflect current service challenges with delivery profile expected to be achieved significantly increased in later months.

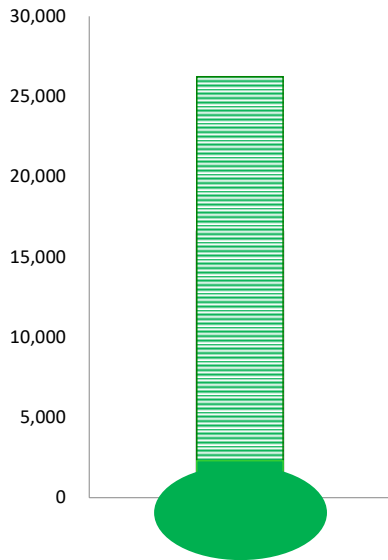


☐ ABUHB Savings required to be Identified Per AOF Submission

### IMTP Savings Identified to WG

## ☐ Savings Plans Forecast Delivering

### ■ Savings Achieved to M05



### Month 5 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
Medicines Management (Primary and Secondary Care)	3,162	0	3,162	3,332
Pay	9,821	329	9,492	9,795
Non Pay	13,255	8,187	5,068	4,976
<b>Total</b>	<b>26,238</b>	<b>8,516</b>	<b>17,722</b>	<b>18,102</b>

Further scheme detail is provided in the appendices

Forecast savings by Division and RAG rating are shown below:-

		Forecast Savings													
Category	IMTP & Green/Amber (as at Month 3)	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total	
Complex Care	IMTP													0	
	Green													0	
	Amber	-	-	-	-	-	-	-	-	-	83	83	84	250	
Medicine	IMTP	42	42	42	251	251	251	251	251	251	251	251	251	2,388	
	Green	8	12	18	15	13	12	12	12	14	14	14	14	158	
	Amber	-	-	-	-	-	-	-	-	-	276	276	281	833	
Urgent Care	IMTP	-	-	-	102	102	102	102	102	102	102	102	102	915	
	Green	6	8	10	24	24	24	24	24	24	24	8	5	202	
	Amber	-	-	-	-	-	-	129	129	129	129	129	129	774	
Scheduled Care	IMTP	48	175	175	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	12,144	
	Green	166	192	122	131	131	131	132	132	132	132	132	132	1,662	
	Amber	-	-	-	0	-	-	543	543	543	3,158	3,158	3,143	11,088	
Primary Care and Community	IMTP	54	54	54	54	54	54	54	54	54	54	54	54	646	
	Green	219	150	192	202	233	242	247	255	257	256	266	274	2,795	
	Amber													0	
Mental Health and Learning Disabilities	IMTP	32	32	32	32	32	32	32	32	32	32	32	32	378	
	Green	-	-				54	54	54	54	54	54	54	378	
	Amber													0	
Family & Therapies	IMTP	25	25	25	125	125	125	125	125	125	125	125	125	1,202	
	Green	25	25	25	53	25	25	25	25	25	44	44	43	383	
	Amber	-	-	-	-	-	-	-	-	-	217	217	218	652	
Estates and Facilities	IMTP	29	29	29	84	84	84	101	101	101	101	101	101	947	
	Green	29	29	29	55	55	55	55	55	55	55	55	55	579	
	Amber	-	-	-	-	-	-	17	17	17	106	106	107	368	
Corporate	IMTP	18	18	18	245	245	245	888	888	888	888	888	888	6,118	
	Green	18	18	18	18	18	18	18	18	18	18	18	18	214	
	Amber	-	-	-	-	-	-	-	-	1,426	1,493	1,493	1,491	5,903	
Commissioning	IMTP				167	167	167	167	167	167	167	167	167	1,500	
	Green													0	
	Amber													0	
Total	IMTP	247	374	374	2,365	2,365	2,365	3,025	3,025	3,025	3,025	3,025	3,025	26,238	
	Green	471	434	414	497	498	560	566	573	578	595	590	594	6,370	
	Amber	-	-	-	0	-	-	689	689	2,115	5,462	5,462	5,453	19,868	

Green schemes are assumed to be fully deliverable. Amber schemes require either progression or equivalent alternative plans as soon as possible to mitigate this risk. The schemes remain amber, despite the WG requirement to classify schemes as green (deliverable) or red (not achievable) by the end of quarter 1 (M3).

Savings by WG monitoring return (MMR) and general category are shown as per the table below:-

Category	Category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,148		2,148
	Scheduled Care rationalisation	70		70
	Scheduled Care Lenaliomide	944		944
Pay	Variable pay - sickness / overseas & medical agency	2,716	-	2,716
	CHC - agency mitigation	-	250	250
	MSK	83	-	83
	All others	177	6,595	6,772
Non-pay	Corporate / CHC review		3,657	3,657
	NR opps		2,047	2,047
	Facilities related	232	368	600
	Theatres		4,368	4,368
	Other non-pay / schemes		2,583	2,583
Total		6,370	19,868	26,238

Savings classified as amber were required to be re-classified as green or red at month 3 reporting, the impact of not finalising plans to achieve these savings will put financial balance at risk. To achieve a balanced core financial plan, the Health Board needs to ensure that savings plans are achieved in line with IMTP. In addition, further cost avoidance plans are required to ensure that any other financial pressures are mitigated. The IMTP narrative notes potential risks that require mitigation either through additional savings plans or other solutions. These risks are emerging and are causing challenges to forecast financial balance.

Savings schemes straddle transformational, transactional, and operational plans. Aligned to progressing the savings and mitigating actions a value focussed pathway approach is being employed. The Health Board has agreed ten priority areas for focussed support using a programme management approach with MDT support through an Executive lead, value, performance, workforce, service, planning and finance representation. These now need to be accelerated.

In addition, further programmes have been added given the difficulty in obtaining 'traction' to progress these opportunities. Variable Pay, CHC, Procurement/Non-pay and Medicines Management programmes will need to drive savings delivery during 2022/23.

An organisational re-assessment of priorities and forecast service demand will be undertaken and considered by the Executive Team and the Board before finalising the re-profiled plan which will include these savings plans.

Furthermore, the Health Board will continue to identify and implement transactional and operational savings including the reduction in agency spend, to leverage the benefits of digital investment and will fully utilise the ABUHB opportunities compendium and other sources where appropriate.

The Health Board will continue to pursue all available operational and transactional savings however this alone will no longer achieve the savings target.

To deliver greater levels of savings and to achieve better use of resources, which improves health outcomes – and doesn't adversely impact on safety and quality – a greater focus is required on savings and efficiency improvement related to:

- Eliminating unwarranted clinical variation
- Transformational service change
- Reducing waste

It is important to note that a number of Divisions are pursuing savings plans internally to mitigate local cost and underlying pressures.

The Executive have implemented an internal financial recovery 'turnaround' approach to accelerate financial cost reduction for 2022/23, this is a standing item at Executive Team meetings and reports will be provided through the FPC and to the Board.

Emerging programmes include:-

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Workforce efficiency, reducing variable pay in particular HCSW agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,

- Review of current savings plans, current investments made and service options across Divisions,
- Corporate opportunities and Executive Director options, and
- Other actions to improve the financial position e.g. review of income/allocations

## Forecast

The Health Board is required to submit a forecast position to the WG on the fifth working day of each month, for month 5 the forecast was pending subject to Executive and Board confirmation. The reported WG MMR forecast is reported as break-even but **with extremely significant risk.**

Given the extremely significant risk to forecast break-even the CEO has commenced focussed sessions of the Executive team to review income opportunities and cost reduction opportunities and likely delivery levels for 22/23. This will provide the basis for consideration with the Board of an updated service, workforce and financial plan and forecast for 2022/23. Further mitigating actions are being developed by the Executive for Board consideration.

The Board meeting on the 28<sup>th</sup> July discussed, reviewed and noted the current financial forecast alongside the significant level of risk the HB needs to manage and mitigate to achieve break-even. Opportunities were shared for consideration and action.

The Chief Executive requested that all budget-holders identify further cost reduction and savings opportunities during August as part of this focus on financial recovery.

Welsh Government and Finance Delivery Unit met with ABUHB to undertake a deep dive in early August and have asked for further analysis and a further meeting following month 5 reporting.

**Without changes being agreed and actioned, at pace, the Health Board will not be able to sustain and justify continuing to report a break-even position.**

## 2022/23 IMTP revenue plan profile

The in month variance profile as submitted as part of the IMTP (@ M1) for 2022/23 is presented below:

£m Deficit (Surplus)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year End Position
Forecast Monthly Position	1.67	1.27	1.01	- 0.39	- 0.39	- 0.39	- 0.45	- 0.45	- 0.45	- 0.45	- 0.45	- 0.52	0.00

This profile has now been updated for month five to reflect slippage in savings and cost reduction delivery profiles, however, this assumes the savings are still achievable, and is now shown as follows in the table below:-

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	1.67	3.21	3.48	5.97	3.10	2.69	0.20	0.01	(1.23)	(5.36)	(5.66)	(8.07)	0

## Risks & Opportunities (2022/23)

There are serious, immediate and significant risks to managing the 2022/23 financial position, which include:

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial risks identified outside of the IMTP,
- Quarter 2-4 additional Covid cost pressures (c.£8m),

- Workforce absence / self-isolation / vacancies, availability of staff for priority areas,
- Responding to any specific Covid-19 impacts e.g., new variants, outbreaks,
- Continued or increased delayed discharges of care / medically fit patients in hospital beds including delays in social services and packages of care, (c.£16m of which £8m relates to social care reasons),
- Unconfirmed levels of funding for exceptional cost pressures and the local covid responses, that the Health Board is currently assuming (c.£105m),
- Testing expenditure forecast above anticipated funding level (c.£1.5m),
- Additional operational pressures including increased managed practice, prescribing and nurse vacancy cover,
- Funding for any wage award or change in terms and conditions,
- Responding to the ongoing impact of Covid-19 and associated preventative and Public Health services,
- Addressing backlogs in waiting times for services, due to the Covid-19 pandemic,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues, Monkey pox, and non-pay inflation including travel expense costs,
- Maximising the opportunity to change services resulting in improved health outcomes for the population,
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales will go live in April 2022. The Board assumes that any revenue or capital resource implications of implementation will be managed by Welsh Government, with no financial impact to Health Boards or Trusts across Wales,
- Additional costs of new trainee doctor and dentist contract,
- Additional Welsh Risk Pool and/or Litigation costs,
- Additional Bank Holiday costs,
- Cash availability, and
- Any potential industrial action in 2022/23.

The table below presents the risks reported to Welsh Government for month 5:

Risk narrative	Likelihood	£'000
Under delivery of Amber Schemes included in Outturn via Tracker	High	19,869
Operational pressures requiring mitigation actions	High	19,000
Additional Covid costs q2 -q4 not assumed in covid response	High	8,000
Funding for exceptional cost pressures	High	40,705
Funding for local Covid response	High	45,180
Funding for National Covid response	Low	16,656
Testing forecast above anticipated funding level	High	1,560
<b>Total</b>		<b>150,970</b>

**Managing the financial risk is dependent on developing service and workforce plans that are sustainable during 2022/23 and in the future.** These operational assumptions will be reviewed to inform revised forecasts for 2022/23.

## Capital

The approved Capital Resource Limit (CRL) as at Month 5 totals £48.662m. In addition, grants totalling £32k have been received in month to fund works and R&D equipment requirements. The current forecast outturn is breakeven.



The GUH works to the Same Day Emergency Care Unit, Resus, and CAEU have all completed during August. All Laing O'Rourke works are now complete, and the final account is being agreed. Tenders for the Well-being works to Grange House have been received. The works are slightly delayed due to bat requirements (estimated completion April 2023). The additional works costs are being offset by the final VAT recovery claim (£3.5m) due in the last quarter of 2022/23 which is the reason for the credit budget allocation of (£394k). The Health Board's VAT advisors are currently working with HMRC and the external cost advisors to expedite the VAT recovery claim and mitigate the risk that an agreement is not reached in the current financial year.

A Chairs Action totalling £778k has been approved for the YYF Breast Centralisation Unit. This allows the renegotiated contract to be signed and works to recommence on site during October. Whilst the £778k is currently being underwritten by the Health Board (2023/24 DCP impact), an application for further AWCP funding has been submitted to Welsh Government for approval.

The works at Tredegar H&WBC are continuing. The handover of the building is now expected to be delayed to May 2023 due to the supplier cancellation of the brick order for the façade. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £750k), EV charging points (not a requirement at Design Stage), culvert diversion, Heart building stabilisation, brick supply cancellation and inflation. Any potential overspend is expected to impact in 2023/24.

The Newport East Health and Well-being Centre works have commenced. The old Multi Use Games Area has been removed and the replacement is being prepared. Groundworks are underway for the car park and surrounding area. The RGH Endoscopy scheme works commenced on site on 15th August 2022.

The FBC for the NHH Satellite Radiotherapy Centre has concluded and has been submitted to WG for approval. The Outline Business Case for the Mental Health SISU is on-going and expected to be submitted to Board for approval in November 2022.

The National Imaging Programme funding has been reduced by £491k to £4.195m because of savings generated on equipment purchases and works costs. The spend in the current year includes the replacement of two CT Scanners (NHH / RGH), the installation of three general rooms and the recently approved replacement of seven ultrasound machines.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £6.589m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- RGH Endoscopy fees reimbursement - £207k
- Grant funding received (Sparkle and R&D) - £32k
- Less All Wales Capital Programme scheme brokerage & overspends – (£1.877m)

The unallocated contingency budget as at the end of August is £531k.

Correspondence has been received from Welsh Government to confirm an additional £10m across Wales to increase DCP allocations for 2023/24. The estimated ABUHB DCP funding for 2023/24 will be £9.521m (compared to £10.814m 21/22, £8.227m 22/23).

## **Cash**

The cash balance at the 31<sup>st</sup> August is £4.097m, which is below the advisory figure set by Welsh Government of £6m.

## **Public Sector Payment Policy (PSPP)**

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in August and there has been an improvement in the cumulative target from the previous month. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

## Recommendation

### The Board is asked to note:

- The financial performance at the end of August 2022 and forecast position – against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The 2022/23 forecast,
- The significant level of risk to the financial position,
- The revenue reserve position on the 31<sup>st</sup> of August 2022,
- The Health Board's underlying financial position, and
- The Capital position.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
<b>Financial Assessment, including Value for Money</b>	This paper provides details of the year to date and forecast financial position of the Health Board for the 2022/23 financial year.
<b>Quality, Safety and Patient Experience Assessment</b>	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	The Assessment forms part of the IMTP service plan.
<b>Health and Care Standards</b>	This paper links to Standard for Health services One – Governance and Assurance.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<p><b>Long Term</b> – Long-term financial linked to IMTP completion</p> <p><b>Integration</b> – Regional partnership and integration with other NHS Wales organisations</p> <p><b>Involvement</b> – use of environmental fund and specific investment as well as on-going links with services for engagement</p> <p><b>Collaboration</b> – collaboration with external partners</p> <p><b>Prevention</b> – long-term strategy to provide investment and savings through preventative measures across the UHB.</p> <p>The Health Board Financial Plan has been developed based on the approved IMTP, which includes an assessment of how the plan complies with the Act.</p>

<b>Glossary of New Terms</b>	See Below
<b>Public Interest</b>	Circulated to board members and available as a public document.

## Glossary

<b>A</b>		
A&C – Administration & Clerical	A&E – Accident & Emergency	A4C - Agenda for Change
AME – (WG) Annually Managed Expenditure	AQF – Annual Quality Framework	AWCP – All Wales Capital Programme
AP – Accounts Payable	AOF – Annual Operating Framework	ATMP – Advanced Therapeutic Medicinal Products
<b>B</b>		
B/F – Brought Forward	BH – Bank Holiday	
<b>C</b>		
C&V – Cardiff and Vale	CAMHS – Child & Adolescent Mental Health Services	CCG – Clinical Commissioning Group
C/F – Carried Forward	CHC – Continuing Health Care	Commissioned Services – Services purchased external to ABUHB both within and outside Wales
COTE – Care of the Elderly	CRL – Capital Resource Limit	Category M – category of drugs
CEO – Chief Executive Officer	CEAU – Children’s Emergency Assessment Unit	
<b>D</b>		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
D2A – Discharge to Assess	DoLS – Deprivation of Liberty Safeguards	DoF – Director(s) of Finance
<b>E</b>		
EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System	eLGH – Enhanced Local general Hospital
ENT – Ear, Nose and Throat specialty	EoY – End of Year	ETTF – Enabling Through Technology Fund
<b>F</b>		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care
<b>G</b>		

GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital	GIRFT – Getting it Right First Time	
<b>H</b>		
HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus
HSDU – Hospital Sterilisation and Disinfection Unit	H&WBC – Health and Well-Being Centre	
<b>I</b>	IMTP – Integrated Medium Term Plan	INNU – Interventions not normally undertaken
IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure	ICF – Integrated Care Fund
<b>L</b>		
LoS – Length of Stay	LTA – Long Term Agreement	LD – Learning Disabilities
<b>M</b>		
MH – Mental Health	MSK - Musculoskeletal	Med – Medicine (Division)
MCA – Mental Capacity Act	MDT – Multi-disciplinary Team	
<b>N</b>		
NCN – Neighbourhood Care Network	NCSO – No Cheaper Stock Obtainable	NICE – National Institute for Clinical Excellence
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
<b>O</b>		
ODTC – Optometric Diagnostic and Treatment Centre	OD – Organisation Development	
<b>P</b>		
PAR – Prescribing Audit Report	PCN – Primary Care Networks (Primary Care Division)	PER – Prescribing Incentive Scheme
PICU – Psychiatric Intensive Care Unit	PrEP – Pre-exposure prophylaxis	PSNC –Pharmaceutical Services Negotiating Committee
PSPP – Public Sector Payment Policy	PCR – Patient Charges Revenue	PPE – Personal Protective Equipment
PFI – Private Finance Initiative		
<b>R</b>		

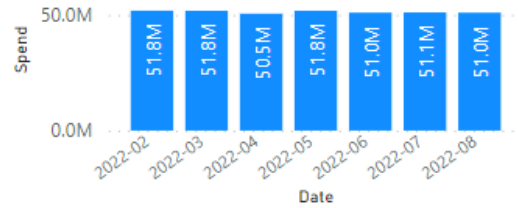
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment	RPB – Regional Partnership Board	RIF – Regional Integration Fund
<b>S</b>		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	
<b>T</b>		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	TAG – Technical Accounting Group
<b>U</b>		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	UC – Urgent Care (Division)
ULP – Underlying Financial Position		
<b>V</b>		
VCCC – Velindre Cancer Care Centre	VERS – Voluntary Early Release Scheme	
<b>W</b>		
WET AMD – Wet age-related macular degeneration	WG – Welsh Government	WHC – Welsh Health Circular
WHSSC – Welsh Health Specialised Services Committee	WLI – Waiting List Initiative	WLIMS – Welsh Laboratory Information Management System
WRP – Welsh Risk Pool		
<b>Y</b>		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	YYF – Ysbyty Ystrad Fawr

<b>Aneurin Bevan University Health Board</b>
<b>Finance Report – August (Month 5) 2022/23</b>
<b>Appendices</b>

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## Pay Summary (1) (subject to change excluding annual leave and Pension employer costs):

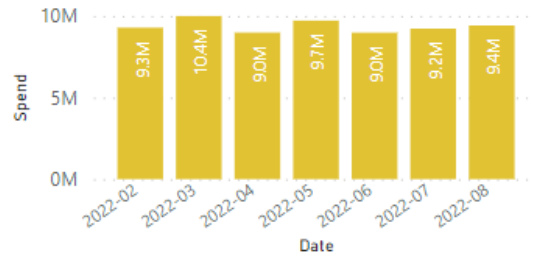
Substantive pay (£'M)



Substantive (£'000)

Pay category	22-P11	22-P12	23-P01	23-P02	23-P03	23-P04	23-P05	Change	%	Avg 21/22
ADD PROF SCIENTIFIC AND TECHNICAL	2,497	2,267	1,916	1,939	1,909	1,896	1,889	-7	-0.4%	2,219
ADDITIONAL CLINICAL SERVICES	6,595	6,486	6,352	6,693	6,504	6,561	6,519	-43	-0.6%	6,550
ADMINISTRATIVE & CLERICAL	8,747	8,597	8,593	8,655	8,710	8,562	8,792	229	2.7%	8,262
ALLIED HEALTH PROFESSIONALS	3,350	3,311	3,558	3,630	3,542	3,550	3,538	-13	-0.4%	3,249
ESTATES AND ANCILLIARY	2,631	2,758	2,529	2,704	2,520	2,594	2,578	-16	-0.6%	2,611
HEALTHCARE SCIENTISTS	961	1,011	977	1,000	996	989	975	-14	-1.5%	996
MEDICAL AND DENTAL	11,879	12,910	12,059	12,146	12,087	12,287	12,175	-112	-0.9%	11,744
NURSING AND MIDWIFERY REGISTERED	15,143	14,426	14,523	15,008	14,695	14,614	14,492	-122	-0.8%	15,021
STUDENTS	3	6	6	6	9	9	10	1	13.4%	3
<b>Total</b>	<b>51,805</b>	<b>51,771</b>	<b>50,512</b>	<b>51,781</b>	<b>50,972</b>	<b>51,064</b>	<b>50,967</b>	<b>-97</b>	<b>-0.2%</b>	<b>50,655</b>

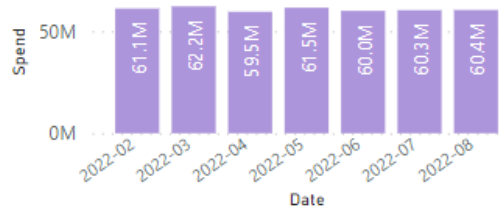
Variable pay (£'M)



Variable pay (£'000)

Pay category	22-P11	22-P12	23-P01	23-P02	23-P03	23-P04	23-P05	Change	%	Avg 21/22
Agency	5,395	5,958	5,301	5,968	5,384	5,538	5,430	-108	-1.9%	4,774
Bank	3,667	4,203	3,458	3,512	3,304	3,460	3,757	298	8.6%	2,812
Locum	227	229	226	238	294	228	232	5	2.0%	152
<b>Total</b>	<b>9,289</b>	<b>10,389</b>	<b>8,986</b>	<b>9,718</b>	<b>8,982</b>	<b>9,226</b>	<b>9,420</b>	<b>194</b>	<b>2.1%</b>	<b>7,738</b>

Total Pay (£'M)

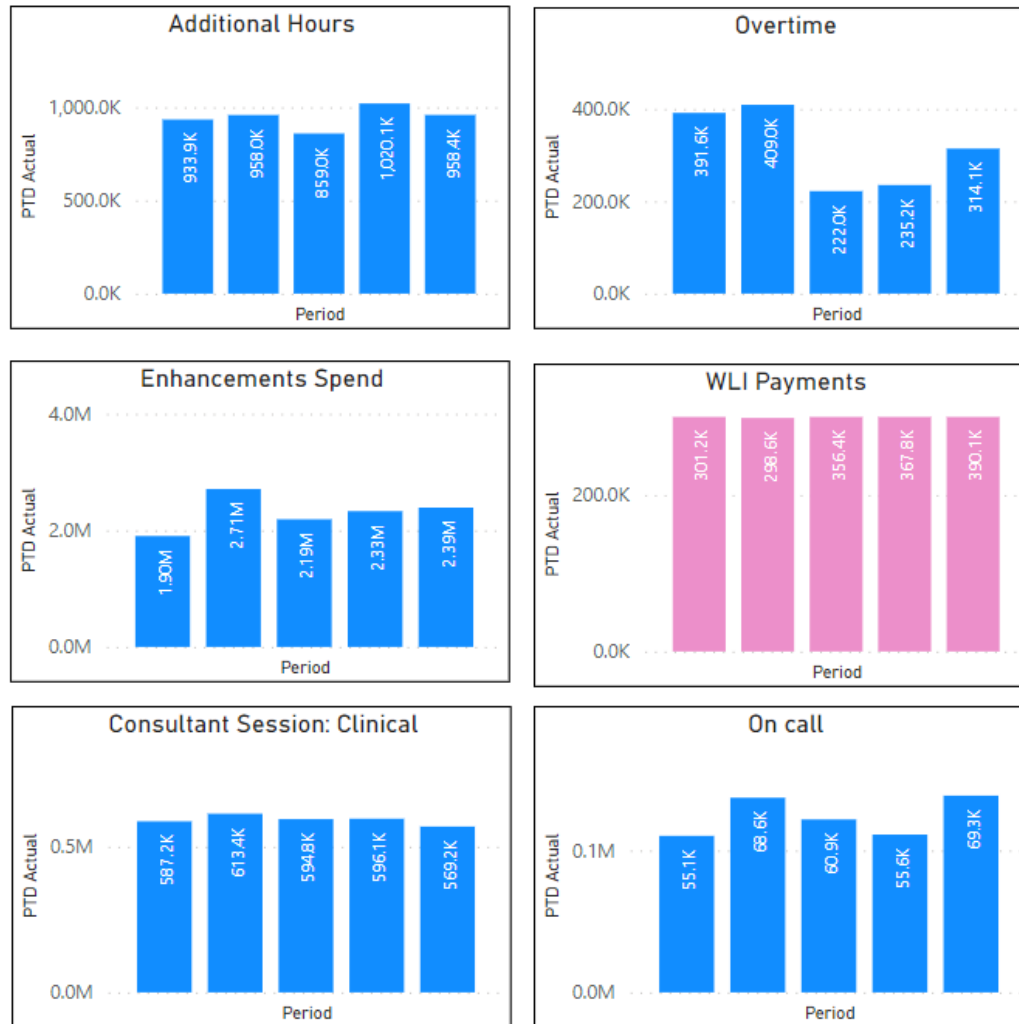


Total pay (£'000)

Pay category	22-P11	22-P12	23-P01	23-P02	23-P03	23-P04	23-P05	Change	%	Avg 21/22
Pay	61,093	62,160	59,498	61,499	59,955	60,289	60,387	98	0.2%	58,392



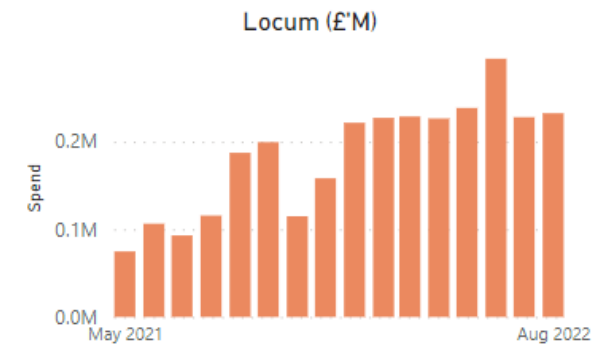
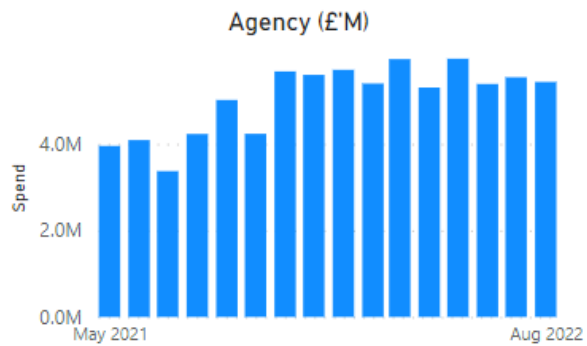
## Pay Summary (2): Substantive Pay



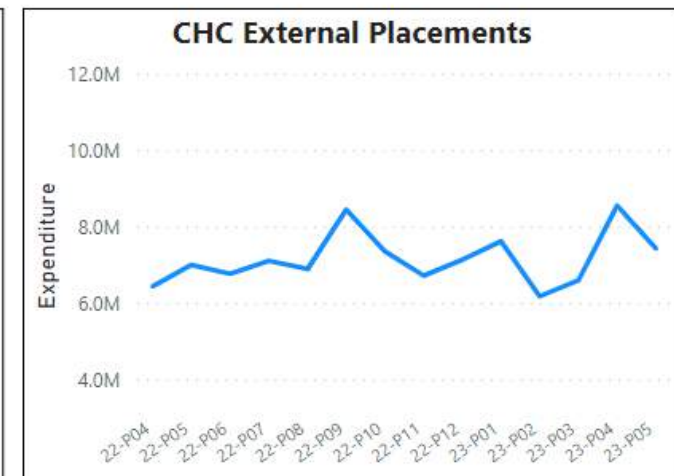
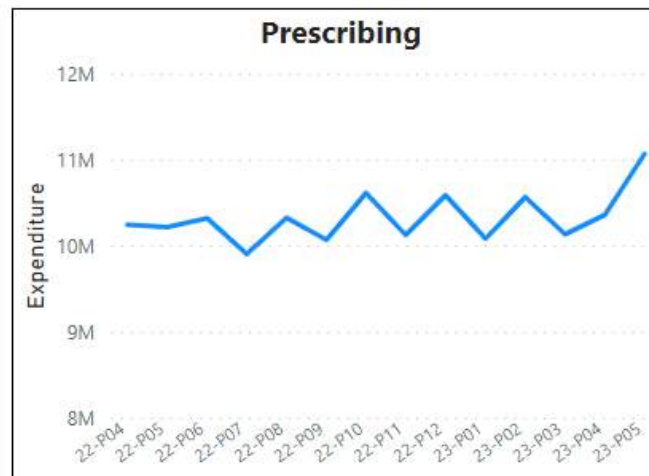
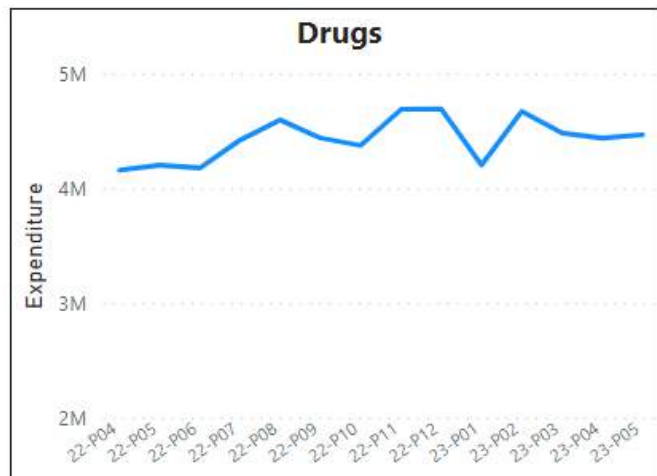
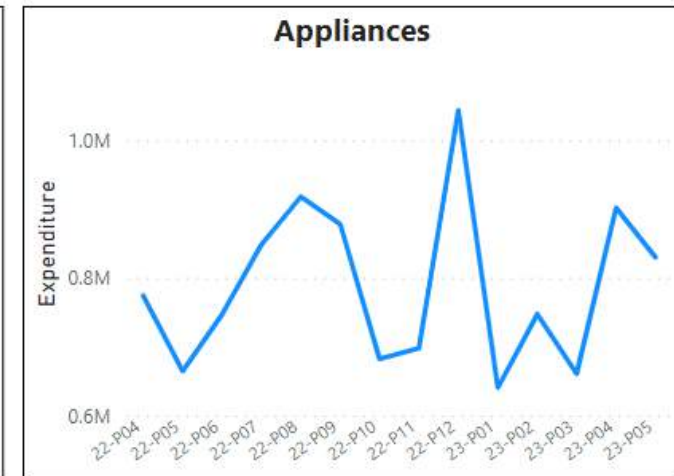
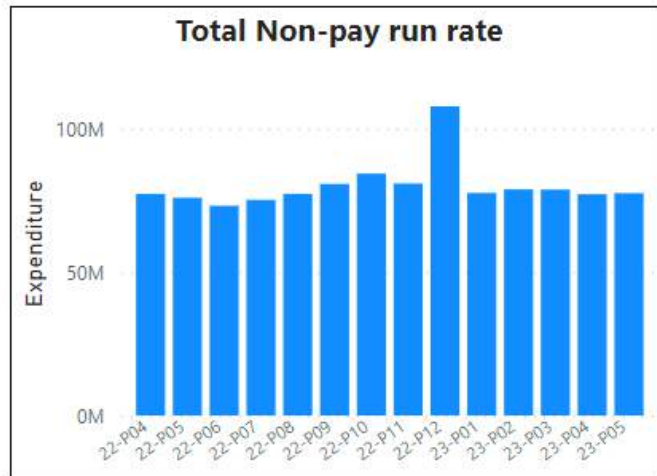
Analysis type by Division						
Analysis type	23-P01	23-P02	23-P03	23-P04	23-P05	Total
<b>Enhancements</b>						
Scheduled Care	373	525	425	449	482	2,253
Medicine	294	415	339	349	362	1,759
Estates and Facilities	284	396	303	331	334	1,647
Primary Care & Community	244	360	302	335	306	1,547
Family & Therapies	247	338	278	291	305	1,458
Mental Health	156	242	195	205	210	1,008
Urgent Care	152	213	171	189	201	926
CHC/FNC	82	117	94	99	109	500
Corporate	72	103	82	83	82	423
<b>Total</b>	<b>1,903</b>	<b>2,709</b>	<b>2,189</b>	<b>2,329</b>	<b>2,390</b>	<b>11,521</b>
<b>ADDITIONAL HOURS</b>						
Scheduled Care	306	351	422	357	419	1,854
Medicine	294	273	180	307	210	1,263
Urgent Care	216	256	195	218	221	1,107
Family & Therapies	121	51	38	117	63	390
Primary Care & Community	3	15	14	7	10	50
Mental Health	8	11	7	5	17	47
Corporate	-14	2	3	9	18	19
<b>Total</b>	<b>934</b>	<b>958</b>	<b>859</b>	<b>1,020</b>	<b>958</b>	<b>4,729</b>
<b>CONSULTANTS SESSION: CLINICAL</b>	<b>587</b>	<b>613</b>	<b>595</b>	<b>596</b>	<b>569</b>	<b>2,961</b>
<b>WAITING LIST PAYMENTS: CONSULTANTS</b>	<b>301</b>	<b>299</b>	<b>356</b>	<b>368</b>	<b>390</b>	<b>1,714</b>
<b>Overtime</b>	<b>392</b>	<b>409</b>	<b>222</b>	<b>235</b>	<b>314</b>	<b>1,572</b>
<b>ON CALL</b>	<b>55</b>	<b>69</b>	<b>61</b>	<b>56</b>	<b>69</b>	<b>309</b>
<b>Total</b>	<b>4,172</b>	<b>5,056</b>	<b>4,283</b>	<b>4,604</b>	<b>4,691</b>	<b>22,806</b>

### Pay Summary (3): Variable Pay

Pay category	22-P02	22-P03	22-P04	22-P05	22-P06	22-P07	22-P08	22-P09	22-P10	22-P11	22-P12	23-P01	23-P02	23-P03	23-P04	23-P05	Change	%
<b>Agency</b>																		
Admin & Clerical Agency	227	222	128	208	82	182	115	191	243	237	412	148	179	164	204	126	-77	-37.9%
Allied Health Prof Agency	3	-31	76	91	124	88	104	172	144	155	213	108	136	169	155	97	-58	-37.4%
Estates & Ancilliary Agency	726	643	483	465	717	422	428	807	474	44	544	413	622	677	663	669	6	0.9%
Medical Agency	1,043	1,027	531	1,272	1,238	1,318	1,920	1,704	1,278	1,688	1,693	1,448	1,602	927	1,439	1,265	-174	-12.1%
Nurse HCA/HCSW Agency	261	358	611	590	756	729	880	67	917	951	1,020	1,101	1,086	1,185	1,122	1,080	-42	-3.7%
Other Agency	114	110	71	59	92	103	128	114	180	170	390	-1	61	87	88	146	57	65.0%
Registered Nurse Agency	1,579	1,759	1,469	1,544	2,006	1,390	2,100	2,540	2,475	2,148	1,687	2,084	2,282	2,175	1,867	2,048	180	9.7%
<b>Total</b>	<b>3,953</b>	<b>4,088</b>	<b>3,369</b>	<b>4,228</b>	<b>5,015</b>	<b>4,232</b>	<b>5,674</b>	<b>5,594</b>	<b>5,711</b>	<b>5,395</b>	<b>5,958</b>	<b>5,301</b>	<b>5,968</b>	<b>5,384</b>	<b>5,538</b>	<b>5,430</b>	<b>-108</b>	<b>-1.9%</b>
<b>Bank</b>																		
Admin & Clerical Bank	97	132	129	120	111	134	111	108	131	102	117	104	111	102	101	105	4	4.3%
Estates & Ancilliary Bank	80	89	119	142	145	154	146	148	153	142	173	159	168	172	181	192	10	5.7%
Nurse HCA/HCSW Bank	1,013	812	1,005	1,079	1,102	1,185	1,114	1,193	1,217	1,397	1,427	1,276	1,313	1,140	1,243	1,408	165	13.3%
Other Bank	1	0	-2	2	-1	0	0	0	0	0	0	0	0	0	0	0	0	-1468.6%
Registered Nurse Bank	1,046	903	1,044	1,043	1,144	1,355	1,616	1,706	1,858	2,026	2,486	1,919	1,920	1,889	1,934	2,052	117	6.1%
<b>Total</b>	<b>2,238</b>	<b>1,936</b>	<b>2,295</b>	<b>2,386</b>	<b>2,500</b>	<b>2,828</b>	<b>2,987</b>	<b>3,155</b>	<b>3,359</b>	<b>3,667</b>	<b>4,203</b>	<b>3,458</b>	<b>3,512</b>	<b>3,304</b>	<b>3,460</b>	<b>3,757</b>	<b>298</b>	<b>8.6%</b>
<b>Locum</b>																		
Medical Locum	75	106	93	116	187	199	115	158	221	227	229	226	238	294	228	232	5	2.0%
<b>Total</b>	<b>75</b>	<b>106</b>	<b>93</b>	<b>116</b>	<b>187</b>	<b>199</b>	<b>115</b>	<b>158</b>	<b>221</b>	<b>227</b>	<b>229</b>	<b>226</b>	<b>238</b>	<b>294</b>	<b>228</b>	<b>232</b>	<b>5</b>	<b>2.0%</b>
<b>Total</b>	<b>6,265</b>	<b>6,130</b>	<b>5,757</b>	<b>6,729</b>	<b>7,702</b>	<b>7,259</b>	<b>8,775</b>	<b>8,907</b>	<b>9,292</b>	<b>9,289</b>	<b>10,389</b>	<b>8,986</b>	<b>9,718</b>	<b>8,982</b>	<b>9,226</b>	<b>9,420</b>	<b>194</b>	<b>2.1%</b>



## Non-Pay Summary:



## Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for August '22 was 1,986.

Planned Treatments					
Treatment	Core	Backfill	WLI	Other	Total
Derm	163	0	25	56	244
ENT	138	0	38	0	176
GS	259	82	4	0	345
Max Fax	166	6	12	0	184
Ophth	211	24	6	0	241
Rheum	0	0	0	0	0
T&O	325	73	72	0	470
Urology	473	18	0	0	491
	1,735	203	157	56	2,151

Actual Treatments					
Treatment	Core	Backfill	WLI	Other	Total
Derm	182	19	0	0	201
ENT	69	4	0	0	73
GS	253	112	0	0	365
Max Fax	223	0	0	0	223
Ophth	271	10	6	0	287
Rheum	0	0	0	0	0
T&O	370	86	47	0	503
Urology	305	25	4	0	334
	1,673	256	57	0	1,986

Treatment Variance					
Treatment	Core	Backfill	WLI	Other	Total
Derm	19	19	(25)	(56)	(43)
ENT	(69)	4	(38)	0	(103)
GS	(6)	30	(4)	0	20
Max Fax	57	(6)	(12)	0	39
Ophth	60	(14)	0	0	46
Rheum	0	0	0	0	0
T&O	45	13	(25)	0	33
Urology	(168)	7	4	0	(157)
	(62)	53	(100)	(56)	(165)

- Outpatient activity for August '22 was 7,259.

Planned Outpatients					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,411	0	36	0	1,447
ENT	471	0	80	0	551
GS	1,092	3	10	0	1,105
Max Fax	271	0	10	0	281
Ophth	703	0	100	0	803
Rheum	159	0	0	0	159
T&O	709	0	100	0	809
Urology	452	0	30	0	482
	5,268	3	366	0	5,637

Actual Outpatients					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,862	0	0	0	1,862
ENT	363	0	0	0	363
GS	1,825	64	61	0	1,950
Max Fax	251	0	0	0	251
Ophth	964	92	44	0	1,100
Rheum	330	0	0	0	330
T&O	722	0	286	0	1,008
Urology	384	0	11	0	395
	6,701	156	402	0	7,259

Outpatient Variance					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	451	0	(36)	0	415
ENT	(108)	0	(80)	0	(188)
GS	733	61	51	0	845
Max Fax	(20)	0	(10)	0	(30)
Ophth	261	92	(56)	0	297
Rheum	171	0	0	0	171
T&O	13	0	186	0	199
Urology	(68)	0	(19)	0	(87)
	1,433	153	36	0	1,622

- Medicine Outpatients activity for August '22 was 1,311:

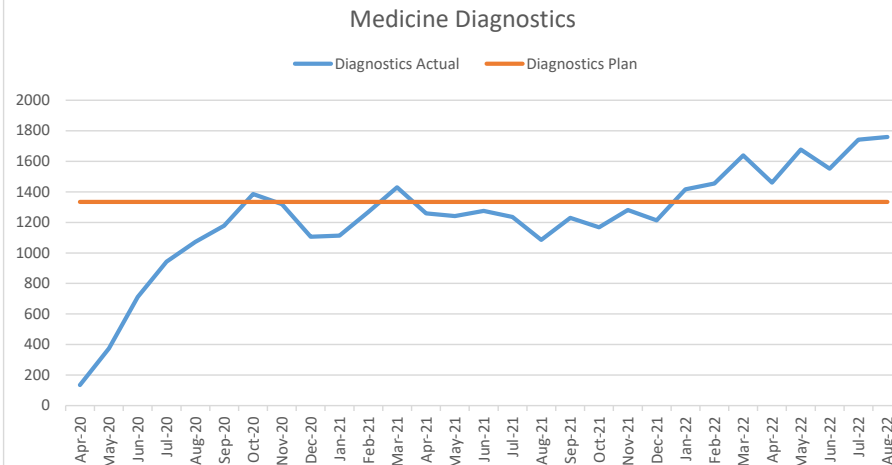
Updated demand and capacity figures are being completed and therefore revised graphs will be provided for future months.

#### Aug-22

	Previous assumed monthly activity	Actual activity	Variance
Gastroenterology	510	201	-309
Cardiology	553	272	-281
Respiratory (inc Sleep)	606	281	-325
Neurology	259	243	-16
Endocrinology	242	173	-69
Geriatric Medicine	231	141	-90
<b>Total</b>	<b>2401</b>	<b>1311</b>	<b>-1090</b>

<u>Outpatients</u>	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Gastroenterology	198	235	194	245	201
Cardiology	140	385	311	333	272
Respiratory (inc Sleep)	232	355	319	330	281
Neurology	193	193	244	318	243
Endocrinology	121	171	133	176	173
Geriatric Medicine	151	185	171	120	141
<b>Total</b>	<b>1035</b>	<b>1524</b>	<b>1372</b>	<b>1522</b>	<b>1311</b>

- Medicine Diagnostics activity for August '22 was 1,759:



YTD August 22	Assumed monthly activity	Actual activity	Variance
Endoscopy	6670	8190	1520
<b>Total</b>	<b>6670</b>	<b>8190</b>	<b>1520</b>

## **Waiting List Initiatives:**

Medicine have spent £87k in August 22:

- Gastroenterology (£58k): the number of endoscopy lists undertaken was 83 (92 in July). Patients seen in August 2022 was 501 (656 in July)
- Cardiology (£16k): for 7 clinic sessions including virtual, telephone, Tilt, and Echo (25 in July) seeing 103 patients (303 in July), plus 14 Cath lab sessions treating 42 patients (15 sessions and 39 patients in July).
- Diabetes (£13k): for 15 clinic sessions including telephone, face to face, virtual and audit (2 in July seeing 16 patients) seeing 97 patients.

Scheduled Care Division have spent £280k in August:

- Radiology (£129k)
- Pathology (£11k)
- Trauma & Orthopaedics (£75k)
- Anaesthetics (£20k)
- General Surgery (£12k)
- Urology (£22k)
- Dermatology (£5k)
- Oral Surgery (£2k), PAC/ISU (£3k), ENT (£3k)

Mental Health Division have spent £20k in August within Older Adult Mental Health Services. Family & Therapies spent £2k in Gynaecology.

## Covid-19 and Exceptional items Funding Assumptions

The Health Board has anticipated WG funding for Covid-19 as listed below;

Type	Covid-19 Specific allocations - August 2022	£'000
HCHS	Tracing	2,867
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	1,548
HCHS	PPE	695
HCHS	Mass COVID-19 Vaccination	1,331
GMS	Mass COVID-19 Vaccination	185
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Nosocomial investigation and learning	753
	<b>Total Confirmed Covid-19 Allocations</b>	<b>11,204</b>
HCHS	Testing (inc Community Testing)	2,522
HCHS	Tracing	3,133
HCHS	Mass COVID-19 Vaccination	7,484
HCHS	PPE	2,630
HCHS	Cleaning standards	2,491
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,749
HCHS	A3. Other capacity & facilities costs	7,061
HCHS	B1. Prescribing charges directly related to COVID symptoms	50
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,609
HCHS	D1. Discharge Support	8,309
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	1,911
	<b>Total Anticipated Covid-19 Allocations</b>	<b>61,836</b>
	<b>Total Covid-19 Allocations</b>	<b>73,041</b>

Type	Exceptional items allocations - August 2022	£'000
HCHS	Energy prices increase	33,945
HCHS	Employers NI increase	4,606
HCHS	Real living wage	2,154
	<b>Total Exceptional items allocations (anticipated)</b>	<b>40,705</b>

## Covid-19 Funding & Delegation

The UHB has assumed Covid funding totalling £73m. £11.2m of this has been confirmed with the remaining £61.8m anticipated. The UHB has anticipated funding of £40.7m for exceptional items listed in the WG letter dated 14<sup>th</sup> March.

Only funding for specific Covid-19 Programmes has been delegated at this stage with some schemes having funding for Q1 delegated only.

It should be noted that a review of local Covid schemes continues to be undertaken to ensure assumptions link with WG guidance. Costs decreased in month 5 (c.£0.6m) linked Covid prescribing and estates/facilities costs.

## Savings – list of schemes tracker

Division	Savings Scheme Number	Scheme / Opportunity	Recurrent / Non Recurrent	Current Year Annual Plan £'000	Plan FYE £'000	Current Year Forecast	Scheme RAG rating
Commissioning	COMM01	GUH OOA cost reduction	R	1,500	1,500	0	Amber
Complex Care	CHC01	Reduction of RN Agency (RJ)	R	250	250	250	Amber
Corporate	CORP01	Workforce and OD	NR	3,657	0	3,657	Amber
Corporate	CORP02	Workforce variable pay	R	214	214	214	Green
Corporate	CORP03	R&D savings	R	200	200	200	Amber
Corporate	CORP04	Non-recurrent opportunities	NR	2,047	0	2,047	Amber
Estates and Facilities	EF01	Minor works	NR	138	0	138	Green
Estates and Facilities	EF02	Agency (non-contract)	NR	268	0	268	Amber
Estates and Facilities	EF03	Park Square car park	NR	94	0	94	Green
Estates and Facilities	EF04	Agile working related opportunities	NR	100	0	100	Amber
Estates and Facilities	EF05	Workforce variable pay	R	347	347	347	Green
Family & Therapies	FT01	Family & Therapies non-pay	NR	652	0	652	Amber
Family & Therapies	FT02	MSK	R	250	250	83	Green
Family & Therapies	FT03	Workforce variable pay	R	300	300	300	Green
Medicine	MED01	Medicine non-pay	NR	500	0	731	Amber
Medicine	MED02	Medical staffing roster	R	140	140	102	Amber
Medicine	MED03	LoS bed reduction - GUH plan	R	1,242	1,242	0	Amber
Medicine	MED04	Workforce variable pay	R	506	506	0	Amber
Medicine	MED05	Endoscopy Backfill Cost Reduction	R	100	120	100	Green
Medicine	MED06	Retinue Savings	NR	8	0	57	Green
Mental Health and Learning Disabilities	MH01	Workforce variable pay	R	378	378	378	Green
Primary Care and Community	PCC01	Workforce variable pay	R	646	646	646	Green
Primary Care and Community	PCC02	Prescribing support dieticians (Prescribing)	R	100	100	100	Green
Primary Care and Community	PCC03	Waste reduction scheme (Prescribing)	R	168	168	168	Green
Primary Care and Community	PCC04	Pharmacy led savings (Prescribing)	R	50	50	31	Green
Primary Care and Community	PCC05	Scriptswitch (acute) (Prescribing)	R	180	180	180	Green
Primary Care and Community	PCC06	Scriptswitch (repeat) (Prescribing)	R	390	390	390	Green
Primary Care and Community	PCC07	Darifenacin to Solifenacin switch	R	80	80	70	Green
Primary Care and Community	PCC08	Respiratory Inhaler Switches	R	349	349	209	Green
Primary Care and Community	PCC09	Rebate - total (Prescribing)	R	1,000	1,000	1,000	Green
Scheduled Care	SCH01	Anaesthetics-POCU temporary staffing	NR	180	0	180	Amber
Scheduled Care	SCH02	Scheduled Care non-pay	NR	500	0	500	Amber
Scheduled Care	SCH03	Vascular mitigation opportunity	R	1,150	1,150	1,137	Amber
Scheduled Care	SCH04	Theatres overall opportunity	R	3,949	3,949	3,949	Amber
Scheduled Care	SCH05	GUH Theatre establishment	R	419	419	419	Amber
Scheduled Care	SCH06	Eye Care / Cataracts	R	500	500	500	Amber
Scheduled Care	SCH07	Medical staffing roster	R	140	140	140	Amber
Scheduled Care	SCH08	Enhanced Care	R	1,400	1,400	1,005	Amber
Scheduled Care	SCH09	SACU / POCU	R	77	77	77	Green
Scheduled Care	SCH10	LoS bed reduction - Scheduled Care / Family	R	864	864	864	Amber
Scheduled Care	SCH11	Outpatient transformation (DNA & Follow-up)	R	2,394	2,394	2,394	Amber
Scheduled Care	SCH12	Workforce variable pay	R	571	571	571	Green
Scheduled Care	MM SCD1	Antibiotic savings	R	3	3	0	Amber
Scheduled Care	MM SCD2	Lenalidomide Price Reduction	R	944	944	944	Green
Scheduled Care	MM SCD3	Bortezomib rationalisation	R	70	72	70	Green
Urgent Care	URG01	Medical staffing roster	R	141	141	110	Green
Urgent Care	URG02	SDEC / Ambulatory Care	R	774	774	774	Amber
Urgent Care	URG03	Retinue	NR	6	0	92	Green



## Savings – summary by Division and PMO programme

Division	£'000		
	IMTP - Green	IMTP - Amber	Total
Primary Care and Community	646		646
Prescribing	2,148		2,148
Community CHC & FNC		250	250
Mental Health	378		378
Scheduled Care	1,662	11,088	12,750
Medicine	158	833	991
Urgent Care	202	774	976
Family & Therapies	383	652	1,035
Estates and Facilities	579	368	947
Director of Operations			-
Corporate	214	5,903	6,117
<b>Total</b>	<b>6,370</b>	<b>19,868</b>	<b>26,238</b>

PMO programme	£'000		
	IMTP - Green	IMTP - Amber	Total
Urgent Care Transformation		774	774
Redesigning Services for Older Peopl (COTE) incl. CoPD, HF			-
Enhanced Local Hospital Network		864	864
Planned Care - MSK	83		83
Planned Care - Regional Planning and Ophthalmology		1,137	1,137
Planned Care - Outpatient Transformation		2,394	2,394
Planned Care - Diagnostics			-
Planned Care - Maximising Elective Capacity	177	5,048	5,225
Health Protection			-
Cancer Services			-
Accelerated Cluster Development incl. HRAC, Diabetes			-
Mental Health & Learning Disabilities			-
Decarbonisation			-
Agile Workforce		100	100
Variable Pay	2,716	1,514	4,230
Continuing Health Care (CHC)		250	250
Procurement / non-pay	232	7,787	8,019
Medicines Management	3,162		3,162
<b>Total</b>	<b>6,370</b>	<b>19,868</b>	<b>26,238</b>

- There are currently no savings / efficiencies arising from the prioritisation programmes, many are focussing on transformation which may increase costs in the first instance.

## Reserves

### 7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	22/23
Anticipated	NR	Training Grade salary adjustments as HEIW schedule	9,045
Confirmed	R	Lead nurse for Primary and Community Care	80,000
Anticipated	NR	Six goals for Urgent and Emergency Care programme	4,529,000
Confirmed	NR	Bereavement support	60,000
Anticipated	NR	Exceptional-Incremental National Insurance	4,606,000
Anticipated	NR	Exceptional-Energy cost increase at M5	17,845,000
Anticipated	NR	C19-Reduction in prescribing anticipated funding M5	(230,000)
<b>Confirmed Allocations to be apportioned</b>			<b>26,899,045</b>

### 7788-COMMITMENTS TO BE DELEGATED

Description	22/23
Value Based Recovery (balance of funding)	1,083,000
Value Based Recovery - funding recovered	369,000
Recovery of pay budget relating to VERS	56,421
Other (inc.B1&2 enhancement alloc)	187,215
<b>Total Commitments</b>	<b>1,695,636</b>

### Reserves Delegation:

The UHB Board approved the quarter 2 budget delegation paper on the 28<sup>th</sup> July. As a result, the majority of anticipated allocations for Covid-19, exceptional items, mental health and other primary care elements were delegated based on quarter 1 estimates. A small number of other committed reserves are held which are due to be delegated once values and plans are finalised.

Any residual reserve leftover will be used to help manage national anticipated funding adjustments rather than claw back from delegated budgets.

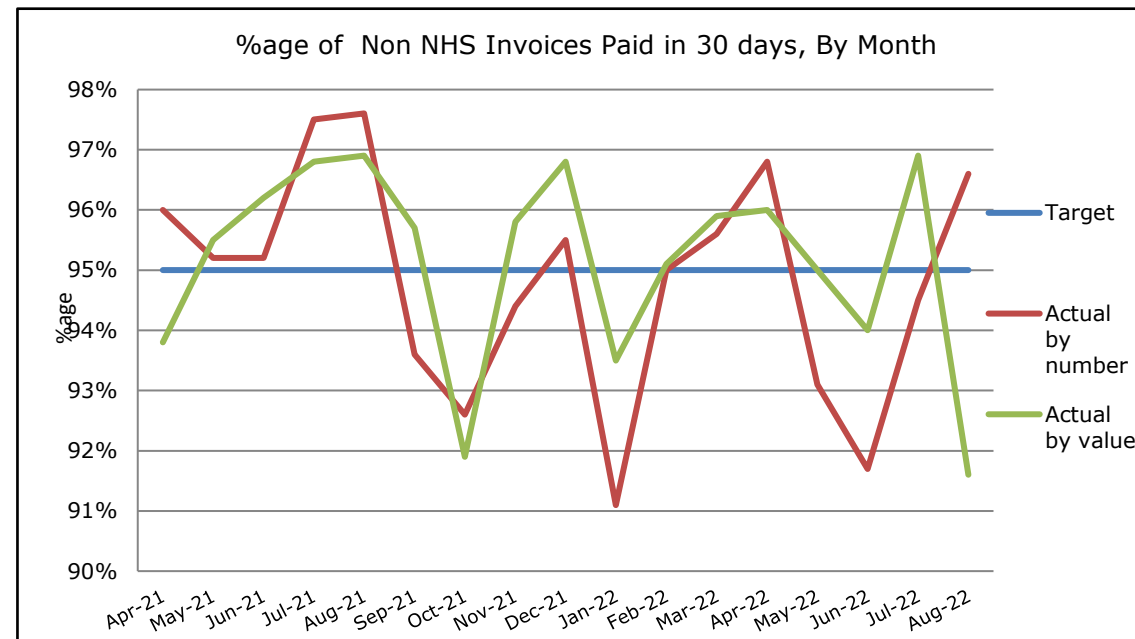
The funding for Covid-19 and exceptional costs has been anticipated at risk and will be monitored quarterly.

## Cash Position

- The cash balance at the 31<sup>st</sup> August is £4.097m, which is below the advisory figure set by Welsh Government of £6m.

## Public Sector Payment Policy (PSPP)

- The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in August and there has been an improvement in the cumulative target from the previous month. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

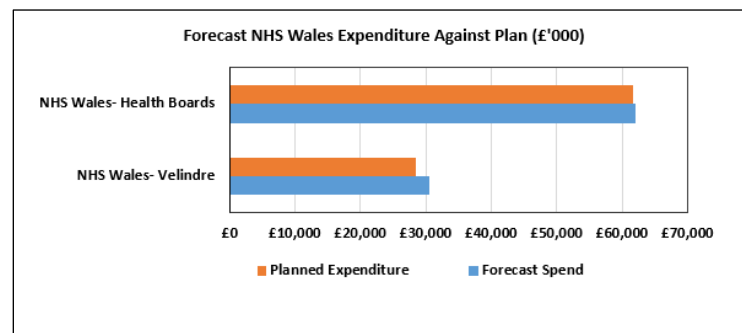


## Contracting & Commissioning – LTA Spend & Income

**Month/Financial Year:-** Month 5 (August) 2022-23

At Month 5 the financial performance for Contracting and Commissioning is a YTD adverse variance of £605k (forecast var. £3.064m).

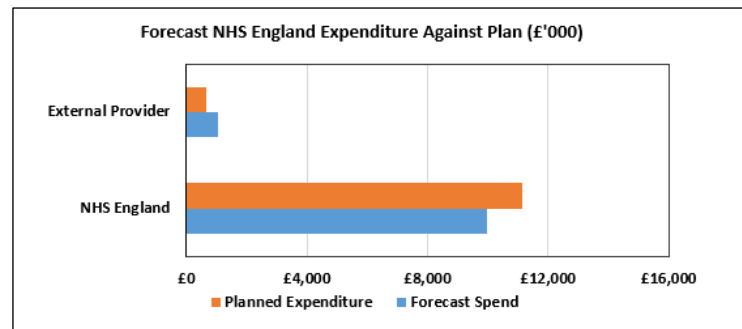
The key elements contributing to this position at Month 5 are as follows:



### NHS Wales Expenditure

There is increased activity (£550k) and drug spend (£1.65m) being forecast at Velindre for ABUHB patients receiving cancer treatment.

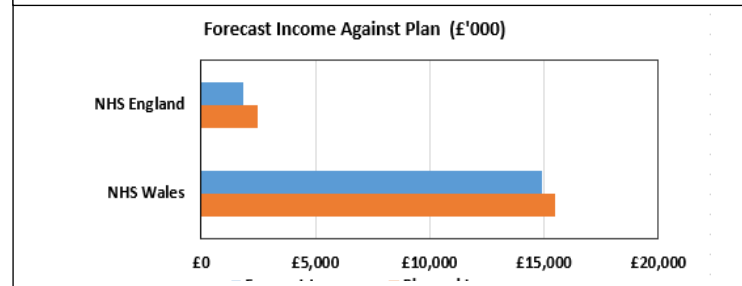
ABUHB are, however, forecast to recover c£500k in underperformance due to less activity being delivered by Cwm Taf.



### NHS England Expenditure

Contract Expenditure with NHS England organisations has to move away from Block agreements in 2022-23

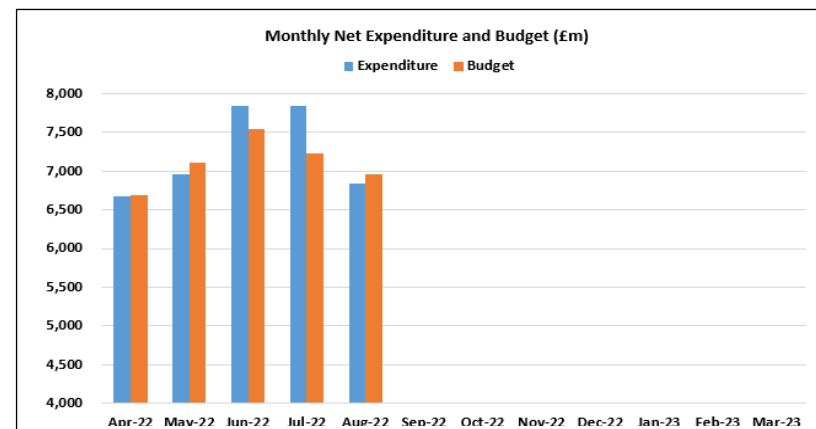
There is a risk of increased expenditure if English providers deliver additional activity in 2022/23.



### Provider Income

There is a c£2.3m cost pressure expected from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital.

This has been partly funded by £1.6m budget delegated.

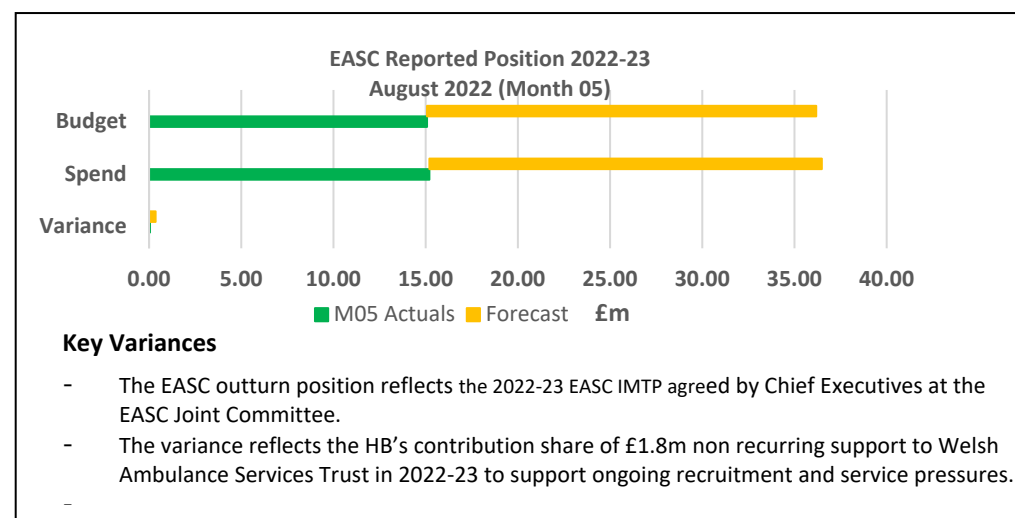
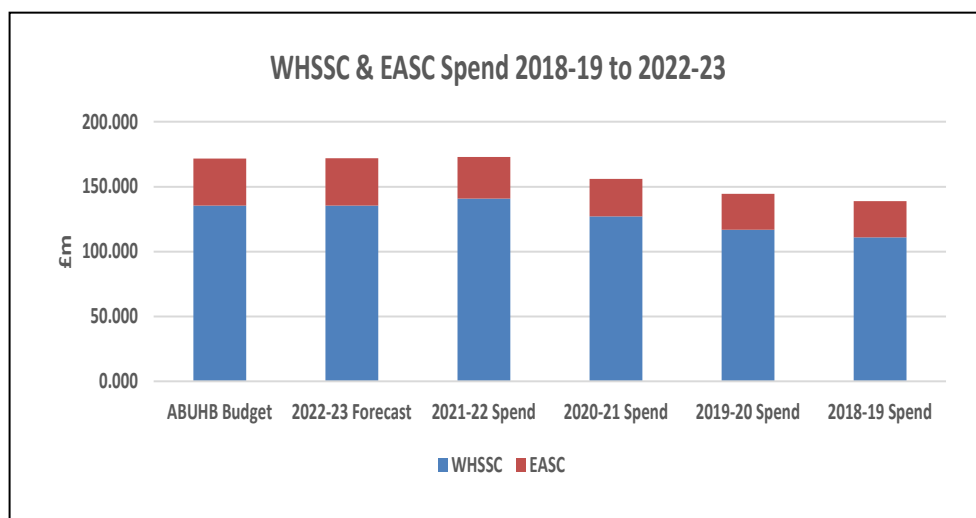
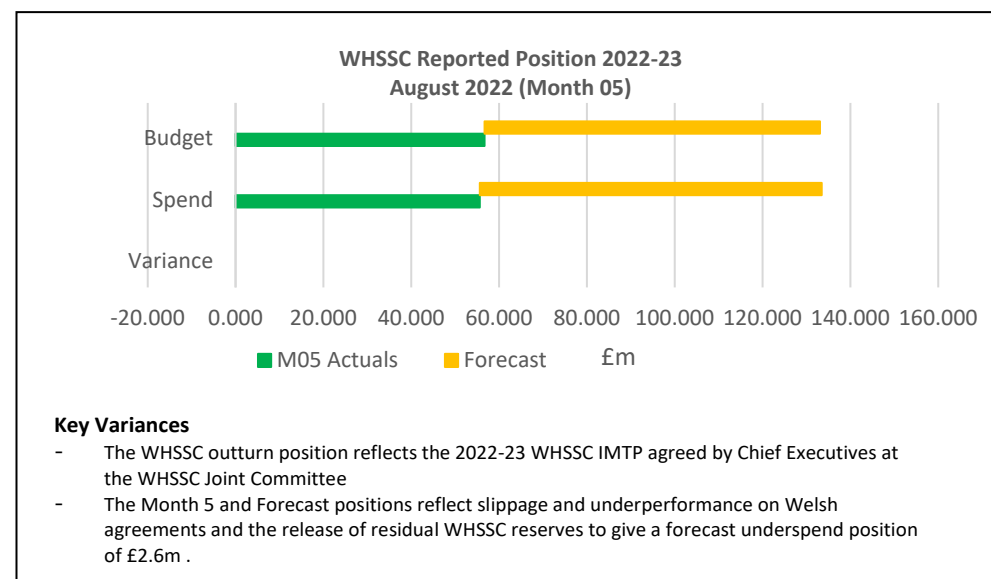
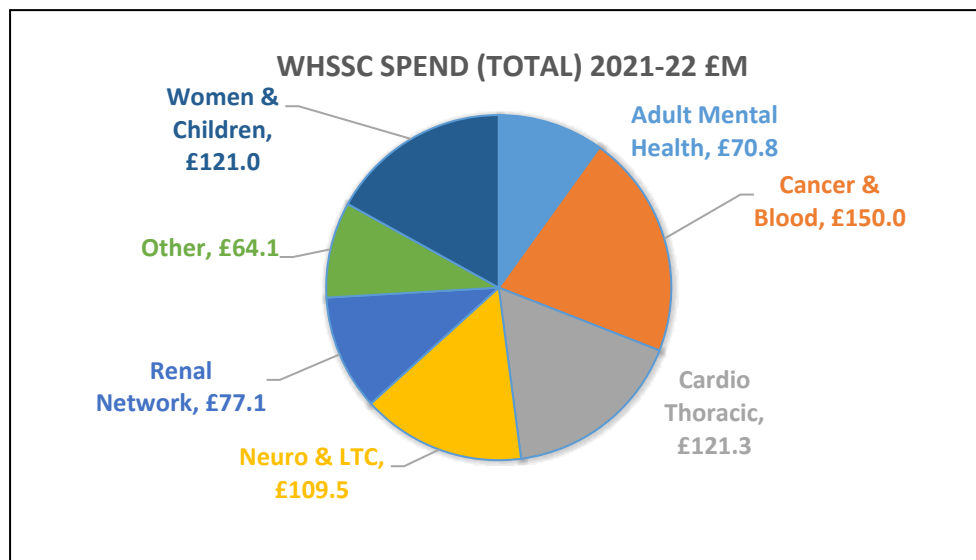


### **Key Issues 2022-23**

- All LTAs signed and agreed in compliance with 30 June 2022 deadline.
- The nationally agreed inflationary uplift of 2.8% and the impact of the 21-22 NHS Pay Award has been funded and is reflected in the above position.
- Directors of Finance have agreed a contract mechanism within Wales to 'block' non admitted patient care charges based on 2019/20 and to apply a 10% 'tolerance' to admitted patient care to reduce volatility in the contracting position. Enhanced rates will be available for recovery/increased activity.
- NICE costs continue to operate on a pass through basis and there is a c£700k recurrent pressure vs budget for NICE and High Cost Drug charges from Cardiff and Cwm Taf
- There is a £2.3m cost pressure from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital partly funded by c.£1.6m budget delegated in year.
- There is a c£800k cost pressure expected from outsourcing activity to St Josephs hospital to support endoscopy and MRI (c£958k expenditure partly offset by £160k funding allocated in year)
- The position reflects £0.145m of anticipated funding to cover the inflationary uplift agreed with NHS England for English Providers.

## WHSSC & EASC Financial Performance Period: Month 05 2022-23

The Month 05 financial performance for WHSSC & EASC is a YTD underspend of £0.957m with a forecast underspend of £2.301m. The Month 05 position reflects the agreed IMTP & LTA agreements with providers.



## Balance Sheet

### Balance sheet as at 31st August 2022

	2022/23 Opening balance £000s	31st August 2022 £000s	Movement £000s
<b>Fixed Assets</b>	810,479	818,554	8,075
<b>Other Non current assets</b>	131,429	127,975	-3,454
<b>Current Assets</b>			
Inventories	8,726	8,871	145
Trade and other receivables	133,807	120,710	-13,097
Cash	1,720	4,119	2,399
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	144,253	133,700	-10,553
<b>Liabilities</b>			
Trade and other payables	226,999	233,810	6,811
Provisions	195,707	189,977	-5,730
	422,706	423,787	1,081
	<b>663,455</b>	<b>656,442</b>	<b>-7,013</b>
<b>Financed by:-</b>			
General Fund	530,429	523,423	-7,006
Revaluation Reserve	133,026	133,019	-7
	<b>663,455</b>	<b>656,442</b>	<b>-7,013</b>

### Fixed Assets:

- An increase of £8.282m in relation to new 2022/23 capital expenditure incurred.
- A reduction of £18.049m for depreciation charges to August period.
- An increase of £17.842m in relation to IFRS16 lease assets.

### Other Non-Current Assets:

- This relates to a decrease in Welsh Risk Pool claims due in more than one year £2.3m and a decrease in intangible assets £1.2m since the end of 2021/22.

### Current Assets, Trade & Other Receivables:

The main movements since the end of 2021/22 relate to:

- An increase in the value of debts outstanding on the Accounts Receivable system since 2021/22 to the end of August £2.5m. A decrease in the value of both NHS & Non-NHS accruals of £18.8m, of which £4.9m relates to a decrease of Welsh Risk Pool claims due in less than one year and £12.7m relates to a decrease in NHS & Non NHS accruals and £1.2m relates to VAT/other debtors decrease.
- An increase in the value of prepayments held of £3.2m.

### Cash:

- The cash balance held in month 5 is £4.119m.

### Liabilities, Provisions:

- The movement since the end of 2021/22 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£8.4m), an increase in NHS Creditor accruals (£7.6m), a decrease in the level of invoices held for payment from the year end (£16.4m), an increase in non NHS accruals (£11.6m), an increase in Tax & Superannuation (£7.1m), a decrease in other creditors (£11.5m), an increase in liability for lease payment (£17.9m).
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £5.2m and the decrease in pensions & other provisions £0.5m.

### General Fund:

- This represents the difference in the year-to-date resource allocation budget and actual cash draw down including capital.

## Health Board Income WG Funding Allocations: £1.57bn

Confirmed Allocations as at August 2022 (M5 2021/22)

	£'000
HCHS	1,293,992
GMS	105,091
Pharmacy	32,831
Dental	33,249
<b>Total Confirmed Allocations - August 2022</b>	<b>1,465,163</b>
<b>Plus Anticipated Allocation - August 2022</b>	<b>105,834</b>
<b>Total Allocations - August 2022</b>	<b>1,570,997</b>

### Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £104.7m. (£109m for 21/22). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.68bn for 22/23.

## WG Anticipated allocations: £105.83m

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	
DEL Non Cash Depreciation - Accelerated	483				483
DEL Non Cash Depreciation - IFRS 16 Leases	2,956				2,956
AME Non Cash Depreciation - Donated Assets	342				342
AME Non Cash Depreciation - Impairment	(13,929)				(13,929)
Removal of Donated Assets / Government Grant Receipts	(150)				(150)
Total COVID-19 (see below analysis)	61,836	0	0	0	61,836
Removal of IFRS-16 Leases (Revenue)	(2,933)				(2,933)
Energy (Price Increase)	33,945				33,945
Employers NI Increase (1.25%)	4,606				4,606
Real Living Wage	2,154				2,154
(Provider) SPR's	112				112
(Provider) Clinical Excellence Awards (CDA's)	298				298
Technology Enabled Care National Programme (ETTF)	1,800				1,800
Informatics - Virtual Consultations	2,532				2,532
National Nursing Lead Community & Primary Care	53				53
National Clinical Lead for Falls & Frailty	26				26
AHW: Prevention & Early Years allocation	1,041				1,041
Healthy Weight-Obesity Pathway funding 21-22	550				550
WHSSC - National Specialist CAMHS improvements	139				139
Same Day Emergency Care (SDEC)	1,560				1,560
PSA Self-management Programme (Phase 1 & 2)	114				114
OP Transformation-Dermatology Specialist Advice and Guidance	22				22
OP Transformation-Dermatology Nurses Surgical Skills Study Day	4				4
Digital Priority investment fund (DPIF)	500				500
Strategic programme Primary Care within A Healthier Wales (additional g	113				113
WHSSC All Wales Traumatic Stress Quality Imprmt (ANEHFS 13 21/22)	159				159
Children & Young People MH & Emotional Wellbeing (ANEHFS 16 21/22)	200				200
Memory Assessment Services - Gwent RPB (ANEHFS 37 21/22)	565				565
EASC/WAST Improvements in MH Emergency Calls (ANEHFS 54 21/22)	51				51
WHSSC - Impl of National Specialist CAMHS Improv. (ANEHFS 90 21/22)	131				131
NHS Pay enhancement Band 1 to 2 - 3% uplift 21-22 (ANEHFS 21/22)	152				152
Urgent Primary Care	1,400				1,400
Primary Care 111 service	623				623
End of Life Care Board	112				112
Welsh Risk Pool	(4,212)				(4,212)
GMS Refresh				1,603	1,603
PSA self-management Programme Platform development	465				465
Real Living Wage Bands 1 & 2	658				658
Dementia Action Plan-Age Cymru National advocacy project	445				445
VBH: Heart Failure and Rehab in the Community	297				297
VBH: High risk surgical wound management	34				34
Digital Medicines transformation team	119				119
Mental Capacity Act prep for Liberty Protection Safeguards (Phase 2)	326				326
Six Goals Urgent and Emergency Care Prog	4,529				4,529
<b>Total Anticipated Funding</b>	<b>104,230</b>	<b>0</b>	<b>0</b>	<b>1,603</b>	<b>105,833</b>

## Capital Planning & Performance

Summary Capital Plan Month 5 2022/23

	2022/23			
	Original Plan £000	Revised Plan £000	Spend to Date £000	Forecast Outturn £000
<b>Source:</b>				
<b>Discretionary Capital:-</b>				
Approved Discretionary Capital Funding Allocation	8,227	8,227		8,227
Less AWCP Brokerage	-1,534	-1,859		-1,859
Grant Income Received	0	32		32
NBV of Assets Disposed	0	0		0
<b>Total Approved Discretionary Funding</b>	<b>6,693</b>	<b>6,400</b>		<b>6,400</b>
<b>All Wales Capital Programme Funding: -</b>				
AWCP Approved Funding	24,615	42,262		42,262
<b>Total Approved AWCP Funding</b>	<b>24,615</b>	<b>42,262</b>		<b>42,262</b>
<b>Total Capital Funding / Capital Resource Limit (CRL)</b>	<b>31,308</b>	<b>48,662</b>		<b>48,662</b>
<b>Applications:</b>				
<b>Discretionary Capital:-</b>				
Commitments B/f From 2021/22	1,317	1,498	90	1,324
Statutory Allocations	576	576	242	605
Divisional Priorities	587	1,120	532	1,117
Corporate Priorities	2,182	670	321	670
Informatics National Priority & Sustainability	1,800	2,342	551	2,342
Remaining DCP Contingency	231	195	0	531
<b>Total Discretionary Capital</b>	<b>6,693</b>	<b>6,400</b>	<b>1,736</b>	<b>6,589</b>
<b>All Wales Capital Programme:-</b>				
Grange University Hospital Remaining works	-1,408	-394	968	-394
Tredegar Health & Wellbeing Centre Development	10,023	9,934	1,334	9,934
Fees for NHH Satellite Radiotherapy Centre Development	198	257	109	257
YYF Breast Centralisation Unit	8,989	8,978	214	8,978
Newport East Health & Wellbeing Centre Development	0	9,287	1,366	9,287
Fees for MH SISU	258	263	104	263
Covid Recovery Funding	1,400	1,620	1,620	1,636
National Programme - Imaging	4,700	4,195	311	4,195
Digital Eyecare	0	66	43	66
National Programme - Infrastructure	12	12	15	15
NHH SRU Enabling Works	400	403	414	403
SDEC Equipment	0	79	52	79
ICF Discretionary Fund Schemes	43	153	-4	153
RGH Endoscopy Unit	0	7,395	0	7,188
DPIF - Digital Medicines Transformation Portfolio	0	14	0	14
<b>Total AWCP Capital</b>	<b>24,615</b>	<b>42,262</b>	<b>6,546</b>	<b>42,073</b>
<b>Total Programme Allocation and Expenditure</b>	<b>31,308</b>	<b>48,662</b>	<b>8,282</b>	<b>48,662</b>
<b>Forecast Overspend / (Underspend) against Overall Capital Resource Limit</b>				<b>0</b>

The approved Capital Resource Limit (CRL) as at Month 5 totals £48.630m. In addition, grants totalling £32k have been received in month to fund works and R&D equipment requirements. The current forecast outturn is breakeven.

The GUH works to the Same Day Emergency Care Unit, Resus, and CAEU have all completed during August. All Laing O'Rourke works are now complete, and the final account is being agreed. Tenders for the Well-being works to Grange House have been received. The works are slightly delayed due to bat requirements (estimated completion April 2023). The additional works costs are being offset by the final VAT recovery claim (£3.5m) due in the last quarter of 2022/23 which is the reason for the credit budget allocation of (£394k). The Health Board's VAT advisors are currently working with HMRC and the external cost advisors to expedite the VAT recovery claim and mitigate the risk that an agreement is not reached in the current financial year.

The YYF Breast Centralisation Unit scheme is currently delayed due to contractual issues with the main contractor (inflationary pressures). The issues are being worked through with the external cost advisors, NWSSP-Estates and Welsh Government to allow the scheme to progress.

The works at Tredegar H&WBC are continuing. The handover of the building is now expected to be delayed to May 2023 due to the supplier cancellation of the brick order for the façade. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £750k), EV charging points (not a requirement at Design Stage), culvert diversion, Heart building

stabilisation, brick supply cancellation and inflation. Any potential overspend is expected to impact in 2023/24.



The Newport East Health and Well-being Centre works have commenced. The old Multi Use Games Area has been removed and the replacement is being prepared. Groundworks are underway for the car park and surrounding area. The RGH Endoscopy scheme works commenced on site on 15th August 2022.

The FBC for the NHH Satellite Radiotherapy Centre has concluded and has been submitted to WG for approval. The Outline Business Case for the Mental Health SISU is on-going and expected to be submitted to Board for approval in November 2022.

The National Imaging Programme funding has been reduced by £491k to £4.195m because of savings generated on equipment purchases and works costs. The spend in the current year includes the replacement of two CT Scanners (NHH / RGH), the installation of three general rooms and the recently approved replacement of seven ultrasound machines.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £6.589m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- RGH Endoscopy fees reimbursement - £207k
- Grant funding received (Sparkle and R&D) - £32k
- Less All Wales Capital Programme scheme brokerage & overspends – (£1.877m)

The unallocated contingency budget as at the end of August is £531k. Correspondence has been received from Welsh Government to confirm an additional £10m across Wales to increase DCP allocations for 2023/24. The estimated ABUHB DCP funding for 2023/24 will be £9.521m (compared to £10.814m 21/22, £8.227m 22/23).



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
28<sup>th</sup> September 2022  
Agenda Item: 4.8

## Aneurin Bevan University Health Board

### STRATEGIC RISK REPORT

#### Executive Summary

This report provides an overview of all **26** strategic risks described on the Corporate Risk Register.

Response to the COVID-19 pandemic, through front line service delivery, restart and recovery plans, Primary and Secondary Care demand increase and associated risks continue to have the greatest impact on service delivery. This sustained response alongside increased demand for services continues to represent the most significant risks to the Health Board's delivery of its non-COVID-19 services and the achievement of the objectives outlined within the IMTP.

The Board is requested to note the overview of the Corporate Risk Register at **Appendix 1**.

#### The Board is asked to:

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

**Executive Sponsor: Rani Mallison, Director of Corporate Governance**

**Report Author: Danielle O'Leary, Head of Corporate Services, Risk and Assurance**

**Report Received consideration and supported by:**

Executive Team	X	Committee of the Board	
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**Date of the Report: 20<sup>th</sup> September 2022**

**Supplementary Papers Attached:**

**Appendix 1 – Dashboard/Overview of Corporate Risk Register**

#### Purpose of the Report

This report seeks to provide a summary of the current key risks which encompass the Corporate Risk Register and form the strategic risk profiles for the Health Board.

## Background and Context

This report provides the Board with an opportunity to review the organisational strategic risks which receive oversight across all Committees and the Board.

The Health Board utilises the All-Wales Risk Matrix to assess the potential impact and likelihood of occurrence of all predicted risks to form an overall risk score. Risks may then be tolerated, treated, transferred or terminated in line with the Health Board Risk Management Strategy.

Internal controls and action plans are then developed to mitigate the risk and reduce either the likelihood, consequence, or both. Committees are then responsible for the active monitoring and review of all risks which receive oversight from each respective committee.

Risk Management ensures that the Health Board focuses on the risks and concerns that may impact on the organisations ability to deliver its objectives. Whilst active risk management is performed daily at an operational level, the Health Board's risk management strategy and process ensures that the Board is informed, engaged, and assured about the approach that Health Board uses to identify and respond to perceived risks.

The approach adopted by the Health Board to strengthen the alignment between Board and Committee business and the Board Assurance Framework continues to embed and provide a foundation for Board and Committee business to be risk based and focussed on assurance needs. This approach will also help to ensure the correct business is directed to the most appropriate committee.

## Assessment and Conclusion

### Committee Engagement and Wider Recommendations

The Risk Management Strategy and associated delivery approach continues to embed across the organisation. Evidence of this has recently been provided at the People and Culture Committee where risks relating to potential Industrial Action and increased reliance on agency usage were highlighted.

The Executive Team are due to consider a review of the Corporate Risk Register where the risks highlighted by the People and Culture Committee and a Safeguarding risk highlighted by the Corporate Nursing Department will be considered, along with consideration of any other risks which may require escalation. It is then anticipated the Board will be requested to endorse any additional risks to the Corporate Risk Register at the November 2022 Board meeting.

### Current Organisational Risk Profile:

There are currently **26** Organisational Risk Profiles, of which **16** form Principal Risks due to the scoring being 15 or greater and are included within the Board Assurance Framework. The following table provides a breakdown of the risks and level of severity:

<b>High</b>	<b>16</b>
<b>Moderate</b>	<b>9</b>
<b>Low</b>	<b>1</b>

A high-level breakdown dashboard of all strategic risks including, current score, target score, risk appetite level, risk treatment and trend since last reporting period is included at **Appendix 1**. The risks which comprise the corporate risk register continue to be reviewed and monitored via the Executive Team with complimentary Health Board escalation arrangements in place.

### **Changes in Risk Status Since Last Reporting Period**

The Board is requested to note that 4 risks on the Corporate Risk Register continue to be actively managed within an approved and agreed risks appetite/tolerance level, these are:

**CRR023 – Avoidable harm to the population**

**CRR004 – WboFG Act and Socio-Economic Duty**

**CRR008 – Health Board estate being fit for purpose**

**CRR020 – WCCIS implementation**

There has not been any recommendation to escalate or de-escalate any risks since the last reporting period.

### **Recommendation**

The Board is requested to:



- **RECEIVE** updates outlined within the risk profiles and acknowledge that Committees have reviewed their respective risks.
- **NOTE** the ongoing engagement with Executive Team in anticipation of further risks being proposed to the Corporate Risk Register at the next Board meeting.

### **Supporting Assessment and Additional Information**





<b>Risk Assessment (including links to Risk Register)</b>	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework.
<b>Financial Assessment, including Value for Money</b>	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
<b>Quality, Safety and Patient Experience Assessment</b>	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.

<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
<b>Health and Care Standards</b>	This report contributes to the good governance elements of the H & CS.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The objectives will be referenced to the IMTP
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
<b>Glossary of New Terms</b>	Not required.
<b>Public Interest</b>	Report to be published.










Risk ref and Descriptor	Current Score	Target Score (informed by Appetite level)	Risk Appetite Level	Managed to Agreed Level Y/N?	Risk Treatment	Date and Trend Since Last Reporting Period	Assurance/ Oversight Committee	Risk Owner
<b>CRR019</b> Failure to meet the needs of the population who require high levels of emergency supportive care and inability to release ambulances promptly to respond to unmanaged community demand. <b>(re-framed Dec 2021)</b>	20	15	<p><b>Low</b> level of risk appetite in relation to patient safety risks.</p> <p><b>Moderate</b> levels of risk with regard to innovation around mitigations to prevent demand and better manage the demand.</p>	No	<p><b>Treat</b> the potential impacts of the risk by using internal controls.</p> <p><b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.</p>	<p><b>(June 2022 PQSO)</b></p> 	PQSO	Director of Operations
<b>CRR002</b> Failure to recruit and retain staff across all disciplines and specialties leading to adverse impacts on delivery of care to patients across acute and non-acute settings and non-compliance with safe staffing principles and standards <b>(re-</b>	20	10	<p><b>Low</b> level of risk appetite in relation to potential patient safety risks.</p> <p><b>Moderate</b> levels of risk with regard to innovation and changing roles to attract more staff and deliver services in different ways through new roles.</p>	No	<p><b>Treat</b> the impact of the risk by using internal controls.</p>	<p><b>(May 2022 Board)</b></p> 	P&C	Director of Workforce and OD

## Appendix 2 – ABUHB Board, Strategic Risk Report

<b>framed Jan 2022)</b>								
<b>CRR013</b> Failure to prevent and control hospital and community acquired infections to include COVID-19	10	10	<b>Zero or low</b> due to patient safety and quality of service.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 PQSO) 	PQSO	Director of Nursing
<b>CRR020</b> Failure to implement WCCIS leading to inaccessibility of essential patient information.	10	10	<b>High</b> level of appetite for risk in this area to innovate in the area of digital technologies.  <b>Low</b> level risk appetite for the realisation of this risk and to maintain patient safety.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(July 2022 Board) 	FPC	Director of Planning, Performance and ICT
<b>CRR023</b> Potential risk to population health in relation to avoidable harm due to priority being given to management of the COVID pandemic.	20	20	<b>Zero or low</b> level of risk appetite in terms of protecting patient safety and the quality of services.  <b>Moderate</b> level of risk appetite in relation to different ways of working to address backlog. This would include the use of technologies and innovations.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.		PQSO	Director of Operations
<b>CRR007*re-framed July 2022*</b>  Clinical Futures model of care does not take into consideration the evolving needs of the population at this time	16	12	<b>Zero or low</b> level of risk appetite in terms of protecting patient safety and the quality of services.  <b>Moderate</b> level of risk appetite in relation to some risk controls and mitigations is required due to interdependencies with partner organisations.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work and some are out of the Health Board's control.		PPHPC	Director of Primary, Community and Mental Health Services & Director of Public Health and Strategic Partnerships








<b>CRR010</b> Inpatients may fall and cause injury to themselves.	15	10	<b>Zero or low</b> in the interests of patient safety.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 PQSO) 	PQSO	Director of Therapies and Health Science
<b>CRR027</b> Effectiveness of COVID vaccination and booster programme compromised leading to a Variant of Concern	25	20	<b>Moderate</b> risk appetite level will need to be applied to this risk profile, given the unpredictability of the potential of variants of concern. The Health Board will ensure that it can behave appropriately to address the risk, should it materialise however, emergence of a variant of concern is beyond the Health Board's control.	<b>No</b>	<b>Treat</b> the potential impact of the risk with mitigations.  <b>Tolerate</b> the unpredictable element of the VoC and other mutations.	(June 2022 PQSO) 	PQSO	Director of Public Health and Strategic Partnerships
<b>CRR028</b> Continued inappropriate admissions of Children and Young People to adult mental health in-patient beds.	20	10	<b>Low</b> risk appetite level in relation to patient safety and experience.  <b>Moderate</b> level risk appetite would be encouraged in order to explore more innovative ways of managing this risk alongside Health Board partners.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 PQSO) 	PQSO	Director of Primary, Community and Mental Health Services
<b>CRR003</b> Mental Health services will fail to meet the anticipated increased demand of the Health Board population,	12	8	<b>Low</b> risk appetite level in the interests of patient safety.  <b>Moderate</b> risk appetite levels will need to be taken to explore further innovations and appropriately	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Tolerate</b> the impacts of some mitigations and acknowledge that some may not work.	(June 2022 PQSO) 	PQSO	Director of Primary, Community and Mental Health Services

for Mental Health support, in light of the COVID 19 pandemic.			reconfigure services and implement new arrangements.					
<b>CRR026</b> Risk to the general population and patients already within our services, due to less than adequate surge capacity to address any further exponential increase in pandemic response. <b>*links to Workforce risk – CRR002</b>	20	5	<b>Low</b> risk appetite level will be applied.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 PQSO) 	PQSO	Director of Operations
<b>CRR004</b> Failure to comply with WBoFG Act and Socio-Economic Duty	4	4	<b>Low to Moderate</b> - Risk appetite in this area is low in terms of compliance with the Legislation.  However, further innovation is required to develop new approaches and ways of working therefore, risk appetite in this area is defined at a moderate level.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.  <b>Take Opportunities</b> and use positive risk management to realise efficiencies, better ways of working and realise our long-term strategic aims.	(May 2022 Board) 	ARAC	Director of Public Health and Strategic Partnerships and Board Secretary
<b>CRR017</b> Partial or full failure of ICT infrastructure and cyber security	15	12	<b>Low</b> appetite in relation to adverse impact on Quality, Safety.  <b>Moderate to High</b> level risk appetite for innovating to identify digital ICT system solutions.		<b>Treat</b> the potential impacts of the risk by using internal controls.	(May 2022 Board) 	FPC	Director of Planning, Performance and ICT


<b>CRR016</b> Achievement of Financial Balance	16	4	<b>Low</b> level of risk appetite in relation to the Health Board's financial statutory requirements. However, responding to COVID 19 implications and maintaining safe services take precedence.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 FPC) 	FPC	Director of Finance and Procurement
<b>CRR012</b> Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impacts ability of achievement of strategic aims/objectives. (re-framed Dec 2021)	12	4	<b>Low</b> risk appetite in terms of patient safety and services.  <b>Moderate</b> risk appetite with regard to innovation and developments in primary care and public health initiatives.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 PPHPC) 	PPHPC	Director of Public Health and Strategic Partnerships
<b>CRR008</b> Health Board Estate not fit for purpose (Re-framed Dec 2021)	15	15	<b>Low</b> risk appetite in relation to adverse staff and patient experience due to poor Health Board estate.  <b>Moderate</b> risk appetite with regard to innovation and developments across the Health Board estate.	<b>Yes</b>	<b>Treat</b> the potential impacts of the risk by using internal controls and continue to maintain the current position with ongoing monitoring and review.  <i>Although this has reached its target score, it is recommended that this risk continues to be monitored strategically as the impact/consequence</i>	(May 2022 Board) 	FPC	Director of Operations

## Appendix 2 – ABUHB Board, Strategic Risk Report

					<i>should the risk be realised, is significant.</i>			
<b>CRR032</b> Failure to achieve underlying recurrent financial balance	16	12	<b>Low</b> level of risk appetite in relation to the Health Board's financial statutory requirements.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(June 2022 FPC) 	FPC	Director of Finance and Procurement
<b>CRR033 (Dec 2021)</b> Civil Contingencies Act Compliance	20	9	<b>Low</b> risk appetite in this area is low in terms of compliance with the Legislation.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(May 2022 Board) 	FPC	Director of Planning, Performance and ICT
<b>CRR021</b> Welsh Language Act Compliance	12	8	<b>Low</b> risk appetite in this area is low in terms of compliance with the Legislation.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(May 2022 Board) 	P&C	Director of Workforce and OD
<b>CRR025</b> Well Being of Staff and normalisation of risk	12	8	<b>Low</b> risk appetite in relation to adverse staff experience due to current and ongoing significant operational pressures.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(May 2022 Board) 	P&C	Director of Workforce and OD
<b>CRR034 (April 2022)</b> Disruption to Health Board services due to the Ukraine crisis.	10	5	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when reviewing regional responses to the crisis and how the Health Board and its Partners can work collectively to address and mitigate the risks.	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(May 2022 Board) 	ARAC	Director of Planning, Performance and ICT
<b>CRR035</b> Sustainability of Primary Care Services due to	12	8	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and	No	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Aug 2022 ARAC)	PPHPC	Director of Primary, Community and

## Appendix 2 – ABUHB Board, Strategic Risk Report

increased demand, revised working patterns and continued response to Ukrainian refugee crisis.			innovative ways of providing Primary Care Services.		<b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.			<b>Mental Health Services</b>
<b>CRR036</b> Inability to deliver components of the Health Board's strategy and key priorities where the involvement of key Partners is essential	12	8	<b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and acknowledge that some controls and mitigations are outside of the Health Board control.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Aug 2022 ARAC) 	PPHPC	<b>Director of Planning, Performance and ICT.</b>
<b>CRR037</b> Clinically unsafe and inappropriate inter-site patient transfers and into communities	15	5	<b>Low</b> risk appetite in this area in respect of patient safety.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Aug 2022 PQSO) 	PQSO	<b>Director of Operations</b>
<b>CRR038</b> Increased levels of patient acuity presenting resulting in an inability to staff appropriately and provide acceptable levels of care in line with best practice and guidelines.	15	5	<b>Low</b> risk appetite in this area in respect of patient safety.	<b>No</b>	<b>Treat</b> the potential impacts of the risk by using internal controls.	(Aug 2022 PQSO) 	PQSO	<b>Director of Nursing/Director of Operations</b>

<p><b>CRR039</b></p> <p>Delays in discharging medically fit patients partly due to delays in accessing packages of care from Partners -  <b>*covered in part by CRR019 on CRR (unmet demand and ambulance delays)*</b></p>	<p>20</p>	<p>10</p>	<p><b>Low</b> risk appetite in this area in respect of patient safety however, a <b>higher</b> risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and acknowledge that some controls and mitigations are outside of the Health Board control.</p>		<p><b>Treat</b> the potential impacts of the risk by using internal controls.</p> <p><b>Tolerate</b> the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.</p>	<p><b>(Aug 2022 PQSO)</b></p> 	<p><b>PQSO</b></p>	<p><b>Director of Operations and Director of Primary, Community and Mental Health Services.</b></p>
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## Aneurin Bevan University Health Board

### Executive Team Report

#### Executive Summary

This report provides the Board with an overview of a range of activities regarding the Executive Team, including local, regional, and national issues.

This report covers the period since the last Board meeting of 27<sup>th</sup> July 2022.

#### The Board is asked to:

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

✓

**Executive Sponsor:** Nicola Prygodzicz, Chief Executive

**Report Author:** Rani Mallison, Director of Corporate Governance

**Report Received consideration and supported by:**

**Executive Team**

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

**Date of the Report:** September 2022

**Supplementary Papers Attached:** Provisional notification of positive outlier status for National Neonatal Audit Programme (NNAP) 2021 measures

#### Purpose of the Report

This report provides the Board with an overview of a range of activities regarding the Executive Team, including local, regional, and national issues. The report also provides the opportunity to update the Board on organisational achievements, issues and actions being taken which might not otherwise be brought to the attention of Board as key discussion papers.

#### Highlights

##### Staff Celebrations, Achievements and Events

- **NHS Awards - NHS 'Wellbeing Connectors' project** has been shortlisted in the 'Enriching the wellbeing, capability and engagement of the health and care workforce'. The final result will be announced on 20<sup>th</sup> October 2022. The evaluations received continue to confirm that the work of the Wellbeing Connectors and the delivery of the PsychPPE Workshops is helpful and appreciated.
- **NHS Wales Awards 2022 Finalists**
  - **Working seamlessly across the public and third sector.** We are delighted that our Hiraeth Service Team has been interviewed and are finalists in this

category for the collaboration **Bespoke Repatriation Service - ABUHB and United Welsh.**

- The **Nurse Heart Failure Service** has been shortlisted for 2 categories: Delivering higher value health and care; and Delivering person centred care

- **RCN Awards 2022 Finalists - Our Recovery Through Sport initiative**, carried out via members of the Forensics Team. This includes sessions for Walking Rugby & football for current inpatients and community Service Users.

- **Junior Doctor Training Programme**

The Emergency Department (ED) at Grange University Hospital (GUH) has recently been commended for its investment in the Junior Doctor Training Programme. This achievement was recognised in the GMC Survey which noted that: *'... the ED in Aneurin Bevan University Health Board had received 100% positive feedback for its IMG Doctor Induction Programme'*. This is a wonderful achievement especially when working in the height of escalation and within an environment of unprecedented demand.

## Research & Development

On 7<sup>th</sup> September 2022 the Research, Delivery and Development Department officially opened their new facilities on B5N and B5W, Royal Gwent Hospital.



On September 7<sup>th</sup> CEO Nicola Prygodzicz officially opened the new Research Centre at the Royal Gwent Hospital.

A launch day was then due to be held on Friday September 9<sup>th</sup> hosted by Chair for Research for the Health Board Dr Sarah Aitken. Due to the

sad passing of Her Majesty the Queen the decision was made to postpone the event in line with national mourning protocols. A new date is currently being planned and will be publicised imminently.

## Safe Care Partnership: Foundation Visit to ABUHB – 7/8th September 2022

The Health Board was invited to take part in the national “Safe Care Partnership” (SCP) in collaboration with Improvement Cymru and the Institute for Healthcare Improvement (IHI) until March 2024. The IHI, based in the USA, are global leaders in supporting organisations to use improvement science to advance the quality and safety of healthcare.

The aim of the Safe Care Partnership is to provide nationally coordinated, locally delivered support for safe reliable and effective care. It will support national collaboration and cross boundary learning. Each Health Board will build upon any on-going work and will aim to strengthen improvement capability to establish systems for reliable and safe care.

As part of the SCP, members of the IHI and Improvement Cymru visited Aneurin Bevan University Health Board over a two-day period, with a view to building the partnership and to understand the Health Board through speaking to its staff and Executive Team. The visit was hosted by clinical teams from each clinical division, corporate teams and the Executive team and took place across multiple sites. This visit was in no way an inspection, but an informal visit to build relationships and learn. The visiting team wanted to



understand the culture, leadership and learning systems that are in existence within the Health Board, as each are hallmarks of safe, reliable and effective healthcare systems. This learning was discussed at a debriefing session with the Executive Team at the close of the visit, with a formal report to follow. The visit represents only the beginning of a wider conversation that will continue at a Board Development Session planned for October, and will encompass how we think about patient safety and improvement in order to address our challenges locally.

In terms of next steps, a thematic review of the learning from visits to all health boards and trusts across Wales is being undertaken and will be shared with Chief Executives. This will inform the focus of a wider Safe Care Collaborative which is due to commence in late November.

The visiting teams wanted to thank staff at the Health Board for an extremely successful visit and for the warm welcome they experienced across the two days. In particular, they felt that it was a privilege and pleasure to meet with clinical and non-clinical staff, and to take part in open, frank and honest conversations that led to rich learning.

### **Neonatal Unit at the Grange University Hospital**

The Neonatal Unit at the Grange University Hospital has been recognised by the Royal College of Paediatrics and Child Health, with outlier status for one or more of the NNAP 2021 audit measures. (Attachment One)

As indicated in the letter, there is a staged outlier process which is outlined in the guidance [Outlier management in the NNAP 2021 data](#). The Unit is an outlier at outstanding level.

The provisional publication date for the NNAP 2021 results is 10<sup>th</sup> November 2022.

**For September, the Executive Team is delighted to share some highlights from the following two divisions as part of a rolling cycle of operational updates.**

### **Updates from the Mental Health & Learning Disabilities (MH&LD) Division**

**Welsh Community Care and Information System (WCCIS)** -The WCCIS has now gone live for MH&LD Division. There has been an incredible amount of work put in by staff across the Division in making the go live possible. The Executive Team's thanks are extended to the Division and to the WCCIS Team and wider Informatics team in the planning, commitment and hard work during the go live period.

### **Community Collaboration**

The Health Board's Occupational Therapy Team has been demonstrating a community-based approach, led by individual needs and goals to improve cooking skills. The work included creating a partnership with Coleg Gwent and a chef from a local restaurant. In addition Richard Wheeler (OT Technical Instructor- North Mon CMHT) recently raised over £1200 for new cookers for this project by running the Great Welsh Half Marathon!



### **Mental Health 'Recovery Through Sport' - Improving lives one movement at a time**

Led by Forensics Team this initiative offers Service Users (inpatients & community) regular sessions of Walking Rugby & Football.



It celebrated its achievement by holding a showcase event on 25<sup>th</sup> August 2022. Attended by Service Users, Directorate colleagues and Division senior leaders. The event showcased Walking, Rugby and football with/for Service Users and had an additional challenge of how far could be cycled in 5 minutes. Approx. 50 attendees took part in the event.

### Update from the Estates & Facilities Division

- Liftshare - a liftsharing app for staff has been launched to continue to keep up the pace of presence of this service to assist staff with travel costs during difficult times.
- Celebrated the Care After Death service focusing on a patient story and the positive effects the new service brings towards bereavement support. This press gave this story a front-page feature in the South Wales Argus.
- Coverage of staff roles within the Division also continued with a feature on the importance of Maintenance Assistants going live on social media. The first of many to help raise awareness; the next will cover security, porters, Research & Development and cleaner roles.
- Capital Project works continues on the Antenatal project at Nevill Hall Hospital and main works are proceeding steadily on Tredegar HWBC. Refurbishment is in progress at Royal Gwent Hospital to establish a new endoscopy department and Costa Coffee will soon be a welcome addition to the entrance of the Grange University Hospital.
- Teams have also come together and worked hard towards facilitating the division's 'Late Summer Family Fun Day' which was a great successful start to events for staff. The event gave an opportunity to say thanks to Estates & Facilities staff for their hard work over the last few years and come together to celebrate as a community.
- A series of supportive development events for staff are underway. The first of which has been held and focused on 'Women in Leadership'. This encouraged networking, mentorship and shined a light on pathways women can follow to grow. Guest speakers included Ann Lloyd, Chair, Leanne Watkins, Director of Operations, Lorraine Hughes, Care After Death Manager, and Hannah Capel, Assistant Director of Capital Projects.

### Recommendation

The Board is asked to note this report for information.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	COVID-19 and system pressures remain key risks on the Board's Corporate Risk Register.
<b>Financial Assessment, including Value for Money</b>	There are no direct implications arising from this report.
<b>Quality, Safety and Patient Experience Assessment</b>	There are no direct implications arising from this report.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	An EQIA has not been undertaken on the contents of this report.

<b>Health and Care Standards</b>	The range of activities outlined in the report will contribute to the Health Board’s approach to Health and Care Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The range of activities outlined in the report will contribute to the Health Board’s strategic objectives.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	The range of activities outlined in the report will contribute to the Health Board’s approach to the Well Being of Future Generations Act.
<b>Glossary of New Terms</b>	No new terms have been identified.
<b>Public Interest</b>	This report is written for the public domain.

Dr Sunil Reddy  
Neonatal Intensive Care Unit  
The Grange University Hospital  
Cwmbran  
NP44 2XJ

Email: [sunil.Reddy@wales.nhs.uk](mailto:sunil.Reddy@wales.nhs.uk)

1 September 2022

Dear Dr Reddy,

**Provisional notification of positive outlier status for National Neonatal Audit  
Programme (NNAP) 2021 measures**

As part of its annual reporting process the NNAP conducts unit level outlier analysis on seven audit measures for 2021 data. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

Outlier status is defined statistically, which means that the identification of at least some units as outliers is not unexpected. We think it important that stakeholders and organisations understand that while units could have outlying results, this does not automatically mean that there are performance issues. Furthermore, where verified results do show units to be outlying for specific processes, this should be viewed as the beginning, or continuance, of a quality improvement process.

All participating unit leads were sent their provisional 2021 data (Q4) report in February 2022 and could review and amend their 2021 NNAP data until 31 March 2022. In April 2022 the definitive download of data was taken from which the final analysis (including outlier analysis) of 2021 data was undertaken.

The NNAP defines outliers between 2 and 3 standard deviations below expected performance (England and Wales average result) as 'alert' level outliers and, and those outside of 3 or more standard deviations below expected performance as 'alarm' level outliers.

The NNAP also identifies outliers for four measures at 3 or more standard deviations above expected performance (known as outstanding).

**We are pleased to confirm that the The Grange University Hospital has been identified as OUTSTANDING for the audit measure Two year follow-up.**

Eligible babies	Some health data entered (%)	No health data entered			Outside range
		Lost to follow-up	Not assessed for other reason	No data entered at all	
30	<b>30 (100%)</b>	0	0	0	0

The result of interest for this measure is 100%. The average result for England and Wales was 72.6%.

Congratulations to you and your team on this achievement. Please do pass on a copy of this letter to your trust Medical Director and Chief Executive Officer. If you have a quality improvement project to share relating to your achievement in this measure, the NNAP would be keen to hear from you. Please contact Rachel Winch via [nnap@rcpch.ac.uk](mailto:nnap@rcpch.ac.uk)

### More information about the NNAP report process and outlier management

The process for notifying and managing outliers follows a staged process, the full details of which are found in:

- [NNAP outlier management for the 2021 data year](#)
- The NNAP guidance follows the [Healthcare Quality Improvement Partnership \(HQIP\) outlier guidance for England and Wales](#).

The NNAP participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP), the Care Quality Commission (CQC), and the Clinical Outcomes Publication initiative.

The planned publication date for the NNAP annual report on 2021 data is 10 November 2022. Outliers will be identifiable on [NNAP Online](#) which will be updated on launch of the report.



Dr Sam Oddie  
 NNAP Clinical Lead  
 Consultant Neonatologist,  
 Bradford Teaching Hospitals NHS Foundation Trust



Rachel Winch  
 NNAP Project Manager,  
 RCPCH

CC:  
 Dr Anitha James, Aneurin Bevan University LHB  
 Elizabeth Gallagher, Network Manager, Wales



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 4.10 a

## Aneurin Bevan University Health Board

### WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – September 2022

#### Purpose of Report

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Welsh Health Specialised Services Committee (WHSSC) as a Joint Committee of the Board.

#### **The Board is asked to:** (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Nicola Prygodzicz, Chief Executive Officer

**Report Author:** Rani Mallison, Director of Corporate Governance

**Report Received consideration and supported by:** N/A

**Date of the Report:** 20<sup>th</sup> September 2022

#### **Supplementary Papers Attached:**

- 1) Chair's Summary of the Joint Committee Meeting held 6<sup>th</sup> September 2022
- 2) Chair's Summary of WHSSC's Quality and Patient Safety Committee meeting held 9<sup>th</sup> August 2022

#### Background and Context

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales.

In establishing WHSSC to work on their behalf, the seven Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health



Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website [Schedule 4 \(nhs.wales\)](https://nhs.uk/whscc/governance/schedule-4).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Specifically, the role of the WHSSC Joint Committee (as set out in Standing Order 1.1.4 [Schedule 4 \(nhs.wales\)](https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/)<https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/>) is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in-year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement (<https://whssc.nhs.wales/publications/governance/whssc-memorandum-of-agreement-2021/>)

in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.

- that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions.
- that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.
- that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

### Assessment and Conclusion

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 6<sup>th</sup> September 2022. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-bundle-4-september-2022/>

The Committee was attended by Glyn Jones, Interim Deputy Chief Executive Officer.

A summary of the business held is outlined at **Appendix A**, provided by the Chair of the Joint Committee.

This report also provides, at **Appendix B**, a Summary of WHSSC's Quality and Patient Safety Committee meeting held 9<sup>th</sup> August 2022.

### Recommendation

The Board is asked to receive this report for assurance.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks with this report.
<b>Financial Assessment, including Value for Money</b>	There is no direct financial impact associated with this report.
<b>Quality, Safety and Patient Experience Assessment</b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b>Equality and Diversity Impact Assessment</b>	An Equality and Diversity Impact Assessment has not been undertaken for this report as it is for assurance purposes only.



<b>(including child impact assessment)</b>	
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is no direct link to the Plan associated with this report, however the work of the Joint Committee contributes to the overall implementation and monitoring of health board IMTPs.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within the Joint Committee’s considerations, where appropriate.
<b>Glossary of New Terms</b>	IPFR – Individual Patient Funding Requests WHSSC – Welsh Health Specialised Services Committee
<b>Public Interest</b>	This report is written for the public domain.

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 6 SEPTEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 6 September 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 12 July 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Major Trauma Presentation**

Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020. Members noted the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months.

Members **noted** the progress made.

### **4. Specialised Services Strategy Presentation and Report**

Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.

Members **approved** the overall approach to developing a ten year strategy for specialised services and provide feedback on the key documents presented.

### **5. Recovery Update Paediatrics – Presentation**

Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, following a request from the JC on the 12 July 2022.

Members **noted** the presentation.

## 6. Chair's Report

Members received the Chair's Report and **noted**:

- Chair's Action taken to appoint James Hehir, Independent Member (IM), CTMUHB as the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel,
- The recruitment process to appoint two new WHSSC IM's,
- Attendance at the Integrated Governance Committee 9 August 2022; and
- Key meetings attended.

Members (1) **noted** the report; and (2) **Ratified** the Chairs action taken.

## 7. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services,
- A letter received from Welsh Government concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services,
- the Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme,
- That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the Joint Committee in November 2022,
- WHSSC receiving approval through the Value in Healthcare Bid – for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-habilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,
- Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and
- The appointment of an interim Director of Mental Health & Vulnerable Groups.

Members **noted** the report.

## 8. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG).

Members (1) **Noted** the report, (2) **Noted** the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and (3) **Received assurance** that the Neonatal

Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

### **9. Specialised Paediatric Services 5 year Commissioning Strategy**

Members received a report providing an update on the Specialised Paediatric Services 5 year Commissioning Strategy which was recently issued for a stakeholder feedback for a period of 4 weeks. The Joint Committee were requested to note the comments received, the WHSSC responses and the updated strategy for final publication.

Members (1) **Noted** the report, (2) **Approved** the proposed final version of the strategy; and (3) **Supported** the proposed next steps.

### **10. South Wales Cochlear Implant and BAHA Hearing Implant Device Service**

Members received a report presenting an update on discussions with the Management Group regarding the process and outcome of a recent review of the South Wales Cochlear Implant and BAHA Hearing Implant Device Service. The report also presented the proposed next steps including a period of targeted engagement on the future configuration of the Service.

Members noted that on the 28 July 2022 the Management Group discussed the preferred commissioning options as the basis of engagement/consultation and had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.

Members noted that a report would need to be submitted to HB Board meeting in September 2022 to seek support from Boards on engagement with Health Board residents (each report will include CHC views from the relevant HB area).

Members (1) **Supported** the management group recommendation, (2) **Agreed** the process to be followed (as advised by the Board of CHCs), (3) **Agreed** the content of the engagement materials as the basis of targeted engagement, (4) **Advised** on processes for individual Health Boards; and (5) **Noted** the EQIA.

### **11. Designation of Provider Framework**

Members received a report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services.

Members noted that the Designation of a Provider of Specialised Services Framework had been developed as part of the WHSSC Commissioning Assurance Framework (CAF).

Members (1) **Noted** the report and (2) **Approved** the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.

## **12. Individual Patient Funding Requests (IPFR) Governance Update**

Members received a report providing an update on discussions with Welsh Government (WG) regarding the All Wales Independent Patient Funding Requests (IPFR) Policy and the work undertaken to update the terms of reference (ToR) of the WHSSC IPFR Panel. The report asked for support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy.

Members (1) **Noted** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel is a sub-committee of the WHSSC Joint Committee, it is within its authority to update and approve the terms of reference (ToR), (2) **Noted** that Welsh Government had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and (4) **Noted** that the revised documents will need to be supported by the Joint Committee prior to referral to the Health Boards for final approval; and as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

## **13. WHSSC Annual Report 2021-2022**

Members received the WHSSC Annual Report 2021-2022.

Members **approved** the WHSSC Annual Report 2021-2022.

## **14. COVID-19 Period Activity Report for Month 3 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **15. Financial Performance Report – Month 4 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 4 2022-2023. The financial position was reported against the 2022-2023 baselines following approval

of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12,693k.

Members **noted** the current financial position and forecast year-end position.

## 16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## 17. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel.



<b>Reporting Committee</b>	<b>Quality Patient Safety Committee</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>9<sup>th</sup> August 2022</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1.0 Mother &amp; Baby Serious Untoward Incident Feedback</b></p> <p>An informative presentation was received from Aneurin Bevan University Health Board (ABUHB) on the learning and reflections following a Serious Untoward Incident relating to a Mother and Baby Unit placement that occurred in December 2019. This had been shared with the South Wales Mother and Baby Unit for shared learning in terms of the importance of communication and care and treatment plans for home leave.</p> <p><b>2.0 Commissioning Team and Network Updates</b></p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:</p> <ul style="list-style-type: none"> <li>• <b>Cancer &amp; Blood</b></li> </ul> <p>The Committee was pleased to receive the formal notification that the Neuroendocrine Tumour (NET) Service in Cardiff &amp; Vale University Health Board (CVUHB) had received UK ENET's accreditation. The team were congratulated on their achievement.</p> <ul style="list-style-type: none"> <li>• <b>Cardiac</b></li> </ul> <p>The Committee was informed of the improving position in Swansea Bay University Health Board (SBUHB) cardiac services. The level of escalation will be considered once the invited services review report has been received and reviewed by the commissioning team.</p> <ul style="list-style-type: none"> <li>• <b>Neurosciences</b></li> </ul> <p>An update was provided on the Artificial Limb Service. It was agreed that it would be beneficial to request an update on patient outcome as part of future work with the service.</p>	

- **Women & Children**

An update was provided to the committee regarding Paediatric Surgery, which continued to be monitored with the Clinical Board at CVUHB and through Service Level Agreements (SLA) meetings. It was noted that the SiTREP meetings had been reinstated as a result of ongoing pressures on neonatal cot capacity. This was primarily as a result of workforce issues. Concern was raised regarding the progress in setting up the Welsh Government Maternity & Neonatal Safety programme which would oversee the work. The Committee was made aware of a letter from Welsh Government (WG), dated 14<sup>th</sup> July, that had been sent to the Neonatal network and copied to WHSSC highlighting growing concerns around neonatal intensive care cot capacity across south Wales. A paper outlining the extent of these issues over the past six months across Wales had been requested, which will be signed off by the EDoN prior to submission to WG. An update regarding the neonatal transport position was provided to the committee and it was agreed that the neonatal update report submitted to Joint Committee would be shared after the meeting.

- **Intestinal Failure (IF)– Home Parenteral Nutrition**

A verbal update was provided to the committee and a detailed report was requested for the next meeting.

- **Mental Health & Vulnerable Groups**

The committee was provided with a summary of the services in escalation and Members received a presentation from the Cwm Taf Morgannwg University Health Board (CTMUHB) Exec Lead on the progress made at Ty Llidiard, which is currently in Escalation Level 4. It was noted that good progress has been made against the service improvement plan and a further update was requested at the next meeting to ensure a sustained improvement.

Members received a presentation on the recommendations and findings of a coroner's inquest that took place on 22<sup>nd</sup> February 2022. This was as a result of a serious untoward incident at Arnold Lodge Women's Enhanced Medium Secure Service in July 2018. Whilst no Regulation 28 was issued, a Quality Improvement Plan was put in place that is monitored by Mental Health Specialised Commissioning NHS England Midlands Region. The committee was assured that a joint meeting involving National Collaborative Commissioning Unit (NCCU), WHSSC Health Board and NHS England took place immediately following the inquest and an in-depth Ward Review was undertaken on the 16<sup>th</sup> June, which will be considered by the commissioning team once published. There were no Welsh placements currently with the NHS provider.

Members were provided with an update regarding service provision for Welsh patients with Eating Disorders. Negotiations with NHS England continue and it is planned that the 'gatekeepers' will visit the two potential units and develop a seamless pathway for patients. This will be an interim arrangement and long-term plans will be considered as part of the Mental Health Strategy. Assurance has been



sought that current patients in Cotswold House will continue with their treatment and be unaffected by any changes to the contract.

The members were provided with an update on the new model and Early Adopter services for the Gender Identity Development Service (GIDS) patients that NHS England announced on 29<sup>th</sup> July. Dr Cass recommended new regional centres be led by specialist children's hospitals, which are hoped will be operational by Spring 2023. Once operational, these services will take over clinical responsibility for all GIDS patients and those on the waiting list. The London-based service will be formed as a partnership between Great Ormond Street Hospital for Children and Evelina London Children's Hospital, with specialist mental health support provided by South London and Maudsley NHS Foundation Trust. The North West-based service will be formed as a partnership between Alder Hey Children's NHS Foundation Trust and Royal Manchester Children's Hospital, who both provide specialist Children and Young People's Mental Health services.

### **3.0 Other Reports Received**

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. The status of each service in escalation remains unchanged. However, the Cardiac services are making good progress and it is hoped that WHSSC will be in a position to de-escalate these over the next few months. The North Wales Adolescent Unit is also waiting for the NCCU review and should also be in a position to be de-escalated.

- **CRAF Risk Assurance Framework**

Members noted a new risk relating to neonatal cots and were provided with an updated position regarding the WHSSC Individual Patient Funding Panel Terms of Reference position and noted the progress made.

- **Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**

The committee was updated regarding the unannounced inspection that HIW undertook on Hillview Independent Hospital on 15-17 November 2021 and published their report on July 8 2022. Regis Healthcare Ltd is registered to provide an independent hospital for Children and Adolescent Mental Health patients at Hillview Hospital based in Ebbw Vale. The improvement plan will be overseen as part of the NCCU Framework.

The CQC undertook an unannounced inspection of St Mary's Hospital (Elysium Healthcare) focusing on Cavendish and Leo wards on the 21<sup>st</sup> and 22<sup>nd</sup> July. This was as a result of recent concerning restraint episodes and the death of a NHS England patient. The commissioning team report will consider the findings once published and WHSSC are a member of the Quality Assurance Board which will oversee the improvement plan.

- **Incident and Concerns report**

A concern was raised by a parent of a child regarding care at Hillview. This is being managed through the NCCU and legal advice has been sought. A copy of the response has been received. The same individual recently featured in a media article and an alternative placement is being actively sought.

- **Policy Group Report**

Received for assurance.

#### **4.0 Items for information:**

Members received a number of documents for information only, which members needed to be aware of:

- Chair's Report and Escalation Summary to Joint Committee 12 July 2022,
- Welsh Health Circular – Never Events,
- Welsh Health Circular - National Clinical Audit and Outcome Review Plan,
- Draft Development Day Agenda,
- QPS Distribution List; and
- QPS Forward Work Plan.

#### **Key risks and issues/matters of concern and any mitigating actions**

Key risks are highlighted in the narrative above.

#### **Summary of services in Escalation (Appendix 1 attached)**

#### **Matters requiring Committee level consideration and/or approval**

There were no specific issues requiring escalation to the committee.

#### **Matters referred to other Committees**


None were noted.


Confirmed minutes for the meeting are available upon request


#### **Date of next scheduled meeting:**


11<sup>th</sup> October 2022 at 13.00hrs

## 1.0 SERVICES IN ESCALATION


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> <li>Medical workforce and short-ages operational capacity</li> <li>Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions</li> </ul>	<ul style="list-style-type: none"> <li>QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy.</li> <li>Medical workforce issues improved with further appointments made and the issue of GMC registration resolved for 1 clinician.</li> <li>Bed panel data submitted electronically.</li> <li>NCCU undertook Annual Review on 29<sup>th</sup> June 2022 report yet to be published.</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
March 2018  Sept 2020  Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> <li>SUI 11 September</li> </ul>	<ul style="list-style-type: none"> <li>Escalation meetings held monthly, Exec Lead identified from Health Board. Last escalation meeting 20<sup>th</sup> July.</li> <li>Improvement Board established to oversee delivery of an integrated improvement plan.</li> <li>Emergency SOP has been fully implemented.</li> <li>Successful recruitment to posts created under a revised nursing workforce model.</li> <li>All new therapy posts have been advertised and will be completed by end of August.</li> <li>A new consultant has been appointed to lead the medical staff complement which now includes a further consultant post and a physicians associate grade post.</li> <li>Completion of a 4C's engagement process.</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>Next escalation meeting proposed July 20<sup>th</sup> but has been postponed due to lack of IGL availability however written update provided as alternative</li> <li>Staff proposal approved by BDGB, to increase resilience</li> <li>Work ongoing to address issues in HMP YOI</li> <li>Consultant Psychiatrist job description remains with College for approval</li> </ul>	


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review</li> </ul>	<p>Continued six weekly meetings in place to receive and monitor against the improvement plan.</p> <p>Although the service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per March update), further work is required between SBUHB, C&amp;VUHB and WHSSC to improve the aorto-vascular pathways and develop the preferred options. In the meantime, the pathway will remain unchanged.</p> <p>Escalation level will be reviewed –</p>	

					discussion planned for September 2022 – on provision of six months of data following delivery of GIRFT recommendations and the submission to WHSSC of the recent Royal College of Surgeons of England (RCS England) Invited Service Review report.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
July 2021  April 2022 (from 2-3)	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding processes and patient flow which impact on patient experience</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report.</li> <li>In view of continued failure to provide the GIRFT improvement plan and HEIW report the service was re-escalated in April 2022.</li> <li>Level 3 meetings were held in June and July, and subsequent meetings will be held at six-weekly intervals.</li> <li>These Executive level escalation meetings supersede bi-monthly meetings previously instituted for</li> </ul>	



					<p>monitoring purposes.</p> <ul style="list-style-type: none"> <li>• The service has now provided the requested GIRFT improvement plan and HEIW report (and action plan), and is has been agreed that WHSSC develop de-escalation criteria based on the recommendations in the GIRFT report and action plans.</li> </ul>	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
November 2021	Burns	SBUHB	3	<ul style="list-style-type: none"> <li>The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU.</li> </ul>	<ul style="list-style-type: none"> <li>The burns ICU is restored to full capacity (3 beds) with support from general ICU and anaesthetics consultants (stage 1 of the plan).</li> <li>Mutual assistance is available via the South West and Wales Burns Network and wider UK burns escalation arrangements, should it be required.</li> <li>The three-stage plan has been agreed following advice and support from the Burns Network and a peer visit to Swansea.</li> <li>Escalation monitoring meeting arranged for 12th August 2022.</li> <li>The current timeline</li> </ul>	

					for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 03.08.2022	Movement from last month
February 2022	PETIC	Cardiff University	3	<p>Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</p> <p>These concerns include:</p> <ul style="list-style-type: none"> <li>Recent suspension of production of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients.</li> <li>Failure to undertake a timely recruitment exercise leading to isotope production failures.</li> <li>Failure to produce a business case of sufficient quality in a timely manner for</li> </ul>	<ul style="list-style-type: none"> <li>The next escalation monitoring meeting is arranged for 23<sup>rd</sup> September 2022.</li> <li>PETIC is taking forward the agreed actions with regard to increasing management capacity within the service and clarifying the governance arrangements for the service.</li> </ul>	

				replacement of the scanner.		
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 4.10b

## Aneurin Bevan University Health Board

### EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – September 2022

#### Purpose of Report

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

#### **The Board is asked to:** (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Nicola Prygodzicz, Chief Executive Officer

**Report Author:** Rani Mallison, Director of Corporate Governance

**Report Received consideration and supported by:**

**Date of the Report:** 20<sup>th</sup> September 2022

#### **Supplementary Papers Attached:**

- 1) Chair's Summary of the Joint Committee Meeting held 6<sup>th</sup> September 2022
- 2) Confirmed Minutes of the Joint Committee Meeting held 12<sup>th</sup> July 2022

#### Background and Context

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the

Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website [Schedule 4 \(nhs.wales\)](#).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Specifically, the role of the EASC Joint Committee (as set out in Standing Order 1.1.3 [Schedule 4 \(nhs.wales\)](#)) is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual Health Boards Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each Health Board for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement ([MEMORANDUM OF AGREEMENT \(nhs.wales\)](#)) in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- The Emergency Ambulance Services Committee Team (EASCT) will be held to account by the EAS Joint Committee for the delivery of a strategy for the provision of emergency and non-emergency ambulance services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- That any decision taken and approved by the Joint Committees in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- That each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.
- That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions.

- That each Chief Executive as a member of the Joint Committee will require EASC Team of the EAS Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.
- That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

### Assessment and Conclusion

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 6<sup>th</sup> September 2022. The papers for the meeting are available at: [September 2022 - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/england/emergency-ambulance-services-joint-committee/) The Committee was attended by Glyn Jones, Interim Deputy Chief Executive Officer.

A summary of the business held is outlined at **Appendix A**, provided by the Chair of the Joint Committee.

This report also provides, at **Appendix B**, the Confirmed Minutes of the Joint Committee Meeting held 12<sup>th</sup> July 2022.

### Recommendation

The Board is asked to receive this report for assurance.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	There are no key risks with this report.
<b>Financial Assessment, including Value for Money</b>	There is no direct financial impact associated with this report.
<b>Quality, Safety and Patient Experience Assessment</b>	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	An Equality and Diversity Impact Assessment has not been undertaken for this report as it is for assurance purposes only.
<b>Health and Care Standards</b>	This report will contribute to the good governance elements of the Standards.
<b>Link to Integrated Medium Term</b>	There is no direct link to the Plan associated with this report, however the work of the Joint Committee contributes to the



<b>Plan/Corporate Objectives</b>	overall implementation and monitoring of health board IMTPs.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Not applicable to this specific report, however WBFGA considerations are included within the Joint Committee’s considerations, where appropriate.
<b>Glossary of New Terms</b>	EASC – Emergency Ambulance Services Committee EMRTS – Emergency Medical Retrieval and Transfer Service WAST – Welsh Ambulance Service Trust
<b>Public Interest</b>	This report is written for the public domain.

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	6 September 2022

### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/september-2022/>.

The minutes of the EASC meeting held on 12 July were approved.

### CHAIR'S REPORT

Members noted:

- the meeting with the Minister, Chief Ambulance Services Commissioner (CASC) and Welsh Ambulance Services NHS Trust (WAST) Chair and CEO on 20 July
- the meeting with CASC and Audit Wales re Emergency Care on 26 August
- the meeting with CASC and the Chair and Managing Director of the Welsh Health Specialised Services Committee (WHSSC) on 10 August
- the meeting of the Chairs' Peer Group on 16 August
- the induction meeting with Director of Nursing and Quality at WAST on 1 September
- the Chair's Objectives as set by the Minister and the request to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme
- the relevance of the 'Focus on' session relating to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

### PERFORMANCE REPORT

The significant challenge in the provision of timely ambulance services at present was noted and it was explained that data had been used from July (Ambulance Service Indicators) and August in the preparation of this report:

#### Ambulance Service Indicators (July data)

- The improving outcomes and numbers of patients managed via 'hear and treat'
- Incidents receiving a response were reduced, possible impact of the Clinical Safety Plan
- Conveyance has reduced, although it is important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan
- Ongoing work on post production lost hours and now included in the EASC Action Plan
- All-Wales red 8 minute performance was 52% (target 65%)
- Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)

- Weekly performance dashboard now circulated widely within health boards and Welsh Government.

Members raised important points including:

- Relentless demand across Wales, and hours lost, would remain a challenge
- The significant numbers of patients within the system that were 'fit for discharge'
- Concerns regarding the trajectory for the winter and the need for effective partnership working
- That the volume of demand at the front door is likely to increase
- Useful ideas that have been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system
- Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.

The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.

### **Immediate Release**

- WAST had presented the protocols to manage immediate release at the last meeting
- Amber release increased from 31% to 44% with WAST and health boards working together.

### **Handover delays**

- Fortnightly Handover Improvement Plan meetings continue with a focus on working towards the 2 trajectories
- Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing
- Overall lost hours remain very high.

### **EASC Action Plan**

It was noted that the latest version of the plan had been submitted to Welsh Government on 5 September and that small improvements and positive signs with good local actions were evident. In addition, discussion had taken place at the Directors of Planning meeting regarding the need to link the actions to the integrated medium term plan (IMTP) process.

Members noted that the EASC Action plan was being well received and that it is important that any further actions were captured and included as necessary.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report on commissioned services was received and Members were reminded that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

Members noted:

- The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) with work undertaken with stakeholders to develop a position update, this would now be discussed with HIW with a view to closing some recommendations. Further update to be provided at the next meeting
- An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team). The group consists of representatives of health boards (Directors of Nursing and Assistant Directors of Quality and Safety), WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of. Members noted that the next meeting would take place on 8 September 2022 with the aim of agreeing a consistent approach to joint investigations. Progress to be reported back to the EASC Management Group
- The general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position
- That this report would be strengthened to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services.

The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

### **FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)**

The Chair introduced the session referencing the recent media coverage of proposals by the Wales Air Ambulance charity to rationalise its operational bases, within a context of a procurement exercise for new aircraft. It was agreed that the session was timely and would provide Members with a greater understanding as a starting point of the process for assessing viability of the high-level proposal both as a partner organisation and also from a commissioning perspective.

As EMRTS National Director, David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:

- The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years
- The service continues to work closely with the Wales Air Ambulance Charity (the Charity)

- Use of the CAREMORE Quality and Delivery Framework
- 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics
- Longitudinal view of the service from 2016 to present; seeing an increase in activity
- An overview of EMRTS Commissioning Intentions for 2022/23
- A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow
- A focus on the Strategic Review undertaken by the Charity System to determine “the optimal operational configuration and physical footprint for our lifesaving services that brings greatest benefit to all the people of Wales” ahead of a forthcoming commercial aviation procurement process.

Members noted that the review had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.

Key headlines from the Strategic Review included under-utilisation and unmet (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of a service in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales (within existing resources) included:

- attending an additional 583 patients
- improved average response times (on average 11 minutes quicker) and
- achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)

- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal
- The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change
- Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter. It was agreed that this is a commissioning issue for the committee
- The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs
- That a briefing session has been planned with the Minister week commencing 12 September to consider the press leak
- That it is important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only service was provided from Cardiff but the proposed changes may widen this provision
- The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas
- Stephen Harray suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales
- The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances
- That the presentation was compelling but that this is an emotive subject and there is a need for wide engagement
- Important to consider the impact on the Charity
- The importance of ensuring the approach is fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)
- Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.

(Tef Jansma joined the meeting)

The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.

Members **RESOLVED** to:

- **NOTE** the presentation
- **RECEIVE** formally the Strategic Service Review at a future meeting
- **AGREE** in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.

### **WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE**

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- The link to the performance and quality & safety reports (already received)
- Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022. Members noted that there was more to come in this area and would be received in future meetings
- Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment
- Immediate release and the latest compliance report had been shared with week on week improvement.

### **Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. It was highlighted that there was an inverse relationship between Red performance and vehicle utilisation and that red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.

## **Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table**

Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 were used in England. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly review the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.

Members noted:

- Changes to patients fitting and the poor outcomes for this group of patients
- Codes for haemorrhage proposed to change from Amber 1 to Red
- As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance
- The proposition to move to the changes from the 1<sup>st</sup> Monday in October in line with the clinical recommendation.

Following discussion it was agreed that this would be formally taken through the WAST Board at the end of September and the CASC offered to work with WAST to discuss appropriate engagement regarding the changes, also offering to inform the Welsh Government regarding this matter so that they were aware of the impact.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions around the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

The Chief Ambulance Services Commissioner's report was received.

Stephen HARRY presented the report and highlighted that for the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at additional transfer and discharge services and targeted outcomes to support performance and mitigating clinical risk. The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following agreement of an implementation plan with COOs. Members **RESOLVED** to: **NOTE** the report.

## **AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

The report on the Emergency Ambulance Services Commissioning Framework was received. The following areas were highlighted:

- Enhanced commissioning framework as a key element of the collaborative commissioning approach
- Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers



- Discussions regarding the framework and the approach to commissioning emergency ambulance services going forward have been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST), identify opportunities for service re-design and ensure that evidence-based commissioning decisions were made
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, has been the focus at subsequent meetings
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement has now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes. Members noted the need to align the development of ICAPs with the IMTP planning process and the requirements of the Six Goals for Urgent and Emergency Care.

Following discussion Members **RESOLVED** to:

- **NOTE** the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework
- **NOTE** the development of local Integrated Commissioning Action Plans that respond to the needs of the local population
- **NOTE** the key principles of the implementation plan and next steps as described above
- **APPROVE** the Collaborative Commissioning Framework Agreement.

### **EASC COMMISSIONING UPDATE**

The report on the EASC Commissioning Update was received. Members noted updates against:

- **EASC Integrated Medium Term Plan (IMTP)**

It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality.

Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

### • **EASC Commissioning Intentions**

Members were reminded that commissioning intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent was achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during the Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach in place
- **APPROVE** the progress made against the EASC IMTP in Quarter 1 as set out in the update provided
- **NOTE** the Quarter 1 update against the commissioning intentions for each of the commissioned services.

### **FINANCE REPORT MONTH 4**

The Month 4 EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

Members **RESOLVED** to: **NOTE** the report.

### **EASC SUB-GROUPS CONFIRMED MINUTES**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 18 August 2022
- EASC Management Group – 16 June 2022
- NEPTS Delivery Assurance Group – 6 June 2022.

### **EASC GOVERNANCE**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the information within the EASC Key Organisational Contacts

#### **Key risks and issues/matters of concern and any mitigating actions**

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Structured approach relating to the engagement process for the proposal by the Wales Air Ambulance Charity

#### **Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note the roll out of WAST roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remained extremely challenging (52%)
  - Handover lost hours consistently in excess of 20,000 hours
- To acknowledge the key headlines from the Strategic Review undertaken by the Wales Air Ambulance Charity and the proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales, improving average response times and meeting 88% of demand (compared to the existing 72%). This information was received as the starting point of the engagement process and a structured approach would now be developed including a detailed engagement plan
- To approve the Collaborative Commissioning Framework Agreement for Emergency Ambulance Services, including the development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST as a key enhancement of the commissioning framework.

#### **Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>8 November 2022</b>			



**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
12 JULY 2022 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Executive Director of Planning, Digital and IT, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Linda Prosser	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services, Betsi Cadwaladr, BCUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
<b>In Attendance:</b>	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/72	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 22/73	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Glyn Jones, Mark Hackett, Paul Mears, Tracey Cooper and Cath O'Brien.</p>	Chair
EASC 22/74	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/75	<p><b>MINUTES OF THE MEETING HELD ON 10 MAY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 10 May 2022.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 10 May 2022.</li> </ul>	Chair
EASC 22/76	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/20 Performance Report</b></p> <p>The work on the patient outcomes data with Digital Health and Care Wales was progressing. Members noted that a further round of scrutiny and review would be undertaken with the WAST Team to ensure quality assurance; further consideration would take place at the next meeting of the EASC Management Group. To remain on the Action Log (Action Log).</p> <p><b>EASC 22/10 Key Reports and Updates</b></p> <p>With regard to the work required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital, it was noted that the electronic patient care record (EPCR) was in operation across Wales. Jason Killens agreed to follow up with the project team and provide an update regarding impact at the next meeting. To remain on the Action Log (Action Log).</p> <p><b>EASC 21-26 Committee Effectiveness – patient voice</b></p> <p>Discussions ongoing with the Citizens Voice Body. To remain on the Action Log (Action Log).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>EASCT</p> <p>WAST</p> <p>Chair/ Ctte Sec</p>

EASC 22/77	<b>MATTERS ARISING</b>  There were no matters arising.	Chair
EASC 22/78	<b>CHAIR'S REPORT</b>  The Chair's report was received. Members noted the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, WAST and health boards (HBs) to deliver the objectives relating to reductions in handover delays.  Members also noted the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience. Members noted the next step by the WAST team to present a report to their Board providing the required assurance that everything that could reasonably be done, was being done although the situation remained of serious concern.  The Chair also noted the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests and WAST had agreed to draft a protocol.  Members <b>RESOLVED</b> to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs</li> <li>• <b>NOTE</b> the Chair's objectives set by the Minister.</li> </ul>	Chair
<b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b>		<b>ACTION</b>
EASC 22/79	<b>'Focus on' PERFORMANCE REPORT INCLUDING THE ANNUAL SERVICE QUALITY INDICATORS (APRIL &amp; MAY 2022)</b>  The Performance Report was received which was presented by Ross Whitehead. Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022). The recent high-level outputs from the Performance Reports were noted, including: <ul style="list-style-type: none"> <li>• Red performance remained extremely challenging (at approximately 50%) with some variation noted</li> <li>• Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes</li> </ul>	

	<ul style="list-style-type: none"> <li>• Median response times for Amber 1 patients (over 2 hours)</li> <li>• Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)</li> <li>• 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.</li> </ul> <p>The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed, including:</p> <ul style="list-style-type: none"> <li>• <b>EASC Action Plan</b></li> </ul> <p>It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.</p> <p>The draft EASC Action Plan, as presented, incorporated actions to be undertaken by WAST, by HBs or to be undertaken jointly between organisations. The expectation was that the plan would evolve to reflect the action being taken across the system and to identify additional opportunities to improve the performance and responsiveness of commissioned services. Members noted that the RAG (Red/ Amber/Green) ratings had been included to indicate confidence in the delivery of actions and it was confirmed that the plan would also incorporate actions from the Six Goals for Urgent and Emergency Care Programme in future iterations.</p> <p>The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:</p> <ul style="list-style-type: none"> <li>• the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours</li> <li>• the undertaking of an annual review at the end of September 2022 against the trajectories (Forward Look)</li> <li>• the number of core actions being undertaken across each health board</li> <li>• an element of variation in some of the other actions being undertaken by health boards</li> <li>• the impact that these actions would have on the trajectories and in ensuring the required progress was made.</li> </ul>	<p>EASCT</p>
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<p>The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.</p>	<p>EASCT</p>
<p>Members commented that:</p> <ul style="list-style-type: none"> <li>the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week</li> <li>information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable (Action Log). Jason Killens added (via the MS Teams chat) that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set</li> <li>the focus should be on the actions with the highest impact</li> <li>there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.</li> <li>The EASC Action Plan would be shared at the NHS Wales Leadership Board.</li> </ul>	<p>EASCT/ WAST</p>
<p><b>Handover Delays</b></p> <p>An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.</p>	<p>EASCT</p>
<p>Members noted a number of core actions to avoid conveyance including:</p> <ul style="list-style-type: none"> <li>the advanced paramedic practitioner and its navigator role (SBUHB)</li> </ul>	



	<ul style="list-style-type: none"> <li>the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities</li> <li>the potential for WAST access to urgent primary care centres</li> <li>the increased use of 111</li> <li>the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted</li> <li>111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.</li> </ul> <p>It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.</p> <p>The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.</p> <p>Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate (Action Log).</p> <ul style="list-style-type: none"> <li><b>Red Demand and Variation</b> Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced. It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.</li> <li><b>Performance Reporting</b> Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.</li> </ul>	<p>EASCT</p> <p>EASCT/ WAST</p> <p>WAST</p> <p>WAST/ EASCT</p> <p>EASCT/ Optima</p>
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	<p>Ross Whitehead and Ricky Thomas would provide an update of the work at a future meeting (Action Log).</p> <p>Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.</p> <p>Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.</p> <p>More sophisticated and robust data was expected as the electronic clinical patient record (ECPR) started to embed and this would further support the development of an appropriate evidence base.</p> <p>Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 (Agenda item 3.2 for information), and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals (Agenda item 3.1).</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Quality Indicators</li> <li>• <b>ENDORSE</b> the EASC Action Plan</li> <li>• <b>ENDORSE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the performance reporting information submissions.</li> </ul>	RW/RT
EASC 22/80	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report was received.</p>	

	<p>In presenting the report, Ross Whitehead explained that the report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• the work of the Healthcare Improvement Wales (HIW) Task &amp; Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</li> <li>• progress of the NHS Wales Delivery Unit on Appendix B Task &amp; Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement</li> <li>• the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report</li> <li>• <b>NOTE</b> the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services</li> <li>• <b>NOTE</b> the provision of Quality and Safety Reports relating to commissioned services at all future meetings.</li> </ul>	
EASC 22/81	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas from the Report:</p> <ul style="list-style-type: none"> <li>• (Point 2.2) the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results</li> <li>• WAST had updated its tactical Performance Improvement Plan with specific action for the summer months</li> <li>• WAST was currently at escalation level 3 (maximum 4)</li> <li>• (Point 2.11) in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).</li> <li>• (Point 2.13) lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)</li> <li>• (Point 2.16) related to two reports on handover that may be useful to Members (the Healthcare Safety Investigation Branch (HSIB) Interim bulletin Harm caused by delays in transferring patients to the right place of care June 2022 Publication ref: NI-004133/IB (<a href="https://hsib-kqcco125-">https://hsib-kqcco125-</a></li> </ul>	

	<p><a href="https://media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf">media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf</a>) and Association of Ambulance Chief Executives (AACE) AACE and NHS Providers roundtable on tackling handover delays: note of discussion.</p> <ul style="list-style-type: none"> <li>• WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks</li> <li>• Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.</li> <li>• (Point 2.37) detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.</li> </ul> <p>Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:</p> <ul style="list-style-type: none"> <li>• Cardiff and Vale UHB in late September</li> <li>• Swansea Bay UHB in early October</li> <li>• Aneurin Bevan UHB during mid-October</li> <li>• Cwm Taf Morgannwg UHB in late October</li> <li>• Betsi Cadwaladr UHB in early November and</li> <li>• Powys mid-November 2022</li> </ul> <p>As part of this process, it was noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis (Action Log).</p> <p>Stephen Harray updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:</p> <ul style="list-style-type: none"> <li>• the roster review programme equated to approximately 70 additional WTEs</li> </ul>	<p>WAST</p>
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	<ul style="list-style-type: none"> <li>supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report (Action Log)</li> <li>the improvement trajectories for sickness as part of the new Managing Attendance Plan</li> <li>the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.</li> </ul> <p><b>Immediate red release</b></p> <p>The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.</p> <p>A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12 <a href="https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf">https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf</a> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version (Action Log). Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the WAST Provider Report</li> <li><b>NOTE</b> the actions required for the immediate red release protocol.</li> </ul>	<p>WAST</p> <p>ALL</p>
EASC 22/82	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales.</li> </ul>	

	<p>Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options (Action Log).</p> <ul style="list-style-type: none"> <li>• Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting (Action Log)</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	<p>WAST</p> <p>WAST</p>
EASC 22/83	<p><b>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</b></p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Ross Whitehead reminded Members of the previous discussions at the Committee and that a 'Focus on' session had been held at the EASC Management Group. Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.</p> <p>Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.</p> <p>The work around the development of the detailed schedules within the ICAPs would require the EASC Team to work with WAST and health boards and the process would also aim to ensure that opportunities for transformation and 'shift left' or 'inverting the triangle' would be identified and aligned to the 5-Step ambulance patient care pathway and best practice could be shared across Wales.</p>	<p>EASCT</p>

	<p>In supporting the development of the Framework, Members noted that the draft commissioning framework clearly defined and protected the core ambulance service as required, with the clear process to clarify the scope, care standards, activity, and the resource envelope.</p> <p>In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery.</p> <p>The Chair thanked the Team for the collaborative work to date and noted that more work with WAST and health boards would be undertaken. It was agreed that the Framework would need to be formatted and finalised to include comments received around purpose, ownership of the Framework, roles and responsibilities, logos etc prior to submission for approval.</p> <p>The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.</p> <p>Following discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made in developing the new Emergency Ambulance Services Commissioning Framework</li> <li>• <b>ENDORSE</b> the content of the Framework and the ongoing plans for development.</li> </ul>	EASCT
EASC 22/84	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The report on the EASC Commissioning Update was received. Members noted that the update has been prepared to provide an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting (Forward Look). An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the ongoing collaborative commissioning approach</li> </ul>	EASCT

	<ul style="list-style-type: none"> <li><b>NOTE</b> that a Quarter 1 update against the commissioning intentions for each of the commissioned services will be presented at the August meeting of the EASC Management Group and to the next EASC meeting.</li> </ul>	EASCT
EASC 22/85	<p><b>FINANCE REPORT MONTH 12</b></p> <p>The Month 2 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 2<sup>nd</sup> month of 2022/23 together with any corrective action required. No corrective action was required.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
EASC 22/86	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>Chair's Summary EASC Management Group – 16 June 2022</li> <li>EASC Management Group – 21 April 2022</li> <li>NEPTS Delivery Assurance Group – 3 May 2022</li> <li>EMRTS Delivery Assurance Group – 29 March 2022.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the confirmed minutes.</li> </ul>	
EASC 22/87	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> <li>the EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)</li> <li>the 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting</li> <li>EASC Model Standing Orders and it was confirmed that all outstanding areas had been completed</li> <li>the EMRTS DAG Annual Report including an overview of the work undertaken, membership and terms of reference, noting cancellation of one meeting in December 2021 due to operational pressures</li> <li>EASC Communication and Engagement Plan – requirement as part of our Standing Orders to set out how EASC communicates and engages with stakeholders</li> </ul>	



	<ul style="list-style-type: none"> <li>EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework – this was the first iteration and would be presented at each future meeting of the Committee</li> <li>The closure of all recommendations from the audit of EASC Governance</li> <li>The list of key organisational contacts was noted.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>ENDORSE</b> the risk register (Appendix 1)</li> <li><b>NOTE</b> the progress with the actions to complete the requirements of the EASC Standing Orders (Appendix 2)</li> <li><b>APPROVE</b> the EMRTS DAG Annual Report 2021-2022 (Appendix 3)</li> <li><b>APPROVE</b> the EASC Communications and Engagement Plan (Appendix 4)</li> <li><b>APPROVE</b> the EASC Assurance Framework (Appendix 5)</li> <li><b>APPROVE</b> the completion of the Internal Audit on EASC Governance (Appendix 6)</li> <li><b>NOTE</b> the information within the EASC Key Organisational Contacts (Appendix 7).</li> </ul>	EASCT
EASC 22/88	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the report.</li> </ul>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/89	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/90	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 September 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Wednesday 28<sup>th</sup> September 2022  
Agenda Item: 4.11

## Aneurin Bevan University Health Board

### Committee and Advisory Group Update and Assurance Reports

#### Purpose of the Report

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

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

#### The Board is asked to:

Approve the Report.

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Rani Mallison, Director of Corporate Governance

**Report Author:** Bryony Codd, Head of Corporate Governance

**Report Received consideration and supported by:**

**Executive Team**

N/A

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

As outlined.

**Date of the Report:** 13<sup>th</sup> September 2022

**Supplementary Papers Attached:** Committee Assurance Reports

#### Background and Context

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

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Safety, Quality and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee
- Stakeholder Reference Group
- Healthcare Professionals Forum

#### Assurance Reporting

The following Committee assurance reports are included:

- Audit Risk and Assurance Committee – 2<sup>nd</sup> August 2022
- Charitable Funds Committee – 2<sup>nd</sup> August 2022
- Patient Quality, Safety and Outcomes Committee – 16<sup>th</sup> August 2022
- Mental Health Act Monitoring Committee – 6<sup>th</sup> September

### **External Committees and Group**

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:

- Shared Services Partnership Committee – 21<sup>st</sup> July 2022
- WHSSC/EASC – provided within Agenda item 4.9 – An Overview of Joint Committee Activity.

### **Assessment and Conclusion**

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

### **Recommendation**

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

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

<b>Name of Committee:</b>	<b>Audit Committee</b>
<b>Chair of Committee:</b>	<b>Shelley Bosson</b>
<b>Reporting Period:</b>	<b>02 August 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b>Committee Annual Programme of Business 2022/23</b></p> <p>The Committee approved the Annual Programme of Business 2022/23; noting it would assist the Committee in monitoring and reviewing progress on key business and issues arising.</p> <p><b>Internal &amp; External Audit Recommendation Tracker</b></p> <p>The Committee received an update on the status of implementing internal and external audit recommendations.</p> <p>The Committee was informed that an established process for tracking recommendations was in place, and it was recommended that the initial focus be on audit years prior to 2021/22. The Corporate Governance Team would work closely with the Executive Team over the coming weeks to address the backlog of actions, and to clarify the time frames in which those would now be delivered, as well as acknowledging changing operational context.</p> <p>It was agreed that the Committee would receive a closure position report against completed recommendations to ensure that all recommendations resulting from a limited rated assurance report were adequately addressed.</p> <p>The Committee noted the update and ongoing improvement work to ensure that the Audit Tracker accurately reflects the organisation's position.</p> <p><b>Review the Board Assurance Framework (BAF) 2022/23</b></p> <p>A presentation on the BAF was given to the Committee, which facilitated a discussion about the Board's current understanding of the Health Board's assurance arrangements and the next steps in the ongoing development of an assurance system.</p> <p>It was acknowledged that this was lack of clarity, understanding, and ownership in how the BAF is used and owned, as well as a disparity between the BAF and the Corporate Risk Register (CRR). It was noted that there was an opportunity to bring the BAF and CRR together to have more informed discussions at the Board and through Committees, as well as shape the organisational system and encourage learning in relation to assurances and assurance gaps. To further understand the strategic risks that align with strategic priorities, it was proposed that a more layered approach to assurance was required. This would be a process-based course of action that enabled understanding of the system-wide internal control framework.</p> <p>The Committee noted the proposed revision to the BAF approach.</p> <p><b>Committee Risk Report (CRR)</b></p> <p>The Committee was informed that a review of all Divisional risks captured through the Datix risk management system had been conducted, and that several 'themes' had been identified, resulting in the identification of 5 new risks and the reframing of 1 existing risk.</p> <p>The Health Board reported 26 Organisational Risk Profiles, 17 of which were Principal Risks (scores of 15 or higher).</p> <p>As part of the Board's risk and assurance development, a live demonstration of the new Once for Wales (OFW)RLDatix Risk Management Module would be arranged for a future development session.</p>	

The Committee noted the report for assurance.

### **Financial Governance and Control**

The Committee was informed that, for the first time, the Health Board had fallen below the 95% target for public sector payments, but that this was primarily due to the volume of nurse agency invoices. The Committee was assured that this was not a long-term issue and that a plan was in place to restore compliance, though it was noted that compliance may continue to decline as older payments are paid due to the metrics in place.

Changes to the Financial Control Procedures (FCP) Recovery of Overpayments to Employees and Budgetary Control were approved by the Committee. Concerns were raised, however, about the Budgetary Control FCP, and more assurance was sought about the mechanisms in place to hold individuals accountable when overspend was identified. The Chair requested that it be discussed further at the People and Culture Committee in terms of performance reviews, and at the Finance and Performance Committee in terms of financial performance.

The Committee was informed that further work would be required to determine how the Executive holds the organisation accountable for financial performance and how the Board obtains assurance on those arrangements through the Committee structure.

The Committee noted the Single Tender Actions (STAs) taken since the previous reporting period.

The Committee endorsed the proposed changes to the financial control procedures and noted the report for assurance.

### **Quarterly Report on Counter Fraud Activity**

The Committee was informed that criminal activity in cyber procurement and mandate fraud had increased but noted a risk assessment to better understand the threat would be carried out with the assistance of cyber security teams and Internal Audit.

The Committee noted the Quarterly Report on Counter Fraud Activity for assurance.

### **Post Payment Verification (PPV) Annual Report**

The Committee received the PPV Annual Report which highlighted how practices had been performing over the 2021/22 PPV cycle. It also demonstrated the Health Board's overall performance against national averages. The error rates against the General Medical Service (GMS) statistics for the Health Board for 2021/22 were lower than the All Wales average, however, the revisits were higher due to one Practice with an error rate of 90.91%. The PPV Manager provided assurance that there was a plan in place to monitor performance of the Practice.

Pharmacy Services (GPS) 2022, NHS Wales Shared Services Partnership (NWSSP) had introduced a pilot for two new service checks by PPV, which were the Quality and Safety Scheme and the Collaborative Working Scheme. These initiatives would be rolled out across Wales once approved by the National Extended Services Management Board.

The Committee noted the report for assurance.

### **Internal Audit Reviews Plan Progress Update**

The Committee was informed that the 2022/23 Audit Plan position against progress was one (1) in draft and six (6) in progress. It was noted that the team have had difficulty obtaining full management engagement with some of the operational audits but advised work was taking place

alongside the Director of Corporate Governance to address this and move forward with the reviews
The Committee noted the progress of the 2022/23 Internal Audit Plan and approved the merger of the Access to Primary Care and Neighbourhood Care Networks audits.
<b>Internal Audit Reviews (Reasonable)</b> The Committee received and accepted the reasonable assurance report for Waste Management; however, requested management actions be assigned target dates before being included on the Audit Tracker.
A criterion to aid management in completing comprehensive management responses would be developed and shared with management.
<b>External Audit Performance Update Report</b> The Committee was informed that on June 17, 2022, the Auditor General certified the Performance Report, Accountability Report, and Financial Statements, which were then laid before the Senedd. The audit of the Charitable Funds 2021-22 financial statements is scheduled to take place in the autumn,
The Committee noted the completed work, work that had begun and planned work.
<b>Audit Wales - Review of Quality Governance Arrangements</b> The Committee noted the Quality Governance Arrangements and endorsed the inclusion of recommendations on the Audit Tracker.
<b>AOB</b> On behalf of the Committee the Director of Corporate Governance recognised the Chair's contribution to the Committee and thanked her for her tenure. Iwan Jones, Independent Member (Finance), would take up the role.
<b>Matters Requiring Board Level Consideration or Approval:</b>
• There were no matters requiring consideration or approval.
<b>Key Risks and Issues/Matters of Concern:</b>
• There were no issues or matters of concern.
<b>Planned Committee Business for the Next Reporting Period:</b>
<b>Date of Next Meeting:</b> Thursday 6 <sup>th</sup> October at 09:30am via Microsoft Teams

<b>Name of Committee:</b>	<b>Charitable Funds Committee (CFC)</b>
<b>Chair of Committee:</b>	<b>Katija Dew</b>
<b>Reporting Period:</b>	<b>2<sup>nd</sup> August 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b>Draft Committee Workplan</b></p> <p>The Committee received the Draft workplan to noted. The final workplan with recommended updates would be presented at the next meeting of the CFC.</p> <p><b>Finance Report including the Draft Annual Report &amp; Accounts 21-22</b></p> <p>The Committee received the draft Annual Report and Accounts for year ending 31 March 2022 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities. Members requested that the Final Annual Report be shared with Board members.</p> <p>The Committee approved the set up of four new Grant Funds, as follows:</p> <ol style="list-style-type: none"> <li>1. Grant - NHS CT COVID Recovery</li> <li>2. Grant – Health Hack – Ovarian Cancer</li> <li>3. Grant – Safer Beginnings</li> <li>4. Grant – Helpforce Volunteer to Career</li> </ol> <p><b>Investment Management Contract Tender Specification</b></p> <p>The Committee received an overview of the Investment Management Contract Tender Specification and a draft service specification for consideration and approval. The final Service Specification would be shared with members, including a timeline of activity.</p> <p><b>Level of Reserves 22-23</b></p> <p>The Committee received an update on the Level of Reserves for 2022-2023. The Committee approved the level of reserves to be held for 2022-2023 at £288k as described and approved the use of the unrealised gain to fund the additional £22k required, as outlined in the report.</p> <p><b>Bids to be Considered by the Committee</b></p> <p>The Committee reviewed the following bids:</p> <ul style="list-style-type: none"> <li>• Bid CFC-253 - Accessible Psychological Support for People Affected by Covid-19- the Committee supported this bid.</li> <li>• Bid CFC-254 CIVICA Patient Experience Platform- the Committee approved the bid for the first year.</li> </ul> <p><b>Funds Available and CFC Small Grants Scheme</b></p> <p>The Committee received the up-to-date position in relation to the funds available to support grant requests submitted to Charitable Funds. No grant requests had been received for scrutiny at the meeting. The current balance available to the Committee at the time of the meeting was noted as £49k.</p> <p><b>Key Performance Indicators (KPIs)</b></p> <p>The Committee received a verbal update on progress made on Key Performance Indicators. A report on KPIs would be included at the Committee meeting in January 2023.</p> <p><b>Request to Sell Strip of Land at Oakdale</b></p> <p>The Committee received the update, outlining interest from a potential buyer for the Charity owned plot of land in Oakdale. Further investigation on plans for the surrounding land was to take place, alongside an updated valuation of the land.</p>	



**Spending Plans Over £25k**

The Committee received the report, outlining the Health Boards spending plans for individual charitable funds in excess of £25k.

Frequent reviews of the spending plans were to be added to the Committee Forward Workplan.

Members requested that wider discussions take place with the Executive Team to look at utilising unrestricted funding, where acceptable, to improve services and support training and education.

**Committee Terms of Reference**

The Committee received and endorsed the Terms of Reference (ToR) and operating arrangements, following consideration by the Board in March 2022.

**Person Centred Care Charitable Funds**

The Committee received an overview of Person-Centred Care charitable funds and plans for funds unspent due to the pandemic. A draft report outlining the bids would be shared with the Executive Team, with a final report coming back to the Committee.

**Matters Requiring Board Level Consideration or Approval:**

- None noted.

**Key Risks and Issues/Matters of Concern:**

- None noted.

**Planned Committee business for the Next Reporting Period:**

- Review of Committee Programme of Business
- Financial Update including Investments Valuation
- Report on Significant Donations and Gifts
- Update on new and closed funds
- Overdrawn Accounts
- Spending Plans under £25k
- Tender for Investment Contract
- Approval of Admin Charge/Unrealised Gain Apportionment 22/23
- Approve to Grant Giving
- Approach for Cross Over Funding between Directorates

<b>Name of Committee:</b>	<b>Patient Safety, Quality and Outcomes Committee (PQSOC)</b>
<b>Chair of Committee:</b>	<b>Pippa Britton</b>
<b>Reporting Period:</b>	<b>16<sup>th</sup> August 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b><i>Urgent and Emergency Care</i></b></p> <p>The Committee received the report and overview of the Health Boards plans and progress in response to the Welsh Government 'Six Goals for Urgent and Emergency Care'.</p> <p>Two areas of focus within the six goals framework were Urgent Primary care Centre and Same Day Emergency Care (SDEC). The SDEC had opened on the 8<sup>th</sup> of August 2022. Members were assured that early data indicted patient waiting times had significantly improved and initial patient experience feedback was positive. A full report on SDEC would be reported to the Committee at a future meeting.</p> <p>Committee members noted that significant discussions on Urgent and Emergency Care had taken place with Board members and Executive leads and were assured by the continual focus on safety in urgent and emergency care, and that critical safety concerns were highlighted in weekly Senior Leadership Response meetings, in addition to 'Safety Huddles' on each site.</p> <p>The Committee noted the contents of the report and the action to improve patient experience and outcomes across the urgent and emergency care system and improve ambulance handover performance.</p> <p><b>Patient Quality and Safety Outcomes Report</b></p> <p>The Committee received an overview of the report, noting that reporting continues to adopt a proportionate approach due to Health Board challenges, focusing on high-risk matters.</p> <p>The update focused on one of the three risk areas with a red rag rating, Stroke Services. It was highlighted that specific agenda items would provide focus on Urgent Care and WAST, and Cancer Services.</p> <p>Members were informed that the Stroke Directorate had received the draft report from the external review undertaken by 'Getting It Right First Time' (GIRFT), containing recommendations. Alongside this external review, Health Inspectorate Wales were undertaking an all-Wales review of stroke services. The Health Board would be providing a management response and action plan in response to GIRFT recommendations, aligning to recommendations received from HIW. Recommendations from the reviews, alongside engagement with external partners, would support the Health Board in improving future Stroke services. This would be overseen by the Health Boards Stroke Recovery Group. Members were assured that a detailed report on the management response and action plans would come back to the Committee.</p> <p>Members were informed of current work required around Stroke rehabilitation. Some of the influencing factors were discussed, including workforce challenges on the stroke pathway, impacting rehabilitation services. Members were assured that the Health Board worked with 3<sup>rd</sup> sector partners to provide continued rehabilitation care for the population through the 'Life After Stroke' service.</p> <p>The Committee received the report and noted the high risks and actions being taken to mitigate the position.</p>	

### ***Clinical Audit Strategy 2022-2025***

The Committee received the update providing oversight of the Health Boards Clinical Audit Strategy 2022-2025 and the four key priority areas.

Members were informed that the digital clinical audit management tool, AMaT, had been procured to provide organisational oversight of all clinical audits and the development and monitoring of improvement plans. An all-Wales approach to the implementation of AMaT was required and a meeting with other Health Boards was due to take place in September 2022 to discuss this further. The implementation and monitoring of the AMaT system and the progress of the Clinical Audit Strategy will be overseen by the ABUHB Clinical Standards and Effectiveness group and reported back to the Committee.

### ***Clinical Audit Activity Report (Local and National), Quarter 1, 2022-23***

The Committee received the update providing oversight of results from National Clinical Audits and Confidential Inquiries, including improvements underway to address performance.

Members were informed that further discussions were required the secretariat of the Clinical Standards & Effectiveness Group to discuss the scrutiny of actions taken from audits, with an update reported back to the Committee.

Members recommended Health Board improvement plans against targeted actions be included in future reports, with a focus on the improvement of patient care and experience.

### ***Psychosis Audit***

The Committee received the report for assurance, noting this related to a previous Committee action. The report provided assurance of work undertaken to address required improvements outlined in the National Clinical Audit of Psychosis with respect to the Early Intervention Service (2020/2021).

### ***Update on Cancer Services, and Associated Risks***

The Committee received an overview of cancer performance and discussed the Health Boards identified improvements to address current challenges. Data indicated a deteriorating position against significant increased activity, due to increased demand.

Pathology demand had increased and was noted as an area of high risk. Insufficient working space was currently affecting the ability to recruit to address demand, along with a UK wide shortage of Pathologists. Members were assured that regular discussions were taking place on an All-Wales level to look to improve services and a Pathology business case for service improvement had been developed and was at the PIP governance stage.

Noting the increased numbers of people presenting late with cancer, members were assured that Primary Care Services were working alongside Public Health Wales to improve communications by raising awareness, alongside investing in preventative measures to improve population health. A report on improvement plans to be presented to the Committee for information.

### ***National review of Venous Thromboembolisms (VTE) Report***

The Committee received the report for assurance, outlining the Health Boards action plan in response to the national review of Venous Thromboembolisms.

Members acknowledged the recommended actions, as outlined in the report, and the work underway to provide assurance that each recommendation would be achieved over the next 12 months.

### ***Safeguarding Annual Report 2021/22***

The Committee noted the report outlining progress, performance, risk and learning together with an overview of emerging themes and trends, and a proposed work programme for 2022/'23.

Members discussed the significant number of child deaths relating to asphyxiation, highlighted in the report. The Health Board had undertaken a review in collaboration with Welsh Government. As a result, a 'Suicide and Self-Harm for Young People' strategic group had been developed within the Gwent Safeguarding Board, of which health stakeholders were key contributors.

Members were assured that the Executive Team were committed to working with the Safeguarding teams to ensure learning informed safeguarding practice throughout the Health Board.

### ***Infection Prevention and Control (IPAC) Annual Report 2021/22***

The Committee noted the report outlining the infection prevention work undertaken in 2021/22.

Members were informed of the significant work programme and the impact of Covid-19 on Infection Prevention and Control, including priority areas for the Health Board and IPAC teams for 2022/23.

### ***LD Directorate Update***

The Committee received the report for assurance, providing an overview of the report in response to a previous Committee action requesting an update on the review of care for individuals with Learning Disabilities (LD).

Members noted the progress made with the *Improving Care, Improving Lives* Action Plan and supported the continued joint work with the National Implementations Assurance Group in response to the recommendations.

Members were informed of the continued development and strengthening of health liaison teams and progress made within both secondary and primary liaison services.

Members noted the continued work in monitoring the quality of commissioned packages of care in in-patient settings, supported continued monitoring and welcomed future reviews.

### ***Committee Risk Report, July 2022***

The Committee received and noted the report for assurance and compliance. The Committee were advised that the report included risks that had recently been reported to the Board as part of the Corporate Risk Register.

Members noted that divisional targeted support and intervention had continued. A plan highlighting the benefits associated with the Risk Management Strategy had been developed and endorsed by the Audit, Risk and Assurance Committee. An update on the plan would be shared with Committee members.

Members were informed of the continued work to improve assurance mechanisms to the Board in relation to Health Board commissioned services. Further discussions to take place to determine assurance through continued monitoring, aligning with the developmental plans for the Board Assurance Framework.

In relation to the CAHMS risk profile, the Health Board was awaiting final funding approval from Welsh Government to develop improved services for children and young people in crisis. Contingencies were in place should the funding not be approved.

Members were assured that the risk report and corporate risk register would continue to inform the Committee workplan and priorities going forward.

### **Committee Annual Workplan**

Committee members approved the Committee annual Workplan.

### **Highlight Assurance Report: Patient Quality, Safety & Outcomes Group**

Members were informed that work was being undertaken to review the Terms of reference for the group.

The Committee noted the report for information.

**Healthcare Inspectorate Wales, 2022-2023 Operational Plan** The Committee noted the report for information.

### **PROMPT Wales Quality Assurance Review**

The Committee noted the report for information.

The Committee noted

### **WHSSC QPSC Chairs Report to the 12<sup>th</sup> July 2022 Joint Committee**

The report was received by the Committee.

### **Matters Requiring Board Level Consideration or Approval:**

None noted.

### **Key Risks and Issues/Matters of Concern:**

None highlighted.

### **Planned Committee business for the Next Reporting Period:**

- Assurance Report on Contractual Arrangements with WAST-inter-site transfers
- Nutrition and Hydration Annual Report (to include responses to previous actions)
- Falls and Prevention Management Report
- Health & Safety Compliance Report
- Patient safety Incidents and Learning
- Children's Rights and Participation Forum
- Infection Prevention and Control Report
- Putting Things Right Policy
- Putting Things Right Reporting (complaints, compliments and redress)
- Quality & Engagement (Wales) Act, Preparedness and Implementation
- Clinical Negligence Claims and Coroners Inquests report
- Maternity Services: Organisational Self-Assessment and Action Plan
- Tracking of Improvement Actions Arising from Inspections and Reviews
- ABUHB Final Response to HIW Unannounced Visit to GUH November 2021 and Compliance against actions

- ABUHB Independent Assessment and Action Plan Based Upon findings of the *The Independent Review of Maternity Services at SATH*
- Quality Assurance Framework Annual Review and Evaluation of Progress
- Clinical Effectiveness and Standards Committee Report
- GIRFT Stroke Review
- Committee Risk Report

**Date of Next Meeting: Tuesday 18<sup>th</sup> October 2022**

<b>Name of Committee:</b>	<b>Mental Health Act Monitoring Committee</b>
<b>Chair of Committee:</b>	<b>Pippa Britton</b>
<b>Reporting Period:</b>	<b>7<sup>th</sup> September 2022</b>
<b>Key Decisions and Matters Considered by the Committee:</b>	
<p><b>Mental Health Act Update</b></p> <p>The Committee received a report on the use of the Mental Health Act from April-June 2022 (Quarter 1). Members were advised that a further look at comparative data pre-COVID and during COVID, alongside admissions by Directorate, would be included in the report for the next meeting.</p> <p>Members discussed the monitoring of commissioned services for patients with Learning Disabilities. The Chair requested that the monitoring of Commissioned Services be reported to the Patient Quality, Safety &amp; Outcomes Committee.</p> <p>Members were informed that of the Section 2 cohort, 13 were allowed to lapse. The MHA Administration Department had highlighted the issue to the relevant practitioners, and update would be reported to the Committee.</p> <p>Members were advised that the recruitment of Hospital Managers (volunteers) had progressed the frequency of Mental Health Act Managers Hearings had improved, and backlog had been addressed.</p> <p>The Committee received the report for assurance.</p>	
<b>Matters Requiring Board Level Consideration or Approval:</b>	
None Noted.	
<b>Key Risks and Issues/Matters of Concern:</b>	
There were no issues or matters of concern.	
<b>Planned Committee Business for the Next Reporting Period:</b>	
<ul style="list-style-type: none"> <li>• Mental Health Act Update.</li> <li>• Power of Discharge Sub-Committee Update.</li> </ul>	
<b>Date of Next Meeting:</b> Tuesday 8th December 2022 at 11:00am via Microsoft Teams	

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	21 July 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Procurement Update</u></b>	
<p>Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.</p> <p>The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Recruitment Update</u></b>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
<b><u>Chair's Report</u></b>	
<p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> <li>• Attending a development session with the Velindre Trust Board on 28 June</li> </ul>	



to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;

- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.

## Items Requiring SSPC Approval/Endorsement

### Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22<sup>nd</sup> of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

### Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

### **Annual Review 2021/22**

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

### **Audit Committee Terms of Reference**

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30<sup>th</sup> June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20<sup>th</sup> July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

**IMTP Q1 Update** – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

**Performance** – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

**Project Management Office Update** – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system

**People & OD Update** – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

**Corporate Risk Register** – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP’s role in helping to establish the Citizens’ Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

**Declarations of Interest** – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

#### **Papers for Information**

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

#### **AOB**

**N/a**

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

22 September 2022