

Agenda

1. Opening Business/Governance Matters

1.1. Chair's Introductory Remarks

Verbal Chair

1.2. Apologies for Absence

Verbal Chair

1.3. Declarations of Interest

Verbal Chair

1.4. Approve Draft Minutes of the Health Board Meetings held on 22nd September and 13th October 2021

Attachment Chair

- 1.4a Draft Board Minutes 22 September 2021.pdf (13 pages)
- 1.4b DRAFT Board Minutes 13 October 2021.pdf (4 pages)

1.5. Action Log

Attachment Chair

- 1.5 Action Log.pdf (1 pages)

1.6. Report on Sealed Documents and Chair's Actions

Attachment Chair

- 1.6 Report on Sealed Documents and Chair's Actions November 2021.pdf (12 pages)

1.7. Review of Committee Membership

Attachment Chair

- 1.7 ABUHB Board Committee Membership update 2021 10.pdf (8 pages)

1.8. Chair's report

Verbal Chair

2. Patient Experience and Public Engagement

2.1. Report from the Aneurin Bevan Community Health Council

Attachment Chief Officer, CHC

- 2.1 ABUHB CHC Report November 2021.pdf (17 pages)

3. Items for Decision

3.1. Review of Delegation of Revenue Budgets Quarter 3

Attachment *Interim Director of Finance, Procurement and VBHC*

 3.1 Q3_budget setting update 21-22 .pdf (17 pages)

3.2. Winter Plan

Attachment *Director of Primary, Community and Mental Health Services*

 3.2a Winter Plan Report.pdf (3 pages)

 3.2 b Aneurin Bevan Health Board Winter 21 22.pdf (39 pages)

3.3. Estates Strategy - Annual Update

Attachment *Director of Planning, Performance, Digital and IT*

 3.3a Estate Strategy Board Cover Report docx.pdf (3 pages)

 3.3b Estate Strategy Attachment 1- Strategic Objectives review Sept 21. V3.pdf (7 pages)

 3.3c Estate Strategy Attachment 2- Revised Strategic Objectives Oct 21.pdf (5 pages)

 3.3d Attachment 3 - Capital Matrix July 2021.pdf (1 pages)

3.4. Annual Presentation of the Nurse Staffing Levels

Attachment *Director of Nursing*

 3.4a Annual Presentation Nurse Staffing Levels Cover Report.pdf (4 pages)

 3.4b Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board.pdf (8 pages)

 3.4c Appendix 2 - Summary of Required Establishment.pdf (4 pages)

3.5. Acute Oncology Services

Attachment *Director of Planning, Performance, Digital and IT*

 3.5a Acute Oncology Business Case November 2021.pdf (11 pages)

 3.5b Attachment 1 South East Wales Acute Oncology Service Business Case - Final Full.pdf (70 pages)

 3.5c Appendix A AOS Engagement Final.pdf (3 pages)

 3.5d Appendix B All Wales Peer Review Final.pdf (10 pages)

 3.5e Appendix C Service Specifications Final.pdf (12 pages)

 3.5f Appendix D Benefit Plan Final.pdf (5 pages)

 3.5g Appendix E Risk Register Final.pdf (6 pages)

4. Items for Assurance

4.1. Welsh Health Specialised Services Committee

Attachment *WHSSC*

 4.1a WHSSC Report Nov 2021.pdf (2 pages)

 4.1b WHSSC Report Nov 2021.pdf (16 pages)

4.2. Critical Care - with a link to patient story

Attachment *Director of Planning, Performance, Digital and IT*

 4.2 Critical Care Update.pdf (12 pages)

4.3. Mid Year Review of the Board Assurance Framework

Attachment *Board Secretary*

- 📄 4.3a Board Assurance Framework Report.pdf (5 pages)
- 📄 4.3b Appendix 1 Mid Year BAF October 2021.pdf (54 pages)
- 📄 4.3c Appendix 2 Proof of Concept Falls Assurance report.pdf (7 pages)

4.4. Financial Report

Attachment *Interim Director of Finance, Procurement and VBHC*

- 📄 4.4 ABUHB Finance Report Mth 6.pdf (19 pages)

4.5. Performance Report

Attachment *Director of Planning, Performance, Digital and IT*

- 📄 4.5 Performance Report November v2.pdf (16 pages)

4.6. Executive Team Report

Attachment *Interim Chief Executive*

- 📄 4.6 Executive Team Report November 2021.pdf (6 pages)

4.7. Key Matters from Committees

Attachment *Committee Chairs*

- 📄 4.7 Committee Assurance Reports November 2021.pdf (16 pages)

5. Closing Matters

5.1. Date and Time of Next Meeting: Wednesday 22nd January 2022 at 9.30am

**Aneurin Bevan University Health Board
Minutes of the Public Board Meeting held on
Wednesday 22nd September 2021,
via MS Teams**

Present:

Ann Lloyd	- Chair
Judith Paget	- Chief Executive
Glyn Jones	- Director of Finance and Performance/Deputy Chief Executive
Dr Sarah Aitken	- Director of Public Health & Strategic Partnerships
Sarah Simmonds	- Director of Workforce and OD
Dr James Calvert	- Medical Director
Peter Carr	- Director of Therapies and Health Science
Rhiannon Jones	- Director of Nursing
Emrys Elias	- Vice Chair
Shelley Bosson	- Independent Member (Community)
Katija Dew	- Independent Member (Third Sector)
Nick Wood	- Director of Primary Care, Community and Mental Health
Nicola Prygodzicz	- Director of Planning, Digital and IT
Paul Deneen	- Independent Member (Community)
Clr Richard Clark	- Independent Member (Local Government)
Louise Wright	- Independent Member (Trade Union)
Keith Sutcliffe	- Associate Independent Member (Chair of the Stakeholder Reference Group)

In Attendance:

Richard Howells	- Interim Board Secretary
Dan Davies	- Chief of Staff
Bryony Codd	- Head of Corporate Governance
Jemma McHale	- Aneurin Bevan Community Health Council
Jonathan Simms	- Clinical Director of Pharmacy
Benna Waites	- Joint Head of Psychology Counselling and Arts Therapies

Apologies:

Pippa Britton	- Independent Member (Community)
Prof Helen Sweetland	- Independent Member (University)
Philip Robson	- Special Adviser to the Board
Leanne Watkins	- Interim Director of Operations
Dave Street	- Associate Independent Member (Local Authority)

ABUHB 2209/01 Welcome and Introductions

The Chair welcomed members to the meeting. The Chair explained that the meeting was being recorded and would be streamed on the Health Board's YouTube channel.

The Chair commented that the system was under inordinate pressure and staff continued to do a fantastic job to provide high quality appropriate care. The Executive Team was working extremely hard with partners to find solutions to the systems pressures resulting from the COVID-19 pandemic.

The Chair welcomed Sarah Simmonds to her first meeting as the Director of Workforce and OD.

The Chair announced that Emrys Elias, Vice Chair, had been appointed as the interim Chair of Cwm Taff Morgannwg University Health Board. Emrys had been an exceptionally valuable colleague and the Chair thanked him for his work at the Health Board.

ABUHB 2209/02 Declarations of Interest

There were no Declarations of Interest raised relating to items on the Agenda.

ABUHB 2209/03 Minutes of the previous meeting

The minutes of the meeting held 28th July 2021 were agreed as a true and accurate record.

ABUHB 2209/04 Action Log and Matters Arising

It was noted that all the actions in the log were complete or in progress.

ABUHB 2209/05 Governance Matters

Richard Howells, Interim Board Secretary, presented a report on the documents where the common seal of the organisation had been used between 13th July and 7th September 2021.

The Board noted the use of the seal and ratified the Chair's Actions.

ABUHB 2209/06 Chair's Report

The Chair provided an overview of the activities undertaken, outside of her routine activities, including:

- Regular meetings with the Minister for Health and Social Care, NHS and social care colleagues and the WLGA to discuss systems pressures. These meetings amplified the pressure across the whole system at the current time and the focus was on the practical improvements which needed to be made immediately.

- Discussions with the Minister and Health Board Chairs about the ability of the Health Boards to become an effective partner in the Foundation Economy.
- Two Chairs' meetings held. Discussions included:
 - Current COVID situation including public health assessment;
 - Social Care and schemes being developed;
 - Governance in Health Boards following Audit Wales report;
 - The Children's Commissioner – who recognised the work to improve access to services.
- Continues to chair the Regional Vascular Steering Group

The Board noted the update on the activities undertaken by the Chair.

ABUHB 2209/07 Report from the Aneurin Bevan Community Health Council

Jemma McHale, Chief Officer, CHC, explained that a full report would be provided to the next meeting; however, she highlighted the current concern for the Community Health Council (CHC) regarding Ambulance hand over times and patient flow pressures through the local health and care system.

Jemma explained that the CHC had undertaken its first visits to the Grange University Hospital (GUH) and thanked staff and the teams for being welcoming, open and honest. The CHC had spoken to 84 patients over the week; the majority of whom were complimentary of the care they had received. However they acknowledged the significant pressures including lengths of wait and ambulance handover times.

Rhiannon Jones, Director of Nursing, commented that it was positive that face to face visits had been able to take place and the Health Board was working closely with the CHC on the improvement plan. A Dignity and Essential Care audit had been undertaken the previous week and the challenges regarding waiting times and ambulance delays were recognised. However the care provided was of a good standard.

Jemma McHale confirmed that although locally the focus was on the GUH, agreed that these were national issues with pressure being experienced in health and social care across Wales.

The Board noted the concern of the CHC and would await their final report.

ABUHB 2209/08 Delegation of Revenue Budgets

Glyn Jones, Director of Finance and Performance, explained that in March 2021 the Board had agreed that the delegation of revenue budgets would be reviewed on a quarterly basis, based on:

- Service and workforce plans being adaptable through the year;
- COVID-19 response and recovery plans;
- Confidence in relation to levels of savings that could be achieved.

There had been additional certainty in relation to revenue funding with Welsh Government announcing an additional £551m for the NHS this year, with £411m for the ongoing costs of dealing with the pandemic and £140m for recovery and tackling waiting times. Details on individual allocations were awaited.

It was proposed that a further £10.8m was allocated to budget holders, noting that this was non-recurrent. It was noted that a high level of reserves were being held at this stage as the financial plan assumed a high level of WG funding at the end of September; however, this would remain in reserves until that funding had been confirmed.

Assurance was provided that all spending was being monitored closely. The Board was asked to agree the level of anticipated funding to support financial balance, confirm the delegated quarter 3 budget arrangements and note the risks associated with the Covid-19 anticipated funding.

Members agreed that the quarterly assessment process was very helpful in the current climate.

Shelley Bosson, Independent Member, confirmed that that the Audit, Finance and Risk Committee would be receiving further detail on savings and asked whether or not the anticipated savings in relation to medicines and goods would be impacted by supply chain issues. Glyn Jones explained that gas prices were likely to be an issue in the future, however, the organisation was attempting to build in short term protection into contracts to avoid short term volatility.

The Board noted the report and approved the recommendations.

ABUHB 2209/09 Pharmaceutical Needs Assessment

Sarah Aitken, Director of Public Health and Strategic Partnerships, explained that the Board had approved the draft Pharmaceutical Needs Assessment (PNA) and the formal

consultation process in May. This has now been completed and the final PNA was presented for approval.

It was noted that community pharmacy was an essential part of the primary care system particularly in the most socio-economically deprived communities; the report outlined the engagement with these communities.

Jonathan Simms highlighted that the draft PNA had identified two future needs for pharmacy within ABUHB area at Mamhilad Urban Village and Glan Lyn developments.

He also confirmed that Neighbourhood Care Networks had been included in the consultation process. There was a nominated community pharmacist in each NCN area who would hold discussions with NCNs regarding the contribution that should be made by community pharmacies.

The Board approved the Pharmaceutical Needs Assessment as required by Regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

ABUHB 2209/10 Request from the NHS Wales Collaborative for WHSSC to Commission new services

Glyn Jones, Director of Finance and Performance, outlined the requests received from the NHS Wales Health Collaborative for WHSSC to:

- Commission Hepato-Pancreato-Biliary Services;
- Commission the Hepato-Cellular Carcinoma (HCC) MDT and;
- Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

This had been supported by the WHSSC Joint Committee on 7th September 2021. This decision now needed consideration and justification by the Health Board.

The Board approved the recommendations.

ABUHB 2209/11 Welsh Language Standards Annual Report

Sarah Simmonds, Director of Workforce and OD, presented the Welsh Language Standards Annual Report which had been prepared in accordance with Welsh Language Standard 120.

Sarah Simmonds highlighted the key achievements, including support to the mass vaccination clinics, increase in bilingual social media and web pages and promotion of the 'active offer' to converse through the medium of Welsh. It was noted that the ability to make progress in this area had been supported by

the recruitment of three additional Welsh Language Officers to support training.

The Board approved the Welsh Language Standards Annual Report.

ABUHB 2209/12 Nurse Staffing Levels (Wales) Act 2016 Welsh Government 3 yearly Assurance Report

Rhiannon Jones, Director of Nursing, presented the report which outlined the performance of the Health Board against the requirements of the Nurse Staffing Levels Wales Act. It was noted that this was a mandated 3 year report which demonstrated the approach to nurse staffing, the monitoring of compliance and the recalculation process and metrics. It was also noted that the organisation was preparing for the extension of the Act which includes paediatrics and ongoing work in Health Visiting, District Nursing and Mental Health Nursing.

It was noted that COVID-19 had had a significant impact on nurse staffing and it had been difficult to monitor wards during surges with the repurposing of wards for different specialities and client groups and in these circumstances professional nursing judgement had been the over-riding factor for determining staffing levels.

Rhiannon Jones highlighted the enormous effort to reduce the number of nurse vacancies which had reduced from 350 WTE registered nurse vacancies in summer 2019 to circa. 50 WTE this month. This had been an incredible achievement particular during COVID and she thanked Linda Alexander, Deputy Director of Nursing and Sarah Simmonds in her previous role as Deputy Director of Workforce for their diligent work in this area.

The Chair commended the team on their innovation to ensure safe care was preserved at all times.

Emrys Elias, Vice Chair, commented on the changes to demand and acuity and requested further information on the process in place to help support workforce planning and whether or not there were sufficient numbers of training places to meet demand. Rhiannon Jones stated that there was a lot of work to do in relation to workforce redesign and this was on the agenda for HEIW. Sarah Simmonds confirmed that, in relation to nurse staff training numbers, a biannual report supported by accuracy of planning and forecasts was being developed. Also, work was ongoing with universities and education providers to attract and support placements and to increase flexible access.

The Board approved the report.

ABUHB 2209/13 Neighbourhood Care Network Summary Annual Plan, including the patient story

Nick Wood, Director of Primary, Community and Mental Health Services outlined the progress being made in the development of the Neighbourhood Care Networks and the developing maturity of the plans.

It was noted that there was a clear programme for the acceleration of the work of NCNs from Welsh Government as organisations move out of the pandemic. It was noted that the NCNs had developed IMTPs for the first time in 2019/20 which were updated last year to respond to COVID. The revised plans demonstrated a move to be more responsive to urgent care, chronic conditions, and proactive management of vulnerable groups.

The role of NCNs in the maintenance of services and delivery of the COVID-19 vaccine was highlighted.

Nick Wood noted that, despite challenges, NCNs were at the forefront of the way in which the organisation delivers primary and community care. The plans highlighted the need to bring the foundation tier and tier one mental health services closer to home.

The Chair commented that it was pleasing to see the progress in responding to population needs and asked about the extent to which different approaches were being adopted to solving similar population problems in order to avoid duplication. Nick Wood explained that this was a maturing situation, and a development group had been established to provide a shared approach to problems and solutions.

It was confirmed that dental access was a key area of concern. Revised advice regarding access to routine check-ups and hygienist appointments had not yet been received from WG and therefore this activity was not increasing. This had been raised with Welsh Government colleagues.

ABUHB 2209/14 Patient Story – Shared Lives for Mental Health Crisis

Nick Wood, Director of Primary, Community and Mental Health Services explained that, through the planning cycle, NCNs had highlighted mental health access and the need to develop services locally. Shared lives demonstrated the shift of hospital services to community.

Benna Waites, Joint Head of Psychology Counselling and Arts Therapies, provided an overview of the Shared Lives for Mental Health Crisis project which provided community alternatives to inpatient hospital care. This project has proved to be a positive experience for all involved and had been recognised by the World Health Organisation.

Since August 2019 there had been 87 people who had experienced shared lives arrangements and this had shown to provide significant improvement in recovery for those involved. It was noted that 90% of clients show a reduction in admission rates following a Shared Lives stay; onward referrals to other services had also been reduced.

The next steps for the project were:

- Roll out across the Health Board area
- Discussions with Older Adult and CAMHS about the project
- Continued value based approach to evaluation.

Emrys Elias, Vice Chair commented that this was a different model which promoted wellbeing in the community and improved quality of lives and it was important to sustain, maintain and help to develop further this approach.

Katija Dew, Independent Member, asked what support was provided to families and carers and how they were referred into the service. Benna Waites explained that there were a number of recruitment events across Wales as part of the Shared Lives Scheme. There was close scrutiny of those that apply, many of who had previously been carers/retired staff. However a wide range of people had volunteered and the scheme was powerful in reducing the stigma associated with mental health. There were dedicated coordinators who supported carers, with regular support groups and basic training.

The Chair congratulated the team on the recognition of the work of the staff from the WHO.

ABUHB 2209/15 Gwent Regional Partnership Funding Update

Nick Wood, Director of Primary, Community and Mental Health Services, provided an update on Regional Partnership and transition funding, highlighting the potential changes and risks.

It was noted that the Regional Partnership Board (RPB) had seen significant growth in resources over the past 6 years with funding of £36m received this year. The current funding model ends in March 2022 and will move towards a partnership integrated fund.

It was noted that the RPBs were allocated funding for four priority areas:

- Older people with complex needs, including those with Dementia
- Carers, including young carers
- Children with complex needs
- People with a Learning Disability

It was noted that that the Health Board had received £11.9million of partnership funding and the areas where this money was deployed were noted.

It was highlighted that collaboration was underway between RPBs and Welsh Government to develop a future funding model that reflects the learning of the Integrated Care Fund and more recent Transformation Fund.

The risks associated with the cessation of funding and transition, including the redeployment of staff, were noted.

Louise Wright, Independent Member, welcomed the actions being taken with staff who were likely to be redeployed and asked whether or not there were risks to staff employed in other projects. Nick Wood said that there was good justification for many of the Health Board schemes to receive substantive funding or funding from the new funding scheme. The majority of the risk had therefore been mitigated.

Emrys Elias, Vice Chair, asked what lessons had been learned to date. Nick Wood commented that there were felt to be too many initiatives and there needed to be a focus on larger, more impactful programmes; with a single set of standards and approach across the Health Board and Local Authorities in order to make change on a greater scale.

The Board received and noted the report.

ABUHB 2209/16 Approach to Winter Resilience Planning

Nick Wood, Director of Primary, Community and Mental Health Services, outlined the approach to winter resilience planning, highlighting that the Welsh Government guidance had not yet been received. Nick Wood provided reassurance that planning was underway.

The key risks to resilience were highlighted as:

- 3rd and 4th wave of COVID, also flu and RSV impacting on critical care capacity;
- Primary Care capacity, GMS access;
- Availability of additional staff;
- Resilience of workforce following a very challenging 2 years;

- Fragility in the care home sector and now in the domiciliary care sector;
- Mental health impact of the pandemic.

The following key areas of work were highlighted:

- Flu plan would be key, with a difficult flu season anticipated;
- Primary Care access and activity – c.£1.2m invested for additional services to support excess demand;
- Resilience in primary and community care to keep patients at home;
- Work in urgent and secondary care – bed capacity, pathways and assessment pathways, triage at the front door
- Graduated Care model;
- Number of pilots in ambulatory care.

Paul Deneen, Independent Member, raised a number of issues currently in the media and the impact of these, including availability of flu vaccines, military assistance for WAST, school closures due to COVID and the shortage of blood bottles.

It was noted that:

- There had been a request from WAST for military assistance;
- School closures: – outbreaks seem to be local and although small in number they have a big impact on an area. Sarah Aitken would be meeting with Directors of Education that week to discuss the guidance and practical issues in managing outbreaks.
- Flu vaccine – supply issues were not a constraint. There had been a delay in delivery of a specific vaccine for over 65's but there was now a date to receive these.
- The blood bottle situation continues to be managed via an incident management approach and a new source of supply had been identified.

The Board noted the update and the comprehensive actions being undertaken and that the full Winter Plan would be reported to the Board in November. **Action: N. Wood**

ABUHB 2209/17 Risk Management Strategy

Richard Howells, Interim Board Secretary, presented the revised Risk Management Strategy, highlighting that the approach had been endorsed by the Board in March 2021.

Shelley Bosson, Independent Member, confirmed that the Audit, Finance and Risk Committee had considered a draft version in August 2021 and were content that this was moving in the right direction.

The Board endorsed the Risk Management Strategy.

ABUHB 2209/18 Strategic Risk Report

Richard Howells Interim Board Secretary, presented the Strategic Risk Report, which provided assurance that risks were being managed in line with the agreed approach. It was noted that the profiles were dynamic and likely to change throughout the year.

The Board welcomed the revised format of the report.

ABUHB 2209/19 Finance Report

Glyn Jones, Director of Finance and Performance, explained that the report within the papers provided the position to the end of July; however month 5 was now available. It was reported that the Health Board continued to forecast a breakeven position for revenue and capital. Once the WG allocation is received at the end of September, there will be a focus on allocating funding, delivering plans this year and understanding the underlying deficit and the savings and efficiencies required to support this.

Shelley Bosson, Independent Member, explained that the Audit, Finance and Risk Committee were receiving reports on the financial and performance transformation of services, focusing on the areas of efficiency and savings.

The Board noted the current position and forecast, together with the risks and opportunities.

ABUHB 2209/20 Performance Report

Glyn Jones, Director of Finance and Performance, presented the Performance Report, which reported performance against most of the key targets to the end of July 2021.

It was noted that there had been a significant increase in emergency / urgent care demand, increasing COVID-19 cases and increasing staff absence.

Glyn Jones emphasised the importance of understanding the context in which services were operating and the importance of winter planning in continuing to provide good access to services.

Katija Dew asked about the extent to which patients waiting for surgery/diagnosis had been cancelled due to COVID-19 and the disruption of flow through the system. Glyn Jones agreed to provide an update to a future meeting. **Action: G. Jones**

The Board noted the report.

ABUHB 2209/21 Executive Team Report

Judith Paget, Chief Executive, presented the Executive Team report, which provided information on a range of activities being undertaken by the Executive Team.

The following areas were highlighted:

- Opening ceremony for the Grange University Hospital;
- COVID and System pressures and response.
- Publication of a successful guide for junior doctors 'This is Going to Help: How to Survive as a Junior Doctor' by Dr Moushumi Biswas in collaboration with Dr Anna Scholz.
- Revalidation of the Corporate Health Standard Platinum award.
- 2 members of Health Board staff, Dr Priyangani Chalotte Fernando and Manmeet Kaur, were finalists in this year's Ethnic Minority Women's Achievement Association 2021 Award Ceremony
- Additional funding from Welsh Government for emotional well being and mental health support for children and young people in schools.
- The programme Critical:Coronavirus in Intensive Care, filmed by Consultants using bodycams has been nominated for a BAFTA.

The Board noted the report.

ABUHB 2209/22 Committee and Advisory Group Chair's Assurance Reports

The Board noted the Assurance Reports from the following Committees:

- Audit, Finance and Risk Committee – 12th August 2021
Shelley Bosson highlighted the following key concerns:
 - Commissioning care home beds and the ongoing financial risk to the Health Board.
 - Underlying financial deficit.
- Patient Safety, Quality and Outcomes Committee – 1st September 2021
Emrys Elias commented that the next meeting would review the controls between the committee, sub groups and the operational divisions.
- Mental Health Act Monitoring Committee – 8th September 2021

ABUHB 2209/23 Date of Next Meeting

The next scheduled Public Board meeting was to be held on
Wednesday 24th November 2021 at 09:30.

DRAFT

**Aneurin Bevan University Health Board
Minutes of the Public Board Meeting held on
Wednesday 13th October 2021,
via MS Teams**

Present:

Ann Lloyd	- Chair
Judith Paget	- Chief Executive
Glyn Jones	- Director of Finance and Performance/Deputy Chief Executive
Sarah Simmonds	- Director of Workforce and OD
Dr James Calvert	- Medical Director
Rhiannon Jones	- Director of Nursing
Emrys Elias	- Vice Chair
Shelley Bosson	- Independent Member (Community)
Katija Dew	- Independent Member (Third Sector)
Nick Wood	- Director of Primary Care, Community and Mental Health
Nicola Prygodzicz	- Director of Planning, Digital and IT
Paul Deneen	- Independent Member (Community)
Cllr Richard Clark	- Independent Member (Local Government)
Louise Wright	- Independent Member (Trade Union)
Pippa Britton	- Independent Member (Community)
Prof Helen Sweetland	- Independent Member (University)
Philip Robson	- Special Adviser to the Board

In Attendance:

Richard Howells	- Interim Board Secretary
Dan Davies	- Chief of Staff
Bryony Codd	- Head of Corporate Governance
Leanne Watkins	- Director of Operations

Apologies:

Dr Sarah Aitken	- Director of Public Health & Strategic Partnerships
Peter Carr	- Director of Therapies and Health Science
Dave Street	- Associate Independent Member (Local Authority)
Keith Sutcliffe	- Associate Independent Member (Chair of the Stakeholder Reference Group)

ABUHB 1310/01 Welcome and Introductions

The Chair welcomed members to the meeting. The Chair explained that the meeting was being recorded and would be streamed on the Health Board's YouTube channel.

On behalf of the Board, the Chair sent condolences to Richard Clark and to Peter Carr.

The Chair congratulated Judith Paget on her appointment as Chief Executive of the NHS in Wales and Director General for

Health and Social Services. Ann commented that Judith had shown exemplary leadership qualities and had been particularly visible as Chief Executive of Aneurin Bevan University Health Board. Judith had made sound, balanced and evidence based judgements and Ann had every confidence in her ability to undertake the new role.

ABUHB 1310/02 Declarations of Interest

There were no Declarations of Interest raised relating to items on the Agenda.

ABUHB 1310/03 South East Wales Vascular Network Business Case

The Chair explained that the purpose of the meeting was to consider the South East Wales Vascular Business Case, which had been debated on several occasions over a number of years.

Nicola Prygodzicz, Director of Planning, Digital and IT explained that the Board had previously supported the regional reconfiguration of vascular services and a robust engagement process had been undertaken, with involvement from the Aneurin Bevan Community Health Council.

The proposed reconfiguration of vascular services across South East Wales will centralise the provision of elective and emergency surgical procedures from a network 'hub' at the University Hospital of Wales (UHW), with "spoke" provision at ABUHB and Cwm Taf Morgannwg University Health Boards, alongside the out of hours interventional radiology service which is already centralised.

Nicola Prygodzicz presented the Business Case for the next stage. The overall aim of the reconfiguration was to ensure that:

- outcomes for patients through the provision of local, medically led rehabilitation services as part of the vascular surgery network pathway is improved;
- workforce and service standards can be maintained by providing the vascular surgical service with appropriate critical support services 24/7;
- a viable rota can be maintained across consultant and training grades in vascular surgery and interventional radiology now and in the future;
- and
- co-location with critical services is maintained

It was noted that the total cost of the Business Case was £5.6m. This related primarily to additional activity in the hub.

The share for ABUHB was £2.7m. There were opportunities to mitigate £1.4m through releasing or redirecting costs from theatres with consultant time in the hub.

A key issue being discussed was theatre capacity. Consultants from ABUHB had requested 8 lists however 6 lists have been provided with 3 flexible lists. This would be closely monitored. It was proposed that the Vascular Society undertake a review of the service to provide further advice on this issue.

It was noted that a comprehensive readiness assessment would be undertaken in line with current system pressures and it was not expected that this reconfiguration would commence until after the winter. The Chair highlighted the importance of the readiness assessment process and the need to have assurance on estate and staffing issues. Clinical involvement in the 'Go-Live' decision was essential and James Calvert confirmed the view of Medical Directors that further work on the clinical governance arrangements would be needed before the new network was launched. It was agreed by all that external verification on readiness from the Vascular Society would be valuable.

The Chair thanked Nicola and her team for their work in the preparation of the business case and progress made and commended the hard work of the project manager.

Paul Deneen, Independent Member, supported the business case and commented that rehabilitation delivered locally would be very important to patients.

Pippa Britton, Independent Member, highlighted the importance of monitoring key metrics and that further detail was required to determine the achievement of outcome. The Chair asked who would monitor outcomes and who would be accountable. It was confirmed that these would be monitored by the Vascular Network Team which would be accountable to the host organisation.

James Calvert, Medical Director, explained that Medical Directors had discussed the benefits and identified that, from a clinical perspective, the surgical outcomes from Cardiff and Vale and Cwm Taf Morgannwg University Health Boards, now they had combined, were similar to ABUHB's and we would ensure that these results were maintained and improved. It was identified that it was a challenge to recruit Interventional Radiologists and that Vascular Surgeons were expected to co-work with these. The proposed reconfiguration would support improved recruitment and future proof the service.

James Calvert commented that the training of vascular surgeons was challenging. Local consultants were rated

amongst the best in the UK regarding the support provided. However, trainees did not have access to sufficiently specialised cases and the network would support this.

Katija Dew, Independent Member, highlighted the importance of pre-habilitation and in optimising outcomes for individual patients.

Glyn Jones, Director of Finance and Performance, confirmed that work would be undertaken over the coming months to identify the ways in which to mitigate additional costs, such as, reducing expenditure or potentially using the wards/theatre resource for alternative planned care services, funded through recovery funding.

Paul Deneen asked if there as a communications plan and it was confirmed that this would be picked up by the Programme Board as a key element of the readiness assessment and implementation planning.

The Board:

- Approved the South East Wales Vascular Network Business Case and supported the establishment of the Network, the host of which is yet to be determined.
- Approved the additional £1.5m net revenue investment in vascular services and the £1.2m additional risk associated with the need to release or redirect costs relating to local theatre and bed reductions that will now be delivered by the "hub".
- Noted the action required to release current costs to achieve the potential £1.4m mitigation.
- Noted the separate capital business case that is in development for the hybrid theatre at UHW.
- Noted the readiness assessments that are due to be completed in the next few weeks, and subject to the outcome of this, support implementation once readiness is confirmed in all hub and spoke sites.
- Supported the proposal to engage the Vascular Society in the work and readiness assessment.

The Chair thanked all those involved in the development of the Business Case.

ABUHB 2209/23 Date of Next Meeting

The next scheduled Public Board meeting was to be held on Wednesday 24th November 2021 at 09:30.



**Aneurin Bevan University Health Board Meetings –
Wednesday 22nd September 2021**

ACTION SHEET

Minute Reference	Agreed Action	Lead	Progress/ Outcome
ABUHB 2605/13	South East Wales Vascular Network: Business Case to be presented to the Board in July	N. Prygodzicz	Business Case Considered by the Board 13/10/2021
ABUHB 2209/16	Approach to Winter Resilience Planning: full Winter Plan to be reported to the Board in November	N. Wood	Included on the agenda
ABUHB 2209/20	Performance Report: An Independent Member asked about the extent to which patients waiting for surgery/diagnosis had been cancelled at short notice due to COVID-19. Glyn Jones agreed to provide an update to a future meeting	G. Jones	<p>Patients were required to socially distance for 14 days and isolate from time of swab being taken (usually 48-72 hours)</p> <p>During the period June to August 2021 a total of 24 patients were recorded as cancelling due to testing positive with COVID-19.</p> <p>During September a total of 20 patients were recorded as cancelling due to testing positive with COVID-19. This would suggest an increasing number during September, which would be consistent with the increased rate of community infections.</p>

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: Richard Howells, Interim Board Secretary

Report Author: Bryony Codd, Head of Corporate Governance

Report Received consideration and supported by :

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

Date of the Report: 8th November 2021

Supplementary Papers Attached: None

Executive Summary

This paper presents for the Board a report on the Chair's Action and use of the Common Seal of the Health Board between the 8th September and 8th November 2021.

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 8th September and 8th November 2021, four (4) 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. 6 documents were sealed between the between the 8th September and 8th November 2021, as outlined below:

Date	Title
08/09/2021	Confirmation Notice – Regional Supply Chain Partner Newport East Health and Wellbeing Centre
08/09/2021	Confirmation Notice 1 for commencement of Stage 3 services. Gleeds. Newport Health and Wellbeing Centre
08/09/2021	Call Off Contract for Regional Supply Chain Partner – Tredegar Health and Wellbeing Centre. Kier Construction
11/10/2021	Refurbishment of existing Glan Usk and Pen-y-Cwm Wards, Nevill Hall Hospital
11/10/2021	Refurbishment of existing Glan Usk and Pen-y-Cwm Wards, Nevill Hall Hospital
2/11/2021	Confirmation Notice 2 for commencement of stage 4,5 and 6. Tredegar Health and Wellbeing Centre.

3.2 Chair's Action

All Chair's Actions undertaken between 8th September and 8th November 2021 are listed below:

Date	Title
------	-------

01/10/2021	Endoscopy Outsourcing: Remedy Healthcare Solutions
18/10/2021	LED General Lighting Upgrades
27/10/2021	Desktop Hardware Replacement – Health Board wide
03/11/2021	Replacement Endoscopy Stacking Systems, Scopes and Drying Machines - YF

Assessment and Conclusion

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

Recommendation

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

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Failure to report the sealing of documents to the Health Board would be in contravention of the Local Health Board's Standing Orders and Standing Financial Instructions.
Financial Assessment, including Value for Money	There are no financial implications for this report.
Quality, Safety and Patient Experience Assessment	There is no direct association to quality, safety and patient experience with this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to Plan associated with this report.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – Not applicable to this report
	Integration –Not applicable to this report
	Involvement –Not applicable to this report
	Collaboration – Not applicable to this report
	Prevention – Not applicable to this report
Glossary of New Terms	None

Description of Request:

To consider as Chairs Action endoscopy outsourcing to Remedy Healthcare Solutions

Financial Value

£1,000,000 (funding limit) – dependent on case numbers

Situation

The Health Bard has experienced a shortfall in capacity due to COVID-19 and therefore additional support required to ensure targets are met.

Background

Endoscopy insourcing has been discussed by the Executive Team as part of the restart and recovery funding

Request:

The service requirement is for an internally commissioned and delivered endoscopy service, predominantly required to comply with referral to treatment targets and urgent suspected cancer referrals. The Health Board has experienced a shortfall in capacity over the last 18months due to COVID, meaning there is a requirement for additional support to ensure Health Board/Welsh Government targets are met.

Procurement process undertaken and recommended the only compliant bid to be Remedy Healthcare Solutions.

Accompanying documents:



RFA 815.pdf

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: 30/9/21

Signature: Chief Executive

Date:

<i>JAPeter</i>	28/9/21
Signature: Board Secretary	Date:
<i>R Howells</i>	28/8/21 28/9/21
Signature: Independent member	Date:
<i>Paul Doreen - email confirmation received</i>	30/9/21
Signature: Independent member	Date:
<i>Pippa Britton - email confirmation received</i>	1/10/21

---- End ----

Description of Request:

To consider as Chairs Action general LED lighting upgrades

Financial Value

£735,288.14

Situation

Approval request in support of the Health Board's need for revenue energy cost reduction to become carbon neutral.

Background

Welsh Government has set out the ambition for the public sector in Wales to be carbon neutral by 2030. This is underpinned by legislative requirements set out in the Environment (Wales) Act, Wellbeing of Future Generations (Wales) Act and wider Wales, UK and EU legislative drivers.

This carbon reduction requirement alongside the need for revenue energy cost reduction, demonstrates the need for ABUHB to progress energy efficiency and renewable energy projects at scale, and at pace. With engagement from the ABUHB Energy Manager, and support for the Welsh Government Energy Service, the opportunity for cost and carbon efficiency improvements through LED lighting upgrades has been identified.

ABUHB, along with other Health Boards, are facing cost pressures at a time when demographic changes are increasing the demand for services. By reducing energy consumption in a systematic way, spending on energy can be reduced. This will help to meet cost savings targets, allow re-investment in services and maintain commitments to the efficient use of public funds.

Request:

This request for Approval (RFA) relates to General LED Lighting schemes at Royal Gwent Hospital, Nevill Hall Hospital, Ysbyty Ystrad Fawr and Ysbyty Aneurin Bevan. The scheme is being financed by the Welsh Government funding programme – invest-to-save and has been progressed by ABUHB Estates and NWSSP Procurement Services.

Accompanying documents:



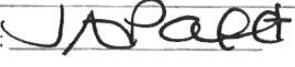
RFA 823.pdf

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: 13/10/21
Signature: Chief Executive	Date: 7/10/21
Signature: Board Secretary	Date: 7/10/21
Signature: Independent member Paul Deneen - email confirmation received	Date: 18/10/21
Signature: Independent member Pippa Britton - email confirmation received	Date: 18/10/21

---- End ----

<p>Over £500k (over £1m also requires ministerial approval, following ABUHB approval!)</p>	<p>Board (Board Secretary to sign to confirm approval has been sought)</p> <p>Urgent requirements between scheduled Board meetings must be referred to the Board Secretary to seek approval via a Chair's action. This involves review and approval of this document by the designated approvers detailed below.</p>	<p>Date of meeting: _____</p> <p>I confirm as Board Secretary that within the board meeting that took place on the above date, approval was confirmed by the Board to progress with the award of the said contract in line with the details provided within this document.</p> <p>Sign: </p> <p>Print: Richard Howells</p>	7/10/21
	<p>ONLY REQUIRED IF A CHAIR'S ACTION IS TO BE COMPLETED</p> <p>Chief Executive (Deputy Chief Executive in their absence)</p>	<p>Sign: </p> <p>Print: Judith Paget</p>	7/10/21
	<p>ONLY REQUIRED IF A CHAIR'S ACTION IS TO BE COMPLETED</p> <p>Chair (Vice Chair in their absence)</p>	<p>Sign: _____</p> <p>Print: Ann Lloyd</p>	
	<p>ONLY REQUIRED IF A CHAIR'S ACTION IS TO BE COMPLETED</p> <p>Independent Member 1</p>	<p>Sign: _____</p> <p>Print: _____</p>	
	<p>ONLY REQUIRED IF A CHAIR'S ACTION IS TO BE COMPLETED</p> <p>Independent Member 2</p>	<p>Sign: _____</p> <p>Print: _____</p>	

Description of Request:

To consider as Chairs Action Desktop Hardware Replacement Health Board wide

Financial Value £1067000.00

Situation

Approval request in support of the need for the replacement of ICT hardware across the Health Board.

Background

Out of date hardware is unreliable, not fit for purpose due to technology enhancement and unsupported software. This further poses the added risk of CIBER attacks.

Request:

This request for Approval to replace out of date desktops and laptops across the Health Board.

Accompanying documents:

- 
Chairs Action - PPD 942 Windows Hardv
- 
PPD 942-1 Windows Hardware
- 
PPD 942-2 Windows Hardware Replacem
- 
PPD 942-3 Windows Hardware
- 
PPD 942-4 Windows Hardware

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:

26/10/21

Signature: Chief Executive



Date:

25/10/21

Signature: Board Secretary



Date:

25/10/21

Signature: Independent member



Date:

27/10/21

Signature: Independent member

Date:

Pippa Britton. email confirmation
received

27/10/21

---- End ----

Description of Request:	
To consider as Chairs Action Replacement Stacking Systems, Scopes and Drying Machines for YYF.	
Financial Value	£602,000.00
Situation	
Approval request in support of replacing outdated models.	
Background	
The current scope models are very outdated and Olympus have 2 newer versions with enhanced imaging, reducing the potential RSI. The current scope stacking system becomes obsolete in March 2022. Both systems need to be replaced together to ensure systems compatibility.	
Request:	
This bid is to purchase 2 new Stacking Systems and Scopes. Funding will be via the Welsh Government Covid Recovery Capital Award.	
Accompanying documents:	
 Chairs Action - PPD 954 Endoscopy Novr	 PPD 954.pdf
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:
	2/11/21
Signature: Chief Executive	Date:
	2/11/2021
Signature: Board Secretary	Date:
	1/11/21
Signature: Independent member	Date:
	3/11/21

Signature: Independent member	Date:
	3/11/21

---- End ----



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item: 1.7

Aneurin Bevan University Health Board

Board Committee Membership 2021/22 (amendment 28th October 2021)

Executive Summary

Standing Orders require the Health Board to ensure that all its activities are in exercise of the function or other statutory function that are conferred on to it.

Subject to any directions that may be given by Welsh Ministers, the Board must appoint Committees (SO s3.1) to undertake specific functions on its behalf. The Committees must cover the following aspects of Board business:

- Quality and Safety
- Audit
- Information governance
- Charitable Funds
- Remunerations and Terms of service
- Mental Health Act requirements

The following provides a list of the Committees covering the above aspects and the membership of those Committees.

Previous version 1st October 2021 has been superseded due to further developments.

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: Ann Lloyd, Chair

Report Author: Richard Howells, Interim Board Secretary

Report Received consideration and supported by:

Executive Team	Committee of the Board [Audit, Finance and Risk Committee]
-----------------------	---

Date of the Report: 28th October 2021

Supplementary Papers Attached: Attachment 1: Board Champions

Purpose

This paper proposes the membership of Health Board Committees and Board Champion roles for 2021/22.

Background and Context

Following the Vice Chair move to Cwm Taf UHB, the list of Committee members has been amended to enable quoracy. Further development required an amendment and these were distributed 29th October 2021.

Assessment and Conclusion

Committee Membership

The proposed Committee Membership for 2021/22 (from 28th October 2021) is as follows:

Audit, Finance and Risk Committee

(4 Independent Members – including Chair of Patient Quality, Safety & Outcomes Committee)

Shelley Bosson (Chair)

Richard Clark (Vice Chair)

Emrys Elias – replaced by Paul Deneen (8/10/21)

Katija Dew

Attendees

Chief Executive / Accountable Officer

The Chief Executive should be formally invited to attend, at least annually, to discuss the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement along with other public disclosure statements.

Director of Finance

Board Secretary

Head or individual responsible for Clinical Audit, as appropriate although routine reporting would be via the Patient Quality Safety and Outcomes Committee

Local Counter Fraud Specialist

Other Executive Directors will attend as required by the Committee

Non-ABUHB attendees:

Head of Internal Audit

Representative of the Auditor General

Others by invitation

Charitable Funds Committee

(2 Independent Members)

Katija Dew (Chair)

Louise Wright (Vice Chair)

Chief Executive

Director of Finance and Performance (*as Financial Trustee*)

Chair of the Stakeholder Reference Group

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any matter. These may include:

- Board Secretary
- Assistant Director of Finance – Financial Systems & Services
- Head of Financial Services & Accounting
- Charitable Funds Manager
- Health Board's Investment Advisor

Litigation Group

(2 Independent Members)

Ann Lloyd (Chair)

Emrys Elias – replaced by Richard Clark (8/10/21)

Chief Executive

Medical Director

Attendees

Representatives of Welsh Health Legal Services

Board Secretary

Assistant Director Organisational Learning

Legal Services Managers

Mental Health Act Monitoring Committee

(3 Independent Members)

Pippa Britton (as new Chair) (28/10/21)

Katija Dew (Vice Chair) – will remain Vice Chair (28/10/21)

Emrys Elias (Chair) (no longer a member (8/10/21))

Paul Deneen

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

Director of Primary Care, Community and Mental Health

Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board official and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any matter.

Patient Quality, Safety & Outcomes Committee (former QPS)

(5 Independent Members)

Pippa Britton (Vice Chair) will become Chair

Emrys Elias (Chair) – replaced by Louise Wright (8/10/21)

Paul Deneen

Prof Helen Sweetland

Shelley Bosson

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

The Chief Executive / Accountable Officer and Executive Directors holding portfolios containing aspects of quality and safety of care will attend. (Deputies will be allowed by agreement with the Chair)

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any matter. The invites may include Trades Union representation, partner organisations, public and patient involvement organisations and Internal Audit and clinical audit representation.

People and Culture Committee

(3 Independent Members)

Louise Wright (Vice Chair) to become Chair (28/10/21)

Prof Helen Sweetland

Paul Deneen – added (28/10/21)

Pippa Britton (Chair) – no longer member of this Committee

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

Chief Executive / Accountable Officer

Director of Workforce and Organisational Development

Director of Finance

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

Remuneration & Terms of Service Committee

(4 Independent Members)

Ann Lloyd (Chair)

Pippa Britton (Vice Chair)

Emrys Elias – replaced by Louise Wright (8/10/21)

Shelley Bosson (as Chair of Audit, Finance and Risk Committee)

Attendees

Attendees are by invitation only and the Committee Chair may invite others to attend all or part of a meeting to assist it with its discussions on any matter except when their personal remuneration and terms and conditions are to be discussed.

Strategy, Planning, Partnerships and Wellbeing Group

This is a developmental group rather than an assuring committee and therefore all Independent Members and Executive Directors will attend the meetings. The Group will be chaired by Ann Lloyd, Chair of the Health Board.

The Board Champions roles are included as Attachment 1.

Recommendation

The Board is asked to:

- Approve the revised Board Committee membership

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The Board Committees are a key element of the Health Boards assurance framework.
Financial Assessment, including Value for Money	There is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	There are no direct impacts with this report, but these themes will be key considerations throughout the work of the proposed committee structure
Equality and Diversity Impact Assessment (including child impact assessment)	There are no direct equality issues associated with this report.
Health and Care Standards	This report will contribute to the good governance elements of the standards
Link to Integrated Medium Term Plan/Corporate Objectives	The considerations of the Annual Plan will be a key theme throughout the business of the committee structure of the Board.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	There is no direct impact of this report. However, the key ways of working will be features and considerations of the proposed committee structure.
Glossary of New Terms	Not required.
Public Interest	Report to be published.

Attachment 1 – Board Champions

Role	Executive (E) / Non-Executive (NE)	Requirement	Statutory	Name	Designation
Armed Forces & Veterans	NE	Advocate for veterans and service personnel to ensure their needs are reflected in local service plans.		(NE) Keith Sutcliffe	Assoc Member
Caldicott	E	WHC (99)92		(E) Dr James Calvert	Medical Director
Children & Young People	E & NE	Specified in Chapter 31 of The Children’s Act 2004	Y	(E) Rhiannon Jones	Director of Nursing
				(NE) Louise Wright	IM
Emergency Planning	E	Civil Contingencies Act 2004	Y	(E) Nicola Prygodzicz	Director of Planning, Digital & ICT
Equality	NE	Continuing need for the role		(NE) Paul Deneen	IM
Fire Safety	E	Considered essential (WHC/054/2002)		(E) Peter Carr	Director of Therapies & Health Sciences
Infection prevention & control	NE	Ensure infection prevention and control is embedded in the organisation and reflected by policy and procedures.		(E) Rhiannon Jones	Director of Nursing
				(NE) Shelley Bosson	IM
Mental Health	Vice Chair	Continuing need and a specific responsibility of Vice Chairs. Routine meetings between Vice Chairs and Minister.		(NE) Pippa Britton	Vice Chair
Older Persons	NE	Under further consideration		(NE) Katija Dew	IM
Putting Things Right	E & NE	Specified by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	Y	(E) Rhiannon Jones	Director of Nursing
				(NE) Pippa Britton	IM

Role	Executive (E) / Non-Executive (NE)	Requirement	Statutory	Name	Designation
Raising Concerns (Staff)	E or NE	Bullying and harassment identified as a particular issue across all NHS organisations. Leadership necessary to enable a safe route for staff to raise concerns. (Procedure for NHS Staff to Raise Concerns (Whistleblowing) 2017)		(E) Sarah Simmonds	Director of Workforce & OD
Violence & Aggression	E	Provides leadership to the roll out of “Obligatory Responses to Violence in Healthcare 2018”		(E) Peter Carr	Director of Therapies & Health Sciences
Welsh Language	E	Leadership necessary to ensure Welsh language is promoted and mainstreamed into the work of the Health Board (WHC (2008) 002 and More Than Just Words 2016)		(E) Sarah Simmonds	Director of Workforce & OD

Aneurin Bevan Community Health Council (CHC)

CHC Report

For Aneurin Bevan University Health
Board Meeting

November 2021



www.communityhealthcouncils.org.uk

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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CHC update

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Feedback

Contact details

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. CHC visits – Emergency Department (ED) at the Grange University Hospital – Whole system pressures

As in previous reports, the CHC continues to raise concern with the Health Board and Welsh Ambulance Service colleagues about timely Ambulance handovers to the ED and patient flow pressures through the hospital system and back into community services.

In August, the CHC carried out face-to-face visits to the Grange University Hospital's Emergency Department over a 7-day period. We carried out the visits from Monday 16th August until Sunday 22nd August 2021.

The following findings reflect a snapshot of the things people told us about during our visits:

- 1.1 We engaged with 84 people in the Emergency Department.

- 1.2 Across the 7 days, we observed between 5 and 17 ambulances waiting in the Emergency Department bays. It was noted that people who had been treated within the unit were waiting to be moved to an appropriate ward, while people in ambulances outside could not be brought in to the department.
- 1.3 During one visit there were 97 people counted in the waiting area. This meant some people had to sit on the floor, as there were not enough chairs for them to sit down. During another visit, we noted that there were 85 people in the waiting area. We were also made aware that, on some occasions, people were unable to socially distance in the initial waiting area, because of the limited space available.
- 1.4 Access to refreshments in the waiting area was highlighted as an issue.
- 1.5 Some staff reported to us that the department was unable to cope with the number of people attending. The physical capacity of the unit appeared to be a thematic constraint.
- 1.6 People were very supportive and had high praise for staff for their hard work and the treatment received when seen. However, people also reported that long waits were difficult, comfort was an issue whilst waiting in pain and communication about expected waits to be seen were lacking.

The Health Board responded to the CHC's report with an action plan setting out the following points:

- There has been a substantial increase in the demand seen at the ED in the Grange University Hospital, which has been beyond predictions. This, coupled with the challenges of patient flow & Covid pathways, has resulted in long waiting times in ED and, on occasion, over-crowding.

- There is work in-train to increase the footprint of the waiting area with a short term solution and a longer term option being worked through. These plans will be shared with the CHC.
- An electronic waiting time board will be installed in the ED waiting area.
- Medical and Nursing staffing reviews have been conducted and the Executive Team have approved an increase in resource, with recruitment of additional staff in-train.
- Issues are being addressed through the Urgent Care Transformation Board. The Clinical Director for the ED and the Divisional Director for Urgent Care have escalated the concerns about capacity and demand, over-crowding in the Department, the impact on treatment times and the experience for patients and staff.
- Additional well-being support has been secured for ED staff and well-being sessions have been organised, together with regular de-brief meetings.
- Refreshments are provided to people in the waiting areas.
- Regular Dignity and Essential Care Audits are undertaken by the Senior Nurses for the ED.

The CHC recognises the significant increase in whole system pressures faced by Aneurin Bevan UHB, the Welsh Ambulance Service and Local Authority partners in Social Care services, which are impacted upon by higher demand and staff resourcing issues.

Due to the continued concern for people accessing services and public experience feedback received, the CHC made a patient safety referral to Healthcare Inspectorate Wales (HIW) in September 2021 regarding whole-system issues. The referral detailed concern from Ambulance waiting times in the community, patient and ambulance waits at the Emergency Department, patient flow through hospitals and timely discharge for care home residents and people requiring social care packages in the community.

The CHC is aware that an extensive communication and engagement programme has commenced and will continue throughout the winter months. The CHC supports this increased engagement to support consistent public messaging, updated information literature and further face to face opportunities to recruit staff and support public understanding about the new model of healthcare in this area.

The CHC awaits further updates regarding the extension plans for the footprint of the ED and waiting areas at the Grange University Hospital.

2. Inpatient Mental Health Service engagement project.

The Community Health Council carried out a FaceTime engagement events on all Mental Health wards in June and July 2021. We would like to express our thanks and gratitude to our Health Board colleagues who facilitated this engagement project.

The majority of the feedback we received was positive across all aspects of people's experiences and staff were praised for their care and support. The exercise demonstrated how holistic support through Occupational Therapy and other engagement activities were as important to people's mental health recovery as was medical invention.

The main findings of this report were:

- 2.1 People on Adferiad ward at St Cadocs hospital told us some rooms can be quite hot.
- 2.2 Some people who have long stays would prefer thicker duvet blankets to support their comfort.
- 2.3 Some people told us they required support to attend meetings about their care and that this wasn't available during their stay.

- 2.4 People told us they would like the engagement activities to continue over weekends and bank holidays, some also suggested voluntary community work or educational opportunities. Some people though art could be extended to painting sessions, Tai Chi and craftwork.
- 2.5 Some people reported feeling isolated, some had access to friends and family over the telephone or via FaceTime, but it was reported that there were “no activities on the isolated side” of Ty Siriol ward at County hospital.
- 2.6 A number of people reported that meal choices were limited, and that they received chips most days and would like more healthy options. During our visit to Adferiad ward, people told us that they would appreciate more choice at breakfast, and as some people might stay on the ward for an extended period, a cooked breakfast would be welcomed. Following our visit, this feedback was shared with the Health Board and a cooked breakfast option was introduced.

The Health Board’s formal reply is due shortly.

3. Dementia Companions – proof of concept at Ysbyty Aneurin Bevan

In September 2021, the CHC undertook a snapshot review of the Dementia Companions proof of concept exercise being planned for roll out at Ysbyty Aneurin Bevan. The CHC was invited to undertake this review by the Person Centred Care Team to support an independent observation of three wards where the Dementia Companions would be introduced for people in hospital and living with moderate or higher stages of Dementia. The review findings were as follows:

- 3.1 During our visit, we spoke to people and staff about the role of Dementia Companions and learned about further supportive initiatives for people with Dementia, which were planned to be introduced or re-introduced. Other initiatives included; John's Campaign, Dementia Champions and increased staff training opportunities to support people with Dementia.
- 3.2 Based on the discussions held with staff and the people on Sirhowy ward, the positive value of the Dementia Companions pilot and the further initiative developments was clear; as one individual told us they did not receive visitors and the other person was only able to have visitors once a week. Both of these experiences suggest people would benefit greatly from increased volunteer support to help avoid feelings of isolation.
- 3.3 Staff were very keen to see the programmes introduced to support them and patients.
- 3.4 The CHC observed however, 40 to 50 unwrapped colourful Zimmer frames, stacked and unused. When queried, we were informed that input from the physiotherapy team was pending and until this input had been received, the Zimmer frames could not be allocated to people.

Following the visit, the CHC further queried the delayed allocation of the colourful Zimmer Frames, as previous reviews undertaken by the CHC had indicated the use of these colourful frames encouraged safe mobilisation and reduced the risk of falls. The CHC was pleased to be updated that the Zimmer frames commenced allocation from the 5th November.

Following the snapshot review, the CHC fully supports the introduction of the Dementia Companion volunteers to support people's wellbeing and give further support to people with Dementia when staying in hospital.

4. How the Deaf Community Access Healthcare report

In August, the CHC published a report following engagement activities undertaken with the support of the British Deaf Association (BDA) and people within the Deaf Community.

We were able to engage with people via an online survey and during two virtual focus groups facilitated by the BDA.

Through the feedback we received, healthcare access themes became clear. The main findings included:

- 4.1 People found it difficult to access healthcare through their GP surgeries and Out Of Hours service as initial contacts are made over the telephone, which require people to rely on the support from family or friends.
- 4.2 A number of outpatient services send letters with appointment details, but people are asked to telephone to confirm or book their appointment.
- 4.3 People felt there was a general lack of understanding amongst staff with regards to booking interpreter support for appointments.
- 4.4 Feedback suggested there were limited opportunities for interpreter continuity, as there was a limited pool of NHS approved interpreters, and a lack of male interpreters within the pool.
- 4.5 We heard about the barriers people experience when accessing support via the NHS counselling service, as it was reported that there were no BSL qualified counsellors available for people who are deaf or hard of hearing.
- 4.6 We were told that people had experienced difficulties accessing the interpreter service if the healthcare appointment was not for them but for their child or dependant.

- 4.7 It was pleasing to hear that people found the drop in repair service really useful and that spare batteries were easy to access via the Audiology service.
- 4.8 We heard that many staff were compassionate and always willing to help and support those people accessing the services, but people feel further staff training would help in raising awareness and understanding.

The Health Board responded positively to the report in October 2021 and stated:

- A review of the accessibility standards for sensory loss will be undertaken and the action plan refreshed to ensure consideration is given to the approach of booking and accessing BSL interpreters, particularly in the Primary Care setting.
- Reinforce the I&T Service email link ABB.InterpretersandTranslators@wales.nhs.uk is available via the ABUHB external website.
- The information available to staff on our existing Interpretation and Translation Intranet pages will be updated to increase the availability of the information required for staff to understand the communication needs of those who are deaf/hard of hearing.
- Deaf Awareness training will be commissioned targeting Reception staff in the first instance.
- The Health Board will also consider how staff awareness can be increased in within Primary Care.
- Scoping work is being undertaken to explored BSL qualified counselling support.
- We will better engage with those who experience sensory loss and build this engagement into the Health Boards Person Centred Care Programme.
- Appointment booking letters have been updated to include an email contact, as well as the usual telephone number.
- The Health Board will now undertake a review of the appointment letters and text messaging availability to ensure the Accessibility Standards are further considered.

5. 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.

- 5.1 To date we have heard from 934 people.
- 5.2 Over the last 3 months, we have continued to receive very positive feedback from people about the vaccine programmes in terms of organisation, access and the helpful and supportive approach of vaccination staff.
- 5.3 We have heard mixed feedback from people in relation to accessing GP services. Thematic feedback indicates continued public frustration about access to face-to-face appointments and access to Practices on the telephone as specified times. We have received positive experiences of people utilising remote appointments and some face-to-face appointments.
- 5.4 We have received positive feedback from people accessing Cancer Services.
- 5.5 We heard about long waits at the Emergency Department at the Grange University Hospital.

6. Upcoming CHC activities and reports

- 6.1 Diabetes Service report following 3 month targeted survey. Report in draft.
- 6.2 CHC Virtual visits in November:
 - Royal Gwent Hospital – Two wards
 - Nevill Hall Hospital – Two wards
 - Ysbyty Ystrad Fawr – One ward

- 6.3 In hospital Stroke Services survey – survey launched 1st November and closes 31st January 2022.
- 6.4 Maternity Services survey – survey launched 8th October and closes 8th February 2022.
- 6.5 Primary Care Out of Hours/111 Services survey – to launch on 1st December and will close 28th February 2022.
- 6.6 CHC Winter Patient Experience visits and survey – ED/MIU survey and visits to commence January 2022 through to the end of March 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 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.

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Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
November 2021
Agenda Item: 3.1

Aneurin Bevan University Health Board

2021/22 Annual Operating Framework

Review of Delegation of Revenue Budgets - Quarter 3 Update

Executive Summary

This paper sets out and updates the revenue funding allocations available to the Health Board for 2021/22 and to be used to delegate budgets, including:

- Confirmed funding allocations,
- Anticipated allocations, supported by Welsh Government guidance or policy letters, and
- Anticipated Covid-19 allocations aligned to Welsh Government and Finance Delivery Unit financial planning principles, where there remains a risk around securing this funding.

The above assumed income level (£1.6bn) is used to support allocation principles and the proposed approach to delegating funding for the 2021/22 financial year within total available resources, including a quarterly approach to setting and reviewing the delegation of budgets, recognising that a flexible and practical approach to financial planning and delivery is required.

During September Welsh Government confirmed the Covid-19 recovery and stability funding of £74m, which has enabled delegations to be progressed.

Given the significant confirmed funding allocations, the delegation of funding has been updated for Month 7 (October 2021) noting the remaining uncertainties such as savings delivery as well as the associated service, workforce and financial implications of the consequences of the pandemic and associated pressures.

The Board is recommended to:

- Note the confirmation of the stability funding received during October,
- Agree the level of anticipated funding to support financial balance and subsequent action,
- Confirm the updated delegated quarter 3 budget arrangements for October, and
- Note the on-going risk associated with the Covid-19 anticipated funding.

The Committee is asked to: (please tick as appropriate)

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

Executive Sponsor: Rob Holcombe, Interim Director of Finance & Procurement

Report Author: Suzanne Jones, Interim Assistant Director of Finance		
Report Received consideration and supported by :		
Executive Team		Committee of the Board
Date of the Report: 10 th November 2021		
Supplementary Papers Attached: Appendix 1 - Statutory Financial Duties Appendix 2 - Glossary		

Purpose of the Report

Prior to the beginning of the financial year the Health Board set a revenue budget in accordance with its Standing Financial Instructions (SFIs), allocating resources based on delivering the priorities within the 2021/22 Annual Plan.

As we continue to move through the Covid-19 pandemic and recovery, service and workforce plans continue to be flexed to meet service demands – hence spending plans are being adjusted – and the delivery of savings required is, in part, dependent on the service changes planned as part of delivering the Annual Plan priorities.

A report was received by the ABUHB Board in September 2021 detailing the delegation of revenue budgets for quarter 3. This report provides an update to the quarter 3 position noting the significant allocations confirmed and received alongside delegations made to Divisions in line with stability funding and agreed recovery spend plans.

Due to the risks and uncertainties facing ABUHB for 2021/22, the Board has agreed to review revenue budgets – and associated funding and spend plans – on a regular basis.

This paper outlines to the Board the current anticipated funding / income position and the updated budget setting arrangements at October 2021, establishing:

- Revenue budgets to be delegated for the 2021/22 financial year quarter 3 onwards, and
- Those budgets to be held in reserve – both in terms of anticipated income at risk, planned commitments and any contingency (uncommitted reserve).

Background and Context

1.0 Financial Governance

The Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium Term Plan for 2021/22 and the Annual Operating Framework (AOF). Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board’s Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board’s approach to producing a financial plan for 21/22 financial year has been to take a pragmatic approach – in what is a complex and uncertain environment – by incrementally producing a financial plan comprising three component parts:

1. Core plan – based on “normal” service/workforce baseline, cost and savings assumptions and aligned to core funding,
2. Covid-19 response plan – incrementally adjusted to reflect reasonable spend plans and align with available Covid-19 funding allocations, and

3. Covid-19 recovery plan – develop recovery plans and secure funding incrementally as appropriate service and workforce solutions become available.

In quarter 1, the Welsh Government issued funding of £277m to NHS organisations to meet relevant costs, specifically £100m for recovery and £170m for stability. The Health Board received £17m for recovery and £32m for stability plus quarter 1 funding for the actual costs of Testing, Tracing and PPE.

On the 19th of August 2021 the Welsh Government announced £551m extra Covid-19 funding for Health and Social Services, £411m for the ongoing costs of dealing with the pandemic until April 2022 and £140m for recovery and tackling waiting times for the same period. The £411m is to cover costs including the vaccination programme, testing, PPE and new cleaning standards for infection control. Of the £140m, £100m will be used to support the Health Boards recovery plans including speeding up treatment of those who have been waiting the longest with £40m for equipment and NHS premises adaptations to increase routine procedures whilst maintaining Covid-19 safe areas.

The Health Board has now received (as of October 2021 – Month 7) a further £9.9m relating to 'Tranche 2' for recovery plans, alongside c.£64m as part of the Covid-19 response funding described above. In addition the Health Board has received funding relating to enhanced cleaning standards, underlying deficit funding (for savings underachievement due to Covid-19) and specific programme funding. This funding was anticipated and therefore, does not affect the overall plan compared with the previous Quarter 3 report, but it has enabled delegation of the budgets. The Welsh Government has stated that '**other funding anticipated by organisations for Covid-19 costs should be treated as provisional until allocations are confirmed**' however, the remaining allocations relate to National Priorities. These are considered to be low risk as Welsh Government is holding central funding but has not specifically confirmed ABUHB allocation values.

Contact Tracing programme funding has been confirmed for financial year 2021/22 at £15m for the Health Board and its local authority partners.

As at month 7 the Health Board is expecting funding of £180.6m of which £155.6m has been received and £25m is anticipated.

Type	Covid-19 Specific Allocations - As at October 2021	£m
HCHS	Initial Recovery Plan Covid19	17.00
HCHS	Covid19 response April-September 2021	32.02
HCHS	Testing (inc Community Testing) Qtr 1	1.63
HCHS	Tracing Qtr 1	3.47
HCHS	PPE Qtr 1	1.04
HCHS	Mass COVID-19 Vaccination QTR 1	1.98
GMS	Mass COVID-19 Vaccination QTR 1	1.58
HCHS	Tracing - Q2 (M1-6 less June funding)	3.00
HCHS	Covid 19 Mass Vaccination costs Q2	2.20
GMS	Covid 19 Mass Vaccination costs Q2	0.09
HCHS	Covid 19 Impact on b/f underlying position	8.57
HCHS	Covid 19 Cleaning standards Q1 + Q2	0.95
HCHS	Covid 19 Testing Q2	2.03
HCHS	Covid 19 Adferiad Programme	0.94
HCHS	Covid 19 response funding Oct 21 to Mar 22	56.58
HCHS	Covid 19 support - Tranche 2 Revenue Recovery	9.94
HCHS	Covid 19 - PPE Q2	1.50
HCHS	Covid 19 - Additional Flu programme yrs 7-11	0.78
HCHS	Community Infrastructure Programme (UEC-C19)	0.18
HCHS	C19 Support for Post Anaesthetic Critical Care Units (PACU)	0.53
HCHS	C19 Support for Community Health Checks	0.19
HCHS	Additional Covid Response funding	7.38
HCHS	C19-Adult Social Care Package	2.01
	Total Confirmed Covid-19 Allocations	155.58
HCHS	Testing (inc Community Testing)	4.93
HCHS	Tracing	8.26
HCHS	Mass COVID-19 Vaccination	4.25
HCHS	Cleaning Standards	1.16
HCHS	PPE	2.98
HCHS	Urgent & Emergency Care	1.98
HCHS	Extended Flu	0.35
HCHS	CHC NHS Commissioned Packages (qtr 3 & 4)	1.13
	Total Anticipated Covid-19 Allocations	25.04
	Total Covid-19 Allocations	180.61

Following the September Board report and in the context of the Covid-19 pandemic and the exceptional circumstances surrounding the confirmation of funding during September, this paper updates the setting of budgets for Q3 as at Month 7. There remain further decisions to be considered relating to recovery plan proposals, Covid-19 spending requirements and available funding.

2.0 Budget setting principles

The following resource allocation principles will be applied in allocating the 2021/22 available resources:

- Resources should be allocated based on robust and sustainable service, workforce and financial plans; they should also optimise health outcomes for patients, in line with the principles in 'A Healthier Wales',
- Investment, or additional resources, will be considered where:
 - There is evidence of impact on (improving) health outcomes, and
 - Efficient and effective use of existing resources can be demonstrated.
- Disinvestment, or reduction in resources, will focus on areas where efficiency and effectiveness can be improved and where there is no evidence of health outcomes being adversely impacted.
- The Board should consider establishing an appropriate contingency reserve, taking into account the level of financial risk within the Annual Plan / IMTP.

In addition to these principles the Socio-economic duty, which came into effect from 1st April 2021, requires public bodies when making strategic decisions to consider how those decisions might help reduce the inequalities associated with socio-economic disadvantage.

Some additional principles have been applied for 2021/22 in line with agreements made by the Board. These are:

- Increased Board governance with the setting of quarterly budgets, because of the uncertainty of the impact of Covid-19, the lack of clarity on funding available for 2021/22 and savings delivery.
- Increased financial control where only funding that is certain for Covid-19 is delegated
- Wherever possible available funding will be delegated to fund agreed spending plans. Available funding includes funding assumption where the area of spend has been confirmed by Welsh Government (e.g. mass vaccination) but the level of funding is still to be finalised.
- Funding allocations will be delegated as soon as possible from available reserves, subject to clear implementation plans being agreed e.g. recovery plans

3.0 Allocations & Income

Based on the above principles and assumptions, this paper sets out the level of revenue funding available for 2021/22 as at October 2021 (Month 7). It also takes account of the nature of some of the funding allocations, including directions from Welsh Government in the use of specific funding allocations. Table A outlines the total allocations and net expected income for 2021/22 as of 31st October 2021, totalling £1.6bn.

Table A – 2021/22 Allocations and Income

Funding - as at 31st October	£'000s
Confirmed Allocations	1,506,366
Anticipated Allocations	51,011
Other 'Central' Income	22,482
Total	1,579,859

Anticipated allocations include items which are:

- Typically funded every year (albeit non-recurrently),
- considered likely (low risk), and
- have agreement from Welsh Government.

Whilst not all Health Board allocations have been confirmed, based on the overall Welsh Government budget and advice to the Health Board from Welsh Government and the Finance Delivery Unit (FDU) it is considered reasonable to assume funding to cover ABUHB covid-19 costs for the year of £25m, which mainly relate to National Priorities, the funding for which are considered low risk. Increased costs in year cover the need to

operate health board services in a 'covid safe and compliant' manner, regardless of the number of Covid-19 positive and Covid-19 recovering patients in hospital.

Costs avoided due to Covid-19, mainly elective surgery costs, are being utilised to support core budgets. This underlines the importance of reviewing budget, spend and savings assumptions quarterly.

Table B sets out the range of revenue funding allocations assumed as part of setting budgets this year. **It is important to note the significant level of non-recurrent funding that has been confirmed and being sought this year to support spending plans.** Of the £51m anticipated allocations; £25m relate to Covid-19 and £8M to technical adjustments for capital i.e. depreciation.

Table B – Anticipated allocations

WG Revenue Resource Limit : Anticipated Allocations (October)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
HCHS	(Provider) Substance Misuse & increase	2,853	R
HCHS	(Provider) SPR's	51	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	55	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,045	R
HCHS	Informatics - Virtual Consultations	2,783	R
HCHS	National Nursing Lead Community & Primary Care	90	R
HCHS	National Clinical Lead for Falls & Frailty	25	R
HCHS	DDRB Pay Award 2019-20 GP Trainees	22	R
HCHS	Clinical Consultant Services Mr S Wood Planned Care	18	R
HCHS	ICF funding - Dementia 21/22	1,611	R
HCHS	Substance misuse uplift 21-22	139	R
HCHS	Transformation Programme 21-22	6,478	R
HCHS	Capital-DEL Strategic Depn	17,796	R
HCHS	Capital-DEL Accelerated Depn	570	R
HCHS	Capital-DEL Bline Shortfall Depn	1,378	R
HCHS	Capital-AME Impairment	(12,654)	R
HCHS	Capital-AME Donated Assets Depn	406	R
HCHS	Covid: PPE 21-22	2,978	R
HCHS	Covid: Mass Vaccination	4,253	R
HCHS	Covid: Contact Tracing	8,264	R
HCHS	Covid: Testing	4,926	R
GMS	GMS Refresh	1,603	R
HCHS	Covid: Cleaning Standards	1,158	R
HCHS	Covid: Increase in Covid stability funding	351	R
HCHS	RPB - Wales Community Care Information System (WCCIS)	418	R
HCHS	Capital-AME Donated Assets Receipts	(250)	R
HCHS	Strategic Programme for Primary Care-Acceleration of Cluster working	200	R
HCHS	Urgent Primary Care Centre Pathfinder 21-22	1,982	R
HCHS	Transformation Scaling funding (D2RA)	1,137	R
HCHS	Covid: CHC payments to care providers Q3 and Q4	1,126	R
HCHS	Transformation funding-Increase for Gwent Seamless system	199	R
	Total Anticipated: Per Ledger	51,011	

Other Central income relates to the services that the Health Board provides through a range of contracts and healthcare agreements, including WHSSC and HEIW.

As per previous iterations, the resource allocation proposals only consider those funding allocations which have been confirmed by Welsh Government or where it is reasonable to anticipate funding allocations. Should further resources be made available, then these will be delegated in line with the budget setting principles agreed by the Board and the priorities set out in the Annual Plan / IMTP, described in section 2.0 above.

4.0 Value, Efficiency & Savings assumptions

In 2020/21 the Board approved an IMTP which set a recurrent savings requirement of £33m, to deliver financial balance. This recognised the increased financial commitments made around the GUH/e-LGH network as well as addressing the underlying financial position.

The impact of the Covid-19 pandemic has resulted in attention being largely redirected to managing the response to the pandemic. As a result, the savings programmes upon which the financial plan was based have not achieved their targets. There is an ongoing requirement to deliver these savings recurrently which is referenced in the Health Board's financial plan (part of the Annual Plan) for 2021/22. Welsh Government has provided non recurrent funding for the unachieved recurrent savings in the 20/21 plan of £8.6m; it is critical that savings are found to cover this on a recurrent basis.

At this stage, cash releasing savings for 2021/22 have been assessed as circa £16.6m, with further cost avoidance opportunities being used to mitigate some expenditure estimates. The recurrent savings level is £13.5m. However, **this leaves the Health Board with an underlying financial deficit of £20.9m which will worsen if service developments are implemented without a funding source or savings to offset the costs.**

Based on the opportunities identified within the national and local Efficiency Frameworks, there are further opportunities to increase cash releasing savings, productivity improvements and to improve health outcomes within available resources which could negate some or all of this deficit if they were realised recurrently. Many of these opportunities are linked to the priorities agreed within the Health Board's Annual Plan.

The uncertainty around the level and timing of recurrent savings also underlines the importance of reviewing and setting revenue budgets on a quarterly basis.

The Health Board can no longer just rely on transactional efficiency savings and future plans also need to focus on shifting resources to improve health outcomes, support reinvestment and deliver recurrent savings. This will require transformational change in the way the Health board delivers services so that it is more effective for patients and more financially sustainable.

A proposed '**Savings Delivery Programme**' approach was presented to the Audit Committee in April 2021. This includes governance and reporting arrangements focussing on making best use of resources, including:

- Value based and efficiency driven improvement,
- Transactional efficiency – reducing costs of existing services/products,
- Variation – eliminating (unwarranted) variation in services, and
- Service change/transformation – improving outcomes by doing things differently and making better use of resources.

The Health Board will focus on opportunities highlighted in the Efficiency Opportunities Compendium tool - a shared resource for Health Board budget holders and managers to use - which includes benchmarking and other business intelligence across the range of services provided. Intelligence is collated from several sources, including CHKS benchmarking data, FDU Efficiency Framework and good practice from the National Value & Efficiency Board.

Areas of focus in the Health Board plan will develop the following value and efficiency opportunities for additional recurrent savings:

- MSK and Eye care pathways (IMTP 2020/21)
- Outpatient transformation
- Heart Failure and Diabetes pathways
- Reducing unnecessary admissions to hospital
- DOSA , Day case rates and appropriate lengths of stay in hospital,
- Value based procurement
- Lymphoedema care
- Care aims model implementation
- Agile working,
- Estates rationalisation, and
- Digital enabled savings.

Deliverable savings (£16.6m) have been identified mainly within CHC, medicines, workforce (e.g. significant agency reduction) and Facilities Management Division. Therefore, there are significant further savings opportunities which will be required to deliver financial balance on an ongoing basis. The Health Board IMTP for 2022/23 should identify how these will be progressed.

5.0 Allocating resources – assumptions and risks

In line with the Board’s resource allocation principles, the budget delegation for 2021/22 quarter three update includes the following uplifts:

£40k AHW Transformation Fund - Continuous Engagement Grant	£1.1m Dental Contract Pay award 21/22
£565k Gwent RPB Memory Assessment Services	£11.3m £AB Pay Award funding 21/22 (representing 2% of the 3% pay award)
£14.5k Outpatient’s transformation Q3 Optometry workstream	£756k Primary Care Contractor bonus payments
£59k MCA/DoLS funding re: Liberty Protection Safeguards	(£1.3m) neg. Covid Enhanced Cleaning Standards
£0.9m Wage award for Covid staff costs	£700k Tranche 1 Recovery funding
£68m Covid 19 Stability funding to support service delivery	£784k Flu funding programme in Secondary schools (years 7-11)

£10.8m Covid quarter 3 (per Board budget setting paper)	
£3.4m Tranche 2 recovery funding	£3.0m Tranche 2 recovery funding
£86k Bonus payments for Primary Care Contractors	(£1.44m) Recovery of balance of NHS Bonus funding
£48k Bonus payments: Health Board Commissioned Services/Hospices	£130k Shringrix Vaccine Programme
£718k Medical training posts (2017 to 2021 cohorts)	£114k Learning Disability Health Checks
£1.846m Health & Social Care Winter Plan (RPB)	

Annual Plan Investments

There remain Board and Executive recurrent decisions that are unfunded and will need to be considered should any funding become available, e.g. GUH operational posts approved. These recurrent commitments are contributing to the underlying deficit and will require further savings to be identified if funding is not available.

Local priorities

The level of allocation funding for 2021/22 needs to consider existing and emerging priorities. Where proposals are considered high priorities and require additional funding, resource plans and business cases will be required to demonstrate the case for further investment. These will need to be assessed against the resource allocation principles, the application of the socio-economic duty and the priorities within the 2021/22 Annual Plan.

2021/22 underlying financial position

The budgets set for 2021/22 included additional funding for areas with underlying deficits and required savings to be achieved to balance the financial plan. The Health Board's underlying deficit reported to Welsh Government is **c£20.9m**. This is reflected in the Board Finance report and Monthly Monitoring Returns. This is at risk if recurrent and full year effect of savings plans are not achieved.

The Health Board has made service delivery decisions based on the current circumstances and needs of the population. In particular decisions have been implemented to enable a Covid-19 safe environment for patients and staff and to meet the increasing demands of the population. At this stage the financial impact of these decisions are funded non-recurrently; however, the recurrent impact of these decisions needs to be determined to inform the 2022/23 IMTP and the underlying financial position of the Health Board.

For 2022/23 the Health Board has been informed by Welsh Government that £32m recurrent funding has been earmarked for Planned and Unscheduled Care sustainability. This funding provides the Health Board with some certainty in helping to address its underlying financial position and service delivery and will enable the prioritising of

commitments as part of the 2022/23 IMTP. This is not reflected in the Health Board underlying financial plan currently as any impact will need to be determined via the IMTP process. This will need to take account of any recurrent investment decisions which have already been made and be cognisant of alignment with the required criteria to secure the funding.

There are specific stipulations for this funding:

- Implementation of the recommendations of the National Endoscopy Programme which the Minister has now formally agreed.
- Regional Cataract services in line with advice from the Planned Care programme.
- Regional plans for aspects of Orthopaedic services based on the clinical strategy work currently underway and due to report in February 2022.
- Strengthened Diagnostic & Imaging services based on advice to be commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.

The Health Board has supported recurrent developments either through previous IMTP priorities or through necessity to deliver safe services to patients. These decisions should be considered when determining any impact this funding may have on the underlying position and will be determined as part of the Health Board's IMTP funding principles and strategic prioritisation process.

Risks & Opportunities

- Significant uncertainty related to the ongoing Covid-19 pandemic and the service, workforce and financial implications:
- Delivery of identified cash releasing savings plans and improvement in the underlying financial position of the organisation.
- Uncertainty exists with cost pressures as part of 'normal operational business' but in these exceptional times the risk is exacerbated & will need to be managed. These and other local priorities will need to be managed within the total budget available to the Health Board.
- Delivery of further cost avoidance savings and productivity improvements.
- Implementation of the wider Clinical Futures programme within available resources.
- Managing cost growth in line with or below assumed levels, whilst ensuring delivery of key priorities.
- The Health Boards assumption that the primary care contract uplifts will be fully funded.
- IFRS16 - it is assumed that implementation of IFRS16 (lease accounting) in NHS Wales will go live from April 2022, a neutral cost impact is currently assumed pending finalisation of WG policy.
- NHS Pension Scheme Regulations - It is assumed that any increase in employers' pension contributions will be met from additional government funding, including discount rate changes and medical staff specific incentives,
- Holiday pay (voluntary overtime) - this challenge has concluded, and backdated payments have been in August 2021; this is funded by WG. However, current and

future payments are to be made in November 2021 and May 2022 for the financial year 2021/22. The impact of this has not been included within this plan.

- Annual Leave Provisions – exceptionally agreed for 2020/21, they are sufficient for actual costs incurred during 2021/22 and 2022/23.
- Bed availability and the ability to staff the beds safely

Covid-19 response

The Health Board has assessed the likely cost of the response and estimates this to be £172m, inclusive of the Covid-19 National Priorities (e.g. TTP, mass vaccination, PPE). Of this a total of £155m has been delegated for 2021/22, with £25.6m held in reserve largely for national priorities that are funded quarterly by WG. There is £8.6m funding greater than the identified Covid-19 costs due to the Non recurrent funding for the unachieved savings from 20/21, this offsets an overspend in non-covid19 areas of spend.

The Health Board has received confirmation of Covid-19 funding for the local schemes since the quarter 3 budget delegation paper and these have been delegated using the Health Board's resource allocation principles. These Covid-19 allocations were previously held in reserves with delegation being approved once confirmed.

This funding has been delegated to Divisions based on their month 5 forecast; it is considered reasonable to delegate a level of funding equal to that received and the anticipated funding where it is considered low risk for quarter 3 for the 2021/22 financial year. Where the spend estimates are less certain post quarter 3 it is proposed that anticipated funding will be held in reserves and allocated once confirmed by WG.

6.0 Reserves

In line with the Health Board's resource allocation principles, Health Board reserves are held by the Board, which as Accountable Officer the CEO can delegate. Some items held in reserves are a 'holding' point as the use is either directed by Welsh Government, confirmed by Welsh Government or generated from internal funding found to cover a specific commitment. The following reserve commitments, in Table D, are held by the Board.

Table D – Reserve commitments October 2021/22

7769-ALLOCATIONS TO BE DELEGATED				
Confirmed or Anticipated	R / NR	Description	21/22	Reason for retaining in reserves / notes
Confirmed	NR	National Director of planned care (balance of funding)	90,417	Anticipated allocation reduced in M3 as confirmation received of post ending in Aug 21. Funding Apr-Aug delegated. Full year allocation of £155k received in M4 with the balance retained in reserves until information received from WG
Confirmed	NR	New Medical Training posts 2017 to 2021 cohorts	717,512	Delegate to Scheduled and Medicine in month 8 (in reserves due to timing of allocation)
Confirmed	NR	ATMP Allocation (WHSSC)	491,432	Delegate to WHSSC in month 8 (in reserves due to timing of allocation)
Confirmed	R	EASC WAST Improvements in MH Emergency Calls	50,730	Delegate to WHSSC in month 8 (in reserves due to timing of allocation)
Confirmed	NR	COVID - 21-22 Recovery funding (Tranche 1)	730,055	Balance of £17m recovery funding available to fund Exec decisions
Confirmed	NR	COVID - 21-22 Recovery funding (Tranche 2)	4,747,687	Committed: £700k GMS, £685k Cardiology PCI, £655k bids proposed 8-Nov
Confirmed	NR	COVID - Underlying deficit funding	1,782,192	Balance of M6 delegation + Endoscopy £1.3m. M7-Includes RSV funding received
Confirmed	NR	Covid: Pay award 21-22	884,000	
Anticipated	NR	COVID - Extended Flu	351,000	
Anticipated	NR	COVID - Cleaning Standards	698,000	M6-Revised forecast £2,105k (from £3,373k) with £947k confirmed. M1-6 delegated £1,407k, with balance of £698k in reserves
Anticipated	NR	COVID - Testing	2,828,000	M7-Increase in forecast of £545k, to a revised total of £8,589k. Delegated £5,761k with balance of £2,828k in reserve (confirmed allocations: £3,663k)
Anticipated	NR	COVID - MassVaccs	2,231,496	M7-Revised forecast £10.1m. Delegated £7,869k (£6,360k DPH, £1,509k GMS) with balance of £2,231 in reserve. (confirmed allocations: £3,663k)
Anticipated	NR	COVID - PPE	1,625,516	M7-Increase in forecast £250k to a revised total of £5,517k. Delegated £3,891k, with balance of £1.626k in reserve. Confirmed allocations £2,539k based on Q1 and Q2 spend
Anticipated	NR	Covid: CHC payments to care providers Q3 and Q4	1,136,000	M7-Phase-in £305k to offset YTD spend within MH (£57k) and CHC (£248k).
Confirmed Allocations to be apportioned			18,364,037	
7788-COMMITMENTS TO BE DELEGATED				
Description			21/22	Reason for retaining in reserves / notes
LTA Access Funding NR (Performance improvement / Service change)			1,000,000	Hold for outsourcing and recovery later in the year (post covid funding)
21/22 Wage Award Commitment			3,394,997	Remaining balance of wage award funding/provision
Revenue to Capital transfers: IT equipment			563,199	Actioned M5-M6-M7
Invest to Save			500,000	Risk
Total Commitments			5,458,196	
7565-CONTINGENCY				
Description			21/22	Reason for retaining in reserves / notes
Contingency (general)			14,277	To fund Exec decisions, balance. Other decisions remain unfunded.
Confirmed Allocations to be apportioned			14,277	
Totals			23,836,510	

7.0 Contingency

The Health Board annually considers the level of contingency (or uncommitted reserves) to support the organisation as part of delegating budgets. Evidence indicates that a contingency of between 2% and 5% would be desirable.

The level of financial risk, including savings required, to deliver financial balance during 2021/22 is significant and greater than it has been previously. However, there is £14k contingency available. Given the level of risks involved in the Annual Plan and budget

setting, in particular the exclusion of proposed developments, it is recommended that any uncommitted reserves or contingency is prioritised to meet previous commitments agreed by the Board, for which recurrent funding or savings have yet to be secured – e.g. GUH, e-LGH investments and Recovery.

8.0 Proposed Budget Delegation

Based on the principles and rationale, set out in this paper, including reserve commitments and contingency, the following budgets have been updated and are proposed as at Month 7 (October 2021) of the 2021/22 financial year:

Table E – Proposed Delegated Budgets

Delegated Budget as at 31st October 2021. Includes Non Recurrent Funding.	Annual Budget 21/22 As At Qtr3(September) Paper	Stability Funding	Recovery Funding Tranche 2	Recovery Funding Tranche 1 - Clawback	Wage Award	Allocation Adjustments	Other Virements	Annual Budget 21/22 Qtr 3 Updated
Operational Divisions:-								
Primary Care and Community	268,000	849	1,447	100	1,716	2,227	1,086	273,527
Prescribing	99,187	7,490					2,706	103,971
Community CHC & FNC	64,872	-	502		302		18	65,658
Mental Health	98,770	9,003	988		1,456	124	26	110,367
Director of Primary Community and Mental Health	555	-			13		2	566
Total Primary Care, Community and Mental Health	531,383	15,644	2,937	(100)	3,487	2,350	(1,614)	554,088
Scheduled Care	215,369	15,900	1,103		3,667		408	236,447
Urgent Care	35,686	3,500			604			39,790
Medicine	98,411	16,349	608	162	1,602		135	116,672
Family & Therapies	111,649	3,718	481		2,566	723	35	119,101
Estates and Facilities	69,374	11,724	25		833		199	82,154
Director of Operations	6,512	528		400	147		462	6,193
Total Director of Operations	537,001	50,663	2,216	(562)	9,419	723	899	600,358
Corporate / Exec budgets:-								
Finance & Performance	8,122	1,100	25		250	(1,440)	263	5,594
Workforce & OD	6,652	101	10		154		11	6,906
Nurse Director	6,258	253			110		230	6,851
Chief Executive and non officer members	33,717	59			102	609	465	34,021
ABCi	701	-			12			713
Planning & Digital/ICT	27,392	2,849			461		187	30,889
Therapies Director	5,913	424			25		19	6,343
Board Secretary	774	45			21		2	838
Public Health Director	26,711	-			16		337	26,390
Medical Director	4,437	38			49		14	4,462
Total Corporate Divisions	120,676	2,593	35	-	1,200	(831)	(666)	123,006
Specialist Services								
WHSSC	136,690	-				1,530		138,220
EASC	32,281	-						32,281
Total Specialist Services	168,971	-	-	-	-	1,530	-	170,501
External Contracts								
External Commissioning - LTAs'	71,815	-					18	71,797
External Commissioning - Access Plans'	5,300	-						5,300
Total External Contracts	77,115	-	-	-	-	-	(18)	77,097
Capital Charges	37,327	-				(6,356)		30,971
Total Capital Charges	37,327	-	-	-	-	(6,356)	-	30,971
Total Delegated Position	1,472,472	68,900	5,187	(662)	14,106	(2,584)	(1,399)	1,556,021
Reserves	85,593							23,837
Total Health Board Budget	1,558,066							1,579,858
Income	(1,558,066)							(1,579,858)
Total Delegated Budget Position	-							(0)

Recommendation

This paper sets out the principles and proposed approach to delegating funding for month 7 (October 2021) for the 2021/22 financial year within total available resources (£1.6bn), including a quarterly approach to setting and reviewing the delegation of budgets, recognising that a flexible and practical approach to financial planning and delivery continues to be required.

The Board is recommended to:

- Note the confirmation of the stability funding received during October,
- Agree the level of anticipated funding to support financial balance and subsequent action,
- Confirm the updated delegated quarter 3 budget arrangements for October, and
- Note the on-going risk associated with the Covid-19 anticipated funding.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The risks to achievement of the Health Board's statutory financial duties are identified in this paper, of particular risks are the level of recurrent savings required to manage within allocated resources & the impact of Covid-19.
Financial Assessment, including Value for Money	This paper provides details of the proposed budget delegation for 2021/22 financial year, based on agreed principles and the Health Board's Annual plan.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance.
Equality and Diversity Impact Assessment (including child impact assessment)	The delegation of budgets is based on the AOF priorities agreed by the Board. On the basis that relevant impact assessments have been undertaken in agreeing these priorities, then further assessments have not been considered necessary.
Health and Care Standards	This paper links to Standard for Health Services One – Governance & Assurance
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the budgetary framework and delegation proposal which supports and the Health Board's Annual plan for 2021/22, including allocation of resources to support agreed priorities.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Long Term – refresh of the IMTP 3 year plan into the 2021/22 Annual plan.</p> <p>Integration – investment plan recognises Clinical Futures and wider Partnership arrangements and internal & external pathway system integration.</p> <p>Involvement – Board and Executive team have considered wider priorities.</p> <p>Collaboration – Board approved IMTP includes reference to partners and wider stakeholder initiatives and joint working initiatives.</p> <p>Prevention – Prevention initiatives are part of budget plans as a priority.</p>
Glossary of New Terms	Provided
Public Interest	Written for the public domain

Appendix 1

Statutory Financial Duties

1. Expenditure should not exceed aggregate funding over a period of 3 financial years, and
2. Prepare a plan (in line with point 1) which improves the health of the population and is approved by Welsh Government Ministers.

Ref: NHS (Wales) Act 2014

Extract from the LHB's Standing Financial Instructions (SFIs)

"Prior to the start of the financial year, the Director of Finance will...prepare and submit budgets for approval and delegation by the Board. Such budgets will:

1. *Be in accordance with the aims and objectives set out in the Integrated Medium Term Plan and medium term financial plan...,*
2. *Accord with Commissioning, Activity, Service, Quality, Performance, Capital and Workforce Plans, and*
3. *Be prepared within the limits of available funds."*

Appendix 2

Glossary

IMTP	Integrated Medium Term Plan
SFI's	Standing Financial Instructions
EASC	Emergency Ambulance Services Committee
WHSSC	Welsh Health Specialised Services Committee
GMS	General Medical Services
FYE	Full Year Effect
FDU	Finance Delivery Unit
GDS	General Dental Services
GUH	Grange University Hospital
CF	Clinical Futures
LD	Learning Disabilities
LTA	Long Term Agreement (contracts between NHS bodies)
ICF	Intermediate Care Fund
RAG	Red / Amber / Green Savings Rating
WG	Welsh Government
PIP	Health Board's Pre Investment Panel
CHC	Continuing Health Care
FNC	Funded Nursing Care
RTT	Referral to Treatment
WCCIS	Welsh Community Care Information System
NICE	National Institute for Clinical Excellence
AWMSG	All Wales Medicines Strategy Group
RPB	Regional Partnership Board
SLC	Speech, Language Communication
CAMHS	Children & Adolescent Mental Health Services
NCN	Neighbourhood Care Network
AOF	Annual Operating Framework
RGH	Royal Gwent Hospital
YYF	Ysbyty Ystrad Fawr
DOSA	Day Of Surgery Admission
COTE	Care of the Elderly



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item: 3.2

Aneurin Bevan University Health Board
ABUHB Winter Plan 2021-22

Executive Summary

The Winter Plan is the Health Board's overarching plan which describes the broad context and priorities for health and social care until March 2022. This plan sets out the approach to meeting this challenge in line with the national Health and Social Care Winter Plan 2021 to 2022.

Whilst there is a principle of partnership first in the way of working this plan focusses on the actions the Health Board will undertake and it should be read alongside the Regional Partnership Board Winter Resilience Plan.

Overall progress is considered to be reasonable particularly related to acute services and the impact of the Grange University Hospital opening in November 2020. Five Objectives are regarded as complete and several others are being taken forward through the development of strategic capital projects.

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

Approve the Report	<input checked="" type="checkbox"/>
Discuss and Provide Views	<input checked="" type="checkbox"/>
Receive the Report for Assurance/Compliance	<input type="checkbox"/>
Note the Report for Information Only	<input type="checkbox"/>

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

Report Author:

Report Received consideration and supported by :

Executive Team **Committee of the Board**

Date of the Report: November 8th 2021

Supplementary Papers Attached:

- Attachment 1: Winter Plan 2021/22

Purpose of the Report

The report provides the Board with the range of actions and contingencies that are expected to be put in place across the health and care system, and with wider partners, to manage the public health emergency and provide services over the coming challenging winter period.

Background and Context

Health systems are used to preparing for winter and the need to adapt, expand and enhance services to meet population need. The health and care systems are already

under significant pressure as a consequence of the harms caused by the pandemic both directly and indirectly from COVID-19.

This winter period the system will need to meet the challenge of multiple respiratory diseases, the continuation of operating in COVID-19 secure environments, staffing constraints across health and care due to sickness, isolation requirements and supporting staff wellbeing, as well as managing extreme weather and balancing recovery of backlogs.

Assessment and Conclusion

Attachment 1 provides an overall assessment of the position and progress against the Strategic Objectives (2019) as at September 2021. Overall progress is regarded as reasonable, particularly with regard to the objectives related to acute services and the impact of the Grange University Hospital opening in November 2020. Five Objectives are regarded as complete and several others are being taken forward via the development of strategic capital projects.

The assessment also attempts to prioritise the Objectives going forward as some are evidentially more important than certain others therefore requiring more input sooner rather than later.

Higher Priority Objectives include:

- Development of the planned new Mental Health Specialist In-patient Services Unit
- Reconfiguration of St Woolos Hospital
- Resolution of the Chepstow Hospital PFI lease
- Continued development of Royal Gwent and Nevill Hall Hospitals as Local General Hospitals
- Continuing to address backlog maintenance
- Continuing to address carbon emissions and reducing energy consumption
- Implementation of Agile Working

Attachment 2 provides a revised set of objectives (October 2021) prepared for consideration and approval.

The attached capital matrix, which has been shared with Welsh Government, reflects future priority projects. This will be updated regularly and prioritisation reviewed in the context of work to establish an improved methodology for prioritising capital investment decisions.

Recommendations

The Board is asked to:

- Note the current assessment of progress against the Strategic Objectives
- Approve the proposed revised set of Strategic Objectives and updated assessment of prioritisation
- Note the forward look capital programme matrix

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Detailed Risk Registers are and will continue to be developed, where relevant, as specific projects progress.
Financial Assessment, including Value for Money	Specific proposals resulting from the Estate Strategy will have business cases which will contain appropriate value for money considerations
Quality, Safety and Patient Experience Assessment	Specific proposals resulting from the Estate Strategy will have to focus on improving the patient experience
Equality and Diversity Impact Assessment (including child impact assessment)	Specific proposals resulting from the Estate Strategy will need to fully consider the Equality and Diversity
Health and Care Standards	Specific proposals resulting from the Estate Strategy will be planned in the context of the latest healthcare and technical standards including those arising from the Pandemic.
Link to Integrated Medium Term Plan/Corporate Objectives	The Estate Strategy is linked to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – The Estate Strategy by its nature does take a long term view.
	Integration – Specific projects are and will be planned to improve the integration of services
	Involvement – Specific projects are and will be planned via extensive engagement with other public sector bodies, staff, users and the wider public.
	Collaboration – Specific projects are and will be planned with the support of staff and users.
	Prevention – This is not directly relevant to the Estate Strategy but developments such as Health and Well Being Centres will contain services seeking to improve health prevention.
Glossary of New Terms	New terms are explained within the body of the document.
Public Interest	Report to be published.

Aneurin Bevan University Health Board



Winter Plan 2021-22

Version 1
9 November 2021



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1 Context

Health systems are used to preparing for winter and the need to adapt, expand and enhance services to meet population need. Our health and care systems are already under significant pressure as a consequence of the harms caused by the pandemic both directly and indirectly from COVID-19. This winter period the system will need to meet the challenge of multiple respiratory diseases, the continuation of operating in COVID-19 secure environments, staffing constraints across health and care due to sickness, isolation requirements and supporting staff wellbeing, as well as managing extreme weather and balancing recovery of backlogs.

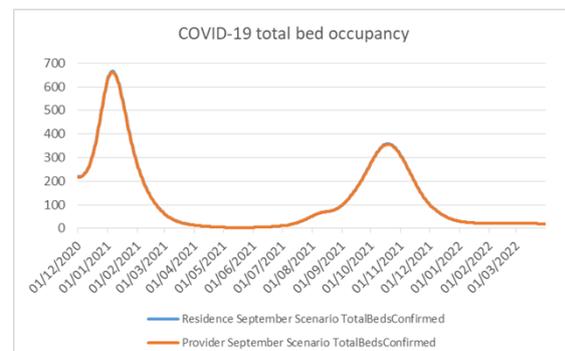
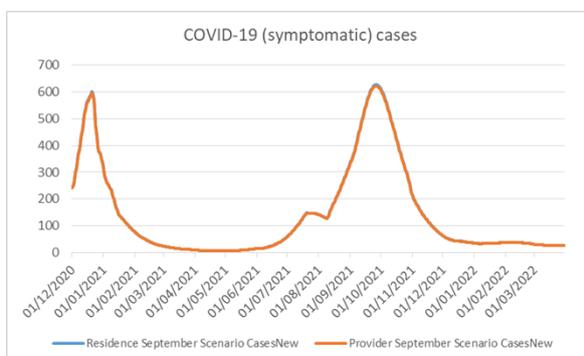
This plan sets out our approach to meeting this challenge in line with the national Health and Social Care Winter Plan 2021 to 2022. We have a principle of partnership first in our way of working and whilst this plan focusses on the actions we will take as a Health Board it should be read alongside our Regional Partnership Board Winter Resilience Plan.



It is our frontline staff who will once again have to bear the challenge of meeting the needs of our citizens in pressured circumstances. This plan seeks to provide assurance to our teams that we are doing all we can to support them in acting in the best interests of our citizens.

1.2 Context in Numbers:

Covid 19



Modelling for Covid 19 suggests we have peaked in community cases based on current variants; however, we

are likely to still see significant community case numbers through to January and need to stand ready for any new variants of concern which may arise.

Vaccination has significantly altered the link between infection, hospitalisation and death, however high community case rates mean we are still seeing patients admitted into our hospital system. We are seeing just 22% of the Covid bed occupancy we saw with the same level of community infection in the second wave. However, it remains that we have significant demand for services in 111, primary care and hospitals to deal with Covid 19 cases. The modelling suggests a more prolonged decline in cases due to lack of non-pharmaceutical interventions in this wave.

1.3 Flu

The Technical Advisory Group (TAG) notes that modelling shared with the Joint Committee for Vaccination and Immunisation (JCVI) has suggested that the 2021-22 flu season could be between 50%-100% higher than a typical season and could peak at a different time than ordinarily expected. In the last high flu season 2017/18 a case rate of 499.2 per 100,000 was experienced by the Aneurin Bevan University Health Board population with 2,769 cases diagnosed by General Practices. Modelling suggests at peak we could see 10-12 admissions to hospital a day. This is potentially another significant demand on our services.

1.4 Respiratory Syncytial Virus (RSV)

Similarly the Technical Advisory Group has also considered the potential scenarios for RSV this winter. RSV is a common respiratory virus that can be serious in infants and this modelling suggest we should plan for an RSV season with up to 40% increase in the total number of cases and admissions for RSV.

These respiratory demands, alongside protecting capacity of elective care, once modelled suggest a requirement to flex our bed capacity up to potentially 1758 beds in our system that is over 200 beds more than our normal capacity. Furthermore, there are significant workforce challenges to meeting this potential bed demand which equates to 118 whole time equivalent members of nursing staff, 119 Health and Care Support Workers and 11 medical staff. This plan therefore sets out the actions we are taking to maximise our services to mitigate the risks this winter may bring.

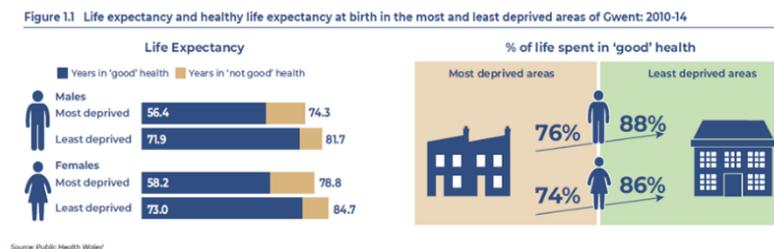
The numbers above only represent part of our system offering, similar expansion of services and staff will be required in Primary and Community Services to meet the challenge. Crucially health care services are only as resilient as social care services as the services are dependent on each

other and require effective flow. Shortages of staff in the domiciliary and social care market will have significant consequences for the Health Boards services.

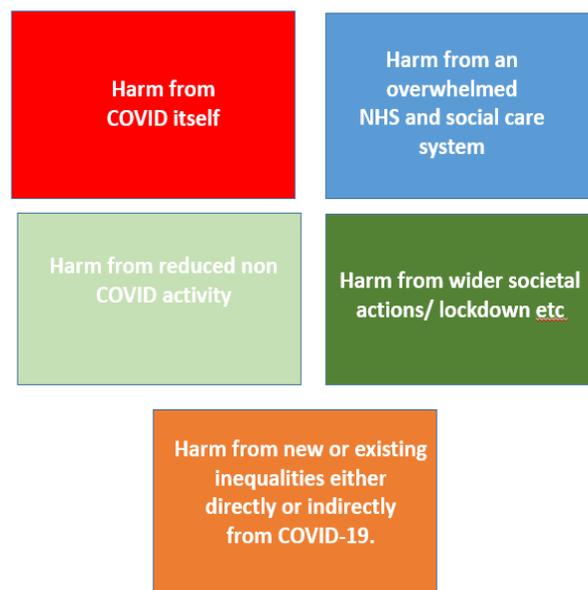
The context set out here represents a massive challenge ahead and we should not underestimate the task before us this winter. Our staff and the workforce of our partners have shown incredible resilience to meet the demands of the pandemic over the last 18 months, this next period will again call on teams to be bold and brave in their actions. We know teams are tired and to meet the needs of our citizens this winter we must also meet the wellbeing needs of our staff.

2 Principles for winter

Given the upcoming challenges it is important we have a clear framework to support decision making and guide our staff in their actions. Our principle and ambition as an organisation is to reduce the health inequalities experiences by our population and we must hold this core objective to the fore in our decision making. The priorities and actions set out in our Annual Plan also form part of our response to the challenges of this winter.



The National Health and Social Care Winter Plan continues to recognise the importance of balancing the harms from Covid, with the addition ensuring inequalities are not further exacerbated in meeting the needs of winter. This continues to be a framework to support decision making across the organisation.



Based on these guiding principles there are some core aims for this winter:

- Focus on safety first, providing care in priority to those with the greatest need
- Maintaining infection prevention and control measures to keep you safe
- Maintain essential services
- Ensure urgent care and emergency care services are there for those who need them
- Protect children's services maintaining them throughout winter

- Protect Cancer services maintain lifesaving diagnosis and treatment
- Utilise hospital care only for those in need of hospital care
- Protect the public through delivery of covid booster, flu vaccination and TTP
- Ensuring social care has the resources to support care delivery
- Maintain planned care where it is safe to do so
- Keeping people informed through a Winter Communications Plan

3 Protecting us from COVID-19

3.1 COVID-19 Booster Programme

The Joint Committee on Vaccination and Immunisation (JCVI) released their final advice on the booster Programme on September 14th 2021. They confirmed anyone who has received their initial course of vaccination in priority groups one through nine would now be eligible for a booster vaccination in the initial phase of the rollout. Additionally, the JCVI advised that the booster vaccine dose should be offered no earlier than six months from completion of the primary vaccine course, in the same order as the delivery of phase one.

The plan is predicated on delivering a booster vaccination to all resident registered with a General Practitioner (GP) in the Aneurin Bevan University Health Board (ABUHB) area or anyone residing in Gwent that are either (a) resident in a care home, (b) aged fifty and above (c) working in a frontline health or social care role and anyone aged sixteen to forty-nine who are either classified as (d) clinically extremely vulnerable (CEV) or (e) having specific underlying health conditions.

Stage one will now amalgamate all the priority groups listed above and offer the booster vaccination in order of when the individual received the second dose of their primary course. The programme will begin from the week commencing September 20th 2021 and stage one will run for approximately fourteen weeks until the week commencing December 20th. During those fourteen weeks the programme will make an initial offer of a booster vaccination to everybody eligible within the set criteria.

Stage one of the Booster Programme will be split into two phases and will be delivered through a combination of Mass Vaccination Centres (MVCs,) Health Board Mobile Teams vaccinating in the community and Primary Care Cluster/Neighbourhood Care Networks (NCN) led Community Vaccination Centres (CVCs.) A blended delivery model of MVCs and NCN support has been deemed the most appropriate delivery model to ensure equity across all our regions and enhance patient experience for all our residents.

All residents that are deemed able and all frontline staff will be offered an appointment at their nearest MVC or a local CVC. All older adult care home residents and any other Gwent resident that are deemed housebound/domiciliary will be offered the booster vaccination at their home from one of the Health Board run mobile teams. These mobile teams will also be responsible for other enclosed settings with residents that fall into priority groups one to nine. Other focus areas will also be managed by Health Board led teams.

3.2 Test, Trace and Protect

3.2.1 Testing

The approach within the Health Board reflects the Welsh Government Coronavirus Control Plan. Testing over this winter will be based on the following principles:

- Test to diagnose – inclusion of multiplex testing (COVID, Influenza A/B & RSV).
- Test to safeguard – Enclosed settings with symptomatic residents will be screened using multiplex testing.
- Test to find – Continuation of community based testing using mobile and permanent testing facilities.
- Test to maintain – Regular asymptomatic testing will underpin our ability to maintain key services (Health care, education and other workplaces).
- Test to enable – Utilising testing to enable the COVID passport system, protecting from virus transmission as normal life is maintained.

To reflect an expected increase in demand for COVID testing through this winter the health board's internal testing capacity is being increased. Available testing is summarised below:

Type of testing	Platform	Range of tests
Fast Track Testing ABUHB	Cepheid	Fourplex
	Eplex	Range of respiratory viruses
	Biofire	Range of respiratory viruses
	Eplex	Range of respiratory viruses
Point of Care Testing	Roche Liat	COVID & RSV (paeds) OR
		COVID & Flu (adults)
	Abbott ID Now	Individual tests (COVID, Flu, RSV)
Routine ABUHB Testing	Seegene	Fourplex
	Roche Cobas	COVID Only
PHW Testing	Various	COVID Only & Multiplex testing

3.2.2 Contact Tracing

In the 'Public health response to respiratory illness winter 2021/2022' Welsh Government (WG) set out the strategic aim of reducing the harm of Covid-19 and influenza infections including reducing cases where possible.

Alongside vaccination, surveillance and sampling/testing one of the key WG delivery vehicles to realise this strategic aim is through the continuation and ongoing development of Test, Trace, Protect (TTP). The Gwent Test, Trace, Protect Service has played an essential role in helping to maintain downward pressure on Covid-19 case rates and remains a crucial mitigation. With the isolation of contacts no longer the default position we will focus contact tracing where it can have the most impact. Our revised approach to contact tracing, heading into Winter 2021/21 will centre around:

- Protecting vulnerable individuals. Rather than automatically following up all cases and their contacts in person, contact tracing teams will focus on identifying those who work in vulnerable settings (such as health and social care workers or emergency services) or who are not fully vaccinated.
- Working towards digital by default. We will automate more of our tracing via digital contact and target calls at those who require tailored advice. We will use behavioural insights to make every contact count including how to communicate the importance of vaccination when tracers interact with unvaccinated cases/contacts, and signpost accordingly.
- Managing risks from international travel. The increasing relaxation of international travel requirements poses a significant risk of importing cases and variants of concern from abroad. It remains critical that arriving travellers into Wales are contact traced to ensure those who are required to isolate are aware of their legal duty to do so.

Supporting self-isolation will continue to be a critical element of TTP with financial support remaining through the self-isolation support payment and local authorities and the third sector continuing to provide wider support mechanisms

4 Keeping people well

4.1 Primary Care and Community

In meeting the demands of the population over the winter period, improving access arrangements in primary and community care are a key factor in ensuring the delivery of care close to home and managing escalation in the system.

In respect of primary care activity we are seeking to initiate actions which will assist GP and Primary Care services to meet the expected demand. Primary Care practices moved to a predominantly remote triage and consultation through the early phases of the pandemic. The move down the Covid alert levels has seen a gradual increase in the number of Face to Face appointments within primary care alongside the remote consultations, and whilst the number of virtual appointments has dropped the levels of overall activity continues to increase.

Access to urgent primary care is also key in providing alternative routes to urgent care. The first point of contact for patients with urgent care needs should be local GP services or NHS 111. The operationalisation of Urgent Primary Care services at RGH and NHH alongside the promotion of the NHS 111 service as the first point of contact for patients is designed to facilitate a system where patients are directed to the most appropriate services prior to attendance and the delivery of a symptom based timely intervention at locations close to home. This will also prevent unnecessary conveyance to Hospital by managing the demands into our services at both the front door and through WAST. This has been further supported nationally with the development of a number of alternative pathways for patients with common presenting conditions who may be better served by services outside of secondary care emergency departments. A national pathway for palliative patients for example has been developed alongside the continued work on falls pathways, with our deployment of a local falls service and a WAST led falls vehicle.

For primary care, the aim is to build resilience into the system, and a number of schemes will be implemented including:

- Improving primary care access through additional GP / practice staff sessions
- Increase resilience of GP OOH/ UPCC
- Further Psychological Wellbeing Practitioner (PWP) business case and support for other Multi-Disciplinary Teams (MDT) workforce
- Pathways – respiratory, falls, diabetes

Scheme	Description	Impact
Additional Session GMS	Access Survey completed for all practices. Recovery Plan in developed to offer additional sessions to improve access where 1:200 ratio already met but demand continues to exceed. Enhanced Service has been issued to all practices and awaiting uptake from practices.	Improve access to primary care through increased number of consultations
GP OOH & Expansion of UPC	<p>Support from additional winter 4x4 vehicle to support UPC business continuity and the wider Division</p> <p>Realignment of daytime Urgent Primary Care Nurse Practitioners to YYF base.</p> <p>Development of Nurse Practitioner mobile shifts, to undertake home visiting reviews within Nursing/Residential homes for minor illness in order to expand the multi-disciplinary team, freeing up GP capacity for more complex calls/base capacity.</p> <p>Advertisement of additional OCA (Overnight Clinical Assessor)</p> <p>Additional patient streams P1 to access UPC instead of own practice</p>	<p>Business continuity providing a Nurse Practitioner led base at YYF, increasing the footprint and capacity to see Urgent Primary Care patients</p> <p>Post to support the Clinical queue and shorter waiting times on a Friday and Saturday overnight.</p> <p>40-50 patients per day</p>
Access to dental services	<p>Improved access to dental services both routine and urgent, additional appointments are required to provide to meet anticipated demand. Additional sessions on a Saturday afternoon will be scheduled with 336 additional appointments (42 sessions) in place.</p> <p>4 GDS practices have requested additional funding to offer approximately 110 additional appts / week.</p>	Decrease urgent waiting times and improve emergency access

Expansion of PWP	Provision of lower level psychological support via GP practices	The PWP service has been positively evaluated and further expansion is anticipated for winter
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4.2 Community Health and Social Care Services

Community health and social care services are currently experiencing high levels of escalation due to a number of factors. The ability to safely discharge patients back to their normal place of residence with support or into care placements is key in building resilience during the winter period. Over the last few months resilience within the community health and social care services has deteriorated and as a result the local Strategic Co-ordinating Group has initiated a task and finish group (TCG) to provide some short term actions to de-escalate the system.

The TCG will review the following key elements of the health and social care system to initiate actions for this winter:

- Review the demand for services to enable a risk-based approach to prescribing social care intervention post discharge
- Build resilience and new locally based community support services to enable residents to stay safe at home
- Consider the move to “full discharge to assess” model for all patients to ensure a risk-based care needs assessment is based upon home need
- Working with local providers to build a sustainable commissioning of domiciliary care approach
- Identifying local opportunities to commission care services around our NCN network.
- Active recruitment approach to providing local community services to build community resources with a multi-disciplinary approach.

The following schemes will be implemented to provide additional capacity across the winter period:

- Additional bed and POC capacity

- Graduated Care model and plans for delivery of the programme
- Expansion of CRT/reablement via the recruitment of HCSW to provide ongoing support for patients in their own homes
- Identification and review of high-risk adults
- Alternative to GP input, such as wound care

Scheme	Description	Impact
Community hospital beds	Open additional 12-14 beds Ruperra ward at St Woolos Hospital and 14 beds on Tyleri Ward YAB	Extra community/step-down beds will support patient flow from GUH/eLGHs
Commissioning Care Home beds	The Health Board has recently engaged with nursing home providers to commission step down beds to facilitate early discharge from acute sites. It is anticipated the number can increase to 50 beds if required	Ability to discharge longer stay patients waiting for next stage of care
Commissioning packages of care	The Health Board has arranged to purchase POC from a private provider to alleviate the number of patients on acute sites waiting for a long term package of care	Ability to discharge longer stay patients waiting for next stage of care
Rapid Response Team	Advanced paramedic practitioner has been employed to temporary contract in Caerphilly, band 6 ANP employed on temporary contract in Blaenau Gwent and 2 Trainee band 6 employed in Newport and Monmouthshire.	Increase to RRT allowing patients to remain at home with treatment and avoid hospital admission

Reablement capacity	Recruitment of additional 25 band 3 reablement support workers 5 per borough.	Reablement Support Workers to increase Reablement Care capacity within Gwent, thereby releasing hospital bed capacity through greater admission avoidance and through facilitating quicker discharge home.
Direct admission pathway	Implement a 'direct' admission to community hospital pathway including a 'retrieval' pathway	Ensure rapid transfer to community hospital and discharge home
Appoint agency staff to DN service	Appoint District Nurses via agency (block booking for 6 months)	Provide cover for vacancies within DN service
Community Health Checks for people with chronic condition	New funding allocated via population share from Welsh Government. Proposed to utilise to enable reviews for 'high risk patient cohort' (HRPC) identified via Lightfoot exercise in an effort to proactively plan the care for patients at highest risk of hospital admission.	Service aims to keep to people well and remain at home through identification of potential deterioration
Wound care	Chronic Wound Care Services recruitment of HCSWs to support patients without the need to see GP / practice staff	Hub-based and home-visiting models to reduce demand on GPs. Agreed to introduce the project to one or two boroughs instead of five which will minimise the number of staff needed.

Respiratory pathway	Introduce spirometry clinics in primary care to address the backlog of 550 patient waiting tests in secondary care and absorb new demand of circa 300 referrals per week until the end of March 2022	Provide service for patients awaiting diagnostic spirometry tests and delayed diagnosis. Potential increased demand on A&E, OOH and GP contacts. Lack of spirometry will potentially impact on patient treatment pathways and onward care.
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4.3 Pharmacy

Pharmacy has developed a number of schemes to support patient services at the acute sites over the winter. These schemes are essential to support patient flow ensuring that discharges are not delayed through the pharmacy/ take home medication processes.

Scheme	Description	Impact
Front-door pharmacy services	Provision of pharmacist to the ED at GUH	<p>Improved medicines reconciliation and early supply of medicines, leading to earlier discharge/ transfer</p> <p>Improve Patient education/counselling</p> <p>Improve medicines management in ED reducing waste and cost</p> <p>Positive impact for staff education & training</p> <p>Improved clinical governance reducing risk</p>

Additional hospital pharmacy capacity for winter wards	An increase in pharmacy staff is required over winter to cover site pressures and maintain patient flow. This includes cover for the increased bed base at eLHGs, with currently an additional 2 wards at RGH, 1 at STW, and additional beds at NHH and YYF.	Ensure adequate pharmacy provision to support patient flow and expedite discharge
Pharmacy Transcribing Service	Pharmacy will work with informatics to adapt the e-learning module to create a medicines module. This will allow Pharmacy to accurately complete and record the patient medicines reconciliation on admission to an acute site on CWS	Reduce waiting time and errors and enable patient flow through pharmacy medicines reconciliation and transcribing for discharge

4.4 Mental Health Services Winter plan

4.4.1 Foundation Tier and Primary Care

The pandemic has led to increasing mental health related demand in Primary care. Some of the measures in place for the winter to improve support in the community and take pressure off Primary Care Services include:

- Developed a range of excellent community based resources to support individuals to help themselves without need of a referral through our Foundation Tier and the development of the MELO website.
- Introduced the Psychological Wellbeing Practitioner service across ABUHB who will continue to see around 1300-1400 individuals each month.
- Increased capacity within our Primary Care Mental Health Support Service to offer some extended therapies and commissioned additional counselling to reduce the waiting time and cater for anticipated increased demand over the winter period.

4.4.2 Crisis and Liaison Services

Reducing demand on ED and on inpatient services is a key priority. A number of developments in our crisis and liaison service are coming on stream or have recently been introduced which will have a positive impact on providing alternatives to admission and enable individuals to be better supported outside secondary care.

- A new Sanctuary service will commence in October 2021 to provide a safe place for individuals to seek support. This will provide an alternative to contacting a GP, attending ED or using other emergency services.
- A new Support House will open in November 2021 and will provide an alternative to admission, with assessment undertaken through the Crisis/Home Treatment Team. This will enable some individuals to be assessed and referred directly to the Support House and facilitate earlier discharge from acute adult wards where appropriate.
- New peer mentor roles attached to the crisis liaison service will be based in ED in the Grange University hospital to help to support individuals with mental health issues and support/signpost to more appropriate organisations/settings.
- Following review of crisis liaison demand support for ED has been increased by shifting resources from NHH to GUH. This will speed up response times for assessments in ED. An additional bid has been submitted to fund flexible additional hours to further improve the response to ED demand.
- Shared Lives has been successfully evaluated and is being rolled out across the whole of ABUHB this year. This will provide an alternative to admission or step down to facilitate earlier discharge and recovery.
- The older adult psychiatric liaison service has recently extended working hours to cover up to 8pm on weekday evenings and on weekends on a trial basis and this will remain in place over the winter period.

In addition, bids have been submitted to access Covid Recovery Funding to provide more resilient staffing on inpatient areas through strengthening the MDT. This includes increasing OT support worker and psychology assistant posts to provide a range of support, group work to help keep people well within the community and to work with inpatients to facilitate earlier discharge.

5 Maintaining safe health services

5.1 Urgent Care

There is a significant amount of improvement work already underway across the Urgent Care system in the context of current pressures exacerbated by the COVID-19 environment, changing demand, workforce shortages and social care system pressures. The following table attempts to summarise the high impact priority actions across each workstream of the Urgent Care Transformation Board.

24/7 Primary Care (NW)	Emergency Care Improvement (LW)		Graduated Care (RJ)
Effective Pre-Hospital Model	Improving Front Door Model	Improving Hospital Flow	Improving Discharge /
GP Stack review	ED triage cards piloting ED consultant triage	3 moves an hour out of 1st Floor - inc pre-emptive moves	Assessment teams 1 per site- rapid needs assessment of all onward referred patients.
Rapid Response Vehicle Pilot	Maintain 3 trolleys (BAU)	Ward process reviews- all sites / clear care plans	Graduated Care- better utilisation of our community step ups.
Flow Centre weekend	Transfer Team re-established and expansion proposals implemented	Medical staffing cover	Care planning for the high-risk adults – pilot project
Consultant cover pilot	Clinical speciality in reach	Respiratory Ambulatory Model	Discharge to assess- move the teams out of hospital into community
Urgent Primary Care Centre- increased utilisation	Interim/part Establishment of SDEC model	MH Liaison for Working Age	
Home first assess at front door	Medical optimisation- communication- discharge		
Care home conveyance for EOL	GUH EFU Model (Mobile COTE squad)		
Community Based MH Sanctuary	E-triage system		

The above high priority actions are focussed on addressing the system demand, presentation, response and processes to ensure an improvement in timely, effective and safe care for our patients and communities.

The following table outlines the immediate actions being implemented over the winter period as part of the overall plan

Scheme	Description	Impact
Increased ED waiting, triage and assessment space (temporary)	A Temporary structure to be located outside ED GUH to include wait capacity, triage space and reception area. Which will allow more assessment space within the existing ED area.	Increased wait, triage and assessment space
Respiratory Ambulatory Care at Royal Gwent Hospital	Implementation of a Respiratory Ambulatory care service at RGH. Commenced on 18th Oct. Provides an additional pathway for lower acuity respiratory conditions to ease pressure on ED.	Most appropriate care at the right place, streamed via pre-hospital flow centre
Introduce Speciality 'Pull' model from ED	Improved process and communication for specialty referrals from ED. Plan to clearly define the speciality pathways to improve flow from ED.	Quicker speciality intervention, improved flow from ED
Direct admission pathways to Community Hospitals	Implementation of direct admissions to community hospitals through CRT and District Nursing teams. 27 Patients directly admitted to community hospitals so far. LOS 7 days.	Reduce attendances at ED/MIU. Increase time at home (reduce length of stay)
Pre-hospital streamlining (Flow Centre)	Flow centre receives calls from WAST and GPs then directs the patient to the most appropriate place of care. Expansion of pre-streaming flow centre pathways. A Frailty Pathway with Caerphilly CRT has been approved by LMC and implemented 10th Nov.	Patients redirection to the appropriate place of care, first time.

Transport efficiency (Rapid response vehicles)	Following a pilot period, implement as 'business as usual' a process that encourages use of lower acuity vehicles or even transport with family and friends based on risk assessed patient condition.	Improved utilization of high acuity vehicles for those who require them. Reduction in community waits.
Flow Improvements	On weekend of Nov 20 th and 21 st , the Urgent Care leadership team will take part in a pro-active exercise within ED GUH designed to identify key improvements that will improve flow, in readiness for the winter period. This will include front door staffing, discharge improvement and patient transfer focus.	Improved flow, allocation of resources through winter

The Health Board have implemented a number of key actions to support patient experience during these challenging times to ensure the environment, the communication and the support patients receive improve the experience for patients whilst they wait for access to care.

Actions already taken	Plans underway
Provision of refreshments and food for long waiting ED patients	Expanding ED wait space to improve space, social distancing and experience
Patient Liaison Officers at GUH to support patients waiting in ED	Community response to support WAST Escalation
Additional reception staff in ED to support communication and advice	PALS Rollout

The Health Board continues to use its staff and patient feedback mechanisms to continually appraise the patient experience issues and respond appropriately.

5.2 Acute Beds

The table sets out the potential beds required in the system to meet the Reasonable Worst Case Scenario of demand this winter.

Bed Category	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Max
Core	1588	1588	1588	1588	1588	1588	1588	1588
COVID-19 Surge	60	60	60	60	60	60	60	60
Additional demand pressure*based on modelled and RWCS	40	40	40	40	110	43	5	110
Total	1688	1688	1688	1688	1758	1691	1653	1758

Excluding Mental Health Beds and Assessment Beds*

Meeting the needs potentially requires the ability to flex to an additional 170 beds in across our system. Built into this model is the continuation of elective delivery at existing capacity, recognising that there is also the ambition to increase planned procedures as part of the recovery of backlogs. The opening of the Grange University Hospital has enabled the protection of elective activity particularly at the Royal Gwent and in balancing the 5 harms it is important that we retain as much activity as possible. In a typical winter the cessation of elective activity and the conversion of beds from surgical care to acute medical care takes place, this is already happening to an extent in our system with the existing system pressures. Whilst there may be a need at times of pressure to adjust capacity in this way we must clear understand the risk and consequences for our patients in doing this, particularly given the current demands for elective care.

Whilst the opening of the Grange University Hospital means that physical bed capacity is not a constraint we know if it staff who make hospitals and will be the rate limiting factor in increasing our capacity. Therefore plans to flexibly increase our capacity over winter are predicated on the availability to safely staff such capacity, surge capacity will be reliant on additional bank, agency and locum staffing, the action plan to meet this need is set out in section 7.

One of the core guiding principles in this plan is to utilise hospital care only for those in need of hospital care. Therefore whilst the table below demonstrates our plans to have the ability to flex our capacity, every patients has a bed in their own home. Actions to support patients to return to their home will have a greater impact on system safety than increasing hospital capacity.

Within our existing bed base of 1588 we are already operating a zoned system (Green, Amber, Red) to ensure patient safety and flex this capacity between zones to meet the need of the pandemic, for example in this third surge of Covid-19 we peaked at Covid-19 Occupancy (Red Beds) of 111 beds. The zoning of beds adds a further complication as it can distort available beds to use for urgent care demand due to the need to protect different types of capacity. We will continue to use the system we have now to flex between zoning in order to meet the needs of the pandemic.

Additional Flexible Surge Capacity by site:

RGH	NHH	YYF	SWH
28	28	12	12

As you can see from the above table, this falls short of the maximum number of beds which would be required under the reasonable worst case scenario. These plans are based on the continued protection of an element of elective capacity. Therefore if our early warning system indicates we are likely to exceed this capacity, we will need to move to the next phases of our surge plans, which would necessitate the cancellations of elective activity in order to release the staff to meet the acute medical capacity. For example ceasing elective activity in YYF would increase surge capacity for medical patients to 28 beds and in the Royal Gwent Hospital to 80 beds. We will take risk based decisions through our Bronze, Silver and Gold arrangements should this situation materialise, it is important that consideration of risk also include our staff, ceasing elective activity does not always release staff for acute medical need if there is not the correct skills mix and if staff are working in green zones as a result of their own underlying health conditions.

We have significant learning from the pandemic about how we maintain the agility in our system to shift capacity, utilisation and teams to meet the needs of the situation before us. We have plan to expand our capacity and be flexible in its utilisation through the winter period.

6 Maintaining our social care services and working in Partnership

Under the auspices of the Gwent Regional Partnership Board, a Winter Planning Group has been established to consider collaborative and integrated solutions in addition to those already reflected within restart and recovery/winter resilience plans within partnership organisations.

With the reinstatement of the Strategic Coordinating Group and subsequent Task & Finish Group, established four key areas of activity as Demand, Workforce Supply, Data and Communications. Sub-groups were established for each area of activity, with cross-membership of the Regional Partnership and the Public Service Boards.

As an output of this activity several action plans have been developed, and recently brought together within the Regional Winter Planning Group. This group was established to develop additional integrated solutions over the winter period that could be delivered with financial support of the Regional Partnership Board. Actions identified within all forums have been cross-referenced to ensure all planned activity is reflected within both the ABUHB Winter Plan, and the Regional Integrated Winter Plan.

Following the review of actions plans, and discussions within the Winter Planning Group, the following priority areas have been identified for the Regional Partnership Board:

- Integrated approaches to recruitment/resilience of health and care workforce: New ways of commissioning care, piloting of micro enterprises and integrated recruitment solutions
- Collaborative efforts to resolve the capacity constraints of our therapeutic workforce: Exploring shared resource, alternative ways of working and sourcing additional capacity where available
- Multi-disciplinary assessments at the front door to prevent unnecessary hospital admissions: Expanding the Home First model with additional multi-disciplinary expertise to aid holistic single patient assessments
- Additional technology solutions to support independence/wellbeing: Utilising technology to support wellbeing and independence, reduction in isolation and reablement

Consistent challenges are noted in the delivery of plans with a reliance on willingness of existing workforce to work additional hours. With the projections of increased demand over the winter period, and the limited

availability of temporary workforce across health and social care, exploration of integrated commitments to address these challenges is currently being undertaken and is reflected in the priorities of the Regional Partnership Board.

Following the publication of the Health and Social Care Winter Plan 2021-22, further funding was identified to support Regional Partnership Boards in the delivery of integrated plans. Gwent RPB has received an allocation of £1.846million to support system resilience up to 31st March 2021. This funding is provided via the Integrated Care Fund and issued to Health Boards on behalf of Regional Partnership Boards.

This funding, together with any available funds from existing Regional Partnership Board budgets, will provide investment for additional regional activity over the coming months. It is anticipated at this stage the Regional Integrated Winter Plan 2021-22 will have an investment value of £2.5million.

In addition to the priorities identified above, and the ABUHB planned activities identified within other sections this Winter Plan, social care plans identify the following key areas:

- | | |
|-----------------------------|--|
| Supporting People | <ul style="list-style-type: none">• Increased financial support for Gwent Wide Integrated Community Equipment Service (GWICES) to improve timely provision of equipment and enable people to remain at home• Additional respite care services for children and families• Exploration of regional direct payments service and regional telecare service• Where viable, implement night time response services• Additional support to foster carers to improve stability of placements• Increased support for unpaid carers |
| Supporting Providers | <ul style="list-style-type: none">• Alternative means of commissioning, such as paying for planned hours or providing retainer fees to providers• Additional resources for third sector organisations to facilitate hospital admissions and discharges, and possibly night support services• Block purchase of additional step up beds• Increase local sectoral fund over winter as central funding is withdrawn |
| Strengthening the Workforce | <ul style="list-style-type: none">• Increase capacity and reach of domiciliary care• Maximise assessment capacity across Adult Services |

- Additional OT capacity to support both admission avoidance and discharge
- Additional support worker capacity within children's services
- Additional commissioning resources at locality level to increase capacity to source care appropriately
- Additional capacity to support Older Adult Mental Health services

7 Supporting our health and social care workforce

In order to respond to the significant winter challenges there will be a need to increase our staffing capacity. We also know we will need to maintain and increase flexibility through bank and agency supply to meet fluctuating demands.

The range of staffing solutions implemented during the previous waves of the COVID-19 pandemic are not available as we restore professional training programmes and clinical services have resumed. Large scale overseas recruitment has recently concluded and the next cohort of registered nurses (RNs) will not complete training until September 2022. We are balancing the challenge of resourcing recovery programmes whilst also supporting urgent care pressures. Our staff have worked tirelessly throughout the pandemic which is having a continued impact on high levels of staff absence. Whilst temporary staff are essential to maintain services, we recognise that a permanent and stable workforce offers continuity of patient care.

In order to address the challenges described we have put in place an action plan across recruitment, deployment, bank and agency supply and importantly staff wellbeing.

Recruitment Actions	Deployment Actions	Bank and Agency
Proceed with a programme of recruitment events for existing and new support roles via general recruitment events and working with employment schemes such as KickStart November 2021 onwards	Internal campaign to identify skills and expertise. November 2021 onwards	Increase RN Block Bookings across our system, including Community and District Nursing Services. October 2021 onwards 48wte confirmed
Additional recruitment of HCSWs over establishment. October 2021 onwards 14 offers made and a further 38 progressing through interview.	Reintroduce deployment cell and process Introduced in October 2021	Review of bank winter pay incentives October 2021 onwards
Support social care workforce recruitment November 2021 onwards	Review of all staff isolating or on non-patient facing duties September 2021 onwards	Review of Primary Care temporary workforce. November 2021 onwards

<p>"Safe Staffing" medical recruitment programme to increase medical staff on out sites Commenced October 2021. 7 tier 1 doctors recruited.</p>	<p>Invite previously engaged Junior Doctors to apply to work as Bank HCSWs</p>	
<p>Re-introduce "recruitment wheel" for RNs Implemented from September 2021</p>	<p>Review RNs in TTP and MV and risk assessment of needs. November 2021 onwards</p>	
<p>Re-apply COVID Recruitment and On-boarding principles and process to support new recruits to start work as quickly as possible Implemented October 2021</p>	<p>Implementation of Recovery Overtime Payments (All Wales Advisory Pay Notice) November 2021 onwards</p>	
<p>Introduce open bank recruitment to secure ad hoc approaches November 2021 onwards</p>	<p>Consider impact of staffing deployment through local choice framework where appropriate October 2021 onwards</p>	
<p>Multi-professional winter planning / systems pressures team November 2021 onwards</p>		

It is acknowledged that the national and local recruitment market is currently challenging with high numbers of vacancies across the private and public sector.

Through creative recruitment and public engagement campaigns recruiting to the support and HCSW roles required is progressing well and we are exploring opportunities to build on this progress together with social care partners. Including opportunities to engage with the Third Sector.

Some initial promising progress is being made with registered nursing and medical recruitment, however, in some cases this is challenging due to national and international skills shortages that have been evident for a number of years.

We continue to work with existing and new recruitment partners to explore all avenues to recruit on a sustainable basis to these highly skilled roles. It is recognised that in many cases the ability to provide safe staffing levels will rely on increasing our supply of temporary workforce or asking or current staff to do more or work differently. Ensuring we have the right number of staff with the right skills and experience to ensure we deliver safe and effective services will have a direct impact on our ability to deliver elements of the winter plan.

7.1 Staff Wellbeing

The People First Programme will be an intensive and extensive engagement activity across all of our workforce to enable staff to share their feelings and concerns, whilst also supporting them to feel re-engaged, valued, have a sense of partnership, provide an experience of work which is the best it can be and one which is protective of their wellbeing.

To supplement this programme, the Health Board will be conducting the next, and fourth, Wellbeing Survey in November and will use this feedback to compare and contrast with previous surveys. This fourth Wellbeing Survey is for all staff groups and the feedback is cognisant with previous national and external surveys. The Health Board will adapt, as necessary, the content/messaging within the programme so that it is constantly responsive to feedback.

In addition, the work which has been developed and rolled out over the pandemic will continue to be available to staff and teams during the winter period. This includes:

- Increasing our occupational health capacity by increasing our workforce and contracts with external providers.
- Additional psychological wellbeing capacity further to successful recruitment to substantive posts.
- Supporting staff who are currently absent from work, especially those absent on a long term basis.
- A fully trained and supervised peer support network to be set up at the end of November.
- Access and training provided for psychological debriefing encompassing the 'critical incidence stress management' process.
- Staff forum created supported by OD and Wellbeing team with Urgent Care teams. These sessions will use the Schwartz Rounds to improve relationship and support staff emotionally processing their work.

8 Keeping Informed

The Health Board's tactical plan for the next 6 months to communicate and engage on the challenges we are currently facing, show how we are taking actions to deliver the best possible care, to further develop and sustain understanding of our healthcare system, and to enlist the help of the public to help their local NHS services by making the right choices. This plan will remain flexible and will evolve in response to developments and challenges as they arise.

As with the Communications and Engagement work prior to the opening of The Grange University Hospital, our clinicians must be seen to be leading open and honest discussions about the challenges we face and the opportunities we have to improve our care and services.

We are clear that communications and engagement work will need to reach the whole of the population we serve, including those with protected characteristics. We need to ensure that we provide our communities with information and engagement/involvement opportunities at this stage as well as recognising the need to reach all sections of our population (including, but not exclusive to, harder-to-reach groups).

Our messages must be embedded and be integral to the general everyday communication and involvement activity of the Health Board and our staff. We will listen to what people tell us and use this feedback to inform our future communications and engagement processes and messaging.

We want the public to change their behaviour so behavioural science should inform our approach, including:

1. Adapt messaging and messenger to the target audience. People are more likely to engage with peers and role models who resonate with their demographic
2. Leverage social norms by using the right messengers - people who we think we're like or aspire to be. Aim to show 'others like us' doing the COVID-safe behaviours and overcoming the perceived barriers. Positive examples to inspire
3. The messages should clearly explain why the behaviour is important in a way that is relevant to the target group. Emphasise the benefit to the individual of adopting the behaviour. Emphasise risks to the individual in a relevant way
4. Simple and clear language and clearly explaining why and what we are asking the public to do.

The three core aims of the communications plan are to:

1. To reduce the number of incidents of winter respiratory viruses including Influenza and COVID-19.

- Increase the uptake of immunisations using targeted communications and interventions amongst staff and the public.
- Remind the public and staff that Covid is still circulating in our communities and we need to continue to share national best practice advice (eg. Hands, face, space, ventilation, outdoor socialising where possible).
- Ensure a particular focus on RSV and the impact it has on children, including helping parents to understand how and where to access help.
- Sharing national guidance on Covid-19 testing and local information about how, when and where people can get tested.

2. Educate and inform the public on how to help themselves and others to stay healthy and manage long-term conditions

- Encourage people not to leave worrying symptoms unchecked and urging people to visit their GP or local pharmacist
- Promoting services that can help with adult and children's mental health issues
- Help people understand how to effectively manage their long-term conditions
- Urge people to take care of themselves in inclement weather (ie. Stay warm, exercise caution when out and about in icy conditions)
- Encourage local people to take care of their more vulnerable family members, friends and neighbours

3. Increase public awareness on the reasons behind the current pressures (the NHS is not back to normal) and how people can best access our services.

- Reminding local people that their NHS services have changed to make them fit for the future, with an emphasis on care closer to home
- Help people to understand that we are still operating in a pandemic and the changes made to services are necessary and may never be the same again
- The pressure on services is not unique to our Health Board – there are national problems due to staff shortages and an increase in demand due to Covid-19 and its knock-on effects
- Influence the public to change their behaviour when accessing health services
- Engage and work with the public to increase their understanding

A programme of core messaging has been established and is set out in the Winter Communications Plan which supports this plan. This also includes a programme of activity to reinforce our core messaging. We recognise that the quality of our written communications affects both the reputation of our organisation and people's confidence in it and their willingness to engage. Our written communications will support and uphold the principles and values of the Health Board. They will be clear, concise, authoritative, straightforward, honest, open, professional, respectful and accessible.

9 Escalation

9.1 Early Warning

Through the pandemic we have developed a range of useful tool and measures to provide early warning on system pressures. These arrangements will continue into the winter and provide us the opportunity to take actions ahead of predictable surges in demand.

111 Calls for Covid/ Respiratory Disease	Covid Community Cases	Flu Surveillance
Hospital Occupancy	Care Homes Settings in incident	Staff Absence

Similarly it is important that we take an intelligence led approach to our decision making. It is not possible to have a single system measures on which escalation decisions can be made it is important that we have rounded system data to inform decision making.

Working with the Tactical Coordinating Group, we have developed a suit of metrics, across the health, social care, police and fire service to get a common understanding of system pressures and need to inform conversation on service escalation.

<p>Health:</p> <ul style="list-style-type: none"> • Length of stay in ED/delayed discharge • Frail/elderly patients held in the system • Self-presented due to unable to contact WAST <p>Primary care Indicators:</p> <ul style="list-style-type: none"> • Delays in obtaining care in the community, GP appointments • Volume of referrals 	<p>Local Authority</p> <ul style="list-style-type: none"> • Total number of people awaiting a new care package, split into community, hospital and the total number of hours required • The number of people who require additional hours on an existing package and the total number of hours • The total number of hours we are trying to commission i.e 1+2 • Number of packages and hours returned by a provider that need to be re-commissioned
<p>Welsh Ambulance Service Trust</p> <ul style="list-style-type: none"> • Ambulance times at the front door of hospitals • Lost hours in terms of being available and deployed 	<p>Gwent Police</p> <ul style="list-style-type: none"> • Adverse indicator • Other service demand for non-policing services • Patterns of demand into policing relating to the above

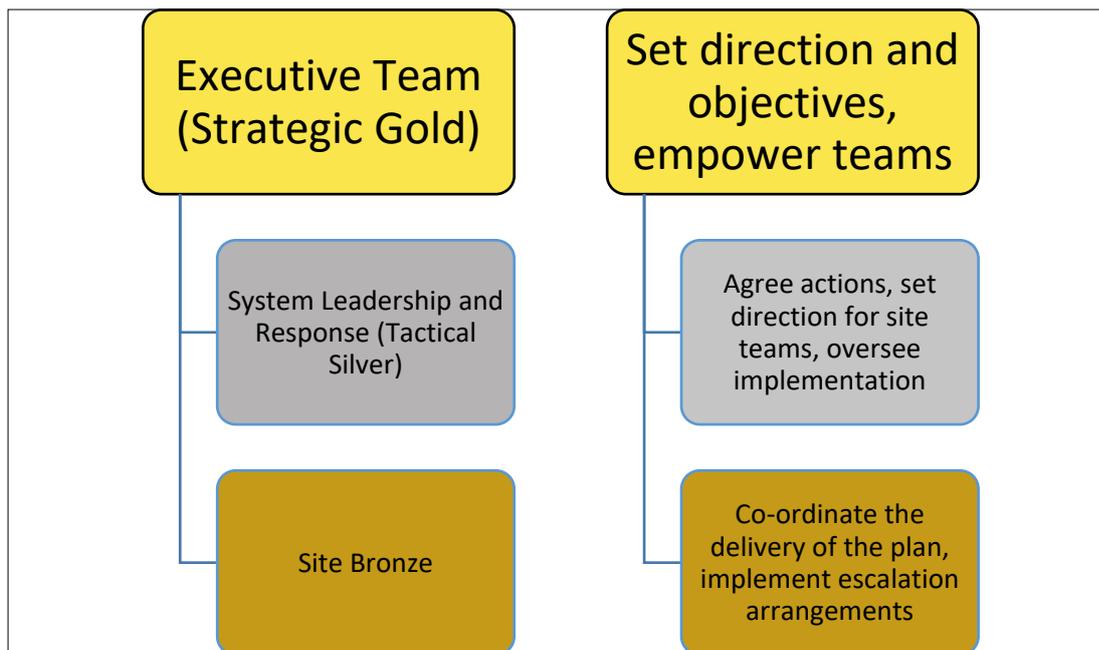
<ul style="list-style-type: none"> • Number of ambulance cases stuck in queue/unable to respond • Waiting times for other services 	
South Wales Fire and Rescue <ul style="list-style-type: none"> • Assistance to other agencies 	

9.2 Escalation Arrangements

Within the Health Board we have a clear escalation framework for our services when there is pressure across our system.

ESCALATION PLAN – LEVEL 1 – STEADY STATE (Risk score 1-4) Note: This is Generally Business as Usual or Ongoing Best Practice	Site Bronze – Delivery and maintain situational awareness
ESCALATION PLAN – LEVEL 2 – AMBER LOW: MODERATE PRESSURE (Risk score not >10)	Site Bronze – Delivery and maintain situational awareness- implement actions as set out in policy to deescalate to Level 1
ESCALATION PLAN – LEVEL 3 – AMBER HIGH: SEVERE PRESSURE	Tactical System Leadership and Response – Review actions with clinical leadership
ESCALATION LEVEL 4 – RED: EXTREME PRESSURE (Risk score 20 or above)	Tactical System Leadership and Response – Review and escalate recommended actions for implementation of Local Options Framework
ESCALATION LEVEL 5- BLACK: CRITICAL INCIDENT	

Against each stage in the escalation framework is a set of action cards for our clinical and operational leadership to take action. Through the winter period we will continue with our enhanced arrangements to ensure clear and effective decision making processes are in place.



At a system level under the Civil Contingencies framework we have the ability to establish a Strategic Coordinating Group. The purpose of a Strategic Co-Ordinating Group (SCG) is to take overall responsibility for the multi-agency management of an incident and establish a strategic framework within which lower levels of command and co-ordinating groups will work. Its guiding objectives are:

- Protect and preserve life
- Contain the incident: mitigate and minimise its impacts; maintain critical infrastructure and essential services
- Create conditions for recovery: promote restoration and improvement activity in the aftermath of an incident to return to the new normality

In anticipation of the system demands the Gwent SCG was stood up in September with the following aims and objectives.

Aim

The overarching aim of this SCG is to preserve life and to support Health and Social Care across Gwent in the response to unprecedented health related demand but also to mitigate the associated impact this is having across wider partnership organisations and our communities. This strategy will need to agile to respond to the developing circumstances and provide co-ordination in a timely and effective manner.

In order to achieve this aim our strategic objectives are:

Strategic Objectives:

1. To take all reasonable steps to protect and preserve life, prevent loss of life or serious harm being caused to members of public
2. To ensure that critical issues are escalated to Welsh Government where a local response alone is likely to be ineffective
3. To work collaboratively with all partners to ensure a co-ordinated, effective, proportionate and prompt response to manage health rated demand
4. Ensure we maintain core services as far as reasonably practicable and have business continuity plans in place to enable the delivery of essential services to the public
5. To provide consistent, timely and accurate information to the public, our staff and to stakeholders to problem solve demand related issues but also to retain trust and confidence
6. To monitor community tensions and to, at an early juncture, seek to proactively deal with the causes of tension to prevent an adverse impact on public services but also to prevent any civil unrest
7. To utilise the work conducted by the SCG and TCG as an opportunity to develop enhanced working relationships and to seek to promote restoration and improvement activity that places partners in a stronger position moving forward than otherwise would have been the case
8. Identifying and taking prompt action to implement lessons identified

Under the SCG at Tactical Coordinating Group has been working on actions to mitigate system demands, as described earlier in the plan.

9.3 Local Choices Framework

The Welsh Governments Local Options Framework which was issued in December 2020 to support health organisations in Wales in making decisions during periods of peak COVID-19 demand has been revised and re-issued during October 2021 to provide an updated framework for winter 2021-22. This framework recognises that at times of peak pressure resulting from the ongoing pandemic impacts alongside winter demand for services there may need to be difficult decisions to pause some planned services to maintain the safety of services for those patients who have the most urgent need for care.

Service Suspension	Potential Redeployment	Risks
Stand down all non-essential meetings and business	Release clinical time for essential clinical activities/ release non-clinical time to support essential supporting activities	Must still ensure sufficient governance in place
Cancel outpatient clinics (F2F and Virtual)	Medical staff to support wards/ED OP Nursing staff to wards AHP staff to community and primary services	Increased waiting times Potential missed cancer diagnosis Potential deterioration in long term condition status leading to carer breakdown and admission
Cancel specialist nurse clinics	Redeploy specialist nurses to wards	Increased waiting times Patient deterioration Failure to review medication
Cancel non-urgent elective operating	Surgeons redeployed to wards Anaesthetists/ODPs to ITU Theatre nurses to ITU/Wards AHPs to community provide interventions to prevent deterioration and harm	Increased waiting time Further deterioration and potential harm Further disability/pain Increased anxiety
Cancel non-critical community clinics e.g. community AHPs, primary care clinics in Community Hospitals, day services	Staff redeployed to wards/step down facilities/ community services to prevent admission and maintain care at home and maximise sustainable discharge	Increased waiting time Isolation of vulnerable patients Increased pain/disability Deterioration and risk of hospital admission
Cancel Multi-disciplinary Outpatient / Triage Clinics (MSK, CMATS etc)	Redeploy AHPs to wards/ intermediate care/, ED/ step down beds/ community to improve immediate discharge opportunity	Increased waiting times Patient deterioration
Cancel non-urgent diagnostic services (e.g. radiology/endoscopy)	Redeploy radiographers to support as HCSWs Redeploy endoscopy nurses to wards	Increased waiting time Potential missed diagnosis Risk of harm
Cancel non-critical home-based services e.g. district nursing, community AHP services OPMH etc	Redeploy staff to support critical home-based services	Deterioration of patient Isolation/MH issues risk of care breakdown and urgent admission Pain/harm
Clinical staff in non-clinical roles	Clinically trained staff with current registration are redeployed to clinical/ community areas	Routine work not progressed Loss of leadership / senior management leading to poor service direction and control Core HB services impacted e.g. complaints/safeguarding/clinical governance/CHC Training unavailable for new staff

Cancel cancer elective operating	Surgeons redeployed to wards Anaesthetists/ODPs to ITU AHPs to community provide interventions to prevent deterioration and harm Theatre nurses to ITU/Wards	Significant risk of harm Worsening prognosis for patient
Cancel urgent elective operating	Surgeons redeployed to wards Anaesthetists/ODPs to ITU Theatre nurses to ITU/Wards	Significant risk of harm Increased waiting times

As challenges arise the early warning and reporting tools allow time to consider the options afforded through the Local Options Framework. We are working through scenarios to test the options available in extreme situations to ensure cancellation or activity is constituted in a way which delivers the support the system needs. For example it is only useful to release staff from elective procedure if there is the right skills mix and if it is safe for the staff groups, for example some staff are only able to work in green zones due to underlying conditions. We will test scenarios and set plans through our Bronze, Silver and Gold arrangements.

RISK

As is clear throughout this plan there are clearly risks to delivery through this next period. The table below identifies the key risks;

RISK AREA	DESCIRPTION	MITIGATION
Workforce not available to meet service need resulting in harm to patients and staff	Workforce is our biggest risk, availability of bank, agency and locum staff is constrained as these staff are already deployed. Existing staff are tired and there is less flexibility for redeployment with the recovery of services	As set out in the Workforce section: <ul style="list-style-type: none"> - Over recruitment - Block booking - Incentives - Simplify process - Wellbeing service
Patient harm as a consequence of challenging service access	Patients coming to harm in our communities and services as a consequence of delayed or lack of access	As set out in the plan: <ul style="list-style-type: none"> - Increase community services - Urgent Care Plan - Surge acute capacity

<p>Patient harm as a consequence of overwhelming respiratory disease demand</p>	<p>A combination of a new variant of Covid-19, high flu and RSV season increasing service demand</p>	<p>As set out in the plan:</p> <ul style="list-style-type: none"> - Vaccination, TTP in place - Early warning systems - Flexible services
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GIG
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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item: 3.3

Aneurin Bevan University Health Board
Review of Health Board Estate Strategy Priority Objectives

Executive Summary

The Estate Strategy was approved by the Board in January 2019. It had within it twenty two Strategic Objectives the progress of which has been monitored by the Strategic Capital & Estates Work-stream which in turn reports to the Clinical Futures Delivery Board.

This report presents:

- An update on progress made on the Strategic Objectives (Attachment 1)
- A draft refreshed set of Strategic Objectives (Attachment 2)
- An updated forward look capital programme that is based to a large degree on the aspirations of the Estate Strategy (Attachment 3)

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,

Report Author: Andrew Walker

Report Received consideration and supported by :

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

Date of the Report: November 8th 2021

Supplementary Papers Attached:

- Attachment 1: Strategic Objectives (2019) progress as at September 2021
- Attachment 2: Strategic Objectives revised as at October 2021
- Attachment 3: Capital Matrix

Purpose of the Report

The report provides the Board with an assessment of progress made on the Estate Strategy Strategic Objectives and in the context of that progress proposes a revised set of Strategic Objectives.

It also provides the Board with a forward look capital programme matrix, the content of which reflects the Estate Strategy.

Background and Context

The Estates Strategy was approved by the Board in December 2019 following which it was formally submitted to Welsh Government. No comments were received.

The associated capital programme has however been regularly shared with Welsh Government for awareness of future capital requirements.

It should be noted that one of Strategic Objectives was the preparation of a Primary Care Estates Strategy. This has been achieved and has been well received by Welsh Government.

Assessment and Conclusion

Attachment 1 provides an overall assessment of the position and progress against the Strategic Objectives (2019) as at September 2021. Overall progress is regarded as reasonable, particularly with regard to the objectives related to acute services and the impact of the Grange University Hospital opening in November 2020. Five Objectives are regarded as complete and several others are being taken forward via the development of strategic capital projects.

The assessment also attempts to prioritise the Objectives going forward as some are evidentially more important than certain others therefore requiring more input sooner rather than later.

Higher Priority Objectives include:

- Development of the planned new Mental Health Specialist In-patient Services Unit
- Reconfiguration of St Woolos Hospital
- Resolution of the Chepstow Hospital PFI lease
- Continued development of Royal Gwent and Nevill Hall Hospitals as Local General Hospitals
- Continuing to address backlog maintenance
- Continuing to address carbon emissions and reducing energy consumption
- Implementation of Agile Working

Attachment 2 provides a revised set of objectives (October 2021) prepared for consideration and approval.

The attached capital matrix, which has been shared with Welsh Government, reflects future priority projects. This will be updated regularly and prioritisation reviewed in the context of work to establish an improved methodology for prioritising capital investment decisions.

Recommendation

The Board is asked to:

- Note the current assessment of progress against the Strategic Objectives
- Approve the proposed revised set of Strategic Objectives and updated assessment of prioritisation
- Note the forward look capital programme matrix

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Detailed Risk Registers are and will continue to be developed, where relevant, as specific projects progress.
Financial Assessment, including Value for Money	Specific proposals resulting from the Estate Strategy will have business cases which will contain appropriate value for money considerations
Quality, Safety and Patient Experience Assessment	Specific proposals resulting from the Estate Strategy will have to focus on improving the patient experience
Equality and Diversity Impact Assessment (including child impact assessment)	Specific proposals resulting from the Estate Strategy will need to fully consider the Equality and Diversity
Health and Care Standards	Specific proposals resulting from the Estate Strategy will be planned in the context of the latest healthcare and technical standards including those arising from the Pandemic.
Link to Integrated Medium Term Plan/Corporate Objectives	The Estate Strategy is linked to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – The Estate Strategy by its nature does take a long term view.
	Integration – Specific projects are and will be planned to improve the integration of services
	Involvement – Specific projects are and will be planned via extensive engagement with other public sector bodies, staff, users and the wider public.
	Collaboration – Specific projects are and will be planned with the support of staff and users.
	Prevention – This is not directly relevant to the Estate Strategy but developments such as Health and Well Being Centres will contain services seeking to improve health prevention.
Glossary of New Terms	New terms are explained within the body of the document.
Public Interest	Report to be published.

Attachment 1

Health Board Estate Strategy: Review of Status of Strategic Objectives (2019) as at September 2021

<u>Strategic Objective</u>	<u>Overall Status</u>	<u>Next Steps</u>	<u>Future Priority</u>
1. Reconfiguration of Royal Gwent Hospital as a Local General Hospital and Elective Care Centre by March 2021. (Exec Lead NP)	Complete – Royal Gwent Hospital is functioning as a LGH although its transition has been affected by C19	N/A	Complete
2. Further reconfiguration and rationalisation of Royal Gwent Hospital post March 2021 to support the planned closure of SWH and other service developments. (Exec Lead NP)	This has been affected by C19 which has resulted in some changes being made to the previously agreed proposals to vacate space at RGH following GUH opening and the associated reallocation of that space to support the closure of SWH.	<ul style="list-style-type: none"> • Executive Team sign off the revised RGH/SWH proposals • Project Team re-established to take forward the relocation of services from SWH and the preparation of relevant business cases for WG approval of capital funding • Other projects not associated with SWH to be progressed. These include: <ol style="list-style-type: none"> 1. Provision of 4 Endoscopy suites and central decontamination unit. 2. New Boiler House 3. High Risk Estate Infrastructure • Other relatively minor projects to address operational issues and improve staff well-being are also ongoing 	High
3. Reconfiguration of Nevill Hall Hospital as a Local General Hospital and Day Case Surgery Centre by March 2021. (Exec Lead NP)	Complete – Nevill Hall Hospital is functioning as an eLGH although its transition has been affected by C19	N/A	Complete
4. Further reconfiguration and rationalisation of Nevill Hall Hospital post March 2021 to support the planned Cancer Unit and other service developments. (Exec Lead NP)	Complete in terms of service configuration and its requirements for accommodation. The majority of vacant accommodation is planned to be reutilised for other service developments subject to the preparation of business cases and capital availability.	<ul style="list-style-type: none"> • Continue to develop future projects which includes: <ol style="list-style-type: none"> 1. Radiotherapy Satellite Centre 2. Cancer Unit 3. Redevelopment of “Front Door” 4. Redevelopment of Day Surgery / Llanwenarth Unit for potential regional Eye Unit 5. Relocation of ECT service from MCH 6. High Risk Estate Infrastructure 	High

		<ul style="list-style-type: none"> Progress negotiation process for the Llanwenarth Unit the lease for which expires in September 2024 	
<p>5. To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised in the context of the new clinical models. (Exec Lead NP)</p>	<p>Complete – YYF is functioning as a LGH.</p> <p>To note - The Full Business Case for the construction of the new Breast Unit is expected to be approved by Welsh Government in October at a cost of circa £10million. If approved construction is expected to be completed by the end of 2022.</p>	N/A	Complete
<p>6. Reconfiguration of the St Woolos Hospital site following relocation of services to Royal Gwent, potential disposal or demolition of the old estate. (Exec Lead NP)</p>	<p>This has been affected by C19 which has resulted in some changes being made to the agreed proposals to vacate space at RGH following GUH opening and the associated reallocation of that space to support the closure of the old SWH estate.</p>	<ul style="list-style-type: none"> Executive Team sign off the revised RGH/SWH proposals Project Team re-established to take forward the relocation of services from old SWH estate and the preparation of relevant business cases for WG approval of capital funding 	High
<p>7. Review service provision required on the County Hospital site in the context of primary care/ community services required in that area followed by consideration of redevelopment potential on a smaller scale. (Exec Lead NW)</p>	<p>Draft Service Strategy for County Hospital has been developed for consideration by the Executive Team in the context of developing service and estate strategies for Mental Health and Primary Care services and the requirements of TCBC, prior to agreement by the Board.</p>	<ul style="list-style-type: none"> Further development of the service strategy / different service options Assess impact of service strategy on the existing estate Develop options to redevelop the site Prepare the required business case for WG funding 	Medium
<p>8. Ensure existing services and facilities at Ysbyty Aneurin Bevan are appropriate and fully utilised in the context of new clinical models. (Exec Lead NW)</p>	<p>Largely complete but options still being considered for the relocation of OAMH beds from YTC.</p>	<ul style="list-style-type: none"> Decision required on future location of OAMH beds from YTC 	Medium

<p>9a. Ensure existing services and facilities at Chepstow are appropriate and fully utilised in the context of new clinical models. (Exec Lead NW)</p> <p>9b. Review and understand existing PFI arrangements and potential cessation in February 2025. (Exec Lead GJ)</p>	<p>Draft Service Strategy for Chepstow has been developed for consideration by the Executive Team in the context of developing service and estate strategies for Mental Health and Primary Care services and the requirements of MCC, prior to consideration by the Board.</p> <p>Existing PFI arrangements cease in February 2025. The future options available to the Heath Board upon expiration of the current lease are known. Options include:</p> <ol style="list-style-type: none"> 1. Vacate in 2025 2. Renew the sub-lease 3. Negotiate a new lease 4. Purchase the property 	<ul style="list-style-type: none"> • Further development of the service strategy / different service options. Vacation in 2025 is not considered to be practically viable option. • Obtain further, targeted, legal and land and property advice on the current lease agreement and the identified options. • With the assistance of the above assess cost implications of the options and develop option appraisal for discussion with Welsh Government. 	<p>High</p>
<p>10. Ensure existing services and facilities at Monnow Vale are appropriate and fully utilised in the context of new clinical models and growth of local population. Review and understand existing PFI arrangements to ensure value for money. (Exec Lead NW)</p>	<p>The PFI arrangements are not a priority in the short to medium term as the lease does not expire until 2036.</p> <p>The Primary Care Estates Strategy identifies Monnow Vale as the Hub for Monmouth.</p>	<ul style="list-style-type: none"> • Keep watching brief on planned housing developments in the area and opportunities to link / fund the development of Primary Care premises via the local authority planning process. 	<p>Low</p>
<p>11. Pursue the further development of a Mental Health Specialist Services Inpatient Unit (previously Low Secure Unit) within the Health Board. (Exec Lead NW)</p>	<p>The Outline Business Case is being progressed following WG approval of the Strategic Outline Case.</p> <p>The preferred location is Llanfrechfa Grange.</p>	<ul style="list-style-type: none"> • Progress development of Outline Business Case for submission to March 2022 Health Board • The preferred option contains Low Secure provision (not currently provided by the Health Board), and replacement Female Locked Rehab, Male Locked Rehab, Learning Disability, Intensive Care and Crisis Assessment services. • Estimated capital cost circa £60 million 	<p>High (Capital Project)</p>

<p>12. Explore the potential for disposal / demolition of the older St Cadoc's estate. (Exec Lead NP)</p>	<p>This links with SO11 above as it will remove Intensive Care and Female locked Rehab services from the older SCH estate.</p> <p>A census has been completed of MH accommodation in the old hospital and where those patient and non-patient facing services could be relocated.</p>	<ul style="list-style-type: none"> • Establish Project Team to take forward the potential relocation of services from old estate to other locations. • Relocation of non-patient facing services to be planned in the context of Agile Working Principles. • Timescales for the above to be discussed and agreed 	<p>Medium</p>
<p>13. Relocate in patient services from Ysbyty Tri Chwm to YAB and explore the potential for the hospital to be re-used for other Primary care and Community based services. (Exec Lead NW)</p>	<p>YTC has the potential to be reused as a Health and Well Being Centre following the relocation of OAMH beds. "Test for Fit" has been completed and has been discussed with the GP practices and AB clinical teams. Some expansion of YTC may be required.</p> <p>The proposed redeveloped facility will bring together 3 GP practices from Ebbw Vale plus other ABUHB community services.</p>	<ul style="list-style-type: none"> • Submit scoping document to WG in November 2021 for consideration of capital funding via the Primary Care pipeline 	<p>Medium (Capital Project)</p>
<p>14. Explore the potential for disposal of the whole or vast majority of the Maindiff Court site. (Exec Lead NW)</p>	<p>The disposal of the site has been considered in the context of its current utilisation and its likely marketability/ disposal value.</p> <p>The site is currently well utilised by clinical and non-clinical services. Mainly mental health services. Circa 100 staff are accommodated there. Obviously disposal of the site would require relocation of these services.</p> <p>Disposal and site redevelopment opportunities are limited due to</p>	<ul style="list-style-type: none"> • Not regarded as a key priority given other more important Strategic Objectives. • Keep watching brief 	<p>Low</p>

	planning policy, the site is outside the settlement boundary, site abnormalities and restrictions.		
15. Review the future use of the Llanfrecfa Grange site not required for the Grange University Hospital in the context of previous intentions to dispose of the site for Housing and the proposed Medi-Park. (Exec Lead NP)	<p>Complete in the context of the production and approval of a clear Masterplan for the future development of the LGH site and the surrounding land owned by WG.</p> <p>The Masterplan includes provision for Grange hospital expansion, a Medi-Park and the proposed Mental Health Unit (SO 11 above)</p>	<ul style="list-style-type: none"> Continued development of the Masterplan in the context of the TCBC Local Development Plan Continued engagement with WG and TCBC officials re preparation of OBC and funding of fees to develop proposals for the Medi-Park. 	Medium
16. Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB / Public Sector facilities (Exec Lead NW)	Strategic Objective has been achieved in the context of the preparation and approval of a Primary Care Estates Strategy.	N/A	Complete
17. Following the above review to produce a costed and prioritised plan for the creation of the proposed “Hubs” and other proposed service changes utilising the existing estate as far as is possible. (Exec Lead NW)	The prioritised plan is included in the above Estate Strategy. This has been shared with WG in the context of their request for information on future Primary Care developments and associated capital requirements. The strategy has been shared with Welsh Government and has been well received.	<ul style="list-style-type: none"> Tredegar HWBC has commenced on site Newport HWBC FBC due to be submitted to Board in December Begin to develop other early priorities in more detail. Scoping documents are being progressed for the development of YTC, Dixton Surgery Monmouth and Abervalley Division to put process in place to regularly review and update priorities 	High (Capital Projects)
18. The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to	Strategy and Implementation plan is being actively progressed by the Agile Working Programme Board.	<ul style="list-style-type: none"> Next Steps and Timescales to be discussed and agreed 	High

<p>assist in the reduction of the significant amount of office accommodation within the organisation. (Exec Lead GE)</p>	<p>Staff survey completed on the recent experiences of flexible / home working as a consequence of C19. Responses were generally positive.</p>		
<p>19. (Immediate) – The Estates Department to urgently assess the robustness of the calculation of High and Significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the High and Significant risks. (Exec Lead LW)</p>	<p>Completed but needs updating annually to support requests for capital funding from Discretionary Capital Programme.</p>	<ul style="list-style-type: none"> • A more detailed update is now required focusing on High and Significant Risk Backlog • Risk reduction projects linked to NHH and RGH to be progressed 	<p>Ongoing Objective</p>
<p>20. The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels. (Exec Lead LW)</p>	<p>Benchmarking data across Wales and England has been assessed which demonstrates that estates maintenance revenue is underfunded.</p> <p>Discussions with WG have highlighted the apparent low level of ABUHB discretionary capital in comparison to other Health Boards.</p>	<ul style="list-style-type: none"> • Whilst there would appear to be evidence to support an increase in estate maintenance an appropriate level of revenue funding is not clear and requires clarity. • Further discussion required with Executive Team and WG re prioritisation of projects that address high and significant risk backlog. 	<p>High</p>
<p>21. The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target. (Exec Lead LW)</p>	<p>Energy Strategy was approved by the Board In August 2020.</p>	<ul style="list-style-type: none"> • Implementation plan required with key milestones and targets. • Potential opportunities to obtain funding for energy saving initiatives to continue to be explored. • The Energy Strategy needs to be reviewed in the context of the Welsh Government’s recently released Decarbonisation Strategy 	<p>High</p>

22. Provision of updated 10 year capital programme	Complete - A 10 year Capital Programme is available This has been discussed with WG and is being regularly updated.	<ul style="list-style-type: none">• All of the projects noted above appear in the capital programme and will continue to be progressed internally and via regular discussion with WG	Ongoing Objective
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Health Board Estate Strategy – Proposed Revised Strategic Objectives – October 2021

<u>Strategic Objective</u>	<u>Overall Status</u>	<u>Next Steps</u>	<u>Future Priority</u>
1.0 Further reconfiguration and rationalisation of Royal Gwent Hospital post March 2021 to support the planned closure of SWH and other service developments. (Exec Lead NP)	This has been affected by C19 which has resulted in some changes being made to the previously agreed proposals to vacate space at RGH following GUH opening and the associated reallocation of that space to support the closure of SWH.	<ul style="list-style-type: none"> • Executive Team sign off the revised RGH/SWH proposals • Project Team re-established to take forward the relocation of services from SWH and the preparation of relevant business cases for WG approval of capital funding • Other projects not associated with SWH to be progressed. These include: <ol style="list-style-type: none"> 1. Provision of 4 Endoscopy suites and central decontamination unit. 2. New Boiler House 3. High Risk Estate Infrastructure • Other relatively minor projects to address operational issues and improve staff well-being are also ongoing 	High – progress via individual capital project timescales
2.0 Further reconfiguration and rationalisation of Nevill Hall Hospital post March 2021 to support the planned Cancer Unit and other service developments. (Exec Lead NP)	Complete in terms of knowing what services could occupy what accommodation. The majority of vacant accommodation is planned to be reutilised for other service developments subject to the preparation of business cases and capital availability.	<ul style="list-style-type: none"> • Continue to develop future projects. Future foreseeable developments include: <ol style="list-style-type: none"> 1. Radiotherapy Satellite Centre 2. Cancer Unit 3. Redevelopment of “Front Door” 4. Redevelopment of Day Surgery / Llanwenarth Unit / Potential regional Eye Unit 5. Relocation of ECT service from MCH 6. High Risk Estate Infrastructure 7. Cessation of Llanwenarth Suite lease 	High - progress via individual capital project timescales
3.0 Reconfiguration of the St Woolos Hospital site following relocation of services to Royal Gwent, potential disposal or demolition of the old estate. (Exec Lead NP)	This has been affected by C19 which has resulted in some changes being made to the previously agreed proposals to vacate space at RGH following GUH opening and the associated reallocation of that space to support the closure of the old SWH estate.	<ul style="list-style-type: none"> • Executive Team sign off the revised RGH/SWH proposals • Project Team re-established to take forward the relocation of services from the old SWH estate and the preparation of relevant business cases for WG approval of capital funding 	High – Scoping document to be completed by March 2022 for

			discussion with WG
4.0 Further develop service strategy for County Hospital to inform the development of a Scoping Document for the consideration of Welsh Government. (Exec Lead NW)	Draft Service Strategy for County Hospital has been developed for consideration by the Executive Team in the context of developing service and estate strategies for Mental Health and Primary Care services and the requirements of TCBC.	<ul style="list-style-type: none"> • Further development of the service strategy / different service options • Assess impact of service strategy on the existing estate • Develop options to redevelop the site • Prepare the required business case for WG funding 	Medium – Scoping document to be completed by September 2022 for discussion with WG
5.0 Chepstow Hospital - Review and understand existing PFI arrangements and potential cessation in February 2025. (Exec Lead GJ)	<p>Draft Service Strategy for Chepstow has been developed for consideration by the Executive Team in the context of developing service and estate strategies for Mental Health and Primary Care services and the requirements of MCC.</p> <p>Existing PFI arrangements cease in February 2025. The future options available to the Heath Board upon expiration of the current lease are known. Options include:</p> <ol style="list-style-type: none"> 1. Vacate in 2025 2. Renew the sub-lease 3. Negotiate a new lease 4. Purchase the property 	<ul style="list-style-type: none"> • Further development of the service strategy / different service options. Vacation in 2025 is not considered to be practically viable option. • Obtain further, targeted, legal and land and property advice on the current lease agreement and the identified options. • With the assistance of the above assess cost implications of the options and develop option appraisal for discussion with Welsh Government. 	High - Specialist PFI /legal advice to be procured by end of calendar year
6.0 Ensure existing services and facilities at Monnow Vale are appropriate and fully utilised in the context of new clinical models and growth of local population. Review and understand existing PFI	<p>The PFI arrangements are not a priority in the short to medium term as the lease does not expire until 2036.</p> <p>The Primary Care Estates Strategy identifies Monnow Vale as the Hub for Monmouth.</p>	<ul style="list-style-type: none"> • Keep watching brief on planned housing developments in the area and opportunities to link / fund the development of Primary Care premises via the local authority planning process. 	Low – keep watching brief

<p>arrangements to ensure value for money. (Exec Lead NW)</p>			
<p>7.0 Pursue the further development of a Mental Health Specialist Services Inpatient Unit (previously Low Secure Unit) within the Health Board. (Exec Lead NW)</p>	<p>The Outline Business Case is being progressed following WG approval of the Strategic Outline Case. The preferred location is Llanfrechfa Grange.</p>	<ul style="list-style-type: none"> • Progress development of Outline Business Case for submission to March 2022 Health Board • The preferred option contains Low Secure provision (not currently provided by the Health Board), and replacement Female Locked Rehab, Male Locked Rehab, Learning Disability, Intensive Care and Crisis Assessment services. • Estimated capital cost circa £60 million 	<p>High - OBC to submitted to Board in March 2022</p>
<p>8.0 Explore the potential for disposal / demolition of the older St Cadoc's estate. (Exec Lead NP)</p>	<p>This links with SO11 above as it will remove Intensive Care and Female locked Rehab services from the older SCH estate.</p> <p>A census has been completed of MH accommodation in the old hospital and where those patient and non-patient facing services could be relocated.</p>	<ul style="list-style-type: none"> • Establish Project Team to take forward the potential relocation of services from old estate to other locations. • Relocation of non-patient facing services to be planned in the context of Agile Working Principles. • Timescales for the above to be discussed and agreed 	<p>Medium – links with SO7 above</p>
<p>9.0 Relocate in patient services from Ysbyty Tri Chwm to YAB and explore the potential for the hospital to be re-used for other Primary care and Community based services. (Exec Lead NW)</p>	<p>YTC has the potential to be reused as a Health and Well Being Centre following the relocation of OAMH beds. "Test for Fit" has been completed and has been discussed with the GP practices and AB clinical teams. Some expansion of YTC may be required.</p> <p>The proposed redeveloped facility will bring together 3 GP practices from Ebbw Vale plus other ABUHB community services.</p>	<ul style="list-style-type: none"> • Submit scoping document to WG in November 2021 for consideration of capital funding via the Primary Care pipeline • Decision required on the relocation of OAMH beds to YAB or NHH. 	<p>Medium – Scoping document to be discussed with WG in November 2021</p>

<p>10.0 Explore the potential for disposal of the whole or vast majority of the Maindiff Court site. (Exec Lead NW)</p>	<p>The disposal of the site has been considered in the context of its current utilisation and its likely marketability/ disposal value.</p> <p>The site is currently well utilised by clinical and non-clinical services. Mainly mental health services. Circa 100 staff are accommodated there. Obviously if the site were disposed of these services would need to be relocated.</p> <p>Disposal and site redevelopment opportunities are limited due to planning policy, the site is outside the settlement boundary, site abnormalities and restrictions.</p>	<ul style="list-style-type: none"> • Not regarded as a key priority given other more important Strategic Objectives. • Keep watching brief 	<p>Low – Keep watching brief</p>
<p>11.0 Continue to develop and refine the agreed Masterplan for the future use of the Llanfrechfa Grange site in conjunction with TCBC and adjacent landowners. (Exec Lead NP)</p>	<p>Complete in the context of the production and approval of a clear Masterplan for the future development of the LGH site and the surrounding land owned by WG.</p> <p>The Masterplan includes provision for Grange hospital expansion, a Medi-Park and the proposed Mental Health Unit (SO 11 above)</p>	<ul style="list-style-type: none"> • Continued development of the Masterplan in the context of the TCBC Local Development Plan • Continued engagement with WG and TCBC officials re preparation of OBC and funding of fees to develop proposals for the Medi-Park. 	<p>Medium - Progressing the Medi-Park depends on WG agreement to produce OBC</p>
<p>12.0 Continue to review and update the prioritised plan for the creation of the proposed “Hubs” and other proposed service changes utilising the existing estate as far as is possible. Progress proposed capital developments through the WG</p>	<p>The prioritised plan is included in the above Estate Strategy. This has been shared with WG in the context of their request for information on future Primary Care developments and associated capital requirements. The strategy has been shared with Welsh Government and has been well received.</p>	<ul style="list-style-type: none"> • Tredegar HWBC has commenced on site • Newport HWBC FBC due to be submitted to Board in December • Begin to develop other early priorities in more detail. • Scoping documents are being progressed for the development of YTC, Dixton Surgery Monmouth and Abervalley 	<p>High - progress via individual capital project timescales</p>

business case process (Exec Lead NW)		<ul style="list-style-type: none"> • Division to put process in place to regularly review and update priorities 	
13.0 The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation. (Exec Lead SS)	<p>Strategy and Implementation plan is being actively progressed by the Agile Working Programme Board.</p> <p>Staff survey completed on the recent experiences of flexible / home working as a consequence of C19. Responses were generally positive.</p>	<ul style="list-style-type: none"> • Next Steps and Timescales to be discussed and agreed 	High
14.0 (Immediate and Ongoing) – The SCEW to work with the Estates Department to address the increasing level of High and Significant Backlog Maintenance and agree a prioritised action plan. (Exec Lead LW)	Completed annually to support requests for capital funding from Discretionary Capital Programme.	<ul style="list-style-type: none"> • A more detailed update is now required focusing on High and Significant Risk Backlog • Larger risk reduction projects linked to NHH and RGH to be progressed via WG strategic capital • Consideration to be given to increasing discretionary capital and revenue funding allocated to Backlog Maintenance 	Ongoing Objective
15.0 The Estates Department to continue to progress its Energy and Strategy and identify specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target. (Exec Lead LW)	Energy Strategy was approved by the Board In August 2020.	<ul style="list-style-type: none"> • Implementation plan required with key milestones and targets. • Potential opportunities to obtain funding for energy saving initiatives to continue to be explored. • The Energy Strategy needs to be reviewed in the context of the Welsh Government's recently released Decarbonisation Strategy 	Ongoing Objective
16.0 Provision of updated 10 year capital programme. (Exec Lead NP)	Complete - A 10 year Capital Programme is available This has been discussed with WG and is being regularly updated.	<ul style="list-style-type: none"> • All of the projects noted above appear in the capital programme and will continue to be progressed internally and via regular discussion with WG 	Ongoing Objective
17.0 The SCEW to consider existing property lease arrangements and develop proposals to reduce the extent of the leased estate. (Exec Lead GJ)	This is a new objective. The Health Board occupy several leased buildings largely accommodating non-patient facing services.	<ul style="list-style-type: none"> • Existing lease arrangements to be reviewed in the context of current status, lease costs, utilisation, agile working and potential to utilise Health Board premise 	High

Capital Funding Approvals / Requirements

Schemes	Stage Funding relates to	Estimated Total Cost of Stage £000	Capital Funding Approvals / Requirements												Total £000
			Pre 2019/20 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000		
Approved Funding:															
Grange University Hospital	Full Scheme	354,695	180,754	109,529	58,132	6,280									354,695
GUH Early Opening Funding	Full Scheme	9,300			9,300										9,300
RGH CT Scanner Replacement	Full Scheme	1,861	1,116	745											1,861
Primary Care Pipeline - Tredegar	Full Scheme	19,511	295	1,556	2,657	7,229	6,585	1,189							19,511
Primary Care Pipeline - Newport East	Early FBC	1,390	100	556	734										1,390
HSDU @ LGH	Full Scheme	15,770	917	1,309	10,825	2,719									15,770
Gamma Camera Replacement NHH	Full Scheme	1,120		8	1,112										1,120
NHH Satellite Radiotherapy Centre (excluding enabling works and equipment)	FBC	2,523	0	370	819	1,334									2,523
Digital Investment (Including Covid 19)	Full Scheme	5,424	0	2,504	2,920										5,424
ICF Capital Fund	Full Scheme	364	244	101	19										364
ICF Serennu Rebound Facility - £100k grant from Sparkle in addition to AWCP funding	Full Scheme	719		0	295	424									719
111 Programme	FBC	652	396	256											652
Care Flow Programme	Full Scheme	1,647		1,647											1,647
2019-20 YE Additional Funding	Full Scheme	2,418		1,954	464										2,418
Covid 19 Surge Funding	Full Scheme	7,303		832	6,471										7,303
Breast Centralisation YYF	FBC	987		115	735	137									987
Digital Eyecare	Full Scheme	558			535	23									558
Laminar Flow RGH	Full Scheme	853			853										853
EOY Funding 2020/21	Full Scheme	578			578										578
Windows10 upgrade Imaging equipment	Full Scheme	242			242										242
Mental Health SISU	OBC	1,115			195	920									1,115
R&D - Vaccination Centre funding	Full Scheme	57			57										57
EFAB Funding	Full Scheme	5,400				5,400									5,400
Imaging National Programme	Full Scheme	2,320				2,320									2,320
Total Approved AWCP Funding		436,807	183,822	121,482	96,943	26,786	6,585	1,189	0	0	0	0	0	0	436,807
Unapproved Funding Required for Schemes in Development:															
Primary Care Pipeline - Tredegar	Heart Building Cost	TBC				TBC									0
Primary Care Pipeline - Newport East	FBC & Construction	24,885			51	1,149	14,000	8,500	1,185						24,885
Breast Centralisation YYF	Construction	9,241				7,650	1,591								9,241
Mental Health SISU	FBC to Construction	48,885					4,615	25,000	19,270						48,885
NHH Satellite Radiotherapy Centre (including decarbonisation and enabling works, excluding Linear Accelerators)	Construction	29,419				3,500	17,000	8,316	603						29,419
NHH Cancer Centre	BJC	6,000				100	750	4,400	750						6,000
Total AWCP Funding required for Schemes in Development		118,430	0	0	51	12,399	37,956	46,216	21,808	0	0	0	0	0	118,430
Unapproved Funding Required for Future Developments:															
	Current Stage:														
NHH ED Redevelopment	SOC	12,000				100	500	1,000	3,400	7,000					12,000
NHH Day Surgery Unit & Llanwenarth (Buy out Lease)	BJC	5,000					5,000								5,000
RGH Pharmacy Upgrade	BJC	4,000				200	750	3,050							4,000
RGH 4 Suite Endoscopy Unit & Decon	BJC	6,000				1,000	5,000								6,000
Pathology LGH	SOC	15,000						500	3,500	10,000	1,000				15,000
St Woolos Old Estate closure and demolition (Development of vacant RGH estate and Casnewydd Unit)	SOC	17,500				500	3,000	10,000	4,000						17,500
St Woolos replacement boiler plant	BJC	4,000				200	1,500	2,300							4,000
High Risk Estate Infrastructure (RGH & NHH)	SOC	30,600				100	500	6,000	6,000	6,000	6,000	6,000			30,600
Maindiff Court potential Closure Programme	BJC	2,000				50	500	1,000	450						2,000
Ebbw Vale HWBC at YTC	SOC	7,500				100	400	3,000	3,000	1,000					7,500
St Cadocs - Redevelopment of Adferiard	BJC	5,700				100	300	1,500	3,500	300					5,700
St Cadocs (old hospital) closure programme. Assumes inpatient services dealt with.	BJC	5,000				50	500	1,000	2,000	1,450					5,000
County Hospital Redevelopment	SOC	30,750					250	1,500	5,000	20,000	4,000				30,750
Elective Treatment Centre	SOC	75,000					200	750	3,000	15,000	45,000	11,050			75,000
Chepstow PFI	SOC	TBC													TBC
Other HWBCs	SOCs	36,000				100	1,000	3,000	5,500	12,000	8,000	4,400	2,000		36,000
Total AWCP Funding required for Future Developments		256,050	0	0	0	2,500	19,400	34,600	39,350	72,750	16,000	9,040	2,000	2,000	256,050
Total AWCP Requirements			183,822	121,482	96,994	41,685	63,941	82,005	61,158	72,750	16,000	6,640	2,000	2,000	811,287



Aneurin Bevan University Health Board

Annual Presentation of Nurse Staffing Levels to the Board

Executive Summary

The statutory guidance issued in support of The Nurse Staffing Levels (Wales) Act (NSLWA) 2016, requires an annual presentation of the nurse staffing levels to the Board, for all wards under Section 25B of the Act. A template has been produced by the All Wales Nurse Staffing Group to ensure consistency of approach on an All Wales basis (Appendix 1).

The Board is asked to receive this report as assurance that all legislative requirements associated with the 'duty to calculate' nurse staffing levels within acute adult medical and surgical wards are being maintained.

Additionally, on the 23rd February 2021 the Senedd Cymru passed the Nurse Staffing Levels (Extension of Situations) (Wales) Regulations 2021. Hence, the Health Board undertook its first triangulation of nurse staffing levels for our paediatric in-patient ward in August 2021, which was presented to Executive Board in September 2021.

The Committee is asked to:

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

Executive Sponsor: Rhiannon Jones – Executive Director of Nursing

Report Author: Linda Alexander – Assistant Director of Nursing

Report Received consideration and supported by :

Executive Team	✓	Committee of the Board	
		[Public Partnerships & Wellbeing Committee]	

Date of the Report: 1st November 2021

Supplementary Papers Attached:

- Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board
- Appendix 2 - Summary of Required Establishment

Purpose of the Report

The purpose of this report is to assure the Board of the nurse staffing levels for all wards included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) within the review period October 2020 to September 2021 and that ABUHB are meeting its statutory requirements.

Background and Context

The attached annual presentation report (Appendix 1) details the methodology, output, conclusions and actions arising from the recent (Autumn 2021) nurse staffing recalculation cycle. In line with the requirements of the NSLWA, the triangulated methodology for calculating the nurse staffing levels for adult medical and surgical wards has been applied carefully to determine the required nursing establishments for all 25B wards.

The process of review and re-calculation has been particularly challenging this year. The Board is requested to consider the extraordinary and unprecedented pressures the Health Board has encountered during the last reporting period. Despite in-depth workforce modelling in preparation for the early opening of the Grange university Hospital in November 2020, the added intricacies associated with repurposing of wards and recalculation of nurse staffing levels cannot be underestimated. The double running of several wards, services and specialities in conjunction with additional capacity and the constant re-purposing of wards to secure COVID-19 pathways has meant tracing all changes to ward establishments and the required funding to support establishments has been exceptionally difficult. Professional judgment continues to be at the centre of all decisions with regards nurse staffing levels.

At the commencement of this reporting period 32 wards within ABUHB were included under Section 25B of the Act. At the end of this period the Health Board is now reporting 33 wards under Section 25B, with several fluctuations in the number of wards within the reporting period in order to manage both Covid-19 and the early opening of the Grange University Hospital (GUH).

In light of the repurposing of the Enhanced Local General Hospitals (ELGH) and the opening of the GUH a local level acuity audit was undertaken in January 2021. This was followed by a rigorous re-calculation exercise utilising the triangulated approach to determine required nursing establishments with the Heads of Nursing, Director of Nursing and Assistant Director of Nursing. This audit and re-calculation highlighted the need to allow new establishments and the purposing of wards to settle before any significant changes were implemented.

The June 2021 All-Wales acuity audit progressed in-line with statutory requirements which further demonstrated and confirmed the findings of the January audit and supported the changes required for future establishments. In total, 17 wards required amendments to previously agreed rosters.

The Board has previously been apprised of the significant workforce recruitment strategies and workforce re-design undertaken within ABUHB, which has placed a focus on the 'prudent registered nurse'. In future work will be required to meet the agreed establishments with a focus on substantive staffing to ensure patient quality and safety.

The Executive Team has also acknowledged the need, and given full support, to convert the current reliance on temporary staffing to substantive staffing to meet the agreed establishments.

Recommendation

The Health Board has a duty to implement the statutory guidance and ensure compliance with the requirement of the Nurse Staffing Levels (Wales) Act.

The Board is asked to:

- Acknowledge ABUHB is meeting its statutory requirement to calculate the nurse staffing levels for all wards that fall under Section 25B of the NSLWA.
- Note the conversion of agency into substantive staffing.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The biggest risk to the implementation of the Act relates to RN vacancies associated with the opening of GUH, compounded by the Covid19 Pandemic. The HB has a robust recruitment and retention working group ensuring all avenues are covered with regards recruiting nursing into areas of most concern.
Financial Assessment, including Value for Money	Extensive use of temporary staffing is currently being utilised to maintain nurse staffing levels. The costs associated with moving to a substantive nursing workforce and current temporary staffing costs are demonstrated in Appendix 2.
Quality, Safety and Patient Experience Assessment	<p>Nurse Staffing Act sets into law an obligation for Health Boards in Wales to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care.</p> <p>The evidence unequivocally identifies that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes.</p> <p>Moving away from a reliance on temporary staffing to a substantive nursing workforce will have a positive impact on patient safety and quality.</p>
Equality and Diversity Impact Assessment (including child impact assessment)	All Wales statutory guidance for implementation. Aligns to relevant staff policies for recruitment and retention of staff.
Health and Care Standards	Contributes to compliance with the Health and Care Standards: safe care, effective care, dignified care, timely care and staff and resources.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper links with the IMTP in terms of the implementation of the Nurse Staffing Act (Wales) Act 2016.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	
Glossary of New Terms	
Public Interest	<i>No reason not to be available to the Public</i>

Appendix 1: Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Aneurin Bevan University Health Board (ABUHB)
Date of annual presentation of Nurse Staffing Levels to Board	24 th November 2021
Period covered	October 2020 to September 2021
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult acute <u>medical inpatient wards</u> • Adult acute <u>surgical inpatient wards</u> (Ref: paragraph 26-30) 	<p>This report lists the nurse staffing levels for all wards included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) within the review period October 2020 to September 2021 (Appendix 1).</p> <p>Significant changes have occurred during this reporting period as a consequence of the early opening of the Grange University Hospital (GUH) and the new associated patient clinical pathways aligned to this.</p> <p>At the commencement of this reporting period 32 wards within ABUHB were included under Section 25B of the Act. At the end of this period the Health Board is now reporting 33 wards under Section 25B, with several fluctuations in the number of wards within the reporting period in order to manage both the Covid19 Pandemic and the early opening of GUH.</p> <p>To note, on the 23rd February 2021 the Senedd Cymru passed the Nurse Staffing Levels (Extension of Situations) (Wales) Regulations 2021. Hence, the Health Board undertook its first triangulation of nurse staffing levels for our paediatric in-patient ward in August 2021, which was presented to Executive Board in September 2021.</p>
Using the triangulated approach to calculate the nurse staffing level on section 25B wards (Ref: paragraph 31-45)	<p>Evidence of Triangulated Approach</p> <p>The triangulated methodology prescribed in the NSLWA as the required approach to calculate the nurse staffing levels for each ward is fully embedded as routine, a 6-monthly cycle is undertaken with the nursing teams, finance and HR representative, responsible for each Section 25B ward.</p> <p>The reviews embrace the triangulated approach: -</p>

- Patient acuity/workload bi-annual data collation analysis of all medical and surgical wards (utilising Welsh Levels of Care).
- Review and analysis of quality indicators: -
 - Health Care Acquired Pressure Ulcers – Grade III, IV and unstageable
 - Falls resulting in significant harm
 - Never event medication errors
 - Complaints as a consequence of nurse staffing levels
- Professional judgement – in-depth roster reviews are undertaken ensuring professional judgement is applied to meet the requirements of the Act. Examples of such are - skill mix, competencies, experience, RN:HCSW ratios, complexities of patients’ needs in addition to their medical/surgical needs.

Additional staffing related quality indicators are also discussed as part of the review process to enhance the triangulated approach such as: use of temporary staffing, sickness, PADR compliance, mandatory training, and compliments.

These detailed discussions have been captured for each ward area using the ‘Once for Wales’ template which was developed to support the bi-annual reviews. Following completion of the bi-annual re-calculation a challenge and support exercise was conducted with the Executive Director of Nursing, the Assistant Director of nursing (Workforce) and the Divisional Nurse – to review and understand any requests to alter establishments.

In line with the requirements of the Act assurance was sought that:

- All Section 25B wards have a 26.9% uplift applied to the Registered Nurse workforce within their calculated establishments to allow for annual, sick and study leave.
- Ward Managers are supernummary to the planned rosters. The 26.9% uplift has also been applied to the Ward Manager establishment to cover sick leave, study leave and to enable the continuing provision of the supervisory role in the ward manager’s absence.

Professional discussions within the challenge and support meeting placed significant emphasis on the complexities associated with working in a global pandemic and the relentless substantial workforce challenges associated with this.

Despite in-depth workforce modelling in preparation for the opening of GUH in November 2020, the added intricacies associated with the repurposing of wards and recalculation of nurse staffing levels cannot be underestimated. The double running of several wards, services and specialities in conjunction with additional capacity and the constant re-purposing of wards to secure COVID-19 pathways has meant tracking all changes to ward establishments and the required funding to support establishments exceptionally difficult. Professional judgment continues to be at the centre of all decisions with regards nurse staffing levels.

Consistent with the Clinical Futures model the majority of acute wards in the Royal Gwent, Nevill Hall Hospital and indeed our community hospital Ysbyty Ystrad Fawr Hospital have changed purpose. Therefore, it must be recognised in reviewing the agreed establishments for Autumn 2021, they bear little resemblance to that of Autumn 2020.

The CNO confirmed in December 2020, that due to the impact of the 2nd surge of the Covid-19 Pandemic the customary bi-annual All Wales Audit in January would not progress. In light of the repurposing of the ELGH's and the opening of the GUH a local level acuity audit was undertaken - a re-calculation utilising the triangulated approach proceeded to determine appropriate nursing establishments. Following the acuity audit in January 2021, in-depth challenge and support meetings with the Director of Nursing and Assistant Director of Nursing were undertaken. This audit and re-calculation highlighted the need to allow new establishments and the purposing of wards to settle before any significant changes were implemented.

The June 2021 All-Wales acuity audit did progress which further demonstrated and confirmed the findings of the January audit and supported the changes required for future establishments. The additional requirements are a consequence of:

- Ward layout
- Patient acuity
- Single room occupancy

- Complex COVID-19 pathways
- Additional capacity
- Increased level of enhanced care

Despite significant efforts by the Health board to reduce vacancies and a proactive approach to incentivised pay rewards, it must be acknowledged that currently there remains a substantial reliance on temporary staffing to support these requirements. Such a significant reliance on temporary staffing carries a high risk by way of patient quality and safety and service delivery. This has become ever more evident in many of the complaints and concerns received and reviewed by the Health Board in regards the care provided by agency workers. It also considerably increases the job demands placed on already exhausted substantive staff. Those unfamiliar with the Health Boards policies, procedures and processes may at times be considered a distraction to permanent staff due to the need to “manage” them in various ways, this can have an impact on service quality by causing delays and interruptions. The use of temporary staff can also be unreliable and affect perceptions of fairness and have an impact on permanent staff morale.

Finance and workforce implications

Workforce Implications

The dynamic and rapidly changing pace attributed to the recurrent COVID-19 waves, imminent winter pressures, additional capacity and absenteeism, has required ABUHB to consider ways of maintaining sufficient nurses proactively to allow time to care sensitively for patients and meet their health needs, ensuring all reasonable steps are taken to maintain agreed nurse staffing levels.

The first COVID-19 surge saw an overwhelming response in terms of staff redeployment. The deployment was rapid and effective. Amid the escalation of the second and third COVID-19 surges the redeployment of staff has proven to be difficult, the reasons being multifactorial. In response to this, a Deployment Process and Principles Protocol has been developed and agreed by the Executive team, which includes a deployment risk assessment. The risk assessment has been developed congruent to the four COVID Harms. It is designed to support services to assess the impact of staff deployment on both emergency and “normal” service provision, specifically the impact of reducing or ceasing services for patients. These principles support Divisions to identify the workforce which can be released for deployment and supports individuals and managers to navigate this process.

Anticipating an exceptionally difficult winter, a dynamic staff recruitment, up skilling and deployment response is required. ABUHB's Workforce and Organisational Development department continues to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention strategies. In support of this work the ABUHB Strategic Nursing and Midwifery Workforce Group meets monthly to oversee the comprehensive work plan.

The Board has previously been apprised of the significant workforce recruitment strategies and workforce re-design undertaken within ABUHB, which has placed a significant focus on the 'prudent registered nurse'. The Executive Team has also acknowledged the necessity, and given full support, to convert the current reliance on temporary staffing to substantive staffing to meet the agreed establishments. In total, 17 wards require amendments to previously agreed rosters, all of which are utilising significant amounts of temporary staffing.

Financial Impact

Finance Business Partners and Workforce Business Partners (BPA's) have participated fully in the triangulated approach of all 25B wards. The financial information within the report has been provided by Divisional BPA's and describes the costs associated with converting agency costs to substantive staffing. (Appendix 2)

By way of prudent recruitment, following Executive approval several 25B wards have commenced the process of additional HCSW recruitment ensuring the Health Board is taking all reasonable steps to meet the required establishments. This now needs to be reflected in the funded establishments.

Recruitment Strategy

The agreed establishments will require a focused recruitment strategy. Recent recruitment by means of Overseas Nurses and Student Streamlining has been successful, yielding enough suitable applicants to reduce significantly the Health Boards vacancies.

Recruitment to these posts would follow the standard NHS recruitment process. In addition to this:

- Adverts will be placed with the RCN as part of the Health Board's annual subscription, which would include listings on the RCN jobs website and the RCN bulletin.

- Promotion through social media platforms using a targeted approach, e.g. targeting geographical areas.
- Re-establishing a series of recruitment events, recruitment wheel, highlighting the opportunities across the HB, maximising the benefits of working to the Clinical Futures model of care, development opportunities etc.
- Further overseas recruitment may be required and will be considered as a potential recruitment strategy when the above have been implemented.
- Continue with the very successful HCSW recruitment campaign and embed the apprenticeship approach to HCSW career development.

Scheduled Care

Ward	Budgeted Pre-Calculation			Post-Calculation Requirement			Difference		Cost	
	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	RN	HCSW
C0	21.17	20.16	41.33	23.17	21.16	44.33	2	1	£82k	£28k
B0	21.17	20.16	41.33	23.17	21.16	44.33	2	1	£82k	£28k
A0	21.17	20.16	41.33	23.17	21.16	44.33	2	1	£82k	£28k
D3E	15.48	22.37	37.85	16.48	21.37	37.85	1	-1	£41k	£-28k
4/2	15.48	19.58	35.10	15.48	22.74	38.22	0.00	3.16	£0k	£78k

Unscheduled Care

Ward	Pre-Calculation			Post-Calculation			Difference		Cost	
	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	RN	HCSW
A2	17.06	16.78	33.84	19.91	16.78	36.69	2.85	0.00	£187k	£0k
A4	24.01	19.58	43.59	26.86	22.38	49.24	2.85	2.80	£120k	£78k
4/4	15.48	13.98	29.46	21.18	13.98	35.16	5.70	0.00	£247k	£0k
3/4	15.48	13.98	29.46	15.48	22.42	37.90	0.00	8.44	0.00k	£273k
D4E	16.75	22.42	39.17	16.75	25.22	41.97	0.00	2.80	£0k	£78k
D4W	15.58	22.42	37.90	15.48	25.22	40.70	0.00	2.80	£0k	£78k
B3	13.79	20.22	34.01	15.48	25.21	40.69	Additional capacity			
C4E	15.48	22.42	37.90	15.48	25.22	40.70	0.00	2.80	£0k	£78k
C5E	15.48	13.98	29.46	15.48	16.78	32.26	0.00	2.80	£0k	£78k
C6W	15.48	22.42	37.90	18.33	22.42	40.75	2.85	0.00	£120k	£0k
Bargoed	18.06	16.78	34.84	18.06	22.42	40.48	0.00	2.80	£6k*	£98k
Oakdale	18.06	16.78	34.84	18.06	19.58	37.64	0.00	2.80	£6k*	£98k

*increase Band 6 by 0.4WTE

Conclusion & Recommendations

- As a consequence of the pandemic and the early opening of the Grange University Hospital, autumn 2020 establishments have little resemblance to those of autumn 2021.
- A total of 17 wards under Section 25B require amendment to previously agreed planned rosters.
- Budgeted rosters must to be aligned to demand roster.
- A Deployment Process and Principles Protocol has been developed, which includes a deployment risk assessment, to ensure appropriate and safe deployment.
- Despite a significant improvement in registered nurse (ward) vacancies there remains an over reliance on temporary staffing which impacts on patient safety and quality.
- A dynamic recruitment strategy is required to convert agency spend to substantive staffing.

APPENDIX 2: SUMMARY OF REQUIRED ESTABLISHMENT

Health Board:	Aneurin Bevan University Health Board
Period reviewed:	Start Date: October 2020 End Date: September 2021
Number of Ward where section 25B applies:	Medical Number: 21 Surgical Number: 13

MEDICAL												
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any reviews outside of bi-annual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
C5E	15.49	21.06	Yes	15.48	16.78	Yes	Yes	Yes	Specialty changed to sub-acute stroke	Yes	Yes	Opening of GUH Initial CF model indicated requirement of 13.98WTE HCSW
D4E	16.75	19.62	Yes	15.48	25.17	Yes	Yes	Yes	EFU ambulatory unit currently closed High levels of enhanced care	No	No	
D4W	15.48	22.41	Yes	15.48	25.17	Yes	Yes	Yes	High levels of enhanced care	No	No	
C4W	15.48	15.42	Closed									
C4E	15.48	22.42	Yes	15.48	25.22	Yes	Yes	Yes	High levels of enhanced care	No	No	
C6E	19.34	14.58	Yes	15.48	22.42	Yes	Yes	No		Yes	Yes	Re-purposed from acute respiratory to medical ward
C6W	21.17	15.38		18.48	22.42	Yes	Yes	No		Yes	No	Re-purposed from high care respiratory - to endocrine
4.1	22.18	13.98	Closed									
4.3	15.48	23.41	Yes	15.48	22.42	Yes	Yes	No	Now COTE	No	No	
4.4	16.5	20.42	Yes	21.18	13.98	Yes	Yes	No	Previously acute respiratory - now sub-acute respiratory	Yes	No	
1/2	15.48	18.22	Closed									
Risca 3/1	18.32	19.58	Yes	18.32	19.58	Yes	Yes	No		No	No	
Oakdale 2/1	18.06	16.78	Yes	18.06	19.9	Yes	Yes	Yes	Purpose changed - first calculation	Yes	No	Multiple re-purposing to manage Covid pathways
Bargoed	18.06	16.78	Yes	15.48	22.42	Yes	Yes	Yes	Purpose changed - first calculation	Yes	No	Multiple re-purposing to manage Covid pathways
3.1	17.22	14.38	Yes	15.48	22.42	Yes	Yes	No	Now COTE - previously elective Orthopaedics	Yes	No	Re-purposed

3.2	14.48	19.92	Yes	15.48	22.42	Yes	Yes	No	Now COTE – previously T&O	Yes	No	Re-purposed
3.3	14.48	19.92	Yes	15.48	22.42	Yes	Yes	No	Now COTE – previously acute surgical	Yes	No	Multiple re-purposing
3.4	14.48	19.92	Yes	15.48	22.42	Yes	Yes	No	Now sub-acute stroke – previously acute surgical	Yes	No	Re-purposed to stroke rehabilitation
A2	18.32	16.78	Yes	19.91	16.78	Yes	Yes	Yes	Acuity ward layout	Yes	No	New Ward – initial calculation pre-opening
A4	24.01	19.58	Yes	26.85	22.37	Yes	Yes	Yes	Acuity ward layout	Yes	No	New Ward – initial calculation pre-opening
C4	29.7	19.58	Yes	29.7	19.58	Yes	Yes	No		Yes	No	New Ward – initial calculation pre-opening
B4	19.32	17.4	Yes	19.32	17.4	Yes	Yes	No		Yes	No	New Ward – initial calculation pre-opening

SURGICAL												
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any reviews outside of bi-annual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
D3E	24.01	22.37	Yes	16.48	21.37	Yes	Yes	Yes	Now a 30 bedded elective surgical ward Previously cardiology	Yes	No	Multiple re-purposing
D2E	21.17	15.38	Yes	12.64	11.19	Yes	Yes	Yes	Now urology ward and UAU	Yes	No	Multiple re-purposing D2E moved to D2W
4.2	19.34	17.58	Yes	15.48	22.42	Yes	Yes	No	Now COTE	Yes	No	Multiple re-purposing
D2W	17.23	13.98	Yes	13.91	5.59	Yes	Yes	No	16 bedded DOSA ward – previously 30 bedded elective ortho	Yes	No	Multiple re-purposing
D5E	11.8	2.8	Closed									
D5W	15.9	17.87	Yes	15.48	22.37	Yes	Yes	No	Now 28 bedded surgical ward – was urology/max-fax/ENT	No	No	
C7E	18.75	15.38	Closed									
C5W	18.75	15.38	Yes	15.51	19.58	Yes	Yes	No	Now step-down Orthopaedic ward – previously acute Orthopaedic ward	Yes	No	Multiple re-purposing
C7W	19.76	13.98	Yes	15.48	18.18	Yes	Yes	Yes	Now an elective Orthopaedic ward – previously acute surgical ward	Yes	No	Multiple re-purposing
D7E	11.64	15.73	Yes	12.46	11.19	Yes	Yes	Yes		Yes	No	Multiple re-purposing
OSU	16.92	8.38	Yes	16.92	8.38	Yes	Yes	No		Yes	No	Re-purposed to ambulatory trauma
0A	21.17	20.16	Yes	23.17	21.16	Yes	Yes	Yes	Acuity Ward layout	Yes	No	New Ward – initial calculation pre-opening
0B	21.17	20.16	Yes	23.17	21.16	Yes	Yes	Yes	Acuity Ward layout	Yes	No	New Ward – initial calculation pre-opening
0C	21.17	20.16	Yes	23.17	21.16	Yes	Yes	Yes	Acuity Ward layout	Yes	No	New Ward – initial calculation pre-opening
A3 - Gynae	20.18	11.48	Yes	20.18	11.48	Yes	Yes	No		Yes	No	New Ward – initial calculation pre-opening
2.4	14.8	9.68	Closed									
B7	12.42	8.32	Closed									

ADDITIONAL WARD OPENED/RE-PURPOSED TO MANAGE COVID-19												
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse / Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any reviews outside of bi-annual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
D6E	N/A	N/A	Closed									
D6W	15	7.6	Closed									
D7W	N/A	N/A	Closed									
B3	13.76	19.62	Yes	21.17	19.58	Yes	Yes	Yes	Opened as Additional capacity	Yes	Yes	Re-purposed (additional capacity) Ward layout
B6N	N/A	N/A	Closed									
Eye Ward	N/A	N/A	Closed									
Glan Usk	N/A	N/A	Closed									
Llanfoist	N/A	N/A	Closed									



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Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
24th November 2021
Agenda Item: 3.5

Aneurin Bevan University Health Board

South East Wales – Acute Oncology Service Business Case

Executive Summary

Acute Oncology patients broadly fall into three groups: (i) those whom a first presentation of cancer is suspected in an emergency setting; (ii) those with a known cancer who present as an emergency with complications of their treatment; and (iii) those with a known cancer who present as an emergency with cancer progression or acute complications of co-morbidities.

Acute Oncology ensures that cancer patients receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.

In Aneurin Bevan University Health Board AOS patients count for 3,860 admissions with an average length of stay of 8.4 days which is 32,203 bed days. On average 22% of cancer diagnoses present for the first time in the unscheduled care system and 80% of cancer patients presenting to emergency departments are admitted (compared with 25% of non-cancer patients). The AOS programme seeks to deliver a 25% admission avoidance (8050 bed days) and a 10% reduction in length of stay.

In January 2020, the South East Wales Collaborative Cancer Leadership Group (**CCLG**) commissioned an Acute Oncology Service Multi-disciplinary Steering Group, comprising clinical, financial and managerial representatives from Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg University Health Boards and Velindre University NHS Trust to develop a business case encompassing a comprehensive clinical model for Acute Oncology Services across South East Wales, together with an investment plan to address the significant shortfalls in acute oncology capacity to meet patient need in those Health Boards.

The Acute Oncology Service was established in 2013; the Wales Cancer Network developed a set of standards in 2016 and the service was subject to Peer Review in 2018. This identified insufficient oncologist presence in Health Boards together with inconsistent and unreliable access to senior oncology expertise. It also found a lack of structured care for patients with complex new presentations of cancer in emergency departments, limited workforce notably Clinical Nurse Specialists with hospital sites unable to provide a basic five day service.

These findings were reinforced by the Nuffield Report, commissioned by Velindre, to review the proposed model for non-surgical tertiary oncology services in SE Wales (2020). The need to address Acute Oncology Services was further heightened by the recent Welsh Government Quality Statement for Cancer (2021) with a specific requirement to ensure fully integrated Acute Oncology Services are available in all acute hospitals.

Consequently CCLG had prioritised and expedited the preparation of a Regional Acute Oncology Business Case to support the development, strengthening and expansion of acute oncology service. This paper sets out the Executive Director's opinion on this case and sets out key issues to bring to the attention of the Board.

In the context of Aneurin Bevan UHB acute oncology patients present at the Grange University Hospital, the Royal Gwent Hospital and Nevill Hall Hospital. Some care is provided through Ysbyty Ystrad Fawr. Development of local Acute Oncology Services is recognised as a key priority within the UHB's IMTP/Annual Plan 2021/22 and within the Health Board's Cancer Strategy.

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

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

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

Report Author: Eithne Hunter, Head of Strategic Planning

Report Received consideration and supported by :

Executive Team	√	Committee of the Board [Committee Name]	Cancer Transformation Board
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Date of the Report: 5th November 2021

Supplementary Papers Attached:

- 3.5b – Attachment 1: South East Wales Acute Oncology Service Business Case
- 3.5c – Appendix A: Acute Oncology Service Engagement
- 3.5d – Appendix B: All Wales Peer Review of the Acute Oncology Service
- 3.5e – Appendix C: Service Specification SEW Acute Oncology Service
- 3.5f – Appendix D: Benefits Plan
- 3.5g – Appendix E: Risk Register

Purpose of the Report

The Board is asked to endorse the Business Case. The inclusion of the total investment of £1.011m recurrent annual funding in future years' financial plans will be subject to the Health Board's Business Case Approval process and IMTP development. The Executive Team has already approved funding for the first phase of the programme under its delegated authority. This will include consideration that the emergent benefits realisation framework will, as it matures, be able to provide a strong enough case for further investment and also that the necessary governance arrangements with Velindre University NHS Trust are in place.

Background and Context

The South East Wales Collaborative Cancer Leadership Group (CCLG) comprises five organisations - Aneurin Bevan UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Powys LHB (Associate) and Velindre NHS Trust (VNHST).

At the request of the CCLG, organisations have worked collaboratively to develop a business case to improve respective Acute Oncology Services in the provider settings of each organisation. Whilst VNHST have led the day to day development of the business case it is important to note that this is a 'regional' business case and not a Velindre NHS Trust business case.

The Executive Summary of the Regional Business Case and other relevant documents are included:

Attachment 1: South East Wales Acute Oncology Service Business Case

Appendix A: Acute Oncology Service Engagement

Appendix B: All Wales Peer Review of the Acute Oncology Service

Appendix C: Service Specification SEW Acute Oncology Service

Appendix D: Benefits Plan

Appendix E: Risk Register

Reviews of clinical oncology services in South East Wales have highlighted consistently the lack of adequate, specialised and responsive oncology support for patients in acute secondary care settings. These include inpatients and patients presenting within emergency and urgent care pathways. Acute Oncology Services provide an integral enhanced service to patients presenting with:

- A complication of their cancer, for example, rationalise the care of patients suffering from metastatic/relapsed cancer or emergencies such as Spinal Cord Compression.
- Toxicity from cancer therapy, for example, treatment related complications such as, sepsis, pain or mucositis.
- A new diagnosis of cancer, for example, assessment and triage of patients with new malignancies, expediting cancer pathways and providing support to patients and carers

Aneurin Bevan UHB provision is a limited resource (£0.205m) comprising of a small team of 3.8 wte Clinical Nurse Specialists responsible for providing a 9 – 5 weekday service to acute oncology patients across 4 hospital sites. The Acute Oncology Service proposals seek to address the current shortfall in acute oncology capacity for cancer patients with complications following treatment, patients admitted acutely suffering from the consequences of their cancer and for patients with previously undiagnosed cancer.

The increasing annual incidence of cancer and improving survival rates have resulted in patients living longer with their disease and having more treatment options available over a longer period of time. Combined with an ageing population, the net result is ever increasing demand for cancer treatments and an increase in the complexity of associated morbidity.

The benefits of a step change in the current Aneurin Bevan UHB model are as follows:

- Improved patient experience through admission avoidance and reduced length of stay.
- Progressive sustained improvement in Neutropenic sepsis performance.
- Improved pathways for cancer of unknown primary (CUP).
- Early diagnosis of cancers that present acutely.
- Reduced unnecessary investigations (cost saving).
- Collection and analysis of data to inform audit, service evaluation, measuring outcomes and patient satisfaction.
- Educational support for Clinicians including new anti-Cancer drugs and side effects such as immunotherapy to enhance patient safety and broaden knowledge in the Emergency Units
- Implementation of care pathways e.g. metastatic spinal cord compression
- Provision of a Key Worker that supports patients and carers in their cancer journey

CCLG is not formally constituted and consequently does not hold the power to make binding decisions and therefore the business case was endorsed by the CCLG in May 2021 with the intention that individual Health Board governance processes would scrutinise the business case before approval could be confirmed.

The investment profile for Phase 1 is shown below, although there is the potential that recruitment may slip or be accelerated upon commencement of the project:

Area of investment		wte/sessions	2022/23
			Phase 1
Core (local) UHB	CNS	3.3 wte	135,773
	ANP / Lead AOS Role	1wte	57,974
	AHPs *	1.3 wte	65,777
	Patient Administration – HB	1 wte	29,802
Specialist	Specialist Oncology – Virtual	5 sessions/wk	58,000
	MUO/CUP Service	1 session/wk	17,977
Regional Support*			71,197
Total			436,500
* Regional support = Project Manager (24 months), IT/Business Intelligence and Education/Training			

The Board is asked to approve Phase 1 funding and projected costs of £436.5k on a recurrent basis. (The part year effect for 2021/22 will be covered via recovery funding and will depend on recruitment timelines.) This focuses predominantly on investing in

local AOS nursing team resources in the context of the increased demand for acute oncology services at the front door. This includes a greater number of new (undiagnosed) cancer patients presenting as emergencies in our hospital system following successive pandemic waves. The opening of the Grange University Hospital has created an additional site which places additional pressure on a small clinical team. Phase 2 funding will form part of the IMTP process.

The Board is asked to consider and endorse the Business Case. Whilst the total investment of £1.011 recurrent annual is set out in the Case, at this stage the Board is asked to approve Phase 1 funding only.

Assessment and Conclusion

The Executive Team noted the following points in their outline approval in principle for the case :-

- **Further work is required to develop a benefits realisation framework based on key performance indicators at both a local and regional level.**

Locally the AOS team has worked with the Finance team (Commissioning) to assess the detailed data collected by the team in the last four years to set a measurable baseline of key performance. 3 key performance indicators (KPI) will be possible:-

- Avoided admissions at front door
- LOS impact for admitted patients
- Time from request to bedside

Other indicators to supplement the KPI suite will be explored. It is intended that KPI outcomes will be reported to Cancer Board at 6 month intervals, during and post implementation periods.

Further work is required to finalise the benefits measures which currently remain partially unquantified in the regional business case (see appendix D). This has been raised with VNHST with a process emerging to complete this.

- **Further Governance arrangements with regard to both the investment components in VNHST and wider regional implementation required greater clarity.**

The Corporate Cancer Team will maintain management oversight of the service and associated resources within Aneurin Bevan UHB. The service is multidisciplinary involving investment into Urgent Care as well as the AOS team currently reporting through the Corporate Cancer Team and Velindre NHST. It is intended that resources will be managed through a single cost centre, including direct SLAs with Velindre NHST to ensure that resource is ring fenced and maintained for any necessary redeployment after service reviews.

The release of investment into Velindre NHST will be influenced by the confirmation and the timing of regional partners. Any release will be based on the further clarification of the clinical model and service specification with the expectation that core hub support must enhance Aneurin Bevan UHB service effectiveness on the ground. This will be under rolling review by the Corporate Cancer Team.

There remains a requirement for the establishment of a robust regional implementation Board with an agreed senior responsible owner (SRO). Good progress is being made on

this with VNHST and partner Health Boards. A structure is expected to be agreed imminently.

Recommendation

The Board is asked to:

- Note the regional work to develop acute oncology services across the SE Wales region
- Support the phase 1 investment in acute oncology services for the Health Board as a priority area of the IMTP 21/22
- Endorse the direction of travel set out in the business case and support the development of the phases 2 and 3 through the regional Acute Oncology programme.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	<i>Strengthening AOS services to meet the growing demands of this vulnerable patient cohort is a key priority within the IMTP.</i>
Financial Assessment, including Value for Money	<i>Any investment to support the implementation of the AOS Business Case will be subject to the usual business case/Executive authorisation</i>
Quality, Safety and Patient Experience Assessment	<i>Improving Quality, Patient Safety and Experience is at the centre of the AOS case, which contains specific objectives to support patient experience and outcomes. Proposed improvements are based on best practice, evidence and the patient voice.</i>
Equality and Diversity Impact Assessment	<i>No adverse impact on equality and diversity the Business Case is based on the premise of ensuring equity of access to AOS services across SE Wales</i>
Health and Care Standards	<i>The Health and Care Standards form the quality framework for healthcare services in Wales. The business case has been developed to maintain compliance across all standards, particularly safe care, effective care and dignified care.</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<i>The Case to develop Acute Oncology Service is part of and fully aligned with the Clinical Futures programmes, the Quality Statement for Cancer, and is one of the key components of Priority 3 – Adults in Gwent Live Healthily and Age Well within the Health Board’s IMPT for 2021/22.</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Prevention – Plan supports patient safety and wellbeing, focusing on minimisation of hospital admissions and stay for this vulnerable and complex patient cohort.</p> <p>Long Term – Improving capacity for AOS services to meet growing demand will help meet the longer term needs of the population and the organisation</p> <p>Integration: - Plans are integrated across local, specialist and regional AOS, and the wider social care system</p> <p>Involvement: Appendix A sets out stakeholder engagement to date, and ongoing stakeholder engagement will be key to delivering the SEW AOS plans.</p> <p>Collaboration: This Business Case is the product of collaboration across SE Wales which will be maintained as the service model is implemented for our populations</p>
Glossary of New Terms	<i>n/a</i>
Public Interest	<i>This report has been written for the public domain</i>

Executive Summary of the Regional Oncology Service Business Case

BACKGROUND

This single, regional business case is presented on behalf of Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Velindre University NHS Trust. Its purpose is to present a clear set of proposals and investment requirements to enhance Acute Oncology Services (AOS) across South East Wales. In doing so it seeks to present the compelling case for change, a robust options appraisal to assess alternative approaches to implementation, and a set of financial proposals to provide organisations with an estimated level of additional investment required to secure the proposed improvements across the anticipated 3 year timeframe to fully roll out of the clinical model. All of this has been underpinned by an extensive stakeholder engagement exercise combining organisational and professional representation.

Acute Oncology (AO) patients broadly fall into three groups: those whom a first presentation of cancer is suspected in an emergency setting; those with a known cancer who present as an emergency with complications of their treatment; and those with a known cancer who present as an emergency with cancer progression or acute complications of co-morbidities.

AO ensures that cancer patients receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance. (Acute oncology: Increasing engagement and visibility in acute care settings. Royal College of Physicians. Oct 2020)

Management of AO challenges the whole health and care system across South East Wales, from primary and community care to tertiary specialist service. However, the scope of this business case is the presentation, triage, assessment and management of patients in an acute setting.

CASE FOR CHANGE

In South East Wales, it is estimated that, AOS patients account for 10,000 admissions per year, many of whom have long lengths of stay (average of 9.4 days), which consumes a total of 93,535 bed days. This has a significant impact on an unscheduled care system that is already under pressure.

Further evidence of the scale and impact of AO is set out below:

- 80% of cancer patients presenting to emergency departments are admitted (compared with 25% of non-cancer patients);
- 20% mortality rate within 30 days of referral to AO and 70% mortality rate within 12 months of referral;
- 60% of Metastatic Malignancy of Undefined Primary Origin / Confirmed Carcinoma of Unknown Primary (MUO/CUP) patients are discussed at multiple multi-disciplinary team (MDT) meetings, 40% do not have any MDT discussion, and only 30% receive any oncology treatment;
- 60% of patients on combination immunotherapy treatment have severe autoimmune reactions;
- 80% mortality rate within 12 months following a diagnosis of Metastatic Spinal Cord Compression (MSCC).

The National Standards for AOS (2016) were developed to provide a framework for NHS Wales to plan and deliver high quality services for people with cancer (either know or yet to be diagnosed) who present acutely. These standards covered four areas including: the AOS team; rapid assessment for acutely presenting patients; AOS team review of patient management; and information. A Peer Review (2018) of these standards highlighted a range of gaps in the service, including insufficient nursing and oncology presence in Health Boards across the region. This continues to be the case, making the current AOS in Wales an outlier in comparison with other AOS services in the UK: with limited specialist nursing, the service is potentially unsustainable in terms of clinical governance requirements for nurses to work independently; and the variable and inconsistent oncology advice means there is little support to manage the more complex patients. The much needed investment in AOS would deliver a service broadly comparable with that provided by other centres (such as The Christie NHS Foundation Trust, The Clatterbridge Cancer Centre, as well as smaller sites like North Devon District Hospital) which currently have significantly more nurses per site, sessions for oncology and acute medicine, and run immunotherapy and MUO/CUP services.

A number of strategic drivers reinforce the need to improve and enhance AOS across South East Wales including: Peer Review (2018) noted above; the Quality Statement for Cancer (2021) has a specific requirement under the Safety theme to ensure that fully integrated Acute Oncology Services are available in all acute hospitals; and the Nuffield Trust review (2020) of planned changes to non-surgical tertiary cancer services across South East Wales noted the limited investment in AOS in South Wales, particularly compared with the rest of the UK, as well as the paucity of accurate data and made several recommendations on acute oncology support in Health Boards.

PROPOSAL

A regional clinical model has been developed which places stronger emphasis on the specific needs of AOS patients, whilst complementing

local wider unscheduled care management with a primary focus on ambulatory pathways as an alternative to inpatient admission.

Enhanced nursing will help manage initial presentations, support ambulatory pathways and act as the key worker throughout acute oncology pathway; specialist oncology advice on the ground at Health Boards will provide face to face clinical reviews, as well as education and training for the wider team. Supported by a dedicated virtual advice service, this will allow for a consistent and timely opinion no matter where patients are admitted. Further specialist support and local enhancements to ambulatory pathways, will mean the most vulnerable cancer patients are supported appropriately and cared for, with acute hospital admission only where absolutely necessary.

To deliver the proposed clinical model across South East Wales there is a need to invest in the service so that the current gaps can be addressed and the anticipated benefits realised. An option appraisal has been undertaken to evaluate alternative approaches to implementing the model across South East Wales along with an assessment of the likely investment requirements and associated benefits.

The fully implemented preferred option for delivering the required improvement to AOS across the region, requires additional annual investment, across the three Health Boards in the region of £2.55m. It is anticipated that it will take three to four years to implement fully the proposals, with a phased build-up of resources and investment.

EXPECTED BENEFITS

There are significant service quality and safety benefits for patients who have access to a structured AOS in terms of their experience and outcomes. AOS ensures continuity and consistency of care where they would otherwise experience significant delays in diagnosis and treatment. Offering specialist oncology support outside the cancer centre enables patients to access treatment at a location convenient to them.

To help quantify the benefits, empirical evidence from other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South East Wales has been used. Benchmarking with these centres demonstrates significant opportunities for admission avoidance (in the range of 40-60%) and length of stay (3-4 days).

The existing AOS service has already achieved some reductions in length of stay but additional investment will support admission avoidance through staff availability (for rapid assessment of patients), oncology advice, and hot clinics, as well as some further reductions in length of stay.

Therefore, the quantifiable benefits that have been applied are 25% admission avoidance and 10% reduction in length of stay. These have been endorsed clinically and applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity.

Whilst these benefits are unlikely to be cash releasing, the analysis shown that the scale of this opportunity is in the order 30,000 bed days, or the equivalent of almost 90 freed up beds across the region, with a value of £4.5m, which if released could be used to support the needs of other service areas within acute hospital settings.

RISKS

There are significant challenges around the implementation of a regional clinical model across different Health Boards and multiple sites within those Health Boards. The AOS remains a regional service within which there is an aspiration to secure equity of access for patients to a common service standard wherever they live and therefore a requirement to secure full implementation. However, it is recognised that Health Boards have different baseline positions in terms of current services and acute configuration, and all face challenging funding constraints which limit the ability to support service developments including AOS. Allied to this, as a largely people based service, there will be challenges in staff recruitment and deployment. To address these factors organisational specific implementation plans and associated resourcing profiles have been developed and aligned to meet each Health Boards' needs, priorities and constraints.

CONCLUSION

The development of this business case and the work that sits behind it is the result of a multi-organisational, multi-professional collaboration across South East Wales, underpinned by strong clinical leadership and considerable stakeholder engagement. This degree of collaboration is reflected in the governance structure to support the implementation and delivery of the service, and will ensure the founding principles of equity of access and shared ownership remain central to the service.

Investment in AOS at this crucial time for the NHS would have a considerable impact both for those patients presenting acutely with a known or as yet undiagnosed cancer, and the Health Boards receiving them.

“The impact upon the patient journey and quality of life is notable; particularly where progressive symptomatic needs are able to be met rapidly whilst keeping the patient in their preferred place of care beside their families.”

South East Wales Acute Oncology Service Business Case

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FOREWORD

The South East Wales Collaborative Cancer Leadership Group (CCLG) was established with a specific aim of providing effective system leadership for Cancer Services across South East Wales and delivering improvements in outcome and service experience for the catchment population. This is to be achieved through the building and nurturing of a sustainable, collaborative cancer community across the region.

It is recognised that, in order to achieve a transformation in outcomes and experience for patients with cancer in South East Wales, it is essential to have a coordinated and aligned approach to change across the whole cancer system. This will require leadership to address systemic barriers and challenges to improvement for Cancer Services across South East Wales. It will require the coordination of commissioning decisions and investments and facilitate the realignment of pathway resources within and between organisations.

It also requires a change in the behaviours of individuals, individual services and organisational decision makers and that attention be given to the dimensions of change including education, training, language and behaviours, research, digital and improvement science. It requires the development and deepening of trusting relationships and new ways of working. It will, importantly, require the application of the dimensions of change in a focused and coordinated manner. The Group will, therefore, be responsible for leading the required whole system changes at a regional level.

At its meeting on 8 January 2020, amongst other priorities, CCLG specifically requested that work be undertaken in developing a collaborative Acute Oncology Service (AOS) model reflecting a regional solution to be developed by the AOS Project Group along with a delivery plan (including timeline) for submission to the CCLG in September 2020. Coordinated by the AOS Multi Professional Steering Group work was undertaken over the Spring and Summer of 2020. Working with a broad range of healthcare professionals across the region and patients and carers, a model for AOS was developed, reflecting the needs across the entire patient pathway.

This was subsequently presented to CCLG at its October 2020 meeting and garnered strong support from all members. Following this CCLG requested that partner organisations develop a single, regional business case along similar principles to the clinical model, evaluating alternative approaches to implementing the model across South East Wales, along with an assessment of the likely investment requirements and implementation timetable.

This document presents the results of the collaborative work undertaken in developing the business case and follows established investment appraisal guidance embedded within the 5 Case Model. It has been developed with extensive involvement of all organisations across South East Wales and is presented as a single, regional business case.

EXECUTIVE SUMMARY

BACKGROUND

This single, regional business case is presented on behalf of Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Velindre University NHS Trust. Its purpose is to present a clear set of proposals and investment requirements to enhance Acute Oncology Services (AOS) across South East Wales. In doing so it seeks to present the compelling case for change, a robust options appraisal to assess alternative approaches to implementation, and a set of financial proposals to provide organisations with an estimated level of additional investment required to secure the proposed improvements across the anticipated 3 year timeframe to fully roll out of the clinical model. All of this has been underpinned by an extensive stakeholder engagement exercise combining organisational and professional representation.

Acute Oncology (AO) patients broadly fall into three groups: those whom a first presentation of cancer is suspected in an emergency setting; those with a known cancer who present as an emergency with complications of their treatment; and those with a known cancer who present as an emergency with cancer progression or acute complications of co-morbidities.

AO ensures that cancer patients receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.¹

Management of AO challenges the whole health and care system across South East Wales, from primary and community care to tertiary specialist service. However, the scope of this business case is the presentation, triage, assessment and management of patients in an acute setting.

CASE FOR CHANGE

In South East Wales, it is estimated that, AOS patients account for 10,000 admissions per year, many of whom have long lengths of stay (average of 9.4 days), which consumes a total of 93,535 bed days. This has a significant impact on an unscheduled care system that is already under pressure.

Further evidence of the scale and impact of AO is set out below:

- 22% of cancer diagnoses present for the first time in the unscheduled care system;

¹ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

- 80% of cancer patients presenting to emergency departments are admitted (compared to 25% of non-cancer patients);
- 20% mortality rate within 30 days of referral to AO and 70% mortality rate within 12 months of referral;
- 60% of Metastatic Malignancy of Undefined Primary Origin / Confirmed Carcinoma of Unknown Primary (MUO/CUP) patients are discussed at multiple multi-disciplinary team (MDT) meetings, 40% do not have any MDT discussion, and only 30% receive any oncology treatment;
- 60% of patients on combination immunotherapy treatment have severe autoimmune reactions;
- 80% mortality rate within 12 months following a diagnosis of Metastatic Spinal Cord Compression (MSCC).

The National Standards for AOS² (2016) were developed to provide a framework for NHS Wales to plan and deliver high quality services for people with cancer (either know or yet to be diagnosed) who present acutely. These standards covered four areas including: the AOS team; rapid assessment for acutely presenting patients; AOS team review of patient management; and information. A Peer Review (2018) of these standards highlighted a range of gaps in the service, including insufficient nursing and oncology presence in Health Boards across the region. This continues to be the case, making the current AOS in Wales an outlier in comparison to other AOS services in the UK: with limited specialist nursing, the service is potentially unsustainable in terms of clinical governance requirements for nurses to work independently; and the variable and inconsistent oncology advice mean there is little support to manage the more complex patients. The much needed investment in AOS would deliver a service broadly comparable to that provided by other centres (such as The Christie NHS Foundation Trust, The Clatterbridge Cancer Centre, as well as smaller sites like North Devon District Hospital) which currently have significantly more nurses per site, sessions for oncology and acute medicine, and run immunotherapy and MUO/CUP services.

A number of strategic drivers reinforce the need to improve and enhance AOS across South East Wales including: Peer Review (2018) noted above; the Quality Statement for Cancer (2021) has a specific requirement under the Safety theme to ensure that fully integrated Acute Oncology Services are available in all acute hospitals; and the Nuffield Trust review (2020) of planned changes to non-surgical tertiary cancer services across South East Wales noted the limited investment in AOS in South Wales, particularly compared to the rest of the UK, as well as the paucity of accurate data and made several recommendations on acute oncology support in Health Boards.

² *National Standards for Acute Oncology*. Cancer National Specialist Advisory Group. June 2016

PROPOSAL

A regional clinical model has been developed which places stronger emphasis on the specific needs of AOS patients, whilst complementing local wider unscheduled care management with a primary focus on ambulatory pathways as an alternative to inpatient admission.

Enhanced nursing will help manage initial presentations, support ambulatory pathways and act as the key worker throughout acute oncology pathway; specialist oncology advice on the ground at Health Boards will provide face to face clinical reviews, as well as education and training for the wider team. Supported by a dedicated virtual advice service, this will allow consistent and timely opinion no matter where patients are admitted. Further specialist support and local enhancements to ambulatory pathways, will mean the most vulnerable cancer patients are appropriately supported and cared for, with acute hospital admission only where absolutely necessary.

To deliver the proposed clinical model across South East Wales there is a need to invest in the service so that the current gaps can be addressed and the anticipated benefits realised. An option appraisal has been undertaken to evaluate alternative approaches to implementing the model across South East Wales along with an assessment of the likely investment requirements and associated benefits.

The fully implemented preferred option for delivering the required improvements to AOS across the region, requires additional annual investment, across the three Health Boards in the region of £2.55m. It is anticipated that it will take three to four years to fully implement the proposals, with a phased build-up of resources and investment.

EXPECTED BENEFITS

There are significant service quality and safety benefits for patients who have access to a structured AOS in terms of their experience and outcomes. AOS ensures continuity and consistency of care where they would otherwise experience significant delays in diagnosis and treatment. Offering specialist oncology support outside the cancer centre, enable patients to access treatment at a location convenient to them.

To help quantify the benefits, empirical evidence from other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South East Wales has been used. Benchmarking with these centres demonstrates significant opportunities for admission avoidance (in the range of 40-60%) and length of stay (3-4 days).³

The existing AOS service has already achieved some reductions in length of stay but additional investment will support admission avoidance through staff availability (for rapid assessment of patients), oncology advice, and hot clinics, as well as some further reductions in length of stay.

³ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

Therefore, the quantifiable benefits that have been applied are 25% admission avoidance and 10% reduction in length of stay. These have been clinically endorsed and applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity.

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RISKS

There are significant challenges around the implementation of a regional clinical model, across different Health Boards and multiple sites within those Health Boards. The AOS remains a regional service within which there is an aspiration to secure equity of access for patients to a common service standard wherever they live and therefore a requirement to secure full implementation. However, it is recognised that Health Boards have different baseline positions in terms of current service and acute configuration, and all face challenging funding constraints which limit the ability to support service developments including AOS. Allied to this, as a largely people based service, there will be challenges in staff recruitment and deployment. To address these factors organisational specific implementation plans and associated resourcing profiles have been developed and aligned to meet each Health Boards' needs, priorities and constraints.

CONCLUSION

The development of this business case and the work that sits behind is the result of a multi-organisational, multi-professional collaboration across South East Wales, underpinned by strong clinical leadership and considerable stakeholder engagement. This degree of collaboration is reflected in the governance structure to support the implementation and delivery of the service, and will ensure the founding principles of equity of access and shared ownership remain central to the service.

Investment in AOS at this crucial time for the NHS would have a huge impact both for those patients presenting acutely with a known or as yet undiagnosed cancer, and the Health Boards receiving them.

“The impact upon the patient journey and quality of life is notable; particularly where progressive symptomatic needs are able to be met rapidly whilst keeping the patient in their preferred place of care beside their families.”

Isle of Man AOS⁴

⁴ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

INTRODUCTION

1 Introduction and Background

The purpose of this business case is to set out proposals for enhancing Acute Oncology Services (AOS) across South East Wales. Initially outlining the limitations of the existing service, it will present a clear and compelling case for change and go on to demonstrate how the proposed clinical model and preferred option for implementing this will address the identified gaps in service and deliver the required improvements and benefits. It will set out the process by which the preferred option has been selected along with the level of investment required to deliver the proposed improvements over the implementation period. Finally it will establish the organisational and delivery arrangements required to successfully implement the proposed service improvements.

The options appraisal has been developed with input from a wide range of organisational and professional stakeholders and has been facilitated by an external, independent consultant. The preferred option being put forward to the South East Wales Collaborative Cancer Leadership Group (CCLG) and Health Boards (HBs) for consideration is the result of 12 months of collaborative work with consensus being reached across multiple disciplines and multiple organisations in South East Wales.

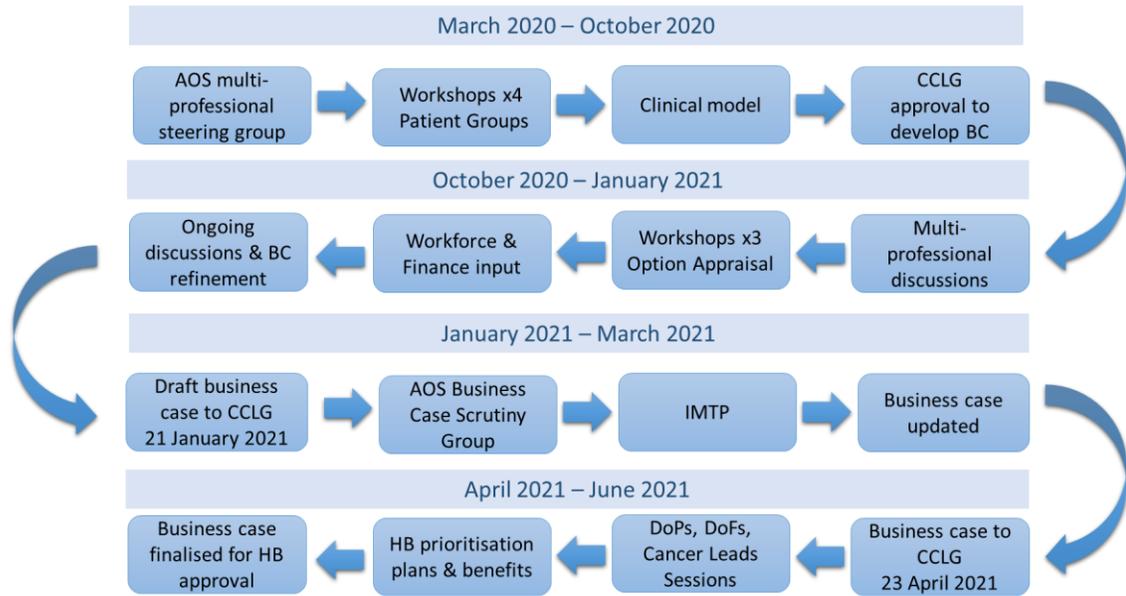
This business case is presented as a single case for the region and once endorsed by CCLG, will go through each stakeholder organisation's governance processes to secure local approval.

In developing this case it is recognised that stakeholder organisations have different starting points in terms of current baseline AOS and this will impact on the rate and sequence of implementation. However, the clinical model is premised on the dual principles of equity of access, and shared ownership and delivery. These will ensure each organisation delivers a broadly similar clinical model so that patients can expect consistency in their management and available resource irrespective of presenting location.

Management of acute oncology challenges the whole health and care system across South East Wales, from primary and community care to tertiary specialist beds. However, the scope of this business case is the presentation, triage, assessment and management of patients in an acute setting as this is a complex group of patients who would benefit significantly from improved access to acute care, with a focus on ambulatory pathways.

Commencing in the spring of 2020 a significant amount of collaborative work has taken place to develop the clinical model and translate that into a set of implementation proposals presented within this business case. The figure below is an overview of the wider reaching engagement activities that have taken place and further details of these activities is provided in Appendix A.

Figure 1: Overview of project engagement



STRATEGIC CASE

2 Introduction

The purpose of the Strategic Case is to make the case for change and to demonstrate how it provides strategic fit across the stakeholder organisations within South East Wales. Making a robust case for change requires a clear understanding of the rationale, drivers and objectives for the proposal and the associated investment by presenting a clear understanding of the existing arrangements: the Business As Usual (BAU), business needs (related problems and opportunities), potential scope (the required service coverage) and the potential benefits, risks, constraints and dependencies associated with the proposal.

2.1 Strategic Context

2.1.1 Cancer Services in South East Wales

The planning and delivery of cancer services in South East Wales is the responsibility of the three Health Boards (HBs) as part of their statutory role in addressing the health needs of the populations they serve. The three HBs in South East Wales are:

- Aneurin Bevan University Health Board (ABUHB)
- Cardiff and Vale University Health Board (CAVUHB)
- Cwm Taf Morgannwg University Health Board (CTMUHB)

A fourth HB, Powys Teaching Health Board does not formally sit within South East Wales but some of its patient population does come into ABUHB and CTM's service provision. In addition, Velindre University NHS Trust (VUNHST) provides non-surgical specialist cancer services to the region through the Velindre Cancer Centre (VCC). A map of organisation across South East Wales is provided below.

Figure 2: Map of South East Wales Health Boards and Velindre University NHS Trust



A significant proportion of patients have all of their cancer care delivered within the HBs. This is supported by VCC through the delivery of a range of outreach services including: Systemic Anti-Cancer Therapies (SACT); outpatient consultations; and Multi-Disciplinary Teams (MDTs). To further the availability and accessibility of radiotherapy services for patients across South East Wales, an Outline Business Case (OBC) for a Radiotherapy Satellite Centre based at Nevil Hall Hospital (ABUHB) has been developed and approved.

The HBs and VUNHST are supported by the Welsh Health Specialist Services Committee (WHSSC) which commissions specialist cancer services on their behalf. They also work in partnership with the All Wales Cancer Network (WCN), Public Health Wales (PHW), NHS Trusts, Community Health Councils (CHC), and voluntary and charitable organisations. More recently, the four HBs, in conjunction with VUNHST and WCN, have formed the South East Wales CCLG. The purpose of the CCLG is to provide effective system leadership for Cancer Services across South East Wales and deliver improvements in patient outcomes experience for the catchment population.

2.1.2 Acute Oncology Service in South East Wales

Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.⁵

The core principles underpinning AOS have been defined as to ‘promote education, awareness and early access to specialist oncology input, as well as a more integrated way of working between oncology and acute specialities within hospital trusts’.⁶

In Wales, the AOS has been in development since 2013 and aims to bring together multi-disciplinary clinical expertise to facilitate the rapid identification and appropriate prompt management of patients that present acutely. People living with cancer may need acute or emergency hospital care for a variety of reasons but an admission to acute care often heralds a change in disease trajectory and often leads to uncertainty about the future.

AOS patients broadly fall into three groups as set out below:

⁵ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

⁶ Jones, P, Marshall E, Young A. *Acute Oncology: Sharing Good Practice*. Macmillan, 2014

- Type 1: Acutely presenting - patients in whom a first presentation of cancer is suspected in emergency setting, including Metastatic Malignancy of Undefined primary Origin (MUO) and Confirmed Carcinoma of Unknown Primary (CUP) patients.
- Type 2: Complications of treatment –patients with known cancer (including haematological malignancies) who present as an emergency with complications of systemic anti-cancer therapy (SACT) or radiotherapy treatment, and increasingly with immune toxicity.
- Type 3: Patients with known cancer who present as an emergency with acute complications of disease and/or associated co morbidities

These patient groups are very vulnerable and often have poor outcomes either due to a delay in diagnosis and referral, multiple or sometimes unnecessary tests and interventions, and a lack of early specialist input.

Many patients will initially attend the hospital Emergency Department and Acute Surgical Unit. At the front end of emergency care pathway is normally the Medical Assessment Unit (MAU) but providing efficient and effective care to this complex patient group in a busy MAU presents a key challenge. A good working partnership between the MAU and AOS that enables rapid assessment of patients can result in significant improvement in patient care often resulting in avoided inpatient admission and re-admission.

The AOS pathway within the scope of this business case covers the patient journey from acute presentation, diagnosis, treatment through to discharge. However, there are integral elements that can, and do support patients beyond acute care including: pre-hospital triage; primary and community care that helps keep patients at home; and the optimal arrangements for the provision of specialist inpatient beds. These will be considered outside this business case.

2.2 Case for Change

2.2.1 Existing Arrangements

The current service model in South East Wales is variable both between each HB, and between sites within HBs, and collectively it has limited clinical support locally and from VUNHST. In most HBs, the AOS service is nurse-led by Clinical Nurse Specialists (CNS), normally at a level of one nurse per acute hospital, who are on-site Monday to Friday.

The CNS supports patients and their carers through complex pathways and protocols, acting as the patient advocate. They are responsible for liaising with their local medical teams as well as linking into the on-call team in Velindre Cancer Centre (VCC) via telephone and email, and providing local AO education to other healthcare professionals. Working independently to agreed protocols they can:

- Recognise, manage and educate in broad range of oncology emergencies;

- Recognise and advise in management of suspected new diagnosis of cancer;
- Support clinical teams in decision making in malignancy unknown origin.

CNSs are supported by clinical colleagues in acute medicine, haematology and oncology. However, as there are only six allocated consultant sessions for AO across South East Wales (which are unevenly distributed), this allow very little clinical time to support the AOS team and patients.

The table below sets out the resource and associated funding for the current service in HBs.

Figure 3: Health Board AOS resources and funding

Health Board	AOS Teams (WTE)	Annual Cost
Aneurin Bevan UHB	4.10	£205,350
Cardiff & Vale UHB	4.50	£232,571
Cwm Taf Morgannwg UHB	4.70	£264,804
TOTAL LHBs	13.30	£702,725

The VCC AO teams funded remit is to provide acute inpatient care and support the oncology Assessment Unit within VCC. It runs a virtual daily multi-disciplinary team (MDT) with input from consultant oncologists, consultant radiologists, palliative care and oncology nursing to discuss these patients.

The on call doctor is available to HBs for advice but they can often be difficult to get hold of and advice can be variable, depending on their knowledge of AO, as they primarily deal with VCC patients. The table below sets out the current VCC resource and funding.

Figure 4: VCC resources and funding

Service	WTE	Annual Cost
Acute Oncology Assessment Unit & Acute Oncology MDT	8.05	£530,748
SACT Patient Support Phone Service	3.00	£77,812
TOTAL Velindre Cancer Centre	11.1	£608,560

In Wales, patients with cancer, particularly in the last months of life, frequently present acutely to emergency services on multiple occasions. Of those that die within 60 days of attending an

Emergency Department (ED), cancer is the most common diagnosis. In many instances these patients are admitted into inpatient beds and can frequently spend more than a month in hospital. Unfortunately a proportion of these patients subsequently die in the acute hospital setting. In developing this business case a range of indicators have been established, drawn from a variety of local and national sources, which demonstrate some of the challenges in managing acute oncology presentations, their impact on resources and key outcome measures. This is summarised in the table below.

Figure 5: Cancer presentations, admissions and mortality

Indicator	Findings
Emergency Department (ED) attendances with a cancer diagnosis ⁷	5%
ED admissions with a cancer diagnosis ⁸	25%
Cancer patients presenting to ED who are admitted <i>*Non-cancer patients presenting to ED who are admitted 25%</i>	80%
Patient mortality within 30 days of referral to AO	Approx. 20%
Patient mortality within 12 months of referral to AO	Approx. 70%
Cancer diagnoses that present for the first time in the unscheduled care system	22%
Acute hospital beds are occupied by acute cancer patients ⁹	10%
Emergency ambulance calls being made on behalf of people with cancer	10%
Mortality due to cancer in frequent attendance to ED	28%

In South East Wales, data collected shows the breakdown of referrals to AOS which is summarised in the table below. Although the numbers are relatively small and the data is historic, the impact on acute hospital resources can be significant. By far the biggest proportion across all organisations is 'other' which demonstrates the ongoing difficulties in coding and reliably collecting meaningful AOS data. This inevitably means that activity is not being accurately recorded and actual numbers of presentations are under stated. The manual collection of this data, as well as the duplication to enter it into different formats and systems puts an administrative burden on nursing staff.

⁷ North Mersey Macmillan Project: *Urgent Care and Cancer & Cancer Care of the Elderly*, 2019

⁸ *Sharing good practice Acute oncology*, Macmillan Cancer Care, 2014

⁹ Mansour D, Simcock R, Gilbert D C, *Acute oncology's service: assessing the need and its implications*, *Clinical Oncology*, 2011

Figure 6: Referrals to AOS January to December 2017

Diagnosis / Pathway	ABUHB	CVUHB	CTMUHB*	VCC
Malignancy of Unknown Origin (MUO) / Carcinoma of Unknown Primary (CUP)	66	100	31	31
Neutropenic sepsis	57	24	31	54
Metastatic Spinal Cord Compression (MSCC)	49	57	45	123
Other (no pathway)	1,518	1,660	611	816
Total	1,690	1,841	718	1,024

*Data pre-boundary change (does not include Princess of Wales Hospital, Bridgend)

Many cancer patients are admitted as an emergency across the region and currently have an average length of stay of 9.4 days in hospital. This is often unnecessary, and for many cancer patients, home is the preferred place of care, especially when there is a poor prognosis.

Figure 7: Emergency admissions and length of stay by Health Board 2018/19

Health Board	Admissions	Mean Length of Stay	Total bed-days
ABUHB	3,860	8.3	32,203
CAVUHB	2,702	10.1	27,281
CTMUHB	3,438	9.9	34,051
Total	10,000	9.4	93,535

For patients with Metastatic Malignancy of Undefined Primary Origin (MUO) length of stay is even longer with an average of 25.8 days across the region in 2018. MUO refers to the broad patient group who present with metastatic cancer that do not have an immediately identifiable primary site. As there is no primary tumour identified, these patients often have no specialist team responsible for their care. In the UK, approximately 24 patients are diagnosed with a cancers of unknown primaries every day, with annual new patient case load of around 8,800.¹⁰ In England and Wales it is the fourth most common cause of cancer death.¹¹ Patients often present at an advanced stage, have complex needs, undergo fragmented pathways and have poor patient experience. In about 15 - 20% of these patients, the primary site remains undetected (Confirmed Carcinoma of Unknown Primary - CUP), and overall, patients have a median survival of four to 12 months.¹² The acute presentation of this patient group often results in multiple investigations,

¹⁰ CRUK, About cancer of unknown primary, 2017 (www.cancerresearchuk.org)

¹¹ Metastatic Malignant disease of unknown primary origin in adults: diagnosis and management, NICE Clinical Guideline, 2010

¹² Varadhachary GR et al 2014, Stella GM et al 2012, Hainsworth JD et al 2018

and inappropriate or delayed treatment. Local analysis of CUP/MUO data (2018) demonstrated that despite the majority of new CUP/MUO referrals receiving AO input within the nationally stipulated time frame, only 30% of patients received any oncology treatment; 60% of these were discussed in multiple MDT discussions of different site specific teams; and 40% did not have any recorded MTD discussion. With no current service for these patients, the acute aspects of the MUO/CUP pathway are part of the scope of this business case.

Immunotherapy refers to treatments that use the immune system to destroy cancer. Immunoncology (IO) medicines are relatively new treatments which, for many patients, can achieve excellent outcomes. However, they are associated with immune-related adverse events which can have serious side effects, and are relatively unfamiliar to clinical teams.¹³

Immune-related adverse events can be unpredictable and require a very different approach to the management of toxicities related to other types of systemic anti-cancer therapy (SACT), for example, chemotherapy. Immune-related adverse events may be life threatening, potentially occurring at any time during and for up to two years post treatment. Very few patients manage their therapy without experiencing some immune-related side effects, which can include dermatologic, gastrointestinal, hepatic, endocrine, lung, renal and less common inflammatory events such as neurological and cardiac issues. It is well established that failure to recognise and instigate appropriate management for toxicity results in catastrophic consequences including unnecessary termination of treatment and patient deaths. Given the delay in toxicities, many of these patients will present as an emergency and be referred to AOS, hence the need for an IO pathway in this business case.

Metastatic Spinal Cord Compression (MSCC) is a well-recognised complication of cancer and usually presents as an oncological emergency. Life expectancy once a diagnosis of MSCC has been made is poor, with only 28% of patients surviving more than one year.¹⁴ Early diagnosis, treatment intervention and rehabilitation is therefore necessary to prevent paralysis and to ensure the best possible outcome and quality of life.

There is currently an inequitable service, with spinal surgeons operating on MSCC in just one HB across South East Wales. Inconsistency in patient referrals, and a lack of flexibility of radiotherapy planning and treatment often means patients are admitted or require two visits.

The numbers of patients presenting with MSCC are increasing with advancing treatment techniques and as patients live longer with cancer. The outcomes for MSCC patients in South East Wales are currently below the UK average as they face delays in access to radiology, surgical opinion and radiotherapy treatment.

¹³ Good Practice Guideline for Immuno-Oncology Medicines, Royal College of Radiologists et al,

¹⁴ NICE Clinical Guidelines, 75 *Metastatic Spinal Cord Compression: Diagnosis and Management of Patients at Risk of or with Metastatic Spinal Cord Compression*, Nov 2008

2.2.2 Business Needs

The increasing incidence of cancer in Wales (predicted to grow year on year by 1.5%¹⁵); the changes in clinical practice in oncology (the increased use of radical chemo-radiation); and the unprecedented step changes in the volume/pace of novel and approved anti-cancer treatment (particularly immunotherapy), has, and will continue to result in increased demand for AOS.

The Cancer National Specialist Advisory Group (CNASG) in Wales have developed a set of national standards for Acute Oncology Services (All Wales National Standards for Acute Oncology Services – June 2016) to provide a foundation for the NHS in Wales to plan and deliver effective high quality services for people with cancer, either known, or yet to be diagnosed, who present acutely to the NHS. These standards covered four areas: the AOS team; rapid assessment for acutely presenting patients; AOS team review of patient management; and information.

A Peer Review was undertaken in July 2018 to assess the existing AOS quality and performance against the standards in each HB. The all Wales summary of the findings are directly relevant to the provision of AOS in the South East. The review recognised that whilst significant progress has been made there remain some key gaps in the service which need to be addressed as part of this business case. A summary of the Peer Review findings is provided in the table below and a more detailed report is provided at Appendix B.

Figure 8: Peer Review summary against All Wales National Standards for AOS (July 2018)

Gaps in service
Insufficient oncologist presence in HBs and no specialist oncology Advanced Nurse Practitioners (ANPs) to manage more complex patients with complications of care or cancer progression
CNS presence in each site to cover core service (Mon – Fri 9am to 5pm)
No dedicated lead AOS managers in HBs
Need for additional administrator / co-ordinator time
HBs need daily access to wider dedicated consultant specialist team consisting of oncologist, palliative care consultant, Haemato-oncologist / haematologist, radiologist to help manage complex patients
Insufficient oncologist and no ANP time on site to disseminate knowledge around the management of AO through education
Insufficient oncologist and no ANP time on site to ensure clinical pathways are in place for assessment and management of all patients with complications from cancer or cancer treatment
No MUO or CUP service, supported by regular consultant oncologist support to deal with

¹⁵ Transforming Cancer Services, Programme Business Case, VUNHST 2019

Gaps in service
concerns
No electronic access to past medical history and treatment received or access to dedicated telephone support
No automatic electronic alerts to VCC when a patient with known malignancy, or undergoing active cancer treatment, presents acutely ill to secondary care
No electronic capture of core AOS dataset at VCC or acute site

The CNSAG recognised the differing configurations and challenges across Wales, such as multiple locations and rurality, which may result in additional local requirements. However, the standards they developed describe the core requirements of AOS. Achieving the care reflected in the standards is not solely the responsibility of the acute oncology team and requires engagement and collaboration at all levels of HBs, with cross-directorate, cross-care sector and cross-boundary working.

In addition to the Peer Review there are a number of specific issues relating to AOS in South East Wales which help to further demonstrate the limitations of the existing arrangements and a focus for prioritising investment in the required service enhancements. These are outlined below.

AOS Team

The AOS CNS team model is an outlier in comparison to other AOS services in the UK with limited specialist nursing, the service is potentially unsustainable in terms of clinical governance requirements for nurses to work independently. Whilst the AOS nursing teams are effective and dynamic, the current model means nurses are working without ‘wrap’ of consistent medical or senior expertise. This is a challenge clinically, particularly for them to be involved in complex cases but also for them to take forward service development and ensure they are supported in continuous professional development (CPD).

The limited clinical sessions for physicians to support AO, along with a lack of senior nursing (Advanced Nurse Practitioners - ANPs) means there has not been much support, clinical leadership, education or training for either the nursing or medical teams, and as a result, there has been limited service development since its inception in 2013.

Specialist Oncology

Although daily specialist oncology advice is available through the ‘lunchtime AOS MDT meeting’, there is limited take up from HBs, and it is largely used to discuss VCC patients. Outside the MDT, there is variable clinician input and support due to insufficient funded time. Often the VCC on-call doctor is the point of contact, and accessing advice can prove cumbersome and onerous for colleagues in HBs. It means that advice is often inconsistent due to a lack of acute oncology knowledge and understanding, and not always timely. There is currently no dedicated oncologist

time on site in HBs to ensure complex patients with complications from cancer or cancer treatment are assessed and managed appropriately. This also means there are no or few opportunities to disseminate knowledge through education and training.

Benchmarking with other sites such as The Christie NHS Foundation Trust and The Clatterbridge Cancer Centre demonstrate a significantly higher number of nurses per site and up to five direct clinical contact sessions for oncology consultants per site.

Admissions and length of stay

AOS can reduce admissions by providing timely expert advice and patient safety netting, facilitating same day discharge. It is a core component of ambulatory medicine services, allowing patients to receive essential care and advice without being admitted. AOS can also reduce the length of hospital stays, freeing up valuable bed space. This has been demonstrated by other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South East Wales, as noted in the table below.

Figure 9: Data from UK AOS sites on admissions and length of stay

Area of AOS	Benefit / outcome	Organisation
Acute admissions	66% of patients same day discharge after AOS established	West Suffolk Hospital ¹⁶
Acute admissions	90% of patients same day discharge with a AO hot clinic	Royal Preston Hospital ¹¹
Acute admissions	61% of patients same day discharge with an acute admissions unit	VUNHST ¹¹
Inpatients	Reduced length of stay by 4 days after AOS established	West Suffolk Hospital ¹¹
Inpatients	Reduced length of stay by 3.1 days (£2m saving) after AOS established	The Clatterbridge Cancer Centre ¹⁷
MUO/CUP	Reduced length of stay by 3.5 days with new MUO/CUP	North West Cancer Centre, Northern Ireland ¹⁸

¹⁶ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

¹⁷ Neville-Webbe HL et al *The impact of a new acute oncology service in acute hospitals: experience from the Clatterbridge Cancer Centre and Merseyside and Cheshire Cancer Network*. Clinical Medicine. Dec 2013, 13(6) 565-569

¹⁸ Dasgupta. S et al *Integration of a patient-centred MUO/CUP service within a new acute oncology service: challenges and rewards*, Future Healthcare Journal, Vol 8, No1 2021

Area of AOS	Benefit / outcome	Organisation
	service	
Immunotherapy (IO)	40% reduction in admissions after establishing service	The Clatterbridge Cancer Centre ¹¹

With an average length of stay of 9.4 days across the region, understanding why patients are admitted and how to prevent re-admission is crucial. Developing these skills across different professional groups will require time and investment. Competencies should include the acute medical management of unwell patients, specialist oncology knowledge (new therapies and new presentation of metastatic cancer), radiology and confidence in complex conversations. Supporting patient discharge, with input from Allied Health Professionals (AHPs) and Palliative Care teams, will also help prevent further admissions.

The Royal College of Physicians have identified the following as being essential to avoid unnecessary admissions:

- A rapid oncology assessment (within 24hrs of referral) that will identify patients who are suitable for ambulatory / outpatient-driven services;
- Management of anti-cancer therapy complications, advice on disease complications, symptom management, diagnostic pathways for new cancers and offers alternative routes to admission including access to hot / cold oncology clinics;
- A formal working relationship with community, primary care and specialist services in order to improve the quality and speed of patient discharge and to avoid admissions;
- Capacity and pathways to be in place for day-case procedures to occur, such as paracentesis or rapid-access diagnostics without inpatient admission.

Acute medicine in South East Wales has moved successfully and rapidly towards same day emergency care delivery, and there is a real opportunity by increasing engagement and sharing cancer expertise in the acute setting, that it is possible to reduce admissions, reduce length of stay, improve patient journeys and train future clinicians.

MUO / CUP

The lack of a MUO / CUP service in South East Wales means there is an unmet clinical need in the overall management of these patients. This includes ownership of these patients and defining optimal diagnostic and treatment pathways; addressing patient centred needs (anxiety, uncertainty, symptoms, quality of life, cancer related survival); health resource centred needs (multiple invasive and non-invasive investigations, length of hospital stays, readmission rates, multiple MDT discussions across different tumour sites); as well as research needs (early identification and recruitment to clinical trials).

The gap analysis identified through the Peer Review (2018) highlighted the need for a streamlined, resilient and well-resourced pathway for these patients, in accordance with national recommendations (NICE 2010) and peer review measures (NHSE 2014).

Intervention via a dedicated CUP team in several different hospitals in the UK (Sheffield Teaching Hospitals Trust, The Royal Free and Western Health and Social Care Trust) have all shown positive and measurable outcomes, with significant reductions in length of stay (3.5 -11 days), statistically significant reductions in re-admission rates and hospital deaths, and significant benefit in overall survival. Proposals to deliver a similar model of care are at the heart of this business case, as are the benefits that will accrue through its successful implementation.

Immuno-Oncology

The numbers of patients treated with immunotherapy is rising. In VCC the number of patients being treated with immunotherapy rose by 49% between 2018 and 2020, with an average of 225 patients per month by late 2020. As new drugs and new indications for drugs are licenced, including the usage of combination treatments, which have the highest rates of reaction, this rise will only get bigger.

The management of patient toxicity is complex and without specialist advice and education, patients can often be misdiagnosed or undergo inappropriate treatment. Approximately 60% of patients on combination treatments develop severe toxicities. Failure to treat promptly results in lengthier and more complex patient admissions and adverse patient outcomes, particularly in the failure to complete active therapy, resulting in reduced survival.

When The Clatterbridge Cancer Centre set up the IO service, they saw a 40% reduction in admissions after introducing a toxicity service, despite a 20% increase in the number of patients commencing treatment.

In South East Wales there is currently no pathway for these patients and the advice and access to specialist input is ad-hoc. As this is becoming an increasingly common treatment option for cancer patients, there is a need to invest in the development of the acute pathway for patients, including the ambulatory pathway to deliver critical drugs. In doing so, this will help future proof the AOS and the increasing numbers of patients presenting with severe toxicities.

As important however, is raising awareness and educating acute care teams on this new era of drugs and their side effects. North Devon hospitals found that education and training were key to successful implementation, running weekly teaching sessions on oncological emergencies, including IO toxicities to acute teams.¹⁹

¹⁹ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

Metastatic Spinal Cord Compression (MSCC)

MSCC is a potentially devastating complication of cancer which requires rapid decision making by several specialists, given the risk of permanent spinal cord injury. Without a specialist single point of contact for advice and management there are delays in diagnosis and treatment, resulting in ineffective and inefficient management of patients including inappropriate diagnostic tests being carried out, increased length of stays in hospital, as well as deterioration in patient's functional ability, which reduce their prognosis and quality of life.

The Peer Review (2018) highlighted the need for a coordinator across South Wales which is in line with NICE guidance (2008), the NICE Quality Standard (2014) and as recommended in the South Wales MSCC Strategy (2016).

To date there has been no dedicated resource to co-ordinate the care and management of MSCC patients in South East Wales. The development of the MSCC pathway is crucial for timely diagnosis and treatment but will also improve system wide efficiencies, including: communication and education; clinical awareness of local MSCC pathways; and identification of risk factors of MSCC. Co-ordination of this pathway, and attendance at spinal MDTs will ensure there is greater collaboration between the AOS teams, clinical oncologists and surgeons to improve functional outcomes for patients.

2.2.3 The Quality Statement for Cancer

The Quality Statement for Cancer replaces the Cancer Delivery Plan for Wales and sets out a five year plan to improve the quality of cancer services and outcomes across Wales. Building on the work of the 2012 and 2016 Cancer Delivery Plans, the next five year phase of cancer service aims to take advantage of the widespread consensus that has emerged on priority areas, bring programmes to fruition, and maintain the national leadership and local engagement that has been achieved. This will ensure that there is a long-term and consistent approach to improving outcomes as envisaged in the Wellbeing of Future Generations Act and demonstrated by international experience.

The Quality Statement sets out a series of attributes it would like to see embedded in cancer services in Wales across a range of themes covering Equity, Safety, Effectiveness, Efficiency, Person Centredness and Timeliness. There is a specific requirement under the Safety theme to ensure that fully integrated Acute Oncology Services are available in all acute hospitals.

2.2.4 The Nuffield Review

The Nuffield Trust was commissioned by Velindre University NHS Trust to provide independent advice on the clinical model underpinning its planned changes to Velindre's cancer services contained in its Transforming Cancer Services programme.

The work assesses the proposals for the planned changes to non-surgical tertiary cancer services across South East Wales and clinical concerns raised about plans to build the new Velindre Cancer Centre on the proposed site.

Whilst the review made specific recommendations regarding the wider clinical model it also made specific reference to the management and delivery of acute oncology across South East Wales. It documented the limited investment in AOS in South Wales, particularly compared to the rest of the UK, as well as the paucity of accurate data. However, it did acknowledge the collaborative work undertaken as part of this process and many of the recommendations are directly relevant to this case and entirely consistent with the proposed direction of travel set out in this business case. In particular the review recommends that:

- Each local health board (LHB) needs to develop a plan for oncology support for unscheduled cancer patient admissions and acute oncology assessment of known cancer patients, with inpatient admission as an option. This approach will mitigate the risks for inpatients across the network.
- The development of acute oncology services in each LHB is a priority and will help support reductions in acute admissions across the network. A common dataset is required to support the planning of these services.
- Each LHB needs to ensure that there is a plan for providing oncology advice and support for patients admitted via A&E, and for acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission provided as an option on a district general hospital site if needed. The assessment service model should provide for multi-disciplinary input, in particular from palliative care, specialist nursing and allied health professionals.

2.2.5 Spending Objectives

Having outlined the existing arrangements for delivering AOS across South East Wales, and the business needs as highlighted by the peer reviewed and local assessment of service gaps, a set of Spending Objectives were developed. These set out what the project is trying to achieve by way of intended outcomes and what needs to be achieved to deliver the necessary changes highlighted through the business needs.

The table below sets out the project spending objectives which were developed in partnership with the AOS MDT Steering Group, which has broad representation from all four of the stakeholder organisations.

Figure 10: Spending Objectives

Project Spending Objective	Description
Project Spending Objective 1	Improved patient outcomes and experience delivered consistently irrespective of presenting location
Project Spending Objective 2	To avoid unnecessary inpatient admissions but where this is necessary to reduce the average length of stay for patients admitted acutely
Project Spending Objective 3	Provide treatment for patients in the most appropriate setting that balances clinical need with personal choice
Project Spending Objective 4	Identified and improved pathways for patients presenting as MUO/CUP
Project Spending Objective 5	Improving services through better data analysis, greater focus on measuring outcomes and dissemination of knowledge around management of acute oncology across the organisation through education provision

The spending objectives will be used to support the development of the benefit criteria to be used in the non-financial aspects of the option appraisal.

2.2.6 Project scope

The scope of this project is to develop a comprehensive clinical model for acute oncology services in South East Wales covering the pathway from point of arrival in acute setting to discharge from hospital including the management of presentation, assessment, treatment and discharge. It was agreed that this would be run as a regional service across South East Wales.

It should be noted that the AOS pathway is broader than this, and includes primary and community care, as well as tertiary specialist beds, which will be considered outside of this business case.

2.2.7 AOS Clinical Model

In considering the approach to developing the clinical model considerable work has been undertaken by engaging a wider range of stakeholders through a series of workshops which incorporated patient and user input. This informed the development of the clinical model and the founding principles under which it has been developed.

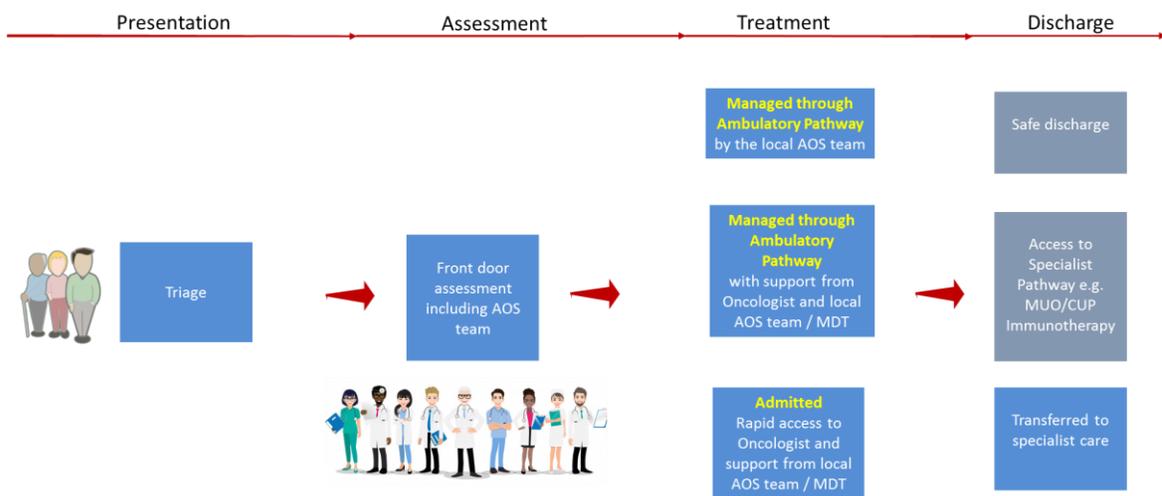
The project was established as a collaboration between Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg and Velindre to ensure a regional perspective of AOS in South East Wales was presented. Two key principles have underpinned the work in developing the clinical approach to enhancing the AOS across South East Wales, namely:

- Equity of access – irrespective of HB of residence, patients presenting to the AOS are assured of equity of access and a common service standard; and
- Shared ownership and delivery – the service model is developed jointly by the three Health Boards (Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg) and Velindre University NHS Trust with clarity around roles and responsibilities.

Recognising the scope of the project, the approach outlined above has developed a clinical model which sets out the key enhancements necessary in delivering the spending objectives and securing the necessary improvements in AOS across South East Wales.

As a starting point, an overview of the high level patient pathway of the project is summarised in the diagram below. This sets out the key and decision points across the patient journey through the AOS.

Figure 11: High level patient pathway

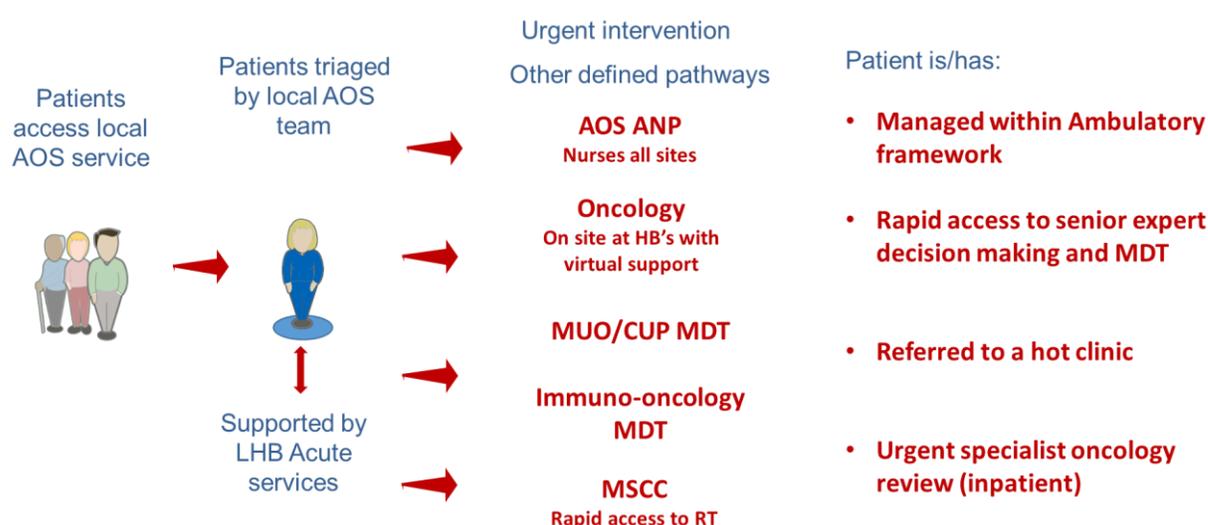


The high level pathway has been used as the foundation for developing the more detailed AOS clinical model which is summarised in the diagram below. This sets out a model which places stronger emphasis on the specific needs of AOS patients whilst complementing local wider unscheduled care management with a primary focus on ambulatory pathways as an alternative to inpatient admission. Where patients do need to be admitted, timely MDT reviews with appropriate specialist oncology input will support reductions in length of stay. It combines

locally based HB resources with enhanced access to specialist oncology input through a mix of predictable and regular physical on the ground presence and virtual support. Other elements include enhancement of specialist nursing input, a new, structured approach to the management of MUO/CUP patients along with access to other specialist pathways.

The model also recognises that timely intervention and honest conversations by AOS teams with patients and their families makes a real difference in the quality of care and patient outcome. Good working partnerships and arrangements between emergency departments, medical admission units, and acute oncology services are key underpinning elements of the model.

Figure 12: Emerging AOS Clinical Model



The areas highlighted in red show the focus of service enhancements and required investment. Further details relating to the respective elements of the proposed enhancements can be found in the table below with more detailed analysis provided in Appendix C.

Figure 13: Proposed service specifications for the enhanced AOS

Area of Investment	Service Proposal
Nursing and Allied Health Professionals	Enhanced CNSs to manage initial presentations and support ambulatory pathways to help avoid admissions, and take on the key worker role throughout acute oncology pathways; ANP senior nursing to lead AOS teams and independent decision making within areas of competency; AHP support patients and facilitate patient management and effective / timely discharge.
Consultant Sessions	Additional Clinical Lead sessions to support AOS team and provide timely senior clinical advice, and provide education and training; Consultant Palliative Care to provide specialist support to MUO/CUP MDT; and

Area of Investment	Service Proposal
	additional Consultant Radiologist time to enable enhanced access to timely radiological investigations and facilitate the rapid decision making.
Specialist Oncology Support	<p>Enhanced HB oncology input comprising mix of physical and virtual support.</p> <p>HB direct time - Oncologist (named, integrated with AOS team) lead via presence on the ground at the HBs, providing face to face clinical review via ward rounds (reducing length of stay) and hot clinics (reducing admissions), education and training (delivered in HBs), and regional pathway development.</p> <p>Virtual Support - Complements the HB direct consultant oncologist by providing virtual touch points throughout the day for all hospitals in South East Wales, allowing consistent and timely advice no matter where patient admitted and avoiding unnecessary admissions.</p>
MUO/CUP Service	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent.</p> <p>Consultant Oncologist - Named lead who provides expert advice to HB AOS teams (avoiding unnecessary investigations and reducing length of stay) and Chairs the MUO/CUP MDT.</p> <p>CNS - Key worker and point of contact for patients, providing patient education and support, with remit to develop clinical pathways and links with AOS nursing teams.</p> <p>Consultant Palliative Care - Support to the MUO/CUP MDT</p> <p>Consultant Radiologist & Pathologist - Additional time for input into MDT (as a core member) to review the treatment and care of MUO/CUP patients.</p> <p>Collectively, this will mean better patient experience and outcomes, as well as reducing length of stay.</p>
Immunotherapy Toxicity Service	<p>New service for patients with Immuno-oncology (IO) toxicities.</p> <p>Consultant Oncologist - Regional service lead to establish clear pathways for toxicity management, Chair the MDT, provide education with teams in all acute hospitals as well as developing ambulatory pathways to deliver critical drugs.</p> <p>CNS - Key worker and point of contact for patients, to liaise between primary, secondary and tertiary care, with remit to run a triage clinic and ensure prompt and early management of toxicities; work with the oncology and HB AOS teams, and provide training; manage patients on reducing steroid treatments, enabling early discharge.</p> <p>Consultant Specialists - Provide organ system specific toxicity advice to MDT for patients with severe and life threatening immunotherapy toxicity, improving management of complex reactions and enabling access to timely investigations.</p> <p>This will mean better patient experience and outcomes, as well as</p>

Area of Investment	Service Proposal
	reducing avoidable admissions.
MSCC Pathway	<p>Consultant Clinical Oncologist - Attend spinal MDT and improve communication between spinal surgeons and clinical oncologists.</p> <p>MSCC clinical co-ordination role - Attend spinal MDT and co-ordinate the care and management of MSCC across region as the single point of contact, working alongside AOS consultants and nurses and the spinal surgical team. They will provide strategic regional developments for recognition, investigation, treatment and rehabilitation of patients with MSCC. This will be better for patient experience and outcomes.</p>
Admin support	<p>MDT Co-ordinator (MUO/CUP and Immunotherapy Toxicity) - Provides support to MUO/CUP and Immunotherapy Toxicity MDTs. Ensures discussion conclusions are documented and communicated between organisations including VCC, LHBs and primary care.</p> <p>Medical Secretary - Supports the effective management and planning of patient administration including effective communication and documentation of medical reviews and advice. Administration of MDTs and hot clinics (HBs).</p>

Underpinning the service model are a number of regional enablers, specifically digital and education and training, which are fundamental to the successful delivery of the clinical model and the delivery of the associated benefits. The digital elements include the collection of standardised, structured data using digital forms to improve patient safety, reduce duplication, support data analysis and reporting, and is a key enabler to understanding the impact of service through Patient Reported Outcome Measures (PROMS). The availability of consistent and comprehensive patient data will also support improved mechanisms for communication, facilitating seamless access to specialist advice at point of care, flag admission of diagnosed cancer patients within the region, and enable access to records across the site to facilitate specialist support.

Digital enablement also includes the ability to support virtual clinician to patient and clinician to clinician consultations and engagement. Many of the established video / voice tools are already available (e.g. Attend Anywhere, Consultant Connect and Microsoft Teams) and can be easily deployed into the proposed AOS landscape across South East Wales.

Education and training is recognised a key feature of the service. AOS bridges the gap between oncology and other medical specialties, and the possibility of this shared learning is crucial. In North Devon, weekly teaching sessions for staff working in the emergency department and MAU around oncological emergencies and immune-oncology toxicities have been core to the service.²⁰ In addition to this sharing of knowledge and expertise, there is a need for more formal education

²⁰ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

and training, particularly for nursing and to maintain the principle of equity, the proposal would be to develop a regional education and training programme.

2.2.8 Patient and staff experience

In order to demonstrate the benefit of an AOS for both patients and organisations, the following is an anonymised patient case which depicts their experience now and what it could be like with an enhanced AOS. Alongside the patient story is that of the CNS who took charge of the patient.

Figure 14: Patient experience of AOS now

I had a swelling in my neck and went to my local hospital after feeling unwell for several weeks. I had a scan and the emergency team explained they were 'worried' about it and that it showed some abnormal swellings but not much more than that and I was admitted.

The next day I met a specialist nurse who told me she would stay involved in my care until we understood what was happening, she talked to me and my family together with the ward doctor and they told me it might be cancer. The medical team organised a biopsy of the swelling but I wasn't told the results and I was still in hospital ten days later and feeling worse. I was scared and knew something was not right but too scared to ask too many questions. Everyone was so busy and they didn't seem to know what was happening to me, the specialist nurse came to visit me and told me we were waiting on the results of the biopsy to help decide what the next steps would be.

Eventually, the doctor on my ward told me the biopsy result was ready and that it was lymphoma cancer. I was given some steroids and told that they were arranging an appointment to see a cancer specialist in another hospital. By the time I saw the oncologist I was really ill and I was told I was not fit enough to be treated.

Figure 15: Patient experience of AOS in the future

I had a swelling in my neck and went to my local hospital after feeling unwell for several weeks. The emergency team I saw when I first arrived explained the swelling might be cancer and that I required further investigations, but did not need to be admitted for these. A specialist nurse came to see me in the emergency department and told me she would be acting as my Keyworker whilst I was having these investigations and gave me her contact details. I returned a couple of days later for an urgent biopsy of the swelling, whilst I was there the specialist nurse brought an oncologist to see me. They told me and my family that I probably had lymphoma. They explained what was happening and told me I could go home with an appointment to go back to a clinic and see the cancer specialist.

A week later, I saw a different oncologist who told me the results from the biopsy showed it was an "aggressive cancer" but they were booking me in for chemotherapy that day to give me the best chance to control the disease. It was obviously upsetting news but everything was done so quickly and explained to us, we always felt we knew what was happening.

Figure 16: CNS experience of AOS now and in the future

The acute team contacted me about a 70 year old lady who had presented with a large gland above her clavicle. The radiologist report suspected cancer and a biopsy was arranged. Despite my advice, for the patient to be discharged, she remained an inpatient for ten days on a medical ward waiting for the result. During this time her performance status deteriorated and she became more and more anxious. Once the result was back she was discussed at an MDT and the specialists advised starting her on steroids. She was discharged and told she would get an appointment with the oncologist in the post.

It was frustrating because I kept getting different advice from different oncologists, when I could get through. Once the patient was discharged, I had to update paper records and several different systems before I could see the next patient.

The acute team contacted me about a 70 year old lady who had presented with a large gland above her clavicle. The radiologist report suspected cancer and I met and assessed her in the emergency department. I introduced myself as her Keyworker and explained my role. I telephoned the oncologist at a time when I knew I could speak to them. They suspected lymphoma and suggested an urgent biopsy and referral to the next available clinic on site. I made sure the patient was fully informed of the plan and discharged them to return for the booked biopsy. I updated the patient records on the system once and I was free to see the next patient.

When she attended for the biopsy I was able to arrange for the oncologist to meet the patient and her family to discuss the probable diagnosis and plan.

The next week the patient returned to the onsite clinic to receive her results and treatment plan.

2.3 Anticipated benefits

A range of benefits are anticipated to accrue through the successful implementation of the proposed AOS clinical model which will be both direct and indirect as well as quantitative and qualitative.

There are significant service quality and safety benefits for patients who have access to a structured AOS in terms of their experience and outcomes. AOS ensures continuity and consistency of care where they would otherwise experience significant delays in diagnosis and treatment. Offering specialist oncology support outside the cancer centre, enable patients to access treatment at a location convenient to them.

Whilst some benefits will potentially free up acute hospital capacity which can be used for alternative purposes the ability to make these cash releasing will depend largely on local circumstances and the ability to disinvest in existing practices as the clinical model is rolled out. To help quantify the benefits, empirical evidence from other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South East Wales have been used. Benchmarking with these centres demonstrates significant opportunities for admission avoidance (in the range of 40-60%) and reductions in length of stay (3–4 days)²¹ for patients who require inpatient care. The existing AOS service has already achieved some reductions in length of stay but additional investment will support admission avoidance through staff availability (for rapid assessment of patients), oncology advice, and hot clinics, as well as some further reductions in length of stay. Therefore, the quantifiable benefits that have been applied are 25% admission avoidance and 10% reduction in length of stay respectively. These have been clinically endorsed and applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity. Further details and quantification of these benefits in relation to this business case are provided within the Economic Case section.

A summary of the anticipated benefits, beneficiaries and, critically, the proposals for assessment and measurement are set out in the table below. Further details, including the anticipated impact these benefits will have, can be found in the Benefits Realisation Plan (Appendix D).

Figure 17: Anticipated benefits of implementing AOS clinical model

Benefit	Beneficiaries	Measurement
Equal access to AOS for those in equal need	Patients, staff, Health Boards	Patients per head population, attendances linked to cancer incidence trends
Improved patient experience and better patient outcomes	Patients, staff, families, carers	PROMS

²¹ *Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020

Benefit	Beneficiaries	Measurement
Patients spend more time at home in their last year(s) of life	Patients, families, carers	PROMS, number of days spent in acute hospital in last year of life, patient preferred place of death, mortality rates within 30 days of treatment, palliative care contacts
More patients receive same day emergency care avoiding the need for hospital admission	Patients, Health Boards	Emergency admission rates, 30-day readmission rates, Nos of AOS patients admitted as inpatients, Nos of patients managed through ambulatory pathways, Cost per case
When admitted patients spend less time in hospital as an inpatient	Patients, staff, Health Boards	Inpatient bed days Average length of stay
Patients are not subject to unnecessary investigations or treatment	Patients, Health Boards	Numbers of investigations Patient outcomes and survival
Enhance links with other hospital based specialists / services	Patients, staff	Staff surveys, referral times
Improve effectiveness of AOS team working	Patients, staff	Staff surveys, number of patient handovers
Better professional AOS education and training	Patients, staff	Increase in critical mass of AOS team, staff surveys, retention, qualifications across the team
Digital interaction between staff / patients and staff / staff	Patients, staff, Health Boards, Velindre NHS Trust	Number of digital interactions, reduced time to access specialist opinion
Better AOS data to improve decision making & accuracy of demand and capacity forecasting	Patients, staff, Health Boards	Staff survey Reports
Efficient collection of AOS data allows for inter-operability and more clinical time spent with patients	Patients, staff	Staff survey Reports

In consideration of the development, assessment and measurement of anticipated benefits, and ensuring they have a strong focus on outcomes the project team have been, and will continue to, work with the Value Based Healthcare teams across South East Wales and nationally in further developing our approach to benefits measurement and management.

2.3.1 Risks

Identifying, mitigating and managing the key risks is crucial to successful delivery. Without effective management of the key risks, it is likely that the project would not deliver its intended outcomes and benefits. The Management Case sets out the management of project specific risk, however, the table below sets out the key strategic risks that have been identified to date covering Business, Service and External categories.

Figure 18: AOS project risks

Risk Category	Risk Description
Business	There is a risk that there is a lack of HB support for the preferred model.
Business	There is risk that Health Boards / Commissioners do not agree to support the level of investment required to deliver the model.
Business	There is a risk that to meet the IMTP deadlines for 2021 the business does not go through due diligence and there is a delay in approvals.
Service	There is a risk that a lack of communication with key stakeholders and other disciplines means there is a lack of clinical support.
Service	There is a risk that not considering the whole AOS pathway limits the opportunities to provide a comprehensive, equitable service.
Service	There is a risk that lack of availability of appropriately trained and skilled staff limits the speed of implementation
External	There is a risk that COVID-19 will interrupt the project and take key personnel away from the project.

2.3.2 Constraints

The main constraints in relation to the AOS project are outlined in the table below.

Figure 19: AOS project constraints

Constraint	Overview
Financial constraints	The financial investment of implementing the preferred clinical model will need to be agreed with HBs.
Timescale constraints	The success of the AOS project will be dependent on inclusion in organisational IMTPs after 2021/22.
Service Capacity	The success of the AOS project will be dependent on the capacity of the service to fully implement the model in the agreed timeframe.

Constraint	Overview
Service Capacity	The success of the AOS project will be dependent on the ability to recruit to key posts.

2.3.3 Dependencies

A number of dependencies have been identified in relation to the AOS project, as outlined in the table below.

Figure 20: AOS project dependencies

Dependency	Overview
Funding Availability	Access to appropriate funding to implement the preferred clinical model.
Partnership Working	Co-production between HBs and VUNHST in the development and implementation of the model is essential to the success of the project.
Digital enablement	The need to have in place effective digital solutions to support virtual consultations / engagement and access to better clinical information / data for AOS patients
HB and CCLG Approval	The Business Case must be endorsed by the CCLG and thereafter seek approval through the HB statutory governance.
Pre implementation planning	Appropriately resourced and coordinated pre-implementation planning is critical to the successful implementation starting in 2021.
Compliance with national and UK guidelines	The AOS clinical model must comply with all relevant national and UK guidelines and recommendations.

2.4 Summary

This section of the business case has set out the background to the South East Wales Acute Oncology Service set in the context of wider cancer service delivery arrangements. It has outlined the existing arrangements for service provision and highlighted a range of gaps supported by an independent Peer Review. A set of objectives have been established to realise the benefits arising from enhanced resources and investment, and the proposed clinical model, once implemented will ensure that these benefits can be realised. Finally, a range of factors covering risks, constraints and dependencies have been identified which are critical in ensuring a successful outcome for the project.

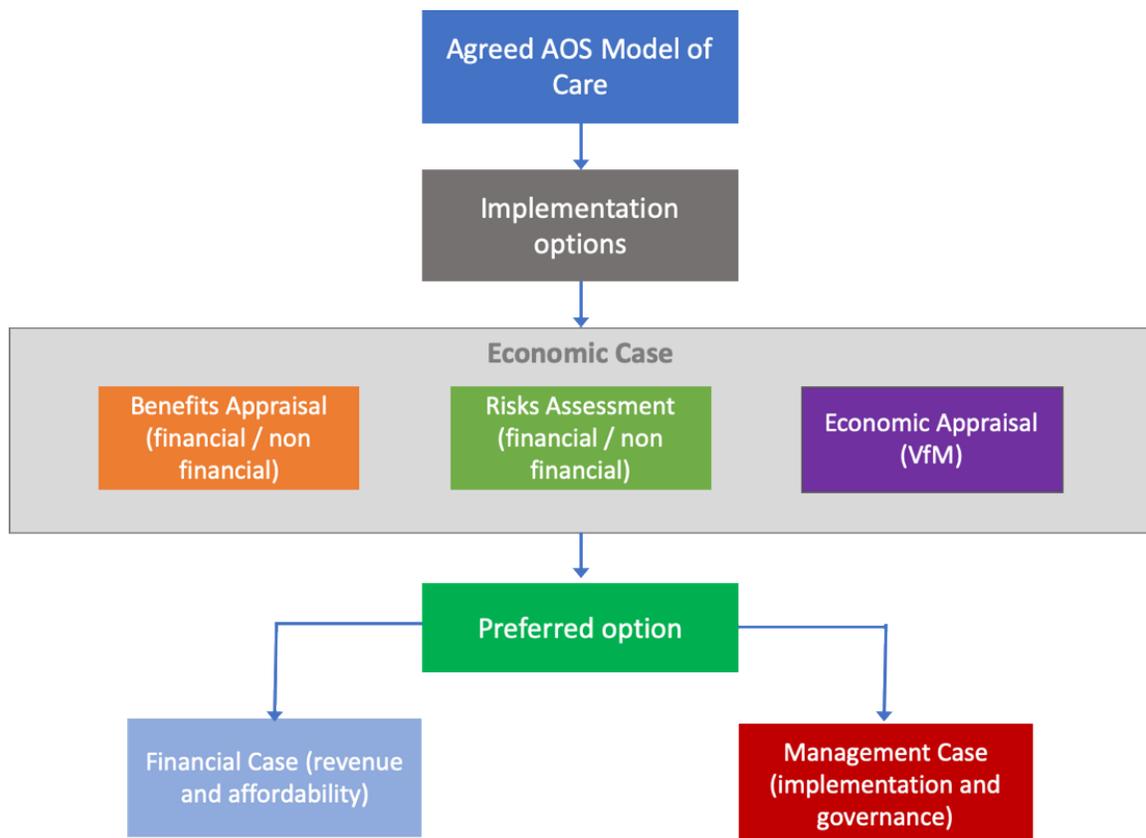
ECONOMIC CASE

3 Introduction

The purpose of the Economic Case is set out the options for implementing the Clinical Model identified within the Strategic Case and then to undertake a detailed analysis of the costs, benefits and risks of these options to ultimately identify a preferred way forward. The objective is to demonstrate the relative value for money of the options in delivering the required outcomes and services and ultimately to identify the solution which secures the optimal balance of costs, benefits and risks.

The Economic Case is set within the context of the wider Option Appraisal which translates the Acute Oncology Service clinical model into a series of alternative delivery solutions culminating in the identification of an agreed way forward. Once identified an assessment of funding and affordability (Finance Case) and deliverability (Management Case) are presented in subsequent sections of the business case. A summary of the process is provided in the diagram below.

Figure 21: AOS option appraisal



There are a number of steps involved in completing the Economic Case comprising the following:

- The process for developing the shortlist of implementation options
- The development of non-financial benefit criteria used to assess the options
- Scoring of the options against the non-financial benefit criteria
- Undertaking a non-financial risk assessment
- Assessing the monetary costs and benefits of the options over the appraisal period
- Summarising the results of the option appraisal and selecting the preferred option

The remainder of this section of the business case will outline how each of the above areas have been tackled and, critically, how stakeholders have been engaged in key aspects of the option appraisal process.

3.1 Developing the options

Options should be consistent with the project scope set out within the Strategic Case and should reflect different routes to delivering the anticipated benefits. As they reflect alternative choices it is possible to assess the differing extent to which investment objectives and associated benefits are secured, resources are applied, and risks are calibrated. As a minimum, an option that delivers the core project scope should be considered. A further option(s) that provide further optional / desirable coverage and a Do Nothing position which acts as a baseline or reference point against which improvements can be measured.

To aid with option development a framework was used to capture the key variables likely to be relevant in implementing the clinical model. These are phrased in four themes as set out below:

- **Theme 1 – Structure:** how the service would optimise combining specialist oncology expertise with locally based resources
- **Theme 2 – Configuration:** how Acute Oncology Services across SE Wales might be organised with particular emphasis on Health Board acute hospitals
- **Theme 3 – Operating:** over what time period would services be available
- **Theme 4 – Phasing:** consider a 'big bang' or phased approach and, for the latter, what might be quick wins

Using the four themes and working with a group of stakeholders from all of the South East Wales Health Boards and Velindre, representing a wide range of professional backgrounds, a short list of three options was developed. A summary is provided in the table below which also incorporates the 'quick wins' referred to above.

Figure 22: AOS option shortlist descriptions / components

Theme	Option 1 – Do Nothing (business as usual)	Option 2 – Do Minimum (Core Scope)	Option 3 – More Ambitious (desirable / optional scope)
Structure	Oncology input - daily MDT and on-call Clinical leads - one session/week	Oncologist of the day - balance of physical and virtual presence Clinical leads - additional sessions	Oncologist of the day – more physical than virtual presence Clinical leads - additional sessions with cross cover ANP – managed deployment
Configuration	Inconsistent access to AOS and variable CNS support across sites	AOS presence on all sites, appropriately resourced	Hybrid model: Inpatients (hub), ambulatory care (spoke)
Operating	Core hours but inconsistent across sites	Monday to Friday 9am -5pm	Extended day Monday to Friday 9am - 8pm
Phasing	N/A	Staged approach to implementation	Staged approach to implementation
Quick wins	N/A	MUO/CUP pathway Digital (Business Analyst)	MUO/CUP pathway Digital (Business Analyst)

In developing Options 2 and 3, certain elements were considered ‘non-negotiable’ as the expectation was they should be present and resourced appropriately in any implementation option, in order to meet the basic requirements of the clinical model. Specialist oncologist support is included in this but because there was a choice to be made about how this could work, it is included in the options above. A summary of the non-negotiables are provided in the table below.

Figure 23: AOS option ‘non negotiables’

Element	Description
CNS input	Specialist Cancer Nurse Specialists (CNSs) and associated leadership to help manage initial presentations, support ambulatory pathways and act as a key worker through the inpatient pathway
AHP support	Allied Health Professional support to Acute Oncology patients, in particular to facilitate patient management and effective / timely discharge

Element	Description
Diagnostics	Rapid access to diagnostics, particularly radiology (and pathology for MUO/CUP) to support diagnosis and on-going patient management
MUO / CUP and Immunotherapy	A structured pathway for the management of patients falling within these distinct groups of AOS patients
Admin support	To support the effective management and planning of patient administration including clinics and MDT meetings

Lastly, as part of the option development process, potential solutions across the four themes were assessed and excluded on the basis that they were not adequately aligned to the proposed clinical model (for example, 100% virtual oncology input) or that there was insufficient evidence to justify the associated use of resources and case for investment (for example, data did not support running a weekend service). The exclusions are summarised in the table below.

Figure 24: AOS option exclusions

Theme	Excluded from all implementation options
Structure	Oncology input provided on fully virtual basis with no physical presence at acute hospital sites
Configuration	Single designated / centralised AOS hospital site per Health Board
Operating	Weekend service (but allowing for urgent, on-call specialist advice)

3.2 Non-financial benefits assessment

The purpose of the non-financial benefits assessment is to consider the extent to which, on a qualitative basis, the shortlisted options meet the objectives and deliver the anticipated benefits arising from the proposed investment in AOS.

In approaching this part of the option appraisal process there was a strong desire to build on the extensive and effective engagement that was present in the development of the clinical model. In this regard the non-financial assessment incorporated a series of stakeholder workshops with representation from all of the Health Boards in South East Wales and Velindre NHS Trust as well as partner organisations including the Welsh Ambulance Service, Macmillan and the Community Health Council. Stakeholders were drawn from a wide range of professional backgrounds including Oncologists, Cancer Leads, Acute Medical representatives, Nursing, Allied Health Professionals, Palliative Care, Finance, Workforce and Planning.

3.2.1 Developing the benefit criteria

During the workshops a set of six benefit criteria were agreed that would be used to assess the three shortlisted implementation options for AOS. As indicated these reflect both the investment objectives and anticipated benefits highlighted in the Strategic Case. The definition of each criteria have been expanded to provide a more comprehensive indicator of how these would be used to assess and score the options. Further details are provided in the table below.

Figure 25: AOS benefit criteria and descriptors

Criterion	Description
Equity of access	The extent to which the option ensures that the service delivered is available and predictable irrespective of where the patient acutely presents across South East Wales. Patients should expect the range and level of resources provided to be consistent and the outcomes of their care to be at an acceptable standard.
Patient experience and outcomes	The extent to which the option supports a positive patient experience and respects the needs of the individual across the entire admitted care pathway. Patient care and safety is optimised through timely access to care and expertise that reflects where the patient is on their cancer journey and their desired outcome from the intervention. The patient and their carers feel that there has been a measurable benefit from the care received.
Effective and efficient use of resources	The extent to which the option supports optimum patient throughput at an acceptable level of quality whilst making best use of time and resources. This should ensure throughput is optimised and there are no undue delays across the patient pathway from presentation / admission to discharge. This could include avoiding admission into an acute bed and / or where this is required minimizing the amount of time spent in hospital.
MUO / CUP pathways	The extent to which the proposed solution delivers an effective and patient centred approach to the management of MUO / CUP. This would include a structured rapid referral process, a clinical management pathway, CUP/MDT membership, dedicated out-patient clinics and interaction with other professional groups involved in the management of the patient. As a minimum it would be anticipated that access would be provided to an oncologist, a palliative care physician and a specialist nurse or key worker.

Criterion	Description
Optimising the end of life journey	The extent to which the option supports the patients' last year of life and their preferred place of death. This should be optimised through timely access to care and expertise, as they transition from active treatment to best supportive care. This should be overseen by the acute oncology team working closely with Palliative Care. This will include support to family, carers or other people who are important to the patient being cared for.
Education and training	The extent to which the proposed arrangements support formal and informal education and training across all staff involved in the delivery of Acute Oncology. This should cover all professions inputting to the patient pathway from initial presentation through to discharge but also external education through interaction with primary and community health practitioners.

3.2.2 Scoring the options against the criteria

Having developed the benefit criteria these were then ranked and weighted prior to the scoring of the options to assess the extent to which stakeholders judged the options were able to meet each of the criteria. Options were scored on a scale from 0 (could hardly be worse) to 10 (could hardly be better) and the results aggregated to provide a total score for each option. A summary of the ranking, weighting and scoring assessment is provided in the table below.

Figure 26: AOS non-financial benefit scores

BENEFIT CRITERIA		WEIGHT %	Option 1 - Do nothing		Option 2 - Do Minimum (Core Scope)		Option 3 - More Ambitious (Desirable / Optional Scope)	
		W	SCORE	W x S	SCORE	W x S	SCORE	W x S
1	Equity of access	23.3	3.0	69.8	7.0	162.8	9.0	209.3
2	Patient experience and outcomes	20.9	3.0	62.8	8.0	167.4	9.0	188.4
3	MUO / CUP pathways	18.8	1.0	18.8	8.0	150.7	8.0	150.7
4	Education and training	13.2	1.0	13.2	7.0	92.3	8.0	105.5
5	Effective and efficient use of resources	12.5	4.0	50.1	8.0	100.2	7.0	87.7
6	End of life care	11.3	1.0	11.3	7.0	78.9	8.0	90.2
TOTAL		100.0		225.9		752.3		831.7
RANK				3		2		1

The results of the scoring exercise show that, unsurprisingly, Option 1 – Do nothing returns a low score both at individual criteria and aggregate level with a total returning a score in the ‘lower quartile’. This reflects the extent to which the gaps in the current service impact in key areas such as equity of access and patient experience. Options 2 and 3 perform significantly better reflecting the fact that both deliver the key elements of the proposed clinical model. Both options score in the ‘upper quartile’, indicating that they are likely to be capable of realising the investment objectives and delivering the required benefits. However, Option 3 returns a slightly higher score reflecting its additional scope including such features as extended hours and greater presence of roles such as the ANP.

A range of sensitivity tests were undertaken including applying equal weighting to all of the criteria and eliminating the scores for the highest ranked criterion – Equity of access. A summary of these sensitivity tests is shown in the table below.

Figure 27: AOS non-financial benefit scores

Scenario	Option 1 – Do nothing	Option 2 – Do minimum	Option 3 – More ambitious
Baseline scores	225.9	752.3	831.7
Ranking	3	2	1
Equal weighting applied to criteria	216.7	750.0	816.7
Ranking	3	2	1
Exclude scores for top ranked criterion	156.2	589.5	622.4
Ranking	3	2	1

As can be seen from the analysis none of the sensitivities materially alter the relativity of the scoring or the ranking of the options in terms of their non- financial benefits.

3.3 Non-financial risk assessment

In parallel with the non-financial benefits assessment, a review and assessment of non-financial risks associated with implementing the proposed clinical model was undertaken, specifically to consider how these might differ across the shortlist of options. As was the case with the non-financial benefits assessment work with a range of stakeholders in identifying and assessing the key risks was undertaken. The outputs of this work form a part of the wider option appraisal but also help to inform the mitigation and management actions outlined in the risk management plan provided as part of the Management Case.

3.3.1 Developing the risk register

An initial risk register for AOS has been developed focusing on the key areas of risk likely to impact on the successful delivery of the proposals set out within the Strategic Case. These risks have been developed covering three key service themes, namely Strategic Risks, Planning Risks and Operating Risks – a definition of each of these areas is provided below.

- **Strategic risks:** those risks associated with the strategic context in which the project is set and managed
- **Planning risks:** those risks associated with the planning parameters / assumptions used for the project
- **Operating risks:** those risks associated with service delivery and resourcing

In terms of specific risks covered by each theme the table below provides the appropriate analysis. The approach has been to focus on key risks rather than breaking down into larger numbers of individual components - this results in a relatively small number of risk areas concentrating on factors critical to successful implementation.

Figure 28: AOS risks

Risk theme	Risk no	Risk description
Strategic	1.1	Health Boards are unable to prioritise required investment in AOS
	1.2	AOS governance is not adequate to maintain shared ownership and delivery
	1.3	Further phases of AOS model are not taken forward
Planning	2.1	Estimated revenue is unable to meet full costs of implementation
	2.2	AOS demand outstrips capacity resulting in unmet need
	2.3	A lack of adequate pre-go live planning impacts adversely on AOS implementation
Operating	3.1	Inability to access required numbers of adequately trained / skilled Oncologists
	3.2	Inability to access required numbers of adequately trained / skilled nursing staff
	3.3	Digital enablers are not of a standard required to support key elements of the solution(s)

3.3.2 Assessing the risks

All risks have been assessed to establish the likely consequences should they arise (their impact) and the likelihood of them arising (their probability). The assessment scale and associated calibration for each element of the assessment is shown in the table below.

Figure 29: Risk assessment scale

Risk consequence		Risk likelihood	
Score	Rating	Score	Rating
1	Negligible	1	Rare
2	Minor	2	Unlikely
3	Moderate	3	Possible
4	Major	4	Likely
5	Extreme	5	Almost certain

The risk rating is assessed by multiplying together the likelihood and consequence scores. Risks are then classified as Red, Amber, Yellow or Green based on the chart below.

Figure 30: Risk rating

Likelihood	Potential Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium	High	High	Very High	Very High
Likely (4)	Medium	Medium	High	High	Very High
Possible (3)	Low	Medium	Medium	High	High
Unlikely (2)	Low	Medium	Medium	Medium	High
Rare (1)	Low	Low	Low	Medium	Medium

3.3.3 Scoring the risks to assess impact

A workshop was convened to assess the risks using the rating scale highlighted above. The assessment was initially based on a review of Option 2 – Do minimum and then a judgement made on the relative rating of the other options against this position. The results of the risk assessment are shown in the table below with each risk score and rating highlighted along with the relative position for the Do Nothing and More ambitious options.

Figure 31: Risk assessment results

Risk	Score / rating	Option 1 - Do nothing	Option 3 - More ambitious
Health Boards are unable to prioritise required investment in AOS	12	↓	↑
AOS governance is not adequate to maintain shared ownership and delivery	9	↓	↔
Further phases of AOS model are not taken forward	9	↓	↔
Estimated revenue is unable to meet full costs of implementation	9	↓	↔
AOS demand outstrips capacity resulting in unmet need	9	↑	↓
A lack of adequate pre-go live planning impacts adversely on AOS implementation	6	↓	↔
Inability to access required numbers of adequately trained / skilled Oncologists	12	↓	↑
Inability to access required numbers of adequately trained / skilled nursing staff	12	↓	↑
Digital enablers are not of a standard required to support key elements of the solution(s)	12	↔	↔

↓ Lower risk. ↔ Similar risk. ↑ Higher risk

As can be seen from the results of the risk assessment there are a number of areas where a ‘High’ rating has been determined (in some instances this may be greater depending on which option is pursued) indicating these could have a significant bearing on the overall success of the project. Careful mitigation measures will be required to ensure that these risks and their potential impact can be managed. Further analysis is provided as part of the Risk Management Plan highlighted in the Management Case.

3.4 Monetary costs and benefits

This element of the Economic Cases focusses on the assessment of the quantifiable monetary costs and benefits associated with the AOS implementation options. It uses Net Present Value (NPV) analysis to establish the overall economic impact of the options across an appraisal period rather than a single financial year. This allows us to review the economic impact of the alternative AOS delivery solutions and, when combined with the non-financial elements of the options appraisal, identify the 'preferred option' to be taken forward into the Finance and Management cases.

Recognising, at this stage, there is further work to be undertaken on the detailed implementation arrangements within each stakeholder organisation, for the purposes of this business case it is necessary to develop a range of planning assumptions that underpin the estimated costs and benefits associated with each of the options. Whilst these will be subject to review and update, they do reflect the latest position with regard to dialogue between professional groupings / functions and planning and finance colleagues from all of the stakeholder organisations across South East Wales. Further analysis of costs and benefits is provided within the Financial Model which supports the business case and has been shared with relevant personnel from each of the stakeholder organisations.

3.4.1 Monetary costs

Monetary costs broadly reflect the components of the options as set out in Section 3.1 of the business case, however, the tables below sets out more detailed assumptions used to develop the analysis. Note that the resourcing assumptions are closely linked to the service specification outline in section 2.2.7 of the Strategic Case.

Figure 32: Cost analysis assumptions

Input	Assumption
Phasing	Largely reflects Health Board investment prioritisation across a series of 'Implementation Phases' (further detail provided within the Finance Case) combined with the challenges of recruitment across different staff groupings with 4 months as the minimum recruitment time. Consultant level posts are assumed to be the most difficult to recruit and phased over a longer timescale.
Demand growth	This reflects NHS Wales cancer incidence which is rising at an annual rate 1.5-2%. This has been applied to the resource requirements as a proxy for the impact of increases in AOS demand.
Oncologist input	Provides for a combination of regular and predictable physical on the ground support within the Health Board acute sites combined with virtual support via "oncologist of the day" to be available for a full working day 5 days a week. Costs include allowances for annual leave and Supporting Professional Activities (SPAs). Physical support provision incorporates an

Input	Assumption
	allowance for Education and Development to support local teams. Under the more ambitious option the level of on the ground support is expanded.
Other consultant input	This includes allowances for Clinical Leads input within the Health Boards. Allowance is also incorporated for additional resource to support enhancements to the management of immunocology toxicity through a range of specialty inputs from HBs Allowance for Consultant Palliative Care support to the CUP/MUO MDT There is also provision for additional Pathology and Radiology input to support enhanced access to diagnostics for AOS patients
Nursing input	CNS/ANP whole time equivalents (WTE) are based on each HB's assessment of requirements to meet its local implementation across its acute hospital sites. The more ambitious option allows for a longer working day, with a greater proportion of ANP input. Registered nurse and healthcare assistant to provide treatment or support in hot clinics is also incorporated.
AHP input	AHP requirements are based on each HBs assessment of requirements to meet its local implementation across its acute hospital sites. The more ambitious option allows for a longer working day and input to hot clinics.
Other clinical	This includes MSCC coordination and, for the more ambitious option only, some Therapeutic Radiography input.
Admin support	Additional Medical Secretary support reflects an estimate of requirements to support the management of MDT and hot clinics. Call handler input relates only to the more ambitious option and supports a dedicated helpline for patients and GPs
Project management	This allows for dedicated support to manage the implementation of the project across the region.
Digital	IT and business intelligence expenditure has been shaped by discussions with digital leads across the stakeholder organisations. It reflects the need for a time limited scoping study (Discovery phase) combining business analysis and system architecture to further inform requirements and a cost allowance to support the on-going requirements. This will be further developed in line with the more detailed requirements specification.
Training and education	Training and Education expenditure reflects a cost allowance to support formal support for AOS staff across the region. This is in addition to the less formal input provided through the Consultant Oncology input.

The table below provides an analysis of the yearly costs for each of the options across the categories set out in the table above and reflects a fully implemented position which is anticipated to be reached in financial year 2024/25.

Figure 33: Option expenditure analysis

Expenditure heading	Option 1 – Do Nothing £000	Option 2 – Do Minimum £000	Option 3– More Ambitious £000
Consultant Oncologists	175.4	716.9	979.2
Other Consultant input	137.2	350.9	485.9
ANPs	249.7	402.1	613.9
CNSs	446.3	995.2	1,243.7
Other Nursing	-	94.0	182.2
AHPs	98.6	679.9	979.9
Other Clinical	-	77.9	114.2
Admin support / PM	227.4	442.0	547.1
Digital (IT/Business Intelligence)*	-	150.0	166.7
Education and training	-	40.0	90.0
Total	1,334.7	3,948.9	5,402.8

* Includes non-recurrent scoping costs to cover 'Discovery' phase

3.4.2 Monetary benefits

As set out in the Strategic Case there are significant service quality and safety benefits for patients who have access to a structured AOS in terms of their experience and outcomes. AOS ensures continuity and consistency of care where they would otherwise experience significant delays in diagnosis and treatment. Offering specialist oncology support outside the cancer centre, enable patients to access treatment at a location convenient to them. These benefits have largely been assessed through the non-financial appraisal and their measurement incorporated within the Benefits Realisation Plan. However, In addition to these qualitative benefits there are a range of quantitative benefits arising from the implementation of the clinical model which can be assessed and measured in terms of acute hospital capacity released and ultimately valued in cash terms through the application of resource assumptions.

To help quantify the benefits, empirical evidence from other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South

East Wales has been used. Specific focus has been given to the impact of an effective AOS on avoiding admissions and, where admission is required, reducing acute length of stay. The benchmarks show us that improvements could be delivered which reflect a range of 40% - 66% of patients discharged the same day, reducing acute admissions; and where acute admission is necessary, patient length of stay has reduced by 3 to 4 days.

As part of the South East Wales AOS business case these benchmarks have been reviewed and clinical consideration given to the potential level of improvement likely to be delivered through the implementation of the proposed model – it is considered realistic to expect a 25% reduction in acute admissions combined with a 10% reduction in length of stay for patients requiring specialist inpatient care. These are then applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity.

To quantify these benefits, benchmarks have been applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity which, if released, could be used to support the needs of other service areas within acute hospital settings. Whilst these benefits are unlikely to be cash releasing, for the purposes of the Economic Case an assessment of the cash value of these benefits has been made by applying a direct cost allowance to the bed days released which can then be translated into a value to be incorporated into the overall cost benefit analysis.

In terms of calculating the benefit associated with these improvements for each Health Board the approach set out below has been adopted. This recognises the limitations of existing AOS data capture in establishing a robust baseline, however, proxy measures using Patient Episode Data Wales (PEDW) have been used as the basis for estimating current AOS activity in acute care settings across the region. In summary the approach incorporated four stages, namely:

- Establish an AOS baseline activity position by looking at emergency admissions where cancer is within the top 3 diagnostic codes
- Apply the clinically validated improvement metrics arising from the proposed AOS arrangements within South East Wales (25% admission avoidance / 10% reduction in average length of stay). It is anticipated that a further 5% reduction in length of stay could be achieved through the more ambitious option.
- Translate the improvement potential into bed days (and capacity) released
- Apply a unit cost of £150 reflecting the potential direct cost benefits associated with the bed day reductions

A summary of the results of this analysis is provided in the table below.

Figure 34: Analysis of quantified benefits by Health Board (2018/19 baseline)

Health Board	Baseline AOS bed days	Bed days freed up			Capacity released (Beds)	Annual financial impact
		Avoided admissions	Reductions in LOS	Total		
ABUHB	32,203	8,051	2,344	10,395	30.0	£1,559,250
CAVUHB	27,281	6,820	2,011	8,831	25.5	£1,324,650
CTMUHB	34,051	8,513	2,507	11,020	31.8	£1,653,000
Total	93,635	23,384	6,862	30,246	87.3	£4,536,900

The analysis shows that, across South East Wales, the scale of this opportunity is in the order of 30,000 bed days / 90 beds, which if released could be used to support the needs of other service areas within acute hospital settings across the three Health Boards.

For the purposes of the Economic Appraisal the cashable benefits have been incorporated into the Economic Appraisal as set out below. Cash benefits are phased in a manner which reflects the profile of investment with an appropriate lag factor to recognise the timing between resource deployment and benefit realisation.

3.4.3 Cost benefit analysis results

Applying the assumptions set out above an NPV analysis has been undertaken to provide an economic cost for each of the options based on the approach set out below.

Figure 35: Economic Appraisal assumptions

Input	Assumption
Price base	All costs and benefits are priced at 2020/21 rates
Appraisal period	10 years from initial implementation starting in April 2021
Discount factor	3% in line with investment appraisal guidance

The analysis incorporates the anticipated profile of costs and benefits across the 10 year appraisal period. The Net Present Cost (NPC) for each option is presented as a quantitative assessment of the value for money associated with each option. By incorporating the non-financial benefit scores outlined in section 3.2 the net economic cost to quality score can be assessed. A summary of the analysis is provided in the table below.

Figure 36: Cost / benefit analysis

Heading	Option 1 – Do Nothing £000	Option 2 – Do Minimum £000	Option 3 – More Ambitious £000
Discounted costs	11,830	29,559	42,291
Discounted benefits	-	29,517	38,170
Net present cost (NPC)	11,830	42	4,121
Non-financial benefit score	225.9	752.3	831.7
NPC per benefit point	52.4	0.1	5.0

This shows that across the appraisal period, of the two options other than the Do Nothing, Option 2 – Do Minimum delivers the best balance of monetary costs and benefits returning an overall neutral ratio of economic costs to benefits. When incorporating the non-financial benefit scores it also delivers the best ratio of net economic costs to quality benefits.

3.5 Options appraisal summary

Having concluded the non-financial and financial aspects of the option appraisal process, an overview of each of the shortlisted implementation options can be provided. A summary of the option appraisal is provided in the tables below. Advantages and disadvantages summarise the assessment of the extent to which the option will deliver the main benefits (Section **Non-financial benefits assessment** refers) and incur the main risks (Section **Non-financial risk assessment** refers). Conclusion indicates if the option is likely to meet the **Spending Objectives** and additional requirements set out in the Strategic Case.

Figure 37: Summary of option appraisal

OPTION 1	Do Nothing – Business as Usual (BAU)
Description	<i>This maintains the existing arrangements for AOS</i>
Net Economic Cost	<i>£11,830k (£52.4k per non-financial benefit point). Reflects existing investment with no additional benefits</i>
Advantages	<i>Relatively low economic cost when compared with other options and lower overall risk.</i>
Disadvantages	<i>Does not support the Spending Objectives as indicated by the non-financial benefits score being in the lower quartile. Does not deliver any additional monetary benefits.</i>
Conclusion	<i>Does not meet the Spending Objectives nor deliver the proposed clinical model.</i>

	<i>Does not address the service gaps as identified in the Peer Review.</i>
OPTION 2	Do minimum
Description	<i>This delivers the core scope of the project and the AOS clinical model on a phased basis recognising the challenges around staff recruitment. Addresses gaps in service as identified in the Peer Review. Consistent with the recommendations of the Nuffield Review</i>
Net Economic Cost	<i>£42k (£0.1k per non-financial benefit point). Reflects benefits arising from capacity freed up through avoided admissions and reductions in length of stay</i>
Advantages	<i>Supports the Spending Objectives as indicated by the non-financial benefits score being in the upper quartile. Delivers significant non-cash releasing monetary benefits and potential to free up resources for other service priorities</i>
Disadvantages	<i>Risk profile shows mainly medium risks with some assessed as high requiring careful management.</i>
Conclusion	<i>Meets the Spending Objectives for the project</i>
OPTION 3	More ambitious
Description	<i>This delivers the core scope of the project and the AOS clinical model on a phased basis recognising the challenges around staff recruitment. Addresses gaps in service as identified in the Peer Review. Consistent with the recommendations of the Nuffield Review. It delivers some additional scope including an extended working day which provides for some additional benefits.</i>
Net Economic Cost	<i>£4,121 k (£5.0k per non-financial benefit point). Reflects benefits arising from capacity freed up through avoided admissions and reductions in length of stay</i>
Advantages	<i>Supports the Spending Objectives as indicated by the non-financial benefits score being in the upper quartile.</i>
Disadvantages	<i>Risk profile shows mainly high risks with some assessed as medium requiring careful management.</i>
Conclusion	<i>Meets the Spending Objectives for the project</i>

3.6 Recommended option

Using the results of the option appraisal summary set out above the option that offers the best overall combination of costs and benefits and is best able to meet the project spending objectives is Option 2 – Do Minimum. At this point in time, and for the purposes of this business case, Option 2 – Do Minimum will be taken forward into the Finance and Project Management sections of the business case to demonstrate how it will be funded and implemented.

3.7 Summary

The Economic Case has allowed a set of options to be developed providing different solutions to implementing the AOS clinical model and subsequently assessed their value for money through an option appraisal incorporating non-financial and financial elements. Following a robust process involving a wide range of stakeholders combining organisational and professional perspectives a preferred option has been identified with is Option 2 – Do Minimum - this approach to implementing the AOS clinical model meets the following:

- Supports the key Spending Objectives
- Addresses key gaps in service identified by independent peer review
- Delivers the best combination of costs, benefits and risks

FINANCIAL CASE

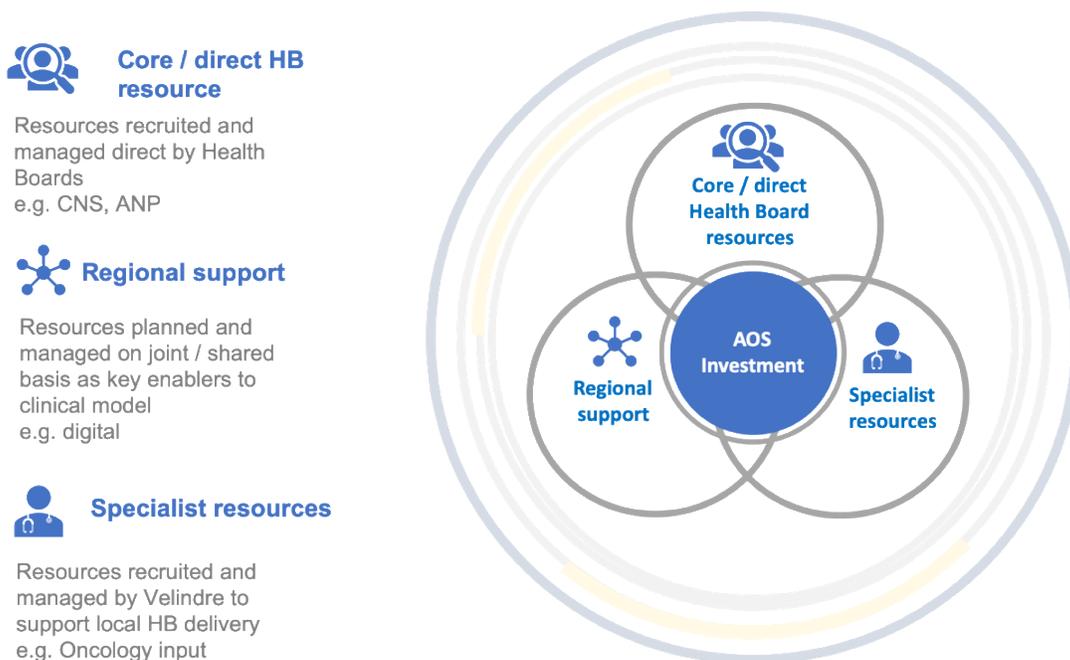
4 Introduction

The purpose of the Financial Case is to demonstrate the affordability of the preferred option, both in the context of the financial profile and funding consequences and the implications for South East stakeholder organisation’s financial plans. This section of the business case sets out the following:

- Arrangements for phasing the proposed investment across the implementation period for the preferred option
- Revenue analysis for preferred option for years 1 to 4 against baseline AOS costs
- The proposed approach to apportioning costs / investment to Health Boards
- The estimated impact of the proposed AOS investment by stakeholder organisation
- Details of further work to be undertaken post business case

In developing the Finance Case it is recognised that the investment requirements cover a range of ‘cost pools’ including locally managed, regional and specialist support. As such funding arrangements need to reflect the likely combination of direct Health Board investment with expanded commissioning arrangements to secure the full range of resources required to successfully implement the proposed service arrangements. This is illustrated in the diagram below.

Figure 38: AOS cost and funding components



4.1 Phasing of investment

In order to implement the proposed clinical model in a manner which is both deliverable and affordable it is necessary to assign a degree of priority to the AOS service lines and associated investment requirements. Working closely with stakeholders from the partner organisations a phased approach has been negotiated which reflects the individual needs of the Health Boards balanced against the challenges in delivering the specialist elements of the service model. It also seeks to priorities investment into areas of greatest need and to ensure that associated benefits are delivered as early as possible in the implementation. In practical terms, phases will not be discrete and there may well be a degree of overlap in their implementation.

As part of this process, working closely with key stakeholders, a three phase approach to implementation has been developed and the service priorities aligned to these which can then be used to profile the associated resources and investment.

Although there are different organisational viewpoints there is a broad consensus on prioritisation, particularly in relation to what should be incorporated within Phase 1. Where organisational priorities are different and this related to the directly managed cost pool it is entirely practical to reflect this in local implementation. However, where there are differences in the priority associated with services which are part of specialist / regional arrangements this presents some practical challenges if organisations wish to operate at different speeds. Although some differences have emerged from the dialogue it has been possible to develop a set of assumptions that can be used to shape investment requirements for all aspects of the proposed service solution.

For the purposes of the business case the table below sets out how investment priorities have been mapped into phases.

Figure 39: AOS investment prioritisation

Area of investment / service line	Phase 1	Phase 2	Phase 3
Clinical Nurse Specialists	✓		
Specialist Oncology (virtual)	✓		
Specialist Oncology (on site)	✓		
MUO / CUP service	✓		
Patient administration	✓		
Project management	✓		
Digital (discovery phase)	✓		

Area of investment / service line	Phase 1	Phase 2	Phase 3
Allied Health Professionals		✓	
Immunotherapy Toxicity		✓	
Advance Nurse Practitioners			✓
MSCC Pathway			✓

4.2 Revenue analysis

By using the assumptions set out in the table above it is possible to show how the investment requirements map out across the proposed service lines and phases of implementation and the additional investment required. These can then be mapped to financial years up to 2024/25 when it is anticipated the model will be fully implemented. Note the mapping to financial years takes into account lead times to implement (particularly in relation to recruitment) the relevant part of the service solution. This analysis is shown in the tables below.

Figure 40: AOS additional investment profile by service line £000

Cost heading	Year 1 – 2021/22	Year 2 – 2022/23	Year 3 – 2023/24	Year 4 – 2024/25
Clinical Nurse Specialists	107.8	367.3	445.0	445.0
Oncologist support	51.3	246.5	426.4	471.7
Other consultant input	19.7	72.8	102.7	119.2
AHPs	30.3	231.6	499.0	581.3
ANPs	29.7	59.4	113.7	152.4
Other nursing	4.3	35.9	82.5	94.0
MUO / CUP	51.8	155.5	155.6	155.6
Immunotherapy Toxicity	0	110.0	142.6	142.6
MSCC	0	0	52.4	89.9
Admin support	26.0	85.5	100.2	103.9
Regional investment*	147.2	245.3	245.4	196.2
Total additional investment	468.2	1,609.8	2,365.5	2,551.6

• Includes Project Manager, Digital and Education and Training some of which is non recurrent

Figure 41: AOS additional investment by phase £000

Phase	Year 1 – 2021/22	Year 2 – 2022/23	Year 3 – 2023/24	Year 4 – 2024/25
Phase 1	468.2	1,288.0	1,535.3	1,499.4
Phase 2	-	321.8	707.1	836.4
Phase 3	-	-	123.1	215.8
Total	468.2	1,609.8	2,365.5	2,551.6

The analysis shows that the invest requirements are relatively modest in year 1 (2021/22) and increase thereafter in years 2 to 4 reflecting the phased implementation of the clinical model and supporting investment across the region.

4.3 Apportionment of costs and investment requirements

By way of further analysis it is useful to break down the total AOS additional investment across the three 'cost pools' highlighted in the diagram above. This shows the comparative level of additional investment in AOS and demonstrated that the Core / Direct cost pool takes up the greatest proportion of the requirement. Further details are provided in the table below.

Figure 42: AOS additional investment by cost pool £000

Cost pool	Year 1 – 2021/22	Year 2 – 2022/23	Year 3 – 2023/24	Year 4 – 2024/25
Core / Direct	217.8	852.4	1,343.4	1,495.8
Specialist Support	103.2	512.0	777.0	859.7
Regional Support	147.2	245.4	245.4	196.2
Total additional investment	468.2	1,609.8	2,365.5	2,551.6

In terms of apportioning the additional investment required in AOS the approach recognises the different ways in which expenditure will materialise, depending on the cost pool in which they sit. In developing the business case a set of principles have been established which are aimed at securing an equitable basis for allocating investment to Health Boards reflecting both local implementation planning and likely levels of service demand. These apportionment principles for each cost pool are as follows:

- Core / Direct – apportioned directly to the Health Board based on existing expenditure and local investment intentions. This includes all ANP / CNS and AHP costs and a proportion of Other Consultant and Admin costs
- Specialist Support – where this can be reflected in measurable inputs at Health Board level e.g. ‘on the ground’ Oncologist time / input then this has been used to apportion costs. Other aspects including MUO / CUP and MSCC coordination are allocated on the basis of cancer incidence
- Regional support – allocated to Health Boards on the basis of cancer incidence covering Project Management costs, Digital investment and Education and Training.

Applying these principles to the AOS costs allows an analysis of the additional investment required within each organisation across South East Wales reflecting a combination of the three areas outlines above and the proposed phasing of implementation – this is shown below.

Figure 43: AOS additional Health Board investment by phase and financial year£000

Health Board / Phase	Year 1 – 2021/22	Year 2 – 2022/23	Year 3 – 2023/24	Year 4 – 2024/25
Aneurin Bevan UHB				
Phase 1	167.2	436.5	510.8	496.6
Phase 2	-	147.9	349.1	421.0
Phase 3	-	-	52.0	93.9
Total	167.2	584.4	911.9	1,011.4
Cardiff and Vale UHB				
Phase 1	180.4	537.7	669.2	658.8
Phase 2	-	49.1	70.1	70.1
Phase 3	-	-	15.2	26.1
Total	180.4	586.8	754.4	755.0
Cwm Taf UHB				
Phase 1	120.5	313.9	355.4	344.1
Phase 2	-	124.8	287.9	345.2
Phase 3	-	-	55.9	95.9
Total	120.5	438.7	699.2	785.2

It should be noted that through the established commissioning arrangements Powys Teaching Health Board would be responsible for a proportion of the required investment, however, this is unlikely to reflect a material value.

4.4 Post business case activities

Resource and cost estimates to support AOS have been developed over a relatively short period of time, however, every effort has been made to engage with clinical, planning and finance teams across the stakeholder organisations. It is recognised that further work is required to develop and refine these and to ensure that the requirements reflect local circumstances whilst recognising the need to deliver a sustainable and consistent AOS model across the region. Furthermore there is a need to ensure that the resource estimates can be developed to a level that proves adequate certainty of required investment in AOS to be incorporated within local Integrated Medium Term Plan (IMTP) development for 2021/22 and beyond.

Further work relating to the operational detail of the proposed specialist and regional services will be undertaken to ensure they accurately reflect the local organisational arrangements for delivering AOS within the Health Boards. Final investment requirements will reflect this process although maintaining equity across the region will continue to be a fundamental aspect underpinning this work.

Consideration will also need to be given to developing commissioning and financial control arrangements for the Specialist and Regional aspects of the AOS investment and specifically how these can be aligned to / incorporated within existing mechanisms. At the heart of this will be the need to ensure transparency and assurance that investment is directed to the core elements of the clinical model. Further details are provided within the Management Case section of the business case.

4.5 Summary

The Finance Case has set out the required level of additional investment in AOS to support the implementation of the preferred option identified through the Economic Case. Recognising that costs will build up in a phased manner reflecting, in particular, challenges around recruitment, the investment has been presented over a 3 to 4 year implementation period.

Further consideration needs to be given to developing and agreeing an approach to allocating costs and funding to the Health Boards in South East Wales recognising that this combines elements of direct service provision with commissioning of specialist Oncology support and other shared investment.

It is recognised that further work will be required post business case development to refine and adapt resources to reflect local circumstances and align with IMTP processes.

MANAGEMENT CASE

5 Introduction

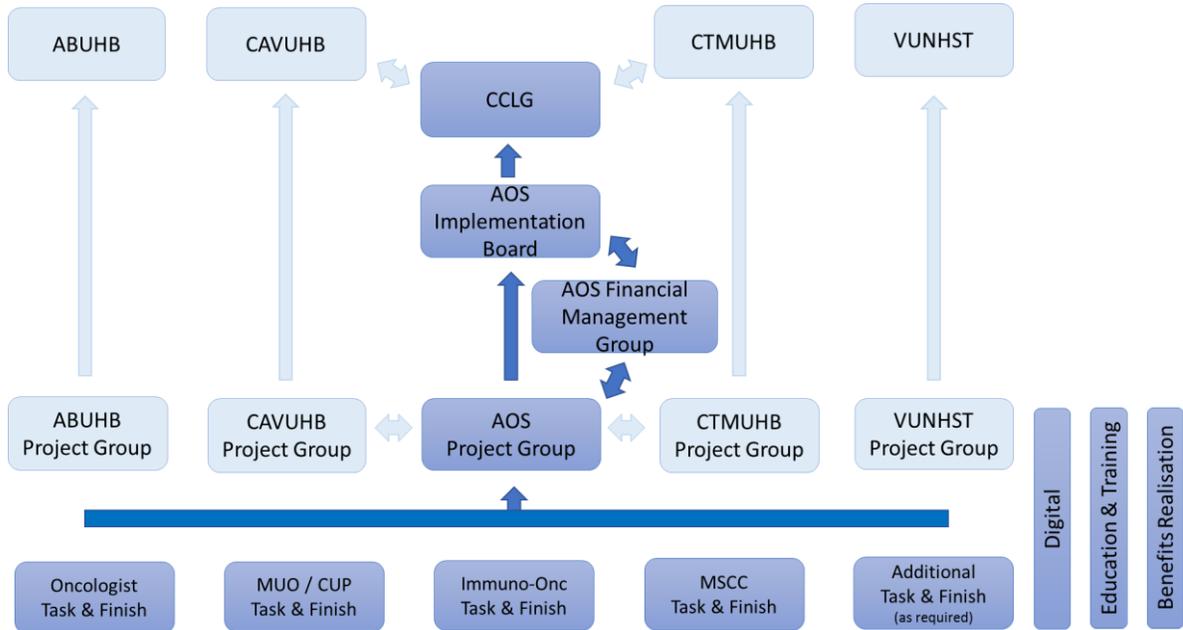
The purpose of the Management Case is to demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the project and that the organisational stakeholders are ready and capable of delivering a successful outcome. In doing so, it sets out the governance and processes that will sit behind the implementation of the clinical model across the region. The objective is to demonstrate how the preferred option will deliver the clinical model (including realising benefits and managing risks), the approach to implementation (including change management) and the associated timescales.

5.1 Governance

The development of this business case and the work that sits behind is the result of a multi-organisational, multi-professional collaboration across South East Wales. The governance around implementation and delivery of the clinical model will continue to reflect this degree of collaboration, ensuring the founding principles of equity of access and shared ownership continue.

As the commissioners of this work, CCLG own the successful delivery of the project but HBs have the statutory authority for any investment in the service. Operationally, the project will be overseen by an AOS Implementation Board which will be supported by a Financial Management Group and AOS Project Group, which in turn will be informed by task and finish groups. Further details are provided in the supporting text and diagram below which reflects both the core AOS requirements (depicted in dark blue) and the local HB structures (depicted in light blue).

Figure 44: AOS Implementation Governance



South East Wales Collaborative Cancer Leadership Group (CCLG)

The CCLG provides effective system leadership for Cancer Services across South East Wales, in delivering improvements in outcome and service experience for the catchment population. The Group are responsible for leading whole system changes at a regional level which require the coordination of commissioning decisions and investments and facilitate the realignment of pathway resources within and between organisations. As Project Sponsor, the CCLG will provide regional oversight of the implementation of this project but will refer to HB and Trust Board teams to ensure appropriate and statutory governance is followed.

Health Board and Trust Board

Although the CCLG will provide regional oversight to the AOS project, any local decision making will need to be made through the internal governance processes of the Health Board and Trust Executive teams. HBs will have the statutory authority for any investment in both the local enhancements to AOS, as well as commissioned services from VUNHST.

AOS Implementation Board

The AOS Implementation Board will have overall responsibility for the delivery of the project. This will be a relatively small, discreet group with the Cancer Leads from the four organisations (ABUHB, CAVUHB, CTMUHB and VUNHST) as well as a number of multi-professional representatives, patient representatives and external stakeholders. They will provide strategic

leadership to the AOS project, as well as monitor progress against the implementation plan, ensure project risks are managed appropriately and that the benefits set out in this business case are realised. The Implementation Board will receive monthly highlight reports from the AOS Project Group, and liaise with HB and Trust Board teams to ensure appropriate and statutory governance is followed.

Financial Management Group

As noted in the Finance Case the investment requirements for AOS have been categorised into three areas: direct (resources under the direct management of HBs); regional (resources supporting the region such as digital, education and training, and project management); and specialist (resources largely deployed by VUNHST, predominantly specialist oncology support).

In order to support the regional and specialist elements it is proposed that an AOS Financial Management Group is established, operating within a robust financial control mechanism, to provide financial scrutiny, and manage and monitor the flow of investment for specialist and regional resources, ensuring that resources are released appropriately once firm deployment plans are in place. This group will have financial representatives from the HBs and act on behalf of these organisations. It will ensure that:

- There is alignment between the resources identified within the business case and implementation of the clinical model
- Funding will only be released into the system once there was a clear plan to deploy the required resources
- Phasing of funding reflects the speed of implementation across the region balanced against the need to ensure equity of service access
- Benefits can be measured reflecting a focus on return on investment and value based healthcare

AOS Project Group

The AOS Implementation Board will be supported by an AOS Project Group which will include advisors and leads from the HBs across a number disciplines (clinical and nursing), as well as project and business support. This group will drive the operational implementation of an enhanced AOS across the region, lead the delivery of project outcomes and benefits, escalate project risks and issues to the Board, and facilitate effective communication and engagement across the region and organisations. The regional and cross cutting elements of the service will also report directly into the Project Group.

Health Board / VUNHSTAOS Project Groups

There will be direct, local enhancements to AOS in each HB and these will need to be managed separately by them, ensuring they are in line with the principles of the clinical model of equity of access and shared ownership. Effective and ongoing communication and engagement with each

of the four organisations is crucial. Having these in place (either through existing or new groups) so that the Project Group can feed into and receive information from them, will be key in managing progress against the plan. HB leads sitting on the AOS Project Group will be responsible for this two-way communication but will be supported by the project team.

AOS Task and Finish Groups

Task and finish groups will be established with a remit to refine service models and pathways for each area of investment. They will consider the operational requirements to implement, develop job descriptions and job plans, and determine the most appropriate roll out. The outputs of these groups will be passed up through the AOS governance structure for approval, after which the investment will be released.

Most of the task and finish groups will be clinically led but all will have regional representation, and will draw on expertise from other areas as appropriate. Although they will be established as separate groups, there will be some shared themes and possibly resources between the groups and this will be the responsibility of the Project Group to ensure these links are maintained and coordinated appropriately.

Cross-cutting Groups

There are some elements of implementation which will cover multiple elements of the service and will need to both feed into and take information from the task and finish groups and local HB/Trust groups. These areas, such as digital, education and training, and benefits realisation will also inform the AOS Project Group to ensure the outputs across the multiple groups are aligned and consistent.

5.2 Project Management

Successful implementation of the clinical model will require project management input for the co-ordination of the Delivery Groups and their outputs, reporting progress against the plan, as well as escalation of risks and issues. Of particular importance is the close collaboration and liaison with HB colleagues.

The project team will include a Programme Manager who has responsibility for the delivery of the project, making sure it is delivering against the plan, to time and within budget; and a Project Manager who will be responsible for the day to day running of the project with a particular focus on the delivery groups.

Figure 45: Roles and Responsibilities

Role	Name	Responsibility
Senior Responsible Officer (SRO)	To be identified (CCLG)	The SRO is accountable for the success of the AOS implementation project. The SRO owns the vision for the AOS project and is required to provide clear

Role	Name	Responsibility
(Chair - Implementation Board)		leadership and direction.
Project Director (Chair – Project Group)	To be identified	The Project Director reports to the SRO and is operationally accountable for project delivery of the AOS project. They will provide leadership and are responsible for enabling effective project delivery.
Clinical Leads (Implementation Board)	Ian Williamson (ABUHB) Meriel Jenney (CAVUHB) Calum Forrester-Paton (CTMUHB) Hilary Williams (VUNHST)	The Clinical Leads will be responsible for providing leadership within their organisations, and ensuring a clinical focus is maintained in all aspects of the project and that patient experience and quality is always a primary consideration.
Programme Manager	Jenny Stock	The Programme Manager has overall responsibility for the delivery of the project and ensure it is delivered to time, cost and quality. Key to this will be the efficient and effective use of project resources, and the identification and management of, interdependencies, risks and issues, and benefits delivery.
Project Manager	TBC	The Project Manager will be responsible for the day to day running of the project including support for the task and finish delivery groups.

5.3 Implementation

There are significant challenges around the implementation of a regional clinical model, across different HBs and multiple sites within those HBs. It is recognised that individual HBs have different baselines in their current AOS and therefore, different priorities. Some elements of the implementation plan will occur at different times and be delivered in different ways, but all aspects of the clinical model should be achieved within the designated timeframe.

As noted in the Financial Case, phased investment plans for each HB have been developed and these will shape the detailed implementation plans for each HB. There were strong similarities between the HB plans, most notably with nursing and oncology support prioritised for immediate investment. Other areas also recognised as key included the MUO / CUP pathway and digital enablers (which also reflected the quick wins identified in the option appraisal process). Where services are required to be delivered across the region (with investment from all three HBs to ensure equal access for patients) the decision was made to move to that service in line with the majority view.

An overview of the regional phases is set out in the table below. In reality the phases will overlap with each other (phase 2 will start before phase 1 has been completed), and this is based on the premise that some services could take years to fully implement (such as the specialist oncology support).

Figure 46: Health Board Investment Phases

Phase 1	Phase 2	Phase 3
Clinical Nurse Specialists Specialist Oncology - Virtual Specialist Oncology – Onsite MUO/CUP Service AOS Lead (ABU) Consultant Sessions – Clinical Lead (ABU/ CAV) Patient administration Education and training Digital discovery Project management	Allied Health Professionals Immunotherapy Toxicity Service Consultant Sessions – Other (CAV)	Advanced Nurse Practitioner (ABU / CTM) MSCC Pathway

Lead times for recruitment have also been applied to the investment plan, which again will be reflected in the implementation plans. The table below is a high level implementation plan and it pulls together the individual HB phasing plans into one so it remains a regional programme which can be held to account through the AOS governance.

Work to develop the operational implementation plans will be picked up by the task and finish groups and will run in parallel with the business case approval process.

Figure 47: High Level Implementation Plan

Element	Phase 1	Phase 2	Phase 3
Nursing / AHPs	CNS recruitment plan	AHP recruitment plan	ANP recruitment plan
Oncology	Virtual support for HBs and on-site presence (including hot clinics)		
Consultant Sessions	Increased sessions to support AOS team	Sessions to support Immuno-oncology service	
MUO/CUP	New MUO/CUP service – develop pathways and establish MDT		
Immuno-oncology	<i>Immuno-oncology service – develop pathways and guidelines (Macmillan funding)</i>	Immuno-oncology service developed, MDT established	
MSCC			Scope MSCC pathways
Patient Administration	Recruited as required	Recruited as required	
Digital / Business Analysis	Discovery and design – scope baseline (process, pathways, data items, methods of documentation, duplication)	Informed by outputs from phase 1.	Informed by outputs from phase 1.
Education & training	Regional education and training programme		
Project management	Project Manager recruited		

5.4 Workforce

A critical part of the implementation will be the workforce strategy. A high level workforce plan including associated costing will be developed and aligned to the clinical model.

The proposed service model will be appropriately resourced by a team of skilled nurses and AHPs, with specialist oncology support. This requires a change in the current workforce model. The intention of the workforce plan will be to ensure that an equitable service can be provided across the region, aligned with the clinical model, in order to ensure the delivery of quality and safe care and will seek to address future clinical and workforce challenges.

The high level plan will be created to capture the workforce requirements taking into account the future and existing skills and capabilities required to deliver an equitable AOS service in the short, medium and longer term. It is intended that workforce planning will support the clinical model through:

- Creating a more flexible workforce, sharing staff across locations within HB's with additional support provided by the AOS Lead and administrators;
- Developing and implementing a structure for career progression, learning and development to support succession planning and to provide wider service development of skills in acute oncology;
- The more detailed workforce plan being developed will address any future recruitment and skills gaps;
- Using the workforce flexibility to manage workload pressures within HBs;
- Retention of highly skilled and experienced staff within Specialist Oncology Services;
- Increased opportunities to develop clinical expertise - training and opportunities for medical and nursing, occupational therapists and AHP in acute oncology;
- The opportunity to develop the right skills for the future;
- Greater opportunities to share learning and best practice between teams and wider services.

Improvements to the quality of service and pathways for patients will be achieved as a result of more collaborative working appropriate services, reducing risk and improving patient experience. The challenges ahead in having a workforce that can effectively and efficiently provide care in an AOS are recognised.

Expansion of the AOS as a regional approach is an opportunity to make increased efficiencies in delivering services. The plan will help ensure that the right staff are in the right place at the right time, aligned with the long term model of care for AOS across South East Wales. Acknowledging the differences and difficulties in recruitment across the region, and to maintain the equitable and collaborative nature of the project, a regional nursing recruitment plan will be developed.

5.5 Change Management

Change can be challenging but by taking a systematic approach clinical teams will be supported in seeing where change has been affective. The change process is underpinned by a number of principles:

- Recognise the need to maximise the benefits of change for patients, who should be at the heart of the changes made;
- Take advantage of the pre-implementation phase to start the change process;
- Work in partnership with stakeholders to engage all those involved in the delivery of care in the change process;
- Focus on staff skills and development so they are both capable and empowered to deliver the service effectively and to a high quality standard.

A full Change Management Plan will be developed during the implementation phase.

5.6 Communication and Engagement

Effective communication and engagement with all stakeholders is vital in the delivery of a successful project.

The development of the clinical model and this business case has been the result of a huge amount of collaboration, with clear and effective communication key to reaching a consensus across four organisations and many professional disciplines. Continuing a high level of communication and engagement will be even more important during implementation, with an increasing number of stakeholders involved as the enhanced service is rolled out.

A communication plan will be developed during the implementation phase.

5.7 Benefits Management

Benefits management is the identification, optimisation and tracking of expected benefits from the implemented change. A benefit realisation plan will help assess whether the identified benefits set out in the Strategic Case (and below) deliver the project spending objectives (also set out in the Strategic Case) and are able to meet the agreed measures of success.

The benefit management process includes the following stages:

- Identification – selection of appropriate and significant benefits
- Planning – how, when and by whom the benefits will be delivered (ownership, accountability and timeframe)
- Deliver – successful delivery of the benefits plan
- Review – continuous improvement through incremental change or new projects

Measuring and monitoring the delivery of benefits is key in assessing the extent to which they are being delivered against the plan. A proportion of the benefits will be ‘hard’ or quantifiable (such as admissions and length of stay) but many will require ‘soft’ or qualitative measures to assess their delivery. In some instances, measurement can be achieved through existing systems and information sources. However, there is a recognition that these existing sources can be unreliable,

and in other instances there is a gap which will require new arrangements to effectively monitor them.

Given the complexity of working across the region and multiple organisations, management of the benefits throughout the life of the project will be led by the AOS Project Group. The following table sets out the anticipated benefits of implementing the AOS clinical model but further details, including the anticipated impact these benefits will have can be found in the Benefits Realisation Plan (Appendix D).

Figure 48: Anticipated benefits of implementing AOS clinical model

Benefit	Beneficiaries	Measurement
Equal access to AOS for those in equal need	Patients, staff, Health Boards	Patients per head population, attendances linked to cancer incidence trends
Improved patient experience and better patient outcomes	Patients, staff, families, carers	PROMS
Patients spend more time at home in their last year(s) of life	Patients, families, carers	PROMS, number of days spent in acute hospital in last year of life, patient preferred place of death, mortality rates within 30 days of treatment, palliative care contacts
More patients receive same day emergency care avoiding the need for hospital admission	Patients, Health Boards	Emergency admission rates, 30-day readmission rates, Nos of AOS patients admitted as inpatients, Nos of patients managed through ambulatory pathways, Cost per case
When admitted patients spend less time in hospital as an inpatient	Patients, staff, Health Boards	Inpatient bed days Average length of stay
Patients are not subject to unnecessary investigations or treatment	Patients, Health Boards	Numbers of investigations Patient outcomes and survival
Enhance links with other hospital based specialists / services	Patients, staff	Staff surveys, referral times
Improve effectiveness of AOS team working	Patients, staff	Staff surveys, number of patient handovers
Better professional AOS education and training	Patients, staff	Increase in critical mass of AOS team, staff surveys, retention, qualifications across the team
Digital interaction between staff / patients and staff / staff	Patients, staff, Health Boards, Velindre NHS	Number of digital interactions, reduced time to access specialist opinion

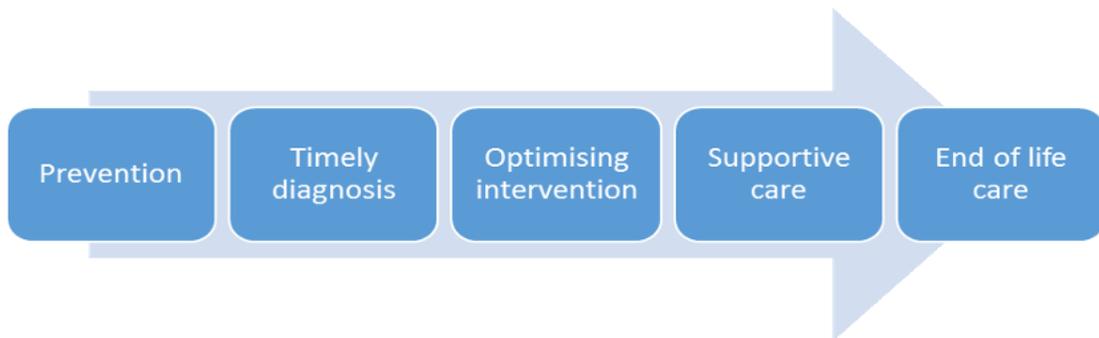
Benefit	Beneficiaries	Measurement
	Trust	
Better AOS data to improve decision making & accuracy of demand and capacity forecasting	Patients, staff, Health Boards	Staff survey Reports
Efficient collection of AOS data allows for inter-operability and more clinical time spent with patients	Patients, staff	Staff survey Reports

5.8 Value-based Healthcare approach to acute oncology

Identifying the benefits, and the approach to delivering and measuring them, are enshrined in the principles of value based healthcare (VBHC). VBHC seeks to improve the health outcomes that matter most to the people by asking people about their outcomes and creating a data-driven system which seeks to provide the timely information to citizens, clinical teams and organisations to inform the decision-making that leads to those outcomes in a way that is financially sustainable²²

Achieving the outcomes that matter to patients requires a population health, whole system approach as indicated below.

Figure 49: Elements of patient pathway



Although this business case considers only part of the above pathway, it is recognised in the Strategic Case that acute oncology covers the whole pathway and these elements will be picked up outside of this business case. Translating this pathway for acute oncology patients is set out below:

- Preventing acute oncological emergency presentations as far as is possible. Fully equipping patients with knowledge of what to look out for and what to do. Linking this to advance care planning so that intervention is appropriate to the patient’s context and preferences.

²² Value based Healthcare

- Clear pathways and points of contact for all professionals likely to encounter acute oncological emergencies (along with continuing education on presentations).
- Early intervention to maximise recovery and quality of life.
- Supportive care – use PROMs as assessment of symptom burden.
- Advance care planning to ensure appropriate response and palliation in the community where this is needed.

Embedding VBHC in the delivery of AOS will support benefit realisation. In doing so, it is important to think about the costs associated with as many examples of acute oncology emergency as possible, and that clinical outcomes and PROMs are considered alongside each other. There is an ongoing commitment to link the identified benefits with VBHC.

5.9 Risk Management

A risk is the possibility of a negative event occurring which adversely impact on the project. Identifying, mitigating and managing the key risks is crucial to successful delivery.

The risk management process includes the following stages:

- Identification – ascertain what the possible risks are
- Assessment – determine the likelihood and impact of the risk occurring
- Control – identify ways that can reduce the likelihood and impact of the risks occurring (mitigate)
- Monitoring – review whether the situation has changed and whether the mitigation measures working

The Economic Case set out the key implementation risks, their likelihood and impact. The risks will be managed through a risk register and a full risk register can be found in Appendix E. The Project Manager is responsible for continuous review of the risks throughout the life of the project and the governance structure allows for risks to be escalated from the Project Group to the Implementation Board, who will oversee them during the life of the project.

5.10 Summary

The Management Case has set out the regional governance that will oversee the regional implementation, and the project processes, including management of risks, benefits and change. It has demonstrated that with appropriate governance structures, well developed plans and project management, the implementation of this clinical model will be successful in meeting the two core principles of equity of access and shared ownership and delivery across the region and organisations.

Appendix A: South East Wales Acute Oncology Service Engagement Activities

Meeting / Engagement Activity	Date	Attendees
AOS Steering Group (oversee the development of the AOS clinical model)	May – December 2020	Cancer Leads Consultants – Acute Care / Medicine Consultants – Oncology Consultants – Palliative Care Lead ANP Macmillan Lead / Senior Oncology Nurses & CNSs Palliative Care Nurse AHP Lead GP Finance Planning
AOS Workshops x4 (develop principles of AOS service, identify common themes, shape the clinical model)	8 July 2020 10 July 2020 13 July 2020 14 July 2020	70+ attendees (range of professions from stakeholder organisations) including: Cancer Leads Consultants – Acute Care / Medicine Consultants – Oncology Consultants – Palliative Care Consultants – Radiology ANP Macmillan Lead / Senior Oncology Nurses & CNSs Palliative Care Nurse AHPs (Dietitian, Physiotherapist, Occupational Therapist) Finance representation
Patient focus groups and online questionnaire (what patients would want from a future service and how they want to access it)	25 August 2020 27 August 2020	Patients and carers from all four Health Boards
Sessions with Health Boards (including one to ones with Cancer Leads)	24 & 25 September 2020 28 & 29 September 2020 11 November 2020 24, 25, 26 & 27 November 2020 10 December 2020 8 February 2021 26 February 2021 23 March 2021 12 May 2021	Cancer Leads Consultants – Acute Care / Medicine Consultants – Palliative Care ANP Macmillan Lead / Senior Oncology Nurses & CNSs

Collaborative Cancer Leadership Group	14 October 2020 21 January 2021 23 April 2021	CEOs Medical Directors HB/Trust Exec Representatives
AOS Options Appraisal Workshops x3	05 November 2020 18 November 2020 02 December 2020	Cancer Leads Consultants – Acute Care / Medicine Consultants – Oncology Consultants – Palliative Care ANP Macmillan Lead / Senior Oncology Nurses & CNSs Representatives from: Powys Teaching Health Board, Macmillan Cancer Support, Community Health Council, Welsh Ambulance Service Trust
Digital (regional meetings not included)	11 November 2020 01 February 2021 01 March 2021	Digital Officers Digital Programme Manager
Value based healthcare (Including sessions with wider team)	16 November 2020 January / February 2021	Sally Lewis and Value based Healthcare team ANP Macmillan Lead / Senior Oncology Nurses Consultants – Oncology
Workforce Meetings	17 November 2020 08 December 2020 17 December 2020 28 January 2021	Workforce Lead (Wales Cancer Network) ANP Macmillan Lead / Senior Oncology Nurses AHPs
AOS Service Model	04 December 2020	Consultants – Acute Care / Medicine Consultants – Oncology ANP Macmillan Lead / Senior Oncology Nurses Clinical Leads – acute and oncology
Options Appraisal Follow UP	08 December 2020 16 December 2020	Cancer Leads Consultants – Acute Care / Medicine Consultants – Oncology ANP Macmillan Lead / Senior Oncology Nurses
MUO/CUP Meeting	15 December 2020 08 February 2021	Consultant - Oncology ANP Macmillan Lead / Senior Oncology Nurses & CNSs Palliative Care Nurses Consultant – Radiology Consultant - Palliative Care
AOS Business Case Scrutiny Group	27 January 2021 10 February*(see below)	Assistant Directors Planning Assistant Directors Finance

	24 February 2021 10 March 2021 24 March 2021	Finance Managers Operational Managers - Cancer Powys Teaching Health Board
Workshop – HB clinicians present local AOS resources	10 February*	HB clinicians Assistant Directors of Finance Assistant Directors of Planning
Health Board one to ones to discuss specific issues	02 March 2021 (CAVUHB) 03 March 2021 (ABUHB) 04 March 2021 (CTMUHB) 05 March 2021 (VUNHST)	Consultants – Acute Care / Medicine ANP Macmillan Lead / Senior Oncology Nurses Assistant Directors of Finance Assistant Directors of Planning Operational Managers - Cancer
Specialist support specifications sessions with HBs	18 March 2021 19 March 2021	Consultants – Acute Care / Medicine Nurses AHPs
Directors and Assistant Directors of Planning and Finance, and Cancer Leads	29 & 30 April 2021 16 June 2021	Directors of Planning Directors of Finance Assistant Directors of Finance Assistant Directors of Planning Cancer Leads
Operational peer to peer session (Taunton)	11 May 2021	AOS / IO Clinical Lead, Taunton
Community Health Council	26 May 2021	Chief Officer, South Glamorgan
Equality Impact Assessment	27 May 2021	VUNHST Equality Manager
Health Board one to ones to discuss priority / phases	21 May 2021 (CTMUHB) 27 May 2021 (CAVUHB) 28 May 2021 (CTMUHB) 28 May 2021 (ABUHB) 11 June 2021 (ABUHB)	HB Nominated Lead Cancer Leads Nursing Lead Operational Manager



GIG
CYMRU
NHS
WALES

Rhwydwaith
Canser Cymru
Wales Cancer
Network

Peer Review:

Cancer

Sub-site:

**Acute Oncology Service
(AOS)**

Health Board/Region:

All-Wales

Cycle:

First

Date of review:

July 2018

This report describes the findings and themes observed by clinical review panels during the first round of the acute oncology service (AOS) peer review in Wales 2018.

SERVICE DESCRIPTION

OVERVIEW OF THE REVIEW

Cancer patients commonly have complications of their cancer diagnosis and treatment, and will seek advice from and attend their local primary care facility, secondary care medical admissions unit or specialist oncology centre on an unscheduled basis.

Acute oncology refers to the assessment and management of patients presenting in this way and includes signposting to relevant specialties or services.

A national steering group within NHS Wales was involved in the development of the peer review measures which were designed to assess the quality and performance of acute oncology services (AOS), against the All Wales National Standards for Acute Oncology Services (June 2016). This is the first time that AOS have been reviewed in Wales. It was noted that the teams were at different stages of maturity and have developed differing models of service dependent on resource and geography.

The main focus of this review included:

1. Shape and function of the acute oncology service, including the management acute hospital admissions relating to cancer;
2. Management of chemotherapy induced neutropenic sepsis;
3. Diagnosis and management of Metastatic Spinal Cord Compression (MSCC)
4. Malignancy of Unknown Origin (MUO), including Carcinoma of Unknown Primary (CUP)

SHAPE AND FUNCTION OF THE SERVICE

Structure:

The service model that has been developed across most Health Boards to ensure adequate assessment, signposting and management of patients presenting to the acute services, is a nurse-led model including AOS nursing teams working Monday to Friday with variable clinician input and support. The amount of clinical time allocated to the service is dependent on the agreement reached within individual Health Boards. Across Wales, there are currently 6 allocated consultant sessions for acute oncology led by oncologists, haematologists or acute medical physicians.

In some instances, consultant sessions were not filled despite support from the Health Boards for such posts. A common theme throughout Wales was of insufficient time allocation for senior clinicians acting as clinical leads, particularly for the management of Malignancy of Unknown Origin.

Administration support for the services across Wales was also noted to be variable.

Education:

Key to the acute oncology service and in addition to direct clinical care, the AOS teams play a key role in raising awareness, developing relationships and education within their organisation and across the wider Health Board stakeholders. There was clear evidence of regular education of the Emergency Department teams and Acute Admission Unit teams in particular. On the whole this was well delivered both locally and nationally. The All Wales initiatives, including agreement on All Wales SACT (systemic anticancer therapy) alert cards, development of immunotherapy alert cards, and generic protocols accessible via the AOS support app are excellent examples of collaborative working.

Access to patient records:

Patients commonly receive their primary cancer care in a different hospital to where they receive emergency cancer care. In many cases acute hospital teams cannot access key patient details such as cancer stage, treatment intent, recent treatment delivered and imaging. This risks patient safety in the form of inappropriate clinical decisions being made on the basis of incomplete information, a lack of patient focused care and additional workload on already very busy frontline staff. This may also impact negatively on admission rates and length of stay.

There was evidence of continued improvement in relationships and understanding between oncology services and the acute admissions units, but this needs to continue to be worked upon and is hindered by poor flow of clinical information and access to patient notes, particularly out of hours. This needs to be a focus of activity moving forward.

24 hour advice:

Patients receiving systemic cancer therapy should have access to a 24 hour telephone advice line. There was evidence that this was provided to all patients across Wales, from the two cancer centres in south Wales and by the cancer centre and one cancer unit in North Wales. There is wide use of the standardised UKONS triage tool and evidence of audits of the triage service. This work will continue to develop with more complex and varied treatments now available to patients and consideration being given to new models of triage including centralising the telephone services to cover a wider population.

7 day service:

The AOS are aspiring to deliver a 7 days a week service, but currently no service is providing this. North Wales are currently looking at options to deliver this, but it is acknowledged that with small teams this is very challenging to deliver effectively. Further work is needed nationally to identify the possible models for 7 day working by considering alternative ways to deliver support (for example a regional advice line). The Cwm Taf team have been actively analysing data of their service with this in mind.

Patient flagging:

IT systems are used across Wales to flag cancer patients attending acute services. Different systems are in use across the organisations with varying degrees of success. In some cases, their lack of sensitivity leads to teams actively triaging large numbers of patients to identify who they do need to review. An all Wales approach should be considered here, alongside the All Wales PAS. It is acknowledged that a mature AOS with good links with the acute admission/emergency department teams are less likely to utilise a flagging system and likely to rely on appropriate and timely referrals to the service.

Database:

AOS teams across Wales use the same standalone database set up as an All Wales initiative. It is not within the informatics systems for NHS Wales. Although it has been very useful in providing some detailed data on activity, it was noted that a number of Health Boards were unable to supply data for peer review requests/questions. There is now an opportunity to review and refine the data captured to reduce burden of manual entry/clinical time, but also to ensure the data collected is clinically relevant. This should be integrated across Wales into the planned cancer informatics solution currently under development and could be integrated into the Wales Clinical Portal (WCP).

Cancer Centre / Cancer Unit relationships:

A good working relationship between the Cancer Centres and the units delivering much of the treatment for patients within their Health Boards is important. It was clear from the review that there were some challenges with communication, support and responsibility between the units and centres. This is more challenging in South Wales where the

patients travel across Health Board boundaries for treatment and may receive treatment in a hospital different to their acute hospital. There was an awareness of this problem within both the Cancer Centres and cancer units and is an area for improvement moving forward by greater collaboration between Health Boards and the Cancer Centres.

Haemato-oncology:

There was evidence that each Health Board team had clear relationships with or an understanding of their local haematology service in respect of identifying patients accessing the acute services with side effects of treatment.

NEUTROPENIC SEPSIS

Neutropenic sepsis is a life threatening complication of some anticancer treatments. Acute oncology standards mandate that antibiotics should be administered within 1 hour of arrival at hospital.

Across Wales one standardised chemotherapy alert card is in use, which all patients should receive at the beginning of their treatment. In addition, patients are given written and verbal information on key risks associated with cancer treatment and will sign a consent form prior to receiving their treatment. Patients experiencing symptoms will contact the 24 hour number provided to access an initial phone assessment and attend the nearest cancer unit or centre (whichever is closer), if they are suspected to have neutropenic sepsis. The UKONS triage tool is used at telephone triage. There was evidence of all the above routinely being undertaken across Wales.

However, Health Boards in Wales are not achieving the 'door¹ to needle² time' response, with only 20-68% of patients being recorded as having been administered antibiotics within 1 hour of arrival in hospital with a suspicion of neutropenic sepsis. Many teams documented improvements in door to needle time however the average response in Wales is about 1 hour 30 minutes. It was noted that where PGDs (patient group directions) are in place treatment times are generally better but are not standard practice in any Health Boards across Wales yet. It must be noted that not all units or centres could provide this information for peer review.

Although all oncology teams collect data on deaths within 30 days of chemotherapy it was not possible to see how many deaths were due to neutropenic sepsis in this peer review. There will be a plan to address this nationally through the working of the Wales Cancer Network AOS group.

The consensus of the review panels suggest that 'door to needle time' is a quality performance indicator for measuring the progress of improvements in response to dealing with neutropenic sepsis and should be routinely collected by all teams.

METASTATIC SPINAL CORD COMPRESSION (MSCC)

Metastatic spinal cord compression (MSCC) is a well-recognised complication of cancer and is an oncological emergency. MSCC occurs when there is pathological vertebral body collapse or direct tumour growth causing compression of the spinal cord. Spinal cord compression leads to the permanent loss of neurological function if the pressure is not relieved quickly.

Once MSCC is suspected patients should receive a magnetic resonance imaging (MRI) scan within 24 hours. This should be followed by a specialist surgical opinion within 6 hours.

¹ Presentation of a patient with suspected neutropenic sepsis at an acute admissions unit.

² The administering of antibiotics

North Wales struggle with access to out of hours MRI in some areas of the region, but have surgical services provided by the Walton Centre in England. The surgical service provision was felt to be timely and easy to access by the North Wales service.

There were no problems with any south Wales services accessing MRI out of hours. However, there were significant issues in accessing surgical opinion with the exception of Cardiff & Vale (C&V) which has the specialist spinal surgery team on site.

All other Health Boards in South Wales reported difficulties in accessing timely and appropriate surgical opinion. There was lack of clarity regarding whether the service in the South West is provided by Morriston Hospital or C&V. Whilst the number of cases suitable for surgery is low, there is a need to clarify the service model and responsibilities in order to improve timely access for patients across South Wales. This is the first step to understanding performance of accessing surgical opinion within a recommended standard.

Consideration is being given to piloting a MSCC coordinator across South Wales once the service model has been established.

The consensus of the review panels is that patients suspected to have MSCC should have an MRI within 24 hours and then surgical opinion within 6 hours. This should continue to be measured as a quality performance indicator for measuring the quality of the service.

Patients who are not eligible for surgery may receive urgent radiotherapy. Despite continuing pressures on cancer centres to deliver radiotherapy in a timely manner, there were no concerns raised around the timescales for MSCC patients accessing radiotherapy services. There are good examples of care, for example where Velindre Cancer Centre would provide transport to facilitate timely access to radiotherapy for patients from neighbouring Health Boards.

The Health Boards are working with the Wales Cancer Network to develop an All-Wales policy for MSCC, which will pull together some of these themes and also focus on rehabilitation and support for patients with symptomatic MSCC.

MALIGNANCY OF UNKNOWN ORIGIN (MUO) / CARCINOMA OF UNKNOWN PRIMARY (CUP)

'Malignancy of unknown origin' (MUO) and 'carcinoma of unknown primary' (CUP) are cancers that have been diagnosed, but where the primary tumour cannot be identified. They often present at an advanced stage and have a poorer prognosis.

A basic requirement for all patients diagnosed with cancer is that they should be managed and discussed by a multidisciplinary team (MDT). Historically MDTs have been set up by tumour site so MUO and CUP patients may not fit the criteria for a site specific MDT and can be discussed at multiple different MDTs or none at all.

There are MUO/CUP MDTs set up in Betsi Cadwaladr and Abertawe Bro Morgannwg University Health Boards (Swansea patients only), with the remaining Health Boards lacking a dedicated MUO/CUP MDT. In these instances, patients are managed by a tumour site MDT according to clinical pathways or without MDT supported decision making. For the South East Wales patients there may be an opportunity to expand the Velindre Cancer Centre daily meeting to facilitate an MUO/CUP MDT for South East Wales patients if funding can be agreed.

AOS teams have been very effective in providing patient centred care for this group of patients, often acting as key worker. They work with and give expert advice to acute teams regarding working towards a diagnosis in those who would be suitable for treatment and saving patients from unnecessary diagnostic tests who may have a poorer prognosis.

The AOS teams are collecting data on the number of CUP patients seen, investigations cancelled, etc. to demonstrate the value this service brings to the patients, as well as patient stories.

PRIMARY CARE

Primary care has a key role in the detection and ongoing care of cancer patients in the community. Only in a few areas in Wales can primary care refer to, or access AOS easily. However, GPs can seek advice directly from treatment support lines, junior on call staff or directly to consultant teams. Patients would benefit from closer working between primary care and AOS. This would be aided by across sector electronic patient record access and raising awareness that health care workers may access triage/emergency helpline access as well as patients.

PATIENT EXPERIENCE

There was some evidence of AOS teams trying to collect patient experience and feedback in order to inform the service improvements. This has been a challenge for the teams and there are plans to work nationally on patient feedback in the future with support from the patient experience expert within the Wales Cancer Network.

GENERAL SUMMARY

The acute oncology teams across Wales are small teams providing a predominantly nurse led service with often very limited access to medical clinical leads. Despite this there are excellent examples of the impact that they have made in improving the cancer patient experience and supporting the acute admissions teams to manage unscheduled care for acutely unwell cancer patients.

Acute oncology teams are fast to act and see patients who are identified to them by referral or a flagging system, and in most instances patients receive their first intervention by the AOS team within the first 24 hours.

It should be recognised that as a small service in each Health Board and Trust, it can be isolating for the teams and staff; however, the teams were pulled together by the Wales Cancer Network to work collaboratively at a national level. This provided peer support and the ability to align the service across Wales. It is a contributing factor to the success of implementing AOS within NHS Wales.

Across the peer reviews of the service the panels were consistent in identifying areas of priority for the service nationally. The reviews enabled a greater understanding of what characteristics make a high quality acute oncology service and where the gaps are.

CHARACTERISTICS OF A GOOD SERVICE

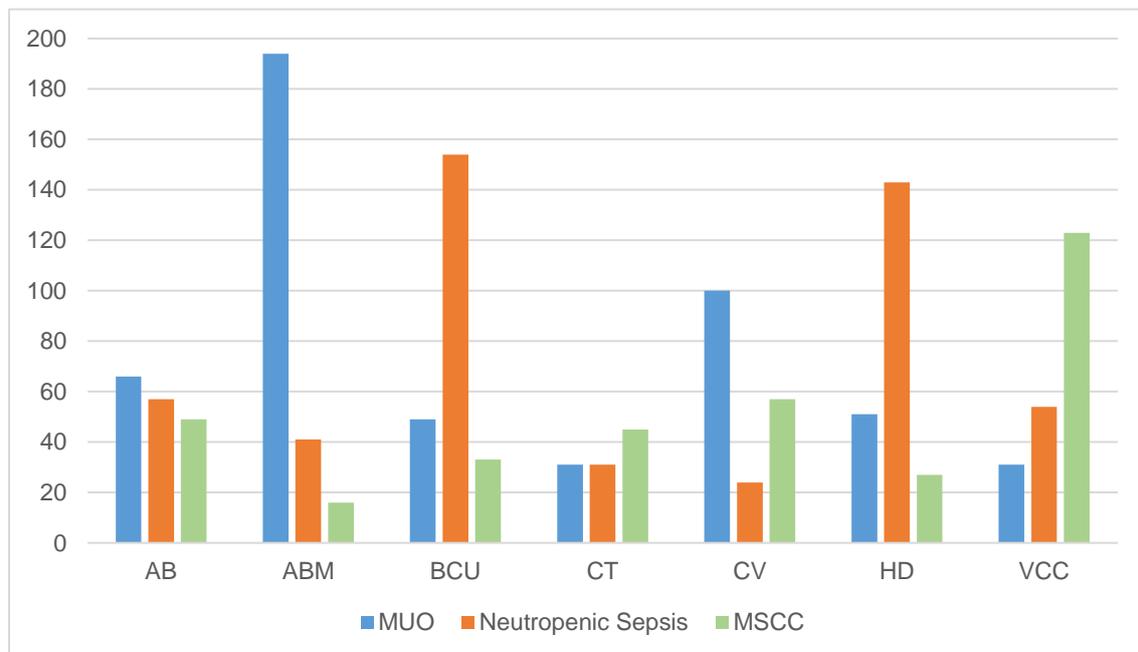
- Good relationships with other specialities such as admission and triage departments, palliative care, haematology, oncology and primary care
- A quick and accurate response to administering antibiotics to suspected neutropenic sepsis patients
- A fast response to diagnosing MSCC patients and providing surgical opinion in optimum time
- Providing a diagnosis and treatment plan for unknown cancers
- 24 hour telephone advice service which provides one standard of care with an out of hours package
- Cross cover arrangements across sites (admission units)
- An automated flagging system to identify potential patients
- The provision of education and training
- Dedicated time of a medical clinical lead
- Administration and data collection support
- Evidence of audit and service improvement

MAIN CHALLENGES IDENTIFIED AT PEER REVIEW

- Low and variable rates of spinal surgery for patients with MSCC compared to UK standards and England.
- Lack of clarity around the service provision for spinal surgery in South Wales
- Lack of clear long term funding for several teams
- Lack of funded consultant sessions (particularly for consultant oncology led care for Malignancy Unknown Origin)
- Variable access to CUP/MUO MDT discussion
- Although teams had led improvement in door to needle time for administration of antibiotics the majority of patients do not receive antibiotics within an hour of arrival at hospital.
- Inconsistent data collection via stand-alone database

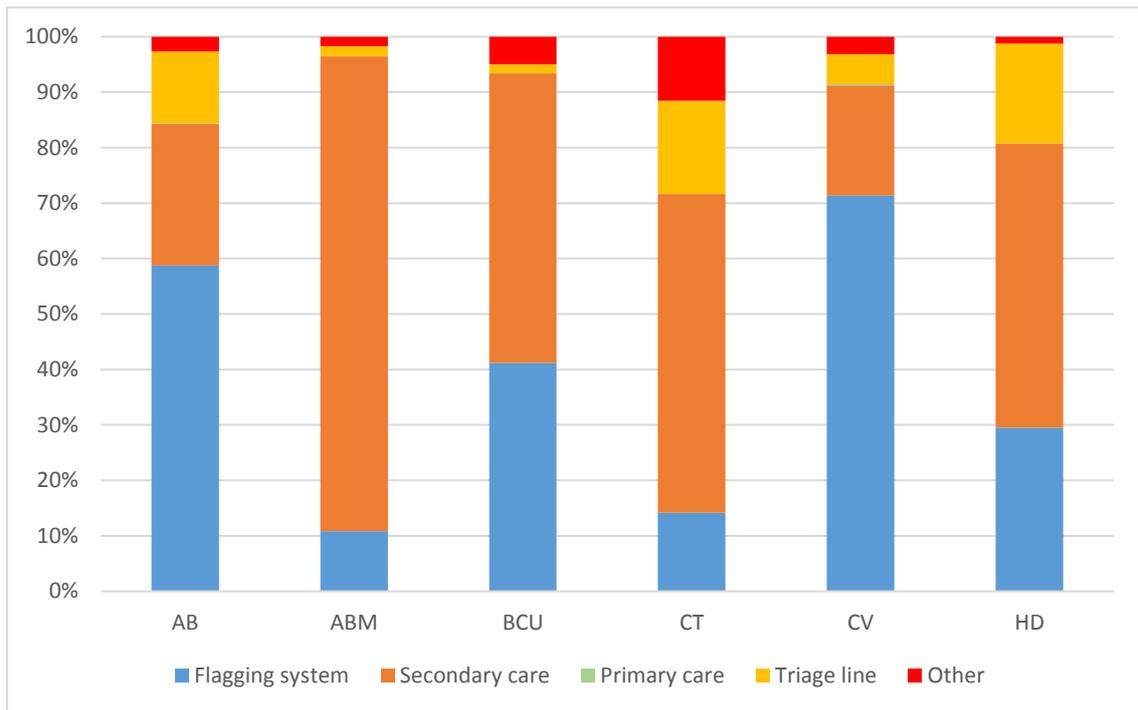
The following data tables show the 2018 review, which used data from the 2017 calendar year.

REFERRALS



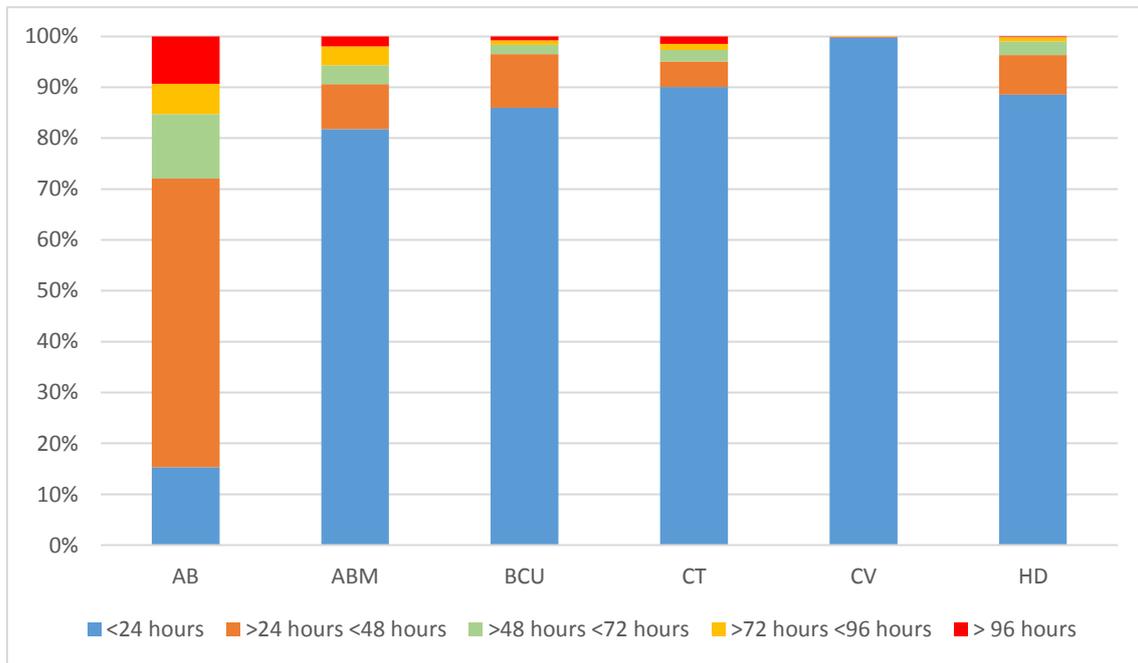
N.B. Other and inappropriate referrals were removed from the table as these figures ranged from 427 to 6,186 and would overshadow the figures shown.

ROUTE OF REFERRAL

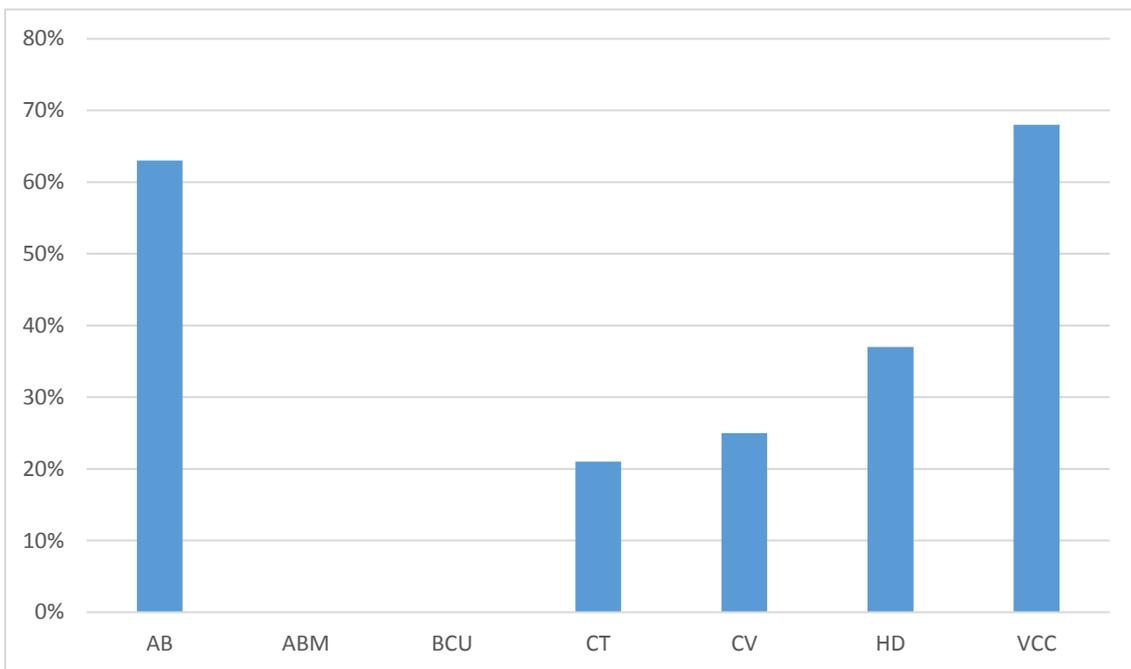


N.B. Velindre Cancer Centre did not submit data.

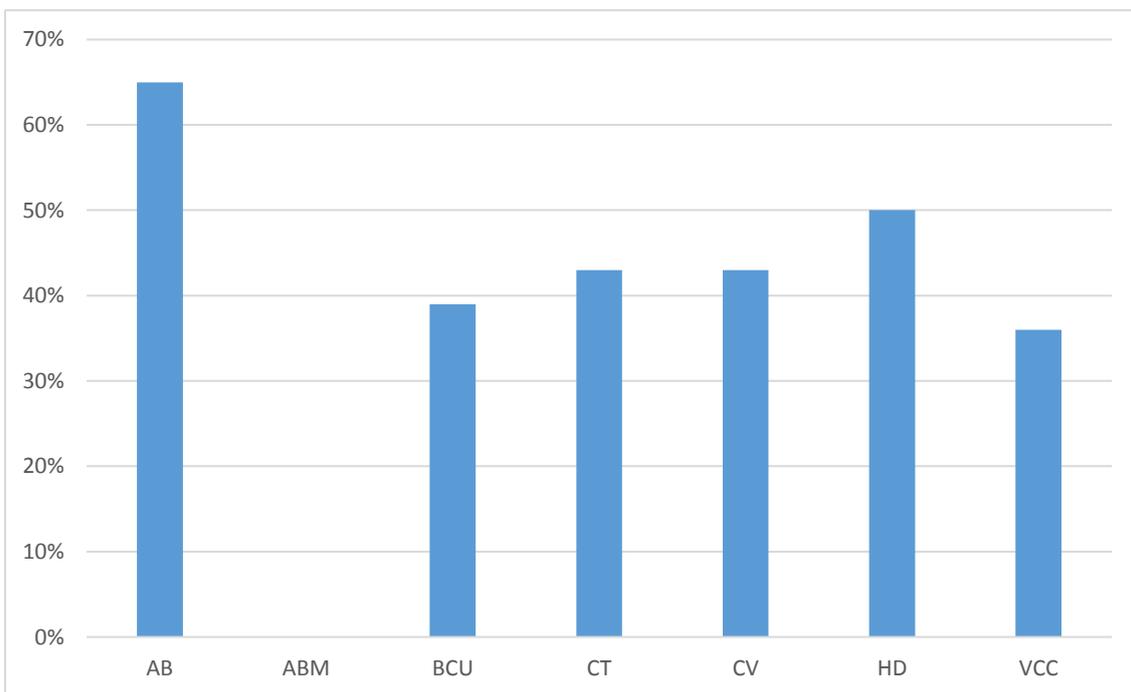
INTERVENTION BY ACUTE ONCOLOGY TEAM



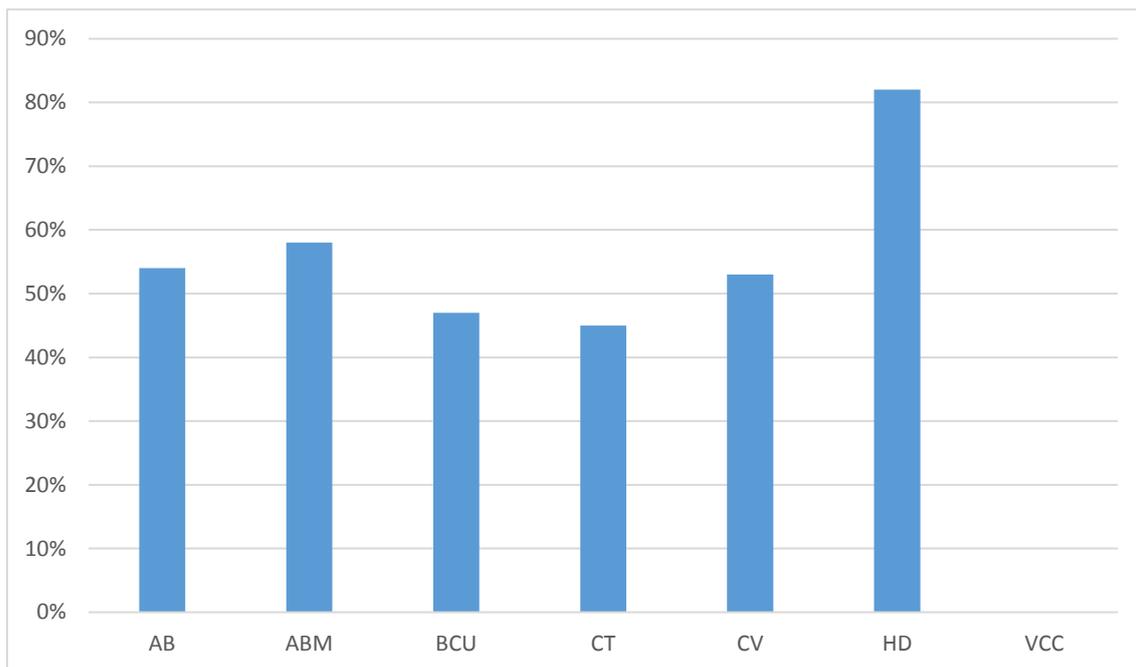
N.B. Velindre Cancer Centre did not submit data

NEUTROPENIC SEPSIS: PERCENTAGE OF PATIENTS RECEIVING ANTIBIOTICS WITHIN 1 HOUR

N.B. ABM and BCU did not submit data.

MSCC: PERCENTAGE OF PATIENTS RECEIVING AN MRI WITHIN 24 HOURS

N.B. ABM did not submit data.

MUO/CUP: PERCENTAGE OF PATIENTS WHO RECEIVING A SITE SPECIFIC DIAGNOSIS

N.B. Velindre Cancer Centre did not submit data as they are not a diagnostic centre.

South East Wales Acute Oncology Service

Service Specifications

DIRECT			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
CNS	Manage initial presentations, support ambulatory pathways and key worker throughout acute oncology pathways.	Health Board	Directly employed by health board
ANP	Senior nursing to lead AOS teams. Independent decision making within areas of competency.	Health Board	Directly employed by health board
AHP	Support patients and facilitate patient management and effective / timely discharge.	Health Board	Directly employed by health board
Consultant Clinical Lead	Additional sessions to support AOS team clinically and provide education and training.	Health Board	Directly employed by health board
Consultant Palliative Care	Provide specialist support to hot clinics.	Health Board	Directly employed by health board
Consultant Radiologist	Additional time to enable enhanced access to timely radiological investigations.	Health Board	Directly employed by health board
Consultant Specialists (<i>Immunotherapy Toxicity Service</i>)	Provide organ system specific toxicity advice to MDT for patients with severe and life threatening immunotherapy toxicity, improving management of complex reactions. Enable access to timely investigations.	Health Board	Directly employed by health board
Medical Secretary	Admin to support the effective management and planning of patient administration. Administration of hot clinics.	Health Board	Directly employed by health board

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Consultant Oncologist AOS LHB Direct Time	<p>Oncologist (named, integrated with AOS team) lead via presence on the ground at the HBs, providing face to face clinical review (ward rounds and hot clinics – for urgent holistic oncology review), education and training (delivered in HBs), and regional pathway development.</p> <p>Current gap in timely, consistent oncology advice for clinical colleagues seeing acute oncology patients (face to face difficult conversations with patients), and staff education. Regular hot clinics run by the Oncologist will mean patients can be managed on an ambulatory basis and return home with a follow up appointment, avoiding unnecessary admission and intervention. Where admission is required patients will have access to an Oncology opinion thus minimising acute length of stay. Remit & timetable will be developed between local AOS team, named consultant and VCC Clinical Director.</p> <p>Supports admission avoidance and earlier discharge.</p>	<p>Four to five sessions per week for each Health Board.</p> <p>Includes presence at 1 - 2 hot clinics per week per HB</p>	Employed by Velindre, provided via Service Level Agreement to LHBs

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
<p>Consultant Oncologist AOS Virtual Support (Oncologist of the Day)</p>	<p>Compliments the consultant oncologist by providing virtual touch points throughout the day for all hospitals in South East Wales, allowing consistent and timely advice no matter where patient admitted.</p> <p>Allows for cross cover with a portion of several VCC consultant job plans. Allows appropriate governance, documentation and communication with site specialist teams, palliative and primary care.</p> <p>Opportunity for early decision making on complex MUO patients and developing virtual clinical consultations with patients and families (when LHB own oncology consultant is not available on site).</p> <p>This will be in addition to the direct time oncologists spend at HBs so there will always be access to specialist oncology support.</p> <p>Current gap in timely, consistent oncology advice for acute patients.</p> <p>Supports admission avoidance and earlier discharge.</p>	<p>Daily Monday-Friday for a working day.</p> <p>Timings of work day to be determined in co-operation with HBs.</p>	<p>Employed by Velindre, funded through LTA block agreement.</p>

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Consultant Oncologist (MUO/CUP Service)	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent.</p> <p>Named MUO/CUP lead for South East Wales who Chairs MUO/CUP MDT (weekly, 1 hour extension to the current 'lunchtime' AOS MDT) based specialist advisory team offering prompt and expert opinion in facilitating accelerated decision making in this complex poor-outcome group of patients. Benefits of early specialist oncology and palliative input will reduce the number of inappropriate investigations, re/admissions, length of stay and significantly patient experience and outcomes.</p> <p>To provide support to wider HB AOS teams. Estimate of 5 new cases per week.</p> <p>This service is aligned with NICE recommendations on CUP/MUO (2010) and CUP/MUO Peer review measures, NHSE (2014).</p>	<p>Session for Weekly MDT, service leadership session and SPA.</p> <p>Clinical sessions for new Velindre outpatient activity funded via the Long Term Agreement (LTA) contracting process and not part of this resource.</p>	Employed by Velindre, funded through LTA block agreement.
Consultant Radiologist (MUO/CUP Service)	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent.</p> <p>Additional time for input into MDT (as a core member) to actively review the outcome of all investigations, the treatment and care of MUO/CUP patients, and work with the wider AO services.</p>	<p>Attendance at CUP/MUO MDT and review cases prior to MDT.</p> <p>More time available for lunchtime acute oncology meetings.</p>	Employed by Velindre, funded through LTA block agreement.
Consultant Pathologist (MUO/CUP Service)	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Additional time for input into MDT (as a core member) to review the treatment and care of MUO/CUP patients.</p>	<p>Attendance at CUP/MUO MDT, preparation time and SPA.</p>	SLA with LHB, Funded through LTA block agreement

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Clinical Nurse Specialist Band 7 (MUO/CUP Service)	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent.</p> <p>Clinical nursing support to patients across the region. Regional nursing lead for MUO/CUP, with remit to develop clinical pathways and links with AOS nursing teams. Combination of on-site and virtual support.</p> <p>Key worker and point of contact for patients, providing patient education and support as well as liaison between primary, secondary and tertiary care and third sector support.</p> <p>Provide specialised knowledge and training to other Acute Oncology Services.</p>	<p>Attends MDT</p> <p>Point of contact for patients.</p> <p>Support clinics.</p>	Employed by Velindre, funded through LTA block agreement.
Consultant Palliative Care (MUO/CUP Service)	<p>New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Will provide support to MDT meetings (as a core member) and wider input into Health Boards. Expert liaison between palliative care teams, ensuring that patients are referred in to appropriate services and can access care such as symptom control and care plans.</p>	<p>Attendance at CUP/MUO MDT, preparation time and SPA for each LHB</p>	Session identified and funded in each LHB.

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Consultant Oncologist <i>(Immunotherapy Toxicity Service)</i>	<p>New service for patients with Immuno-oncology (IO) toxicities.</p> <p>Regional service lead to establish clear pathways for toxicity management, including education and sharing expertise with teams in all acute hospitals as well as developing ambulatory pathways to deliver critical drugs. Service works closely with “oncologist of the day” and HB based oncology teams.</p> <p>Weekly MDT to provide specific toxicity advice for patients with severe immunotherapy toxicity.</p> <p>Failure to treat promptly results in lengthier and more complex patient admissions and adverse patient outcomes, particularly in the failure to complete active therapy, resulting in reduced survival.</p> <p>Service allows earlier discharge or admission avoidance by early recognition and treatment with robust route to medical and nursing expertise both during admission and to allow safety net at discharge.</p> <p>Approximately 15% of patients on single agent treatments develop severe toxicities, with 60% of patients on combination treatments developing severe toxicities. Patients are currently routinely admitted for prolonged steroids for 7 days.</p> <p>Average 225 patients / month on IO (late 2020). New drugs and new indications for drugs expected to see an increase number of patients, including doubling of usage of combination treatments, with the highest rates of reactions - combination treatments). Potential to support management of haemato-oncology patients on immunotherapies.</p> <p>30% reduction in admissions / 50% reduction readmissions after toxicity service implemented (Clatterbridge).</p>	<p>Attendance at / Chair IO MDT</p> <p>Clinical sessions for new Velindre outpatient activity funded via the Long Term Agreement (LTA) contracting process and not part of this resource.</p>	<p>Employed by Velindre, funded through LTA block agreement.</p>

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
<p><i>Lead Clinical Nurse Specialist Band 8a (Immunotherapy Toxicity Service)</i></p> <p><i>Sits outside the business case resource requirement</i></p>	<p><i>New service for patients with immunotherapy toxicities.</i></p> <p><i>Initial time limited funding to establish the service:</i></p> <ul style="list-style-type: none"> <i>Develop clinical pathways in collaboration with HB AOS teams ensuring patients have effective care in a timely way;</i> <i>Develop local pathways for the urgent management of toxicities with specialists (gastroenterology, endocrinology, dermatology, respiratory and cardiology);</i> <i>Develop and update clinical guidelines;</i> <i>Set up an IO triage clinic so patients with toxicity can be reviewed and receive appropriate care;</i> <i>Lead and support staff education across SE Wales ensuring staff are aware of the potential side effects, early recognition and treatment.</i> <i>Develop learning tools and educational resources to improve staff education.</i> <i>Provide clinical nursing support for patients across the region.</i> <i>Provide cover for band 7 delivering toxicity management services.</i> 	<p><i>Attendance at MDT.</i></p> <p><i>Point of contact for patients.</i></p> <p><i>Manage and monitor patients on drugs treating toxicity.</i></p>	<p><i>Employed by Velindre, funded by Macmillan Cancer Support.</i></p> <p><i>Two year fixed term.</i></p>
<p><i>Clinical Nurse Specialist Band 7 (Immunotherapy Toxicity Service)</i></p>	<p><i>Clinical nursing support to run the IO service for patients across the region:</i></p> <ul style="list-style-type: none"> <i>Key worker and point of contact for patients, to liaise between primary, secondary and tertiary care;</i> <i>Deliver triage clinic to assess patients on immunotherapy, and ensure prompt and early management of toxicities.</i> <i>Working with oncologist team to deliver rehabilitation clinic following admissions with IO toxicity, managing patients on reducing steroid treatments, enabling early discharge.</i> <i>Provide training to other AO services across care sectors.</i> <p><i>Average 225 patients / month on IO (late 2020).</i></p>	<p><i>Attendance at MDT.</i></p> <p><i>Point of contact for patients.</i></p> <p><i>Manage and monitor patients on drugs treating toxicity.</i></p>	<p><i>Employed by Velindre, funded through LTA block agreement.</i></p>

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Consultant Clinical Oncologist (MSCC Pathway)	Improve communication between spinal surgeons and clinical oncologists, improve pathways and surgical rates and functional outcomes for metastatic spinal cord compression which are below UK average.	Attendance at spinal MDT, preparation time and SPA. Additional patients treated in VCC would generate LTA funding.	Employed by Velindre, funded through LTA block agreement.

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
MSCC Co-ordination (MSCC Pathway)	<p>Co-ordinate the care and management of MSCC across South East Wales and is a member of established spinal MDT. Ensure access to single point of contact for healthcare professional to liaise with within 24 hours.</p> <p>This role will provide a close liaison with Health Board MSCC champions embedded in AOS nurse roles. The MSCC co-ordinator will be a central point to co-ordinate the management pathway of patients with MSCC and will be working alongside AOS consultants, AOS nurses and the spinal surgical team. They will provide strategic regional developments for recognition, investigation, treatment and rehabilitation of patients with MSCC.</p> <p>Liaise with services across region (oncology, surgery and radiology and radiotherapy) to ensure early diagnosis, treatment intervention and rehabilitation in order to prevent paralysis and to ensure the best possible outcome and quality of life for the patients. Avoid inappropriate diagnostic tests and reduce length of stay for this group of patients.</p> <p>MSCC is deemed an oncological emergency and early diagnosis, treatment intervention and rehabilitation is necessary to prevent paralysis and to ensure the best possible outcome and quality of life.</p> <p>Numbers are increasing as patients are living longer with cancer and with the advancing treatment techniques. Audit data (VCC, June 2020) shows that 33% of telephone queries from DGHs/TCT/community teams are MSCC workups; nearly 20% were admitted by on-call oncology team to manage/investigate/plan RT; and at least 15% admitted via radiology due to findings on imaging at time of scan.</p> <p>NICE guidance 2008, NICE Quality Standard 2014 and as recommended in the South Wales MSCC Strategy 2016.</p>	Attendance at spinal MDT.	This will be considered during detailed implementation planning.

SPECIALIST			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Medical Secretary (Support to direct and virtual Oncologist of the Day)	<p>Administrative support to ensure the effective communication and documentation of medical reviews and advice. Free up clinical staff time. Assumes that LHB based oncology time will be support by LHB teams.</p> <p>Support to direct and virtual "Oncologist of the Day" virtual support team, to facilitate timely communication and governance processes to LHBs and Primary Care.</p>	<p>Provide support to oncologist of the day every day of the week.</p> <p>Cross cover with MDT Co-ordinator role.</p>	Employed by Velindre, funded through LTA block agreement.
MDT Co-ordinator (MUO/CUP and Immunotherapy Toxicity)	<p>MDT Co-ordinator providing support to MUO/CUP and Immunotherapy Toxicity MDTs.</p> <p>Ensure discussion conclusions are documented and communicated between organisations including VCC, LHBs and primary care.</p>	<p>Staff time based on the number and frequency of new MDT meetings.</p> <p>Cross cover with AOS Medical Secretary role.</p>	Employed by Velindre, funded through LTA block agreement.

Regional			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Digital	<p>Collection of standardised structured data using digital forms to improve patient safety, reduce duplication, support data analysis and reporting; and is a key enabler to understanding the impact of service through Patient Reported Outcome Measures. Improved mechanisms for communication are required across various parts of the patient pathway. Facilitating seamless access to specialist advice at point of care. To flag admission of diagnosed cancer patients within the SE Wales region, and enable access to records across the site to facilitate specialist support.</p> <p>Year one posts: Business Analyst (Band 7, 24 months) and Solutions Architect (Band 8a, 9-12 months) to undertake scoping and discovery work package to: understand the various touch-points between organisations along the patient pathway, identify areas of waste and duplication, assess digital landscape and identify appropriate solution in line with a standards based approach and the national architecture review. Undertake a pan region review of data capture both manual and electronic perspective; identify opportunities to accelerate with existing technologies; and design forms to capture and link data ensuring a whole system approach.</p>	Currently detailed analysis for scoping phase only. Final resources would depend on agreed solutions and access to central funding.	Employed by or seconded to Velindre, funded through LTA block agreement. Could be hosted by an LHB if preferred.
Education and training	<p>Region wide fund to enable AOS clinical staff in all the organisations to access external training, particularly for CNS and ANP staff (part time MSc courses at local universities cost around £2000 per year over 3 years - CNS / 4 years - ANP).</p> <p>To maintain the principle of equity, the proposal would be to develop a regional education and training programme.</p>	Enable new CNS/ANP/AHP roles to access external training.	Pooled fund, to be overseen by AOS Project Board.

Regional			
Area of Investment / Post	Service Proposal	Resource Assumption	Method of Deployment
Project Management	Effective implementation of the clinical model across the region and link between the AOS project team and organisations.	Provide regional project management to all elements of business case, including AOS governance and delivery groups.	Employed by or seconded to Velindre, funded through LTA block agreement. Could be hosted by an LHB if preferred.

Appendix D

South East Wales Acute Oncology Service: Benefits Realisation Plan

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Equity of access	Equal access to AOS for those in equal need. Equal utilisation of AOS for those in equal need. Improved consistency of care for all patients	Patients, staff, Health Boards	Service delivered is available, consistent and predictable how and where ever the patient presents. Level of resource available is consistent. Patient outcomes are consistent.	Retrospective data Gather data 20/21	TBD	Patients accessing service per head population. Attendances linked to cancer incidence trends as reflection of need	Direct – patients have more equitable access to AOS across the region. Patients have a better experience and outcomes Indirect – AOS investment	TBD	Annual	2023/24
	Enhanced links with other hospital based specialists / services	Patients, staff, Health Boards	Improved / consistent links to other hospital based support (e.g. acute physicians, AHPs etc) improves the management of the patient's wider needs and ensures they receive access to inoputs necessary to manage their conditions.	Retrospective data Gather data 20/21	TBD	Number of referreals to other hospital specilisms	Direct – patients have more equitable access to wider range of services irrespective of where they present. Patients have a better experience and outcomes Indirect – AOS investment	TBD	Quarterly	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Patient experience and outcomes	Improved patient experience and better patient outcomes as part of acute presentation	Patients, families, carers, staff	Positive patient experience which respects the needs of the individual. Patients presenting with specific requirements (e.g. IO Toxicity / MSCC) have care better tailored to their needs The patient and their carers feel that there has been a measurable benefit from the care received.	Retrospective data Gather data 20/21	TBD	Patient reported outcome measures (PROMS) Staff surveys, PDAR	Direct - improve patients' quality of life Indirect - staff satisfaction	TBD	Annual	2023/24
	Efficient collection of AOS data allows for inter-operability and more clinical time spent with patients	Patients, staff	Patients experience fewer delays in accessing relevant clinical history and condition specific information. Staff spend less time manually recording data which can be translated into more patient facing input.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of referrals Staff surveys, PDAR	Direct - improve patient experience & outcomes Indirect - AOS team have a referral process	TBD	Annual	2022/23
	Digital interaction between staff / patients and staff / staff	Patients, staff	Patients receive better and more timely access to specialist resources whilst avoiding the need for staff to be physically on site. Where required staff managing patients on the ground can effectively access specialist advice and support.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of digital consultations / interactions	Direct - improve patient experience & outcomes Indirect - Local AOS team have improved access to specialist support	TBD	Annual	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Effective and efficient use of resources	More patients receive same day emergency care avoiding the need for hospital admission	Patients, Health Boards	Avoidance of inpatient admission with greater use of ambulatory pathways combined with timely access to 'Hot clinics' as required. Patient throughput is optimised and there are no undue delays across the patient pathway.	2018/19 data	TBD	Emergency admission rates. 30-day readmission rates. Nos of AOS patients admitted as inpatients. Nos of patients managed through ambulatory pathways. Cost per case	Direct - improve patient experience (discharged with plan). Better use of specialist resources. Indirect -increased capacity to manage other patients	TBD	Annual	2023/24
	When admitted patients spend less time in hospital as an inpatient	Patients, staff, Health Boards	By providing improved access to Oncologissts, specialist Nursaes and AHPs it is possible to reduce in inpatient length of stay. Patient throughput is optimised and there are no undue delays across the patient pathway.	2018/19 data	TBD	Inpatient bed days Average length of stay	Direct – improve patient experience (discharged with plan). Reduction in inpatient length of stay. Better use of specialist resources. Indirect - capacity to manage other patients	TBD	Annual	2023/24
	Patients are not subject to any unnecessary investigations or treatment	Patients, Health Boards	Patient management reflects their cancer journey and are supported with appropriate care and treatment according to their clinical needs	Retrospecti ve data Gather data 20/21	TBD	Number of investigations Patient outcomes and survival	Direct – improve patient experience Reduction in unnecessary investigations and treatment Indirect – capacity to manage other patients	TBD	Annual	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Effective and efficient use of resources	Better AOS data to improve decision making and facilitate more accurate demand and capacity forecasting	Patients, staff, Health Boards	Greater availability of concise, timely and accurate data to support AOS	Retrospective data Gather data 20/21	TBD	Staff survey Reports	Direct – improve patient decision making. Allows for measurement of service performance. Indirect – better links between service investment and patient outcomes	TBD	Annual	2023/24
MUO/CUP pathways	MUO / CUP patients have one point of contact, better experience and quality of life	Patients, families, carers, staff	MUO / CUP patients are supported and managed in a timely and appropriate way.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of referrals Staff surveys	Direct – improve patient experience & outcomes Indirect – AOS team have a referral process	TBD	Annual	2023/24
Optimising the end of life journey	Patients spend more time at home in their last year(s) of life. Where needed they have access to support including Palliative Care.	Patients, families, carers	Patients' last year of life is appropriately supported through timely access to care and expertise.	Retrospective data Gather data 20/21	TBD	PROMS Number of days spent in acute hospital in last year of life Patient preferred place of death Mortality rates within 30 days of treatment	Direct – improve patients' quality of life in their last year Indirect – avoid further acute presentations/ admissions	TBD	Annual	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Education and training	Improved effectiveness of AOS team working	Staff, patients	Staff are able to develop a more effective and joined up AOS team combining enhanced on the ground resource augmented by specialist support provided on a physical and virtual basis. Learning is shared as part of improved cross discipline team working.	Retrospective data Gather data 20/21	TBD	Increase in critical mass of AOS team Staff surveys Retention Qualifications across the team	Direct – enhanced AOS team (skilled, effective, efficient) Indirect – patients receive specialised care from a range of professionals	TBD	Annual	2023/24
	Better professional AOS education and training	Staff, patients	Staff are supported to provide / participate in formal and informal education and training and as result can provide more cohesive care reflective of latest best practice.	Retrospective data Gather data 20/21	TBD	Increase in critical mass of AOS team Staff surveys Retention Qualifications across the team	Direct – enhanced AOS team (skilled, effective, efficient) Indirect – patients receive improved joined up care from a range of professionals working as an integrated team	TBD	Annual	2023/24

Appendix E South East Wales Acute Oncology Service: Risk Register

Risk Number	Risk Description	Owner	Pre Mitigation			Proposed Mitigation Actions	Post Mitigation		
			Impact	Probability	Score		Impact	Probability	Score
1. Strategic Risks									
1.1	There is a risk that Health Boards are unable to prioritise required investment in AOS The COVID pandemic is particularly likely to impact on this risk	SRO	4	3	12	1. All HBs have included AOS as a priority in their 2021/22 IMTPs. 2. AOS Business Case Scrutiny Group established incorporating planning and finance representatives to ensure continuous involvement and awareness of plans and finances. Follow up with discussions with DoPs and DoFs. 3. Establish an Implementation Board which includes senior planning, finance and operational representatives from HBs and VUNHST. 4. Ensure any changes to the implementation plan are raised as issues, captured and managed appropriately.	4	1	4
1.2	There is a risk that AOS governance is not adequate to maintain shared ownership and delivery	Project Director	3	3	9	1. Continued CCLG involvement, maintaining oversight of the project (including SRO post). 2. Proposed implementation governance incorporated in business case and part of approval process.	2	2	4
1.3	There is a risk that further phases of AOS model are not taken forward	Project Director	3	3	9	1. Commitment from CCLG to hold the Implementation Board to account. 2. Joint partnership boards between VUNHST and HBs have been established. 3. Capture lessons learned from phase 1.	3	3	9

Risk Number	Risk Description	Owner	Pre Mitigation			Proposed Mitigation Actions	Post Mitigation		
			Impact	Probability	Score		Impact	Probability	Score
2. Planning Risks									
2.1	There is a risk that estimated revenue is unable to meet full costs of implementation		3	3	9	1. Undertake detailed work with stakeholders to define the resource assumptions and associated costs. 2. Work with HB to develop detailed service specifications and implementation plans that reflect local and regional requirements. 3. Maintain detailed cost and forecasts. 4. Establish a finance sub group (as part of existing commissioning arrangements) with senior representation to monitor and approve costs.	3	2	6
2.2	There is a risk that AOS demand outstrips capacity resulting in unmet need		3	3	9	1. A Business Analyst will work with local teams to establish effective and efficient data collection requirements to inform decisions around potential unmet need. 2. Access to better data will help define the true level demand.	3	2	6
2.3	There is a risk that a lack of adequate pre-go live planning impacts adversely on AOS implementation		3	2	6	1. Develop detailed plans and governance for the pre-implementation period. 2. Secure appropriate project management resource to support coordination.	2	2	4
2.4	There is a risk that a lack of adequate data on AOS means that the measures of benefit are not sufficiently collected to demonstrate the value of the investment. It will also hinder measuring progress on implementation.		4	4	16	1. Recruiting a Business Analyst early in the process will help local teams to establish effective and efficient data collection requirements to inform decisions around potential unmet need. 2. Agree the AOS dataset so there is consensus that the correct data is being captured. 3. Agree how, when and what AOS data is captured consistently across the HBs while the Business Analyst post is secured.	3	4	12

Risk Number	Risk Description	Owner	Pre Mitigation			Proposed Mitigation Actions	Post Mitigation		
			Impact	Probability	Score		Impact	Probability	Score
3. Operational Risks									
3.1	There is a risk that inability to access required numbers of adequately trained / skilled Oncologists		4	3	12	1. Link in with VCC Clinical Director and Medical Staffing to ensure job plans and recruitment criteria include AOS where appropriate. 2. Working with Workforce colleagues to develop robust recruitment plans.	4	3	12
3.2	There is a risk that inability to access required numbers of adequately trained / skilled nursing staff		4	3	12	1. Explore feasibility of regional approach to recruitment. 2. Workforce plan that supports upskilling, training and education.	4	3	12
3.3	There is a risk that digital enablers are not of a standard required to support key elements of the solution(s)		3	4	12	1. A Business Analyst will work with local and national teams to scope requirements to develop and inform digital specifications to meet the service need. 2. Work with HB digital leads to ensure regional consistency.	3	3	9



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item:??

Aneurin Bevan University Health Board

Welsh Health Specialised Service Committee (WHSSC) Update 2021

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 its relationship with Welsh Health Specialised Services Committee (WHSSC) and providing the Health Board with assurance of its service provision.

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:

Report Author: WHSSC

Report Received consideration and supported by :

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

Date of the Report: 11th November 2021

Supplementary Papers Attached: Presentation of WHSSC Update



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Update 2021

Aneurin Bevan University Health Board Update

Welsh Health Specialised Services
Committee



WHSSC

*"On behalf of Health Boards,
to ensure equitable access to
safe, effective, and sustainable
specialised services for the
people of Wales."*

WHSSC Commissioning HB Contribution 21/22

- £715m

Powys
£30.1m, 4%

Swansea Bay
£90.4m, 13%

Aneurin Bevan
£136.1m,
19%

Hywel Dda
£81.3m, 11%

Cwm Taf Morgannwg
£104.4m, 15%

Cardiff & Vale
£123.1m, 17%

Betsi Cadwaladr
£149.5m, 21%

Note: Aneurin Bevan contribution to WHSSC represents 19% of overall HCHSP discretionary allocation;

The average Welsh HB contribution is 14.3%



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

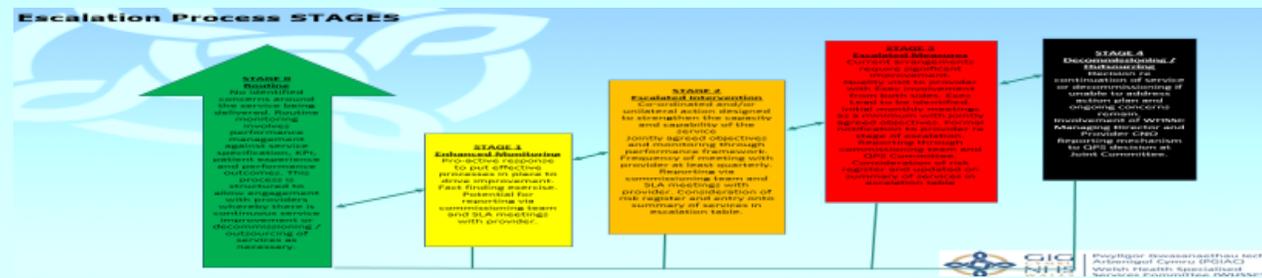
WHSSC Governance

- Joint Committee
 - Independent Chair
 - All 7 Health Board CEOs
 - 3 Independent Members (from HBs)
 - WHSST MD, DoF, DoN, Medical Director
- QPS
 - Chaired by WHSSC IM
 - IM rep from each HB
- IGC
 - WHSSC Chair & WHSSC IMs
- Management Group
 - Representative from each HB usually 2, usually a Planning/Commissioning and Finance but determined by each HB. Membership has to be agreed by JC

Commissioning Assurance Framework (replaced previous Quality Assurance Framework)

Suite of documents

- Risk Management Framework
- Performance Framework
- Escalation process
- Patient Experience & Engagement Framework



Gaining Assurance

Commissioner
Assurance Framework

Policies &
Service Specs

Service Level Agreements

Performance
&
Escalation

Policy Group

Service Level Agreement
Meetings with Providers

Performance Report
Escalation Process
via CDG

Reporting

- QPS Chairs report received by Health Boards – CEO at Joint Committee, HB Chair QPS and Lead, WHSSC QPS Health Board independent member
- Board Development sessions
- Quarterly meetings with Health Board Leads/DON
- Reporting at Health Board QPS
- SLA meetings
- Management Group



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Aneurin Bevan Residents Access to Specialised Services

Patient count by Provider site



Top 8 providers by patient count - 2019/20

ProviderName	Patient Count (min)	Price Actual
CARDIFF & VALE UNIVERSITY LHB	8471	£65,567,963
SWANSEA BAY UNIVERSITY LHB	1969	£7,218,201
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	882	£3,873,268
CARDIFF UNIVERSITY - PETIC	630	£642,964
ANEURIN BEVAN UNIVERSITY LHB	507	£8,023,184
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	268	£1,916,442
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	131	£830,935
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	118	£304,684
Total	12496	£88,377,641

Note: All patient contact, including Outpatients

Top 7 specialties by patient count - 2019/20

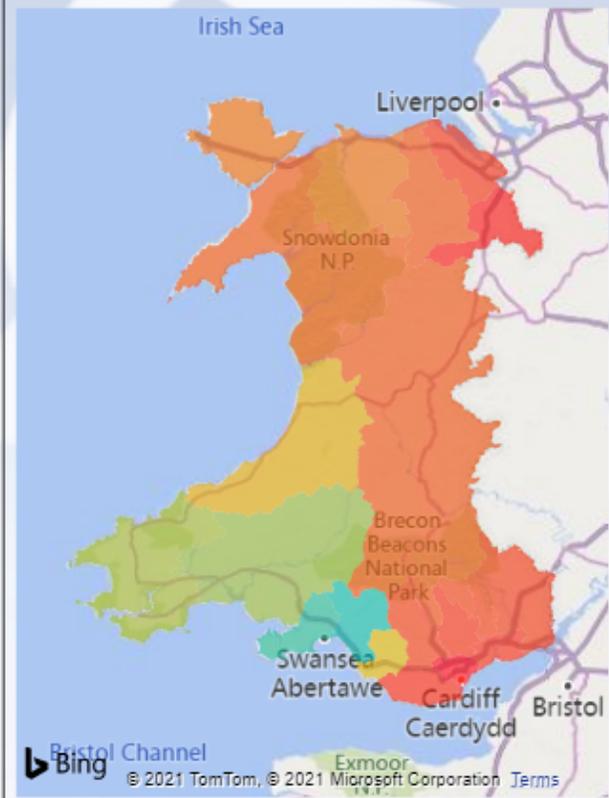
SpecDesc_WHSSC (High level grouping)	Patient Count (min)	Price Actual
Prosthetics	1792	£4,324,184
Cardiology	1393	£8,490,190
Plastic Surgery	791	£6,480,404
Nephrology	679	£9,858,641
PET scans	666	£672,166
Diagnostic Imaging	485	£198,377
Cardiac Surgery	452	£8,386,626
Total	6032	£38,410,588

Top 7 specialties by spend - 2019/20

SpecDesc_WHSSC (High level grouping)	Patient Count (min)	Price Actual
Nephrology	679	£9,858,641
Cardiology	1393	£8,490,190
Cardiac Surgery	452	£8,386,626
Neonatology	84	£7,686,655
Plastic Surgery	791	£6,480,404
Blood Transfusion (WBS)		£6,475,946
Neurosurgery	385	£4,900,160
Total	3676	£52,278,621

Note: Data includes all current MAIR records (Oct 2021), chart excludes Outpatient records
* WBS patient records not available so patient count not known

Patients/100k Population by District
(red = lower access, green = higher access)



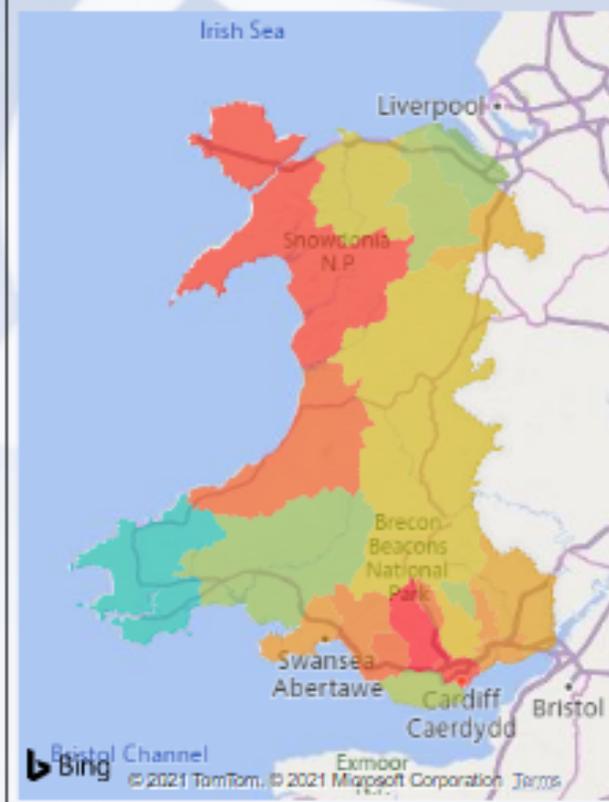
LHB_Name (as per WDS primarily)	Patient Count	Patients/ 100k LHB Population (NB. IGNORE TOTAL)	Price Actual	Average Price/Patient
SWANSEA BAY UNIVERSITY LHB	2276	601	£6,255,805	£2,749
HYWEL DDA UNIVERSITY LHB	1573	412	£3,574,787	£2,273
CWM TAF MORGANNWG UNIVERSITY LHB	940	217	£5,239,837	£5,574
POWYS TEACHING LHB	253	190	£859,297	£3,396
BETSI CADWALADR UNIVERSITY LHB	1161	169	£1,900,999	£1,637
ANEURIN BEVAN UNIVERSITY LHB	791	137	£6,480,404	£8,193
CARDIFF & VALE UNIVERSITY LHB	381	81	£4,224,285	£11,087
Total	7370	1,684	£28,535,413	£3,872

Notes on above table and map:

1. Data excludes Outpatient records
2. As the main South Wales provider, Swansea Bay's records include non-specialist activity for both SBU and HDU residents, so these Health Boards would appear higher

Data: Specialised Cardiac Surgery contract monitoring returns to WHSSC

Patients/100k Population by District
(red = lower access, green = higher access)



LHB_Name (as per WDS primarily)	Patient Count	Patients/ 100k LHB Population (NB. IGNORE TOTAL)	Price Actual	Average Price/Patient
HYWEL DDA UNIVERSITY LHB	348	91	£6,916,764	£19,876
POWYS TEACHING LHB	109	82	£1,638,671	£15,034
ANEURIN BEVAN UNIVERSITY LHB	452	78	£8,386,626	£18,554
BETSI CADWALADR UNIVERSITY LHB	539	78	£8,565,439	£15,891
SWANSEA BAY UNIVERSITY LHB	279	74	£5,672,471	£20,331
CARDIFF & VALE UNIVERSITY LHB	321	68	£6,500,645	£20,251
CWM TAF MORGANNWG UNIVERSITY LHB	261	60	£4,727,305	£18,112
Total	2309	528	£42,407,920	£18,366

Notes on above table and map:

1. Data excludes Outpatient records

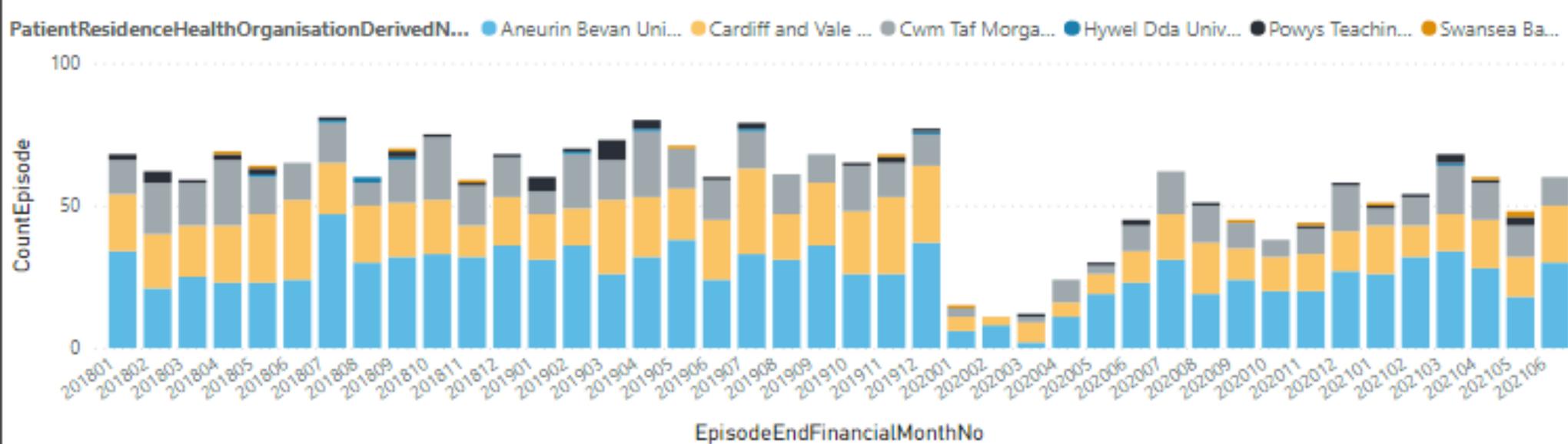


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Responding to COVID

Activity recovery - CountEpisode by FinancialMonthNo and PatientResidenceWelshHealthBoard



841

CountEpisode for 2019/20

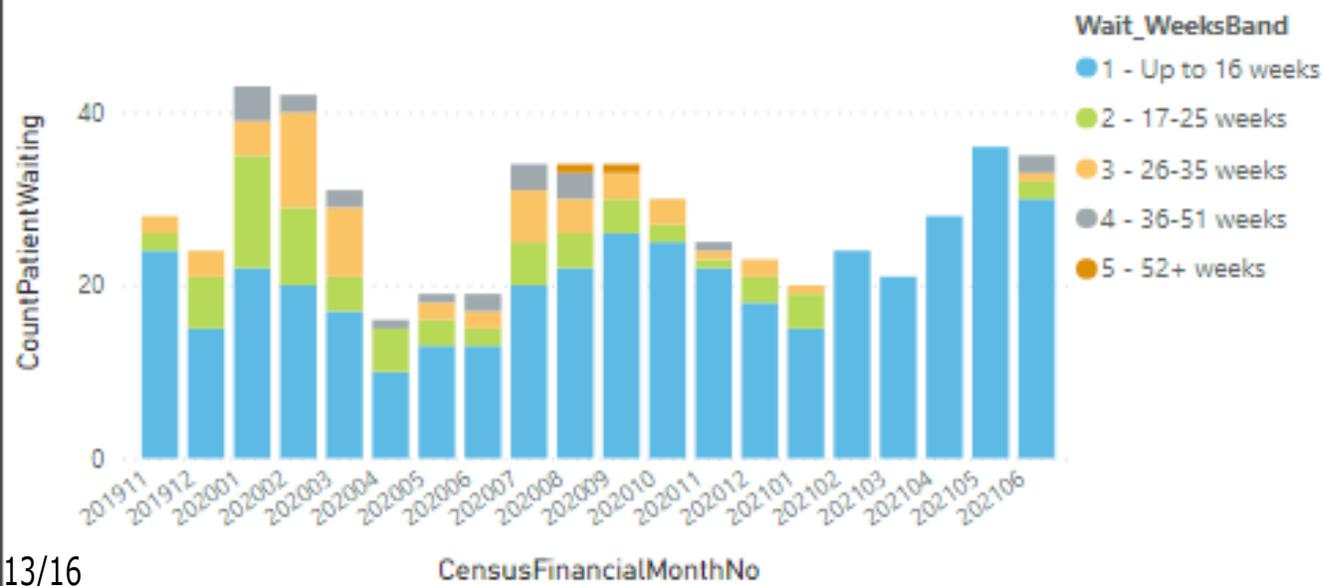
440

CountEpisode for 2020/21

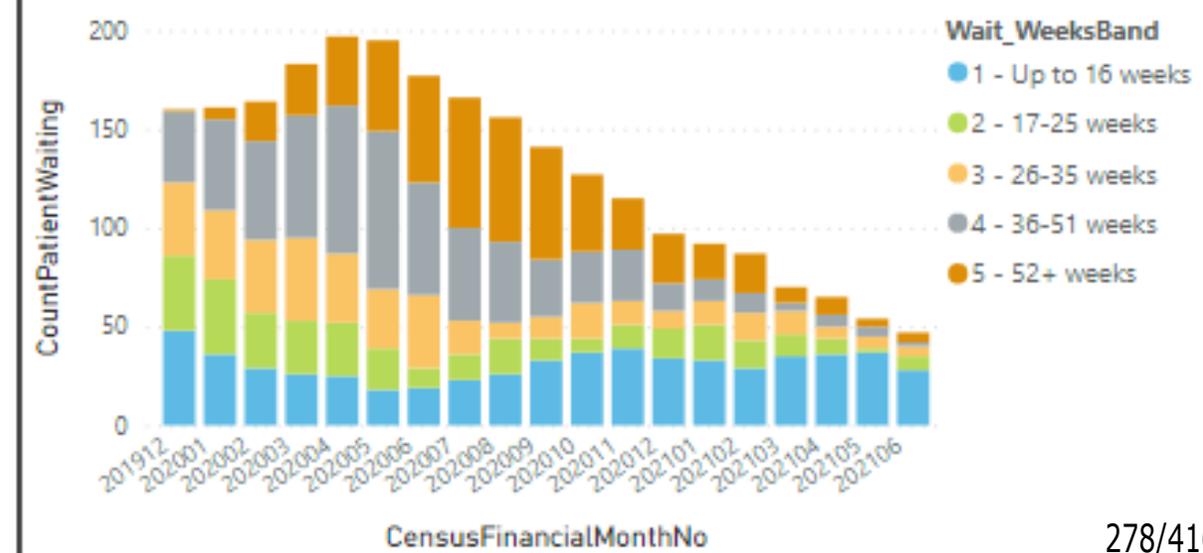
-48%

2020/21 difference to 2019/20

Patients Waiting - PatientCount by FinancialMonthNo and Wait_Weeks - New Outpatients



Patients Waiting - PatientCount by FinancialMonthNo and Wait_Weeks - Admitted Interventions



Responding to COVID -Priorities for 2021-22

- Workshop with Joint Committee to agree approach to equitable access.
- JC Supported
 - Alternative pathways where appropriate.
 - Moving patients across HBs to increase timely access – example thoracic surgery
- Agreeing recovery plans with providers
 - Implement alternative pathways
 - Monitor and assure against Recovery Plans
- Assurance of patients waiting
 - Health Boards/providers harm reviews
 - Systems and processes discussed at service meetings and SLA meetings

Looking Ahead

- Ambition of NHS Wales to deliver specialised services
- Specialised service delivery in south Wales
- Portfolio of services – where does WHSSC add future value and where can it step back?
 - E.g. interventional cardiology – pathway transformation complete – can step back
 - E.g. plastic surgery – not all components are specialised – managed handover to HB commissioning possible
 - E.g. Spinal surgery, low secure MH – opportunities for WHSSC to commission to secure consistent regional networks and deliver more effective pathways
- New services – WHSSC Horizon Scanning
- Repatriation from NHS England



Questions?



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item: 4.2

Aneurin Bevan University Health Board Critical Care Service Update Report

Executive Summary

The critical care service has experienced one of the most challenging periods in memory, managing the move into a new hospital whilst simultaneously navigating the major impact of COVID-19 and staff being pushed to their limits to maintain a safe and effective service. Despite these challenges, considerable successes have been recorded as set out above and the critical care team can be rightfully proud of their achievements in responding to challenges and pressures and continuing to deliver the highest standards of care during unprecedented circumstances.

The service shares the Welsh Government's and Health Boards commitment to ensuring everyone who is critically ill has access to timely, effective and safe services with an expectation that health boards deliver change at pace and achieve improved outcomes for everyone who is critically ill, whilst reducing inequalities and variability in access to services and ensuring that those who require critical care receive it in an appropriate environment, cared for by sufficient numbers of suitably qualified and experienced staff.

The Board is asked to:

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

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

Report Author: Steve Dumont, Clinical Director for Critical Care

Report Received consideration and supported by :

Executive Team		Committee of the Board	
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Date of the Report: November 2021

Supplementary Papers Attached:

Purpose of the Report

The purpose of this paper is to inform the Board of progress with the provision of services for critically ill patients and provides an overview of the service, outlines the key challenges and successes achieved over the past 18 months and sets out the priorities for 2022 and beyond.

Background and Context

Aneurin Bevan University Health Board (ABUHB) provides healthcare to over 600,000 people, some in the most deprived areas of Wales. ABUHB has historically had one of the lowest number of critical care beds per head of population within Wales, and does not fare any better when compared with England.

Critical Care services are centralised at the Grange University Hospital (GUH). The Critical Care Unit (CCU), which is now in a modern state of the art accommodation, has physical space for up to 30 individual cubicles. There are 24 current funded beds (based on pods of six beds). Admissions have been affected by the pandemic but are expected to be around 950 per annum.

Consultant cover needs to meet national standards with 24/7 consultant cover currently provided by 16 intensivist/anaesthetists. There is comprehensive trainee involvement including ACCS, CT, ST, F1 and F2 grades and respiratory medicine trainees including an advanced intensive care medicine trainee post. The Critical Care service is also training Advanced Critical Care Practitioners (ACCPs) and is approved for training at all levels. Senior specialist registrars in anaesthesia have regular commitments to the CCU, with the intensive care consultant always providing direct support. All consultants participate in clinical supervision of junior medical staff led by the educational lead for critical care.

There is an expanding research programme with a named lead supported by a dedicated research nurse. The unit participates in portfolio studies and all consultants are up to date with their "Good Clinical Practice". There are regular morbidity and mortality reviews and an audit programme. There is an increasing use of simulation training and accredited expertise in echocardiography and increasing expertise in the use of ultrasound in critical care

The critical care service performs a multi-functional role covering all hospital specialities. An outreach service runs seven days a week and the critical care team regularly organise and participate in ALERT courses. The service is fully engaged with the South East Wales Critical Care Network and participates widely in Network meetings / events and the ICNARC case mix programme.

A six bedded post-operative care unit (POCU) is well established at the Royal Gwent Hospital (RGH), providing an alternative option to critical care for higher risk elective surgical patients. This has proved successful in reducing cancellations of high-risk cancer and other surgeries and is increasingly being adopted as a model across units in Wales.

A critical care planning and delivery group generally meets on a quarterly basis. This is chaired by the Executive Director of Planning, Digital and ICT, and includes clinical, network, planning and managerial representation. The group considers strategic priorities and developments, reviewing service standards, quality outcomes and investment opportunities, and provides a valuable forum for escalation of issues and alignment with wider Welsh Government and network priority areas. There is a strong commitment to continuous service improvement and action plans relating to previous peer reviews form a standing group agenda item. Welsh Government priorities for the development of critical care provision across Wales include the following:-

- Phased expansion of level 3 critical care beds prioritising hospitals which provide tertiary or specialist service.
- 24/7 Critical Care Outreach across all secondary hospitals
- Development of post anaesthetic care units (POCUs) in all hospitals which undertake high risk surgery
- Better utilisation of the existing critical care workforce
- Development/expansion of the critical care workforce to meet professional standards
- Development of a dedicated regional transfer teams for critically ill adults
- Development of a long-term ventilation (LTV) and weaning unit in South Wales

Guidelines for the Provision of Intensive Care Services (GPICsv2 2019) were produced jointly by the Faculty of Intensive Care Medicine and the Intensive Care Society and form the definitive gold standard reference source for planning and delivery of UK Intensive Care Services. The Health Board service is currently engaged in developing a Welsh service specification to provide a roadmap for moving our services towards full GPICS compliance. This will also be closely aligned with the key actions outlined in the Welsh Government National Clinical Framework as the overall strategic approach to the delivery of high quality health care in Wales.

Assessment

IMPACT OF COVID-19

Service demand

Following the merger of the two separate units onto the one site in November 2020, there was a second wave of Covid cases over the subsequent weeks. This enabled the new CCU configuration to be tested under conditions of high demand. The single bedrooms were large enough to allow level 2 and 3 cases to be 'doubled' up in the rooms and meant that the CCU could maintain all of its patients within the 30 bed footprint. This permitted better support for both the trained ITU staff and those seconded to provide care from other areas. This was validated by positive feedback after the event compared to experiences from the first wave in the separate units.

The ability to 'internally' surge at times of high demand is invaluable as it allows the concentration of manpower resources within the unit footprint and no requirement to use more remote sites for critically ill patients. Using this system, the unit capacity was expandable to 60 if required.

The experience from this wave has allowed the CCU to formalise procedures and forms the basis for the planning for any future winter pressure planning.

The CCU team has begun setting out the learning from experience of patients with 'long-Covid' and the complex impact that this can have over an extended and non-linear period. It is considered that this cohort of patients may gain considerable benefit from the wider service objective of providing a more comprehensive and integrated follow-up service. This is outlined later in the paper as a priority objective for 2022.

Service provision and protocols

Most of the critical care unit activity and delivery has been subject to major adaptation, making effective use of and embedding the learning derived from the management of a

single room footprint during the pandemic. This has evolved protocols and ways of working that will make for more effective use of staffing and equipment resources in case of future pandemics or other large patient number events. Meetings are held every morning to review acuity and activity to effectively and safely plan service provision.

The first draft of the GUH Critical Care Surge plan was written prior to the move and was quickly utilised and adapted following the move. It became apparent that the single side room layout of the CCU, taking into consideration that the staffing model was correct for this layout, was greatly beneficial for coping with the pandemic. As stated, at the highest peak in the second wave, the CCU was able to stay within its footprint and safely staff with the assistance of theatre staff. The pod layout also enabled to effectively cohort the COVID patients whilst protecting non-COVID patients and vulnerable staff. Stocks of PPE were closely monitored and always met the needs of the unit. Social distancing in the rest areas for staff was a challenge but this was overcome by repurposing relative areas.

The team was very proactive in looking at how visiting could be restarted in a safe manner. The effects on the patients and the staff of not allowing relatives to visit through the first and second waves was profound. Critical care staff roles have always included close communication and support of relatives and previously there was open visiting for those patients that were critically unwell. The team overcame the issues with relative communication by setting up the Communication Team early in wave one which comprised of medically excluded nurses, the organ donation team and doctors who had previously retired and returned to provide assistance. This process provided relatives with a daily update on the condition of their relative and emotional support. Face-to-face communication was enabled between the patient and family using Health Board procured and donated devices, but this was exceedingly emotionally difficult for the staff especially when they were holding the device in front of a dying patient for their family to say their goodbyes. In early May, in collaboration with the RNTG a protocol was developed to allow immediate family members back into the CCU to visit. This is reviewed monthly in line with national guidance.

Workforce pressures and well-being

It is recognised that the pressures generated by the pandemic have had a major impact on staff within CCU, with high levels of stress and sickness absence and restrictions on clinical roles following occupational health assessments e.g. staff consequently unable to work face-to-face with red or possibly red patients.

The Psychology Team members are familiar and embedded faces on CCU and they have been providing effective support to staff. Welsh Government funding was utilised to secure 1 WTE of psychology service within critical care which has proved extremely beneficial to both staff and patients. In wave one CCU was fortunate to have support from the wider psychology team ensuring that a clinical psychologist was available for all staff to access during or after their shifts.

In addition, there is also provision for clinical supervision and well-being sessions that are run by unit's own trained clinical supervisors.

As part of the plans made in preparation for the move to GUH staff were put into coloured teams with a clear structure of support and leadership and to allow the relationship building of smaller teams in a large unit. The aim was that staff would be well supported both educationally and emotionally and would not feel lost in a larger

work environment than they had previously worked in. Staff feedback shows that this has worked very well. Recently we held a series of coloured team sports days to encourage team building and wellbeing, the event was competitive and successful.

The Health Board appraisers had recent training from the local wellbeing team on the ways to support and signpost those who needed help to the Health Board's own resources following their annual appraisal. This is in keeping with the GMC refocusing on it as a priority.

An all-Wales appraiser online training session on wellbeing took place in November. This offered advice on how to contact support services for the medical staff that undergo regular appraisal. It would be considered invaluable if this sort of help could be offered to all trainees that have regular ARCP meetings.

PROGRESS AGAINST KEY PRIORITIES

Commissioning of new unit

The physical transfer of critical care from RGH and NHH in November 2020 was meticulously planned and resulted in a safe and effective move. The timing of the move was fortunate as we went into the second COVID surge within weeks of the opening of GUH CCU. The staff displayed that they were adaptable and resilient throughout the process. There were teething problems at first, however, issues were safely and quickly resolved.

The development of the Transfer Practitioner Service has been vital in the safe transfers of step up, step across and step-down patients. The service was commissioned in the summer of 2020 for 12 hours / 7 days a week and was fully operational at the opening of GUH. Funding has been approved to expand this service to 24 hours which will improve these processes further.

Therapies in Critical Care

Following the allocation of Welsh Government funding it was agreed that the investment should be targeted for specific therapy support within Critical Care. Historically, there has been poor achievement of GPICS standards and despite being allocated less than anticipated the funding was utilised to provide additional resource in psychology, physiotherapy, speech & language therapy, occupational therapy, dietetics, physiotherapy and pharmacy. This has proved to be an invaluable resource for the patients within critical care to aid successful recovery.

Support and training for Nurses

The CCU prides itself in the support and training that is provided to its nursing staff. As part of the Welsh Government funding, a portion of funding was allocated to employ another 1WTE band 7 Practice Educator. This additional funding has allowed a robust training programme to be provided for all critical care nurses throughout their career with us. This has put the unit in the position that very few nurses have been lost through the pandemic, vacancies are filled quickly, and currently the Unit is in the very fortunate position of having a waiting list of staff wanting to work here.

Development of a dedicated regional transfer team for critically ill adults

This initiative was taken forward by health boards in conjunction with the Welsh Ambulance Service NHS Trust. This service is now fully operational and appears to be

functioning well in providing alternative dedicated capacity options for urgent transfer requests and improving patient flow across the critical care system.

ALLOCATION OF WELSH GOVERNMENT FUNDING

The Health Board successfully bid and received £1.642m recurrent funding in 2019/20 from the £15m funding announced by Welsh Government, specifically aimed at investment in Critical Care Services. The funding was used to support capacity and workforce schemes aligned to the National priority areas. The table below demonstrates where the money has been invested.

Workstream	Staff Group	Role/Band	20/21	
			WTE	20/21
Capacity	Registered Nurse	RN - Band 5	7.0	320
		RN - Band 6	6.0	346
		HCSW - Band 2	10.0	305
		Non-Pay		214
	Capacity Total		23.0	1,185
Workforce	ACCPs	ACCP - Band 8A	1.0	78
	Pharmacist	Pharmacist - Band 8A	1.0	64
	Professional Support Nurse	Practice Educator - Band 7	1.0	56
	Clinical Psychologist	Clinical Psychologist - Band 8B	1.0	77
	Admin	Administrator - Band 4	1.0	29
	Additional Pharmacy Roles	Pharmacy Technician - Band 5	0.4	15
		Pharmacy Assistant Technical Officer - Band 3	0.3	6
	Integrated Therapy Team	SALT - Band 7	1.0	55
		Physiotherapist - Band 5	0.5	19
		OT - Band 6	1.0	47
		Dietician - Band 7	0.2	11
Workforce Total		8.4	457	
Grand Total Allocation			1,642	

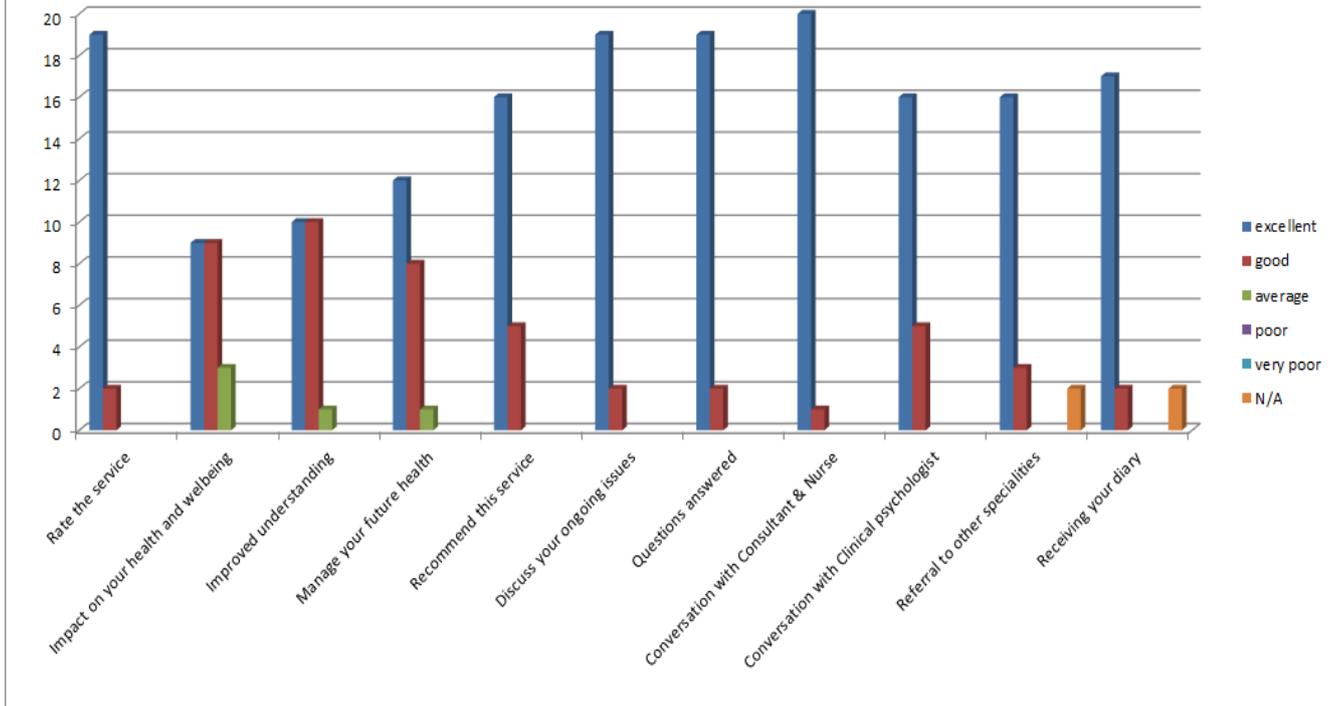
The added value of these investments to the quality of care provided will inform future investment priorities to ensure optimal ongoing development of the service.

PATIENT EXPERIENCE OF THE SERVICE

The service recognises that critical care is a very stressful and potentially frightening environment for patients and relatives, and consequently places a very high priority on monitoring and optimising patient experience of the care that it provides.

Patient diaries have been a pioneering and long-standing part of the unit's work and form part of a follow up programme. The diary provides the patient with information about what has happened to them during their stay in Critical Care. Patients and their families find this information valuable as many patients cannot remember anything about their time within CCU and in some cases can lose weeks of their lives. The unit also provides a Follow up Clinic which reviews all patients that have a LOS > 48 hours. The Clinic is run by a consultant, experienced nurse, and psychologist with referrals to physiotherapy, dietetics, speech & language therapy, occupational therapy and other specialities. This is an essential part of the patient's recovery following their acute illness and is extremely valued by the patients who use it.

Patient Satisfaction Survey Nov-May



Quotes from patient feedback

"I read it quite often as it helps me understand exactly what happened to me & my family wrote in it as well. It helped that I knew who looked after me & what medication I was given. The photos helped as well - I just wished I was filmed to see exactly what I went through!"

"Thanks for this - my own "Journey Through Critical Care" diary, dating from 5th May 2013 is now an essential part of our family history - it serves to remind us of a hugely stressful period and the amazing performance of the NHS's during my initial five week stay in the Critical Care Unit at Royal Gwent Hospital before moving on to Morriston Hospital, Ysbyty Ystrad Fawr then home again after 13 weeks - somewhat damaged but mostly mended!"

"It was a massive help to read what had happened to me, and to read about the care and attention from the nurses and Dr's. Unless you have experienced missing a whole month of your life and waking up having no idea what has happened then it is something you can't understand, the diary has been a major part in trying to cope with what has happened, even though it is still a massive struggle. Thank you all so so much."

"I hope my email will help you. I was in ICU January 2019...And after that I received a journal which helped. It helped because I was able to read and see what was happening to me when I was in coma. I was terribly upset a while because I could not remember stuff from ICU. Even though I could not read it a good couple of months after I received it but helped anyway to know it was in my house and whenever I was ready I could read it. After a while I read it and I cried loads but it helped at least to know what had happened with me. Even now I open the journal sometimes, I think is especially important for every patient to be able to have a journal and to find out what was

happening to them...and who take care of you and stuff like that. Every patient should have a journal."

"After being discharged, I was invited to go in to collect my Diary. I was not sure what this meant, but on being handed it and a quick glance, I thought how caring. I was not aware that I had had been in for that length of time. Reading what the nurses wrote was so helpful in coming to terms of what I actually went through. It was nice to know not only was I cared for medically but equally nurtured and watched by such special people constantly. It was the little things like they spoke to me whilst intubated about what was happening, this was special. I still look at my Diary especially if I have had bad dreams/delirium as it is a comfort. I also find that sharing our Diaries with other patients at ICU Steps meetings is definitely an aid to recovery."

The above, illustrates how the service has been able to make a difference to the patients well-being and recovery.

CHALLENGES AND PRIORITIES FOR 2022 AND BEYOND

Phased expansion of critical care bed capacity

As part of the longer-term Clinical Futures strategy, a planned increase in capacity to 24 beds took place in November 2020 when the two previous units merged on the new GUH site. The strategy involved further phased increases each year up to 28 beds in 2023/24, with physical capacity for two further beds at a later stage if required. This was also predicated on a plan for no Level 1 DTOC patient provision.

During the COVID peak, bed numbers increased to meet demand. Out of the pandemic surges, the demand for beds has been broadly manageable within the current 24 bed footprint. However, it is considered that expansion of this number will require careful planning to maintain the sustainability of the consultant, medical trainee and nursing workforce, being mindful of ongoing absences due to sickness, Covid-related precautions and maternity leave.

It is considered a safer and more effective use of the staffing model and footprint if four or six beds are opened together. The unit has the basis for the coloured staffing team to start to facilitate this and would then slot the additional new staff into the other four established teams. This will enable the spread of training and support throughout the workforce and allow the safe staffing model that we developed for critical care to continue in the newly commissioned pod. The detailed case for this capacity increase will be developed as part of the IMTP process for 2022/23, and is aligned to the WG national priorities and will increase the Health Boards critical care beds per head of population.

Further development of critical care outreach service

Expansion and development of the outreach service has been a key priority both locally and nationally, with recognised benefits including improved specialist intervention, reduction in avoidable cardiac arrests, reduction in avoidable critical care admissions and higher baseline knowledge and expertise in respect of the recognition of deteriorating patients across the Health Board.

The Outreach team currently operates 12 hours a day, seven days a week, having secured resources to expand from eight hour / five day operation in 2019 and

maintaining an aspiration to develop ultimately into a 24/7 service. It was planned for the team to integrate with the Hospital at Night team to establish a 24/7 Core Site Safety team operating across three hospital sites, with further provision developed in 2022/23. In practice, the operational impact of the team has been significantly impacted by COVID, and it is now planned to review the service during 2022 and to reconfigure in liaison with the Hospital at Night Team according to demand. The proposed provision to YF will be reviewed as part of this exercise.

The Outreach Team is currently auditing the pattern of need across the sites in the Health Board. Staffing issues remain a constraint in achieving seamless 24/7 coverage, and the limited resource makes it imperative to deploy where it will have the most impact on the wider critical care system, whilst retaining the aspiration of 24/7 core outreach cover in the longer term.

Development of POCU capacity to support the undertaking of higher risk planned surgery

It was originally intended to expand the RGH POCU to nine beds to support the site as the main elective surgery centre. The unit is open in RGH with six beds currently, with funding prioritised for the additional three beds.

Some under-utilisation has been observed, as clinicians adapt to the philosophy of the Clinical Futures model and the streaming of non-critical cases away from the GUH site. It is intended to undertake further work to encourage greater use of the facility by surgical specialities operating within RGH to reduce pressure on GUH capacity. This will also ensure that the service responds positively to recommendations from recent National Emergency Laparotomy Audit (NELA) reports. NELA assesses the delivery of perioperative processes of care in emergency laparotomy against contemporary standards of care, and the service is keen to learn from audit recommendations and to ensure that the critical care team are fully involved in the decision-making process for these patients.

Better utilisation and development of the existing critical care workforce

The Critical Care team continues to adapt to the new way of working since the transfer of services to GUH and has learned how to manage the single rooms/POD model and how to deploy nursing staff most effectively and safely. The nursing teams have evolved a safe and efficient working pattern to provide appropriate nursing care to the new unit configuration. In the context of widespread workforce shortages in many areas, recruitment remains positive in the service and nursing staff numbers are good considering the current sickness and exclusion situation. In order to maintain this position, the teams have pursued the agreement at national level for payment of enhanced nursing bank rates to decrease the reliance on agency staff and retain the unit's own nurses to fill gaps. More recently the Health Board has agreed a higher rate of specialist critical care rates which has been positively received by the team.

A 1:8 rota of advanced critical care practitioners is now fully established, providing a 24/7 rota as part of the daily 'trainee' numbers. An accepted trainee staffing level has been agreed with anaesthetics, but it has proved challenging to fill all the slots on an ongoing basis. There are plans to introduce a more responsive and robust system to ensure locum slots are filled in a timely manner. This will include consideration of a locum bank that could be 'insulated' from the presence of gaps in the trainee allocation to the health board.

There remain consultant vacancies to be filled and the team are exploring avenues to address these. This is one of the key medium-term priorities for the service.

The service has a high regard for the added value achieved by dedicated therapy involvement on CCU to optimise patient experience and potential. A powerful description of this expressed during the year was that 'where the unit saves patients' lives, the therapy team then help to make those lives worth living'. The initial establishment of an integrated therapies team took place in 2019/20, and the Health Board's Critical Care Planning & Delivery Group has received very positive information over the past 12 months demonstrating the benefits of specialist psychology, speech & language therapy input and occupational therapy into clinical outcomes and managing many activities of daily living. The pharmacy provision to the critical care unit has also been expanded and diversified to include pharmacy assistant and technical roles and a more sustainable senior clinical pharmacist presence.

Further potential for benefit exists, as therapy provision does not yet meet new GPICS standards, with further occupational therapy being the greatest remaining service gap. It is intended to utilise funding opportunities to expand the therapy team in 2022 and 2023 to meet agreed best practice professional targets and have further impact on patient recovery, rehabilitation and quality of life, becoming an exemplar unit in Wales.

Staff Wellbeing

In recognising that the pressures placed on the team are unlikely to ease significantly in the coming months, it is important to maintain the recent levels of support that have been available to staff and to strengthen this further in 2022. It is important that all members of the multi-disciplinary team experience a culture of nurturing and development, to ensure sustainable job satisfaction, appropriate work life balance and attractive career opportunities. The workforce wellbeing best practice framework set out by the Intensive Care Society will act as the benchmark for this work over the course of the year.

Develop sustainable follow up and rehabilitation service for complex post ITU patients

A Critical Care follow up clinic has been running for many years and as described earlier in the document is an essential part of recovery from critical illness. The service has adapted to COVID by moving over from face-to-face meetings to Teams or phone calls. It has also included the respiratory team to help deal with the complex issues that patients are facing post pandemic. Critical Care follow up within the Health Board was commenced as a pilot scheme supported by Welsh Government and the Network and it quickly became apparent that the need to review our patients post discharge home was essential for their long-term recovery.

Follow up clinics have been funded by the department and comprise of nursing hours that are taken out of the clinical establishment. For the future, there is a need to consider this on a more sustainable basis. A business case for the COVID follow up service which includes the respiratory input is being developed to provide a sustainable foundation for the current service and staffing, with additional options to expand and enhance its potential.

The aspiration for this service include a 'one stop shop' to address a range of complex rehabilitation needs (of which COVID is just one), supported by a full multi-disciplinary team and including comprehensive therapy support. This is considered to have benefits

beyond post-critical care patients and will form part of the option appraisal within a future business case.

Continued improvement in service standards and quality

The service retains a strong commitment towards quality standards and in using audit data to drive continuous improvement. Analysing performance against Guidelines for the Provision of Intensive Care Services (GPICS) audit reports will be a key driver over the coming months, with regular progress reports discussed at Planning & Delivery Group meetings.

Performance Dashboard

The team is currently working with the Health Board's data partners Lightfoot to develop a real time dashboard of key data and metrics to support optimal operational activity and efficiency, with performance monitored and scrutinised in operations and service quality forums. It is intended to share experiences across the Welsh network to encourage common measures and approaches and hence enhance wider all-Wales efficiencies for the critical care service.

Development of a long-term ventilation (LTV) and weaning unit in South Wales

The Health Board liaises with the LTV service on patients that are being referred to them, thus allowing weaning plans to be 'synchronised' ready for the patient being transferred to the unit. It is recognised that delays are experienced in admissions to LTV due to system capacity pressures, and it is anticipated that Cardiff & Vale UHB will progress a detailed business case to establish a larger dedicated facility for tertiary regional use.

Conclusions and Recommendation

The commitment to quality improvement is undiminished and the service has embraced recent investment opportunities efficiently and effectively to achieve a wide range of valuable developments, including sustainable capacity increases, enhanced care models, increased therapy input and stronger outreach capability. It is acknowledged that there is more work to do, and the team will continue to utilise opportunities to deliver further improvements, compliance with the latest best practice service standards and benchmarking with the leading units in the UK.

Board is asked:

1. To note the achievements and progress of the critical care service over an extremely challenging operational period
2. To note and endorse the priorities and planned actions for 2022 onwards

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The critical care service operates within a risk management framework overseen by the Scheduled Care Division and within professional networks and peer reviews that highlight good risk assessment and management practice
Financial Assessment	The service has a robust financial foundation and has a commitment to demonstrating value for money. Recent investment opportunities have been utilised to enhance the service through a prudent healthcare approach
Quality, Safety and Patient Experience Assessment	The service has a robust commitment to optimising quality and safety. Enhancing the patient experience remains a key priority in service development plans over the coming year and beyond
Equality and Diversity Impact Assessment (including child impact assessment)	The continued development of the service will improve equity of access to timely critical care for patients across the health board
Health and Care Standards	The service operates in accordance with the best practice requirements of current health and care standards
Link to Integrated Medium Term Plan/Corporate Objectives	Recent and planned service developments are closely aligned to the priorities within the Health Board's Annual Plan (which will be retained as part of the IMTP for 2022/23 and beyond). These include ageing well, support for older adults and dying well as a part of life
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Progression of the service plans and priorities will support the intentions of the Act in the following ways:
	Long Term – addressing the long-term needs of the population and organisation in respect of enhanced capacity to meet future critical care demand and of adding quality to life following critical care admission
	Integration – optimising the added value of the integrated multi-disciplinary team for patients requiring critical care, through both saving life and through enhancing the quality of that life post-treatment
	Collaboration – the service operates within a collaborative framework of close liaison with services across Wales and the wider critical care network
	Prevention – the wider work of the service emphasises the valuable role of prevention, particularly through the success of the outreach team in raising expertise in recognising signs of patient deterioration and helping to avoid cardiac arrests and critical care unit admissions where possible
Glossary of New Terms	New terms are explained within the body of the document.



Aneurin Bevan University Health Board
BOARD ASSURANCE FRAMEWORK – MID YEAR REVIEW – UNDERTAKEN
OCTOBER 2021

Executive Summary

In line with good governance practice, the Health Board is required to have a Board Assurance Framework (BAF) in place to assure itself that there is an effective system of integrated governance, risk management and internal control across the whole of the Health Board.

The Audit, Finance & Risk (AFR) Committee noted the changes to the Board Assurance Framework since its last presentation to the Board in May 2021 and the progress made in embedding the revised risk management approach. This included the complete revision of the risk management strategy and acknowledged the steps needed to further support the implementation and full benefits realisation of the revised approach and risk management strategy. It is anticipated that the revised template will be rolled out across all principal risk profiles to further assure the Board of the effectiveness of internal controls and provide enhanced understanding around the internal management of each risk profile.

The Board is requested to note the report for assurance.

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: Richard Howells, Interim Board Secretary

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	X
[Audit, Finance and Risk Committee]			

Date of the Report: 24th November 2021

Supplementary Papers Attached:
Appendix 1 – Board Assurance Framework 2021
Appendix 2 – Proof of Concept Report – Falls Risk Profile

Purpose of the Report

This paper provides the update reported to the Audit, Finance and Risk (AFR) Committee at its meeting of 7th October 2021. It outlines the progress made to date in relation to the implementation of the revised risk management strategy and subsequent Board Assurance Framework, the gaps in assurance in regard to each principal risk and includes a 'proof of concept' reporting template, linking the efficacy of control measures to a risk profile.

Background and Context

At the Health Board meeting May 2021, the Board Assurance Framework was received and endorsed. This report was provided to the Audit, Finance and Risk Committee October meeting with an updated position in respect of the principal risks to the Health Board, at the mid-year point.

To align with best practice this BAF was developed using the Good Governance Institute (GGI) guide to Board Assurance Framework and supplemented with a review of other Health Board's Frameworks.

Assessment and Conclusion

Assessment

The purpose of the BAF is to describe:

- Interdependencies between key strategic documentation, plans and organisational objectives and what that means in terms of assurance.
- The principal risks which threaten the successful delivery of the 5 key priorities as outlined in the Annual Plan 2021/22.
- An assessment of the sources of assurance and if there are any gaps which need to be addressed.
- To be used as a driver to inform the business of the Board, Committees and Executive Team.

The BAF aligns with the Health Board's endorsed revised Risk Management Approach and associated Delivery Framework and the Health Board's Risk Management Strategy which was recently endorsed by the Board at the September 2021 meeting.

There are currently 25 risk profiles which make up the Corporate Risk Register, of which 12 risks have a score of 15 or above. These 12 risks form the principal risks to the Health Board's delivery of its strategic priorities. The details and assurance assessment which has been undertaken is outlined in Appendix 1 of the Board Assurance Framework. It is important to note that the BAF describes a record of the principal risks to the Health Board as at 1st October 2021.

Since the BAF was last presented to the Audit, Finance and Risk Committee, the following risk profile has been removed due to reduction in score to (2x5)10:

CRR024 (*March 2021*) –

Threat Cause: Failure to identify and manage new COVID variants and mutations of concern.

Threat Event: Leading to rapid spread and harm.

In addition, 4 new risk profiles were added as part of the initial embedding of the revised risk management approach. These risk profiles are:

CRR027

CRR028

CRR030

CRR032

The details of these profiles are outlined at Appendix 1.

Appendix 2 provides a 'Proof of Concept' specifically focussed on the Falls risk profile. This report uses data held internally via the Health Board's QlikSense system and uses the Quality dashboard to form an assessment about the current controls in place to manage the Falls risk profile.

Next Steps – Further Developments

The inaugural meeting of the Risk Management Community of Practice took place on 9th November 2021. It is anticipated that this mechanism will further assist with the embedding of the revised risk management strategy. It will also promote and cultivate important learning links across Divisions and throughout the organisation where areas of best practice can be shared and case studies can be reviewed.

Enhanced alignment with the development of the IMTP and involvement with the process from the inception will also further strengthen the implementation and realisation of the revised risk management strategy and delivery framework. A Board Development Session is scheduled for January 2022 to demonstrate the risk stratification of the revised IMTP.

Development of risk management training modules have taken place with Level 1 training module scheduled to be finalised by end of November 2021. Discussions are currently continuing with colleagues to understand how this could be implemented on ESR for all staff. An update and proposed implementation plan on this will be presented to Executive Team in due course.

Continued involvement and engagement with the National 'Once for Wales' Risk Module group is continuing to ensure the new risk management module to be provided on DATIX is completed in line with our requirements and expectations. This is anticipated to be implemented in April 2022. It should be implemented with minimal disruption to the Health Board current systems and processes.

Audit, Finance and Risk Committee highlighted that some further refinement was required in respect of internal controls and actions plans associated with the management of the risk profiles. Further work has been undertaken with local risk managers and Executive risk owners to determine and describe what constitutes a control and action plan. It is suggested that further developments in this area are incorporated in to an organisational understanding of risk definitions and will be utilised to further strengthen and embed the revised Risk Management approach.

Recommendation

The Board is asked to endorse the revised Board Assurance Framework and note:

- the updates received against the Health Board principal risks;
- the further assurance mapping against each risk profile including external sources of assurance and an assessment related to any perceived gaps in assurance;
- the continued embedding of the revised risk management approach, further strengthened by the recent endorsement of the revised risk management strategy;
- the next steps which will be taken to further strengthen the realisation of the objectives outlined in the revised risk management strategy.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework.
Financial Assessment, including Value for Money	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
Quality, Safety and Patient Experience Assessment	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.
Equality and Diversity Impact Assessment (including child impact assessment)	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes.
Health and Care Standards	This report contributes to the good governance elements of the H & CS.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
Glossary of New Terms	Not required.
Public Interest	Report to be published.



Aneurin Bevan University Health Board

Board Assurance Framework – October 2021 (Mid-Year Review)

Introduction and Purpose

Aneurin Bevan University Health Board must ensure that effective systems and controls are in place to achieve its strategic objectives and priorities. The **Board Assurance Framework (BAF)** is one of the means by which the Health Board assures the success of its objectives and will be used to inform the business of the Board and its sub-Committees by seeking assurances on the risks identified.

The purpose of the Health Board's Board Assurance Framework is to describe:

1. Interdependencies between key strategic documentation, plans and organisational objectives and what that means in terms of levels of assurance.
2. The principal risks which threaten the successful delivery of the 5 key priorities as outlined in the Annual Plan 2021/22.
3. An assessment of the sources of assurance and if there are any gaps which need to be addressed.
4. Inform the Board forward work programme and Committee agendas by ensuring clear alignment and monitoring of the most significant organisational risks.

The BAF links with the Health Board's Risk Management Strategy and Quality Assurance Framework to provide a robust structure that enables the Health Board to focus on threats to its most important objectives. In this respect, the BAF will assist the Health Board to:

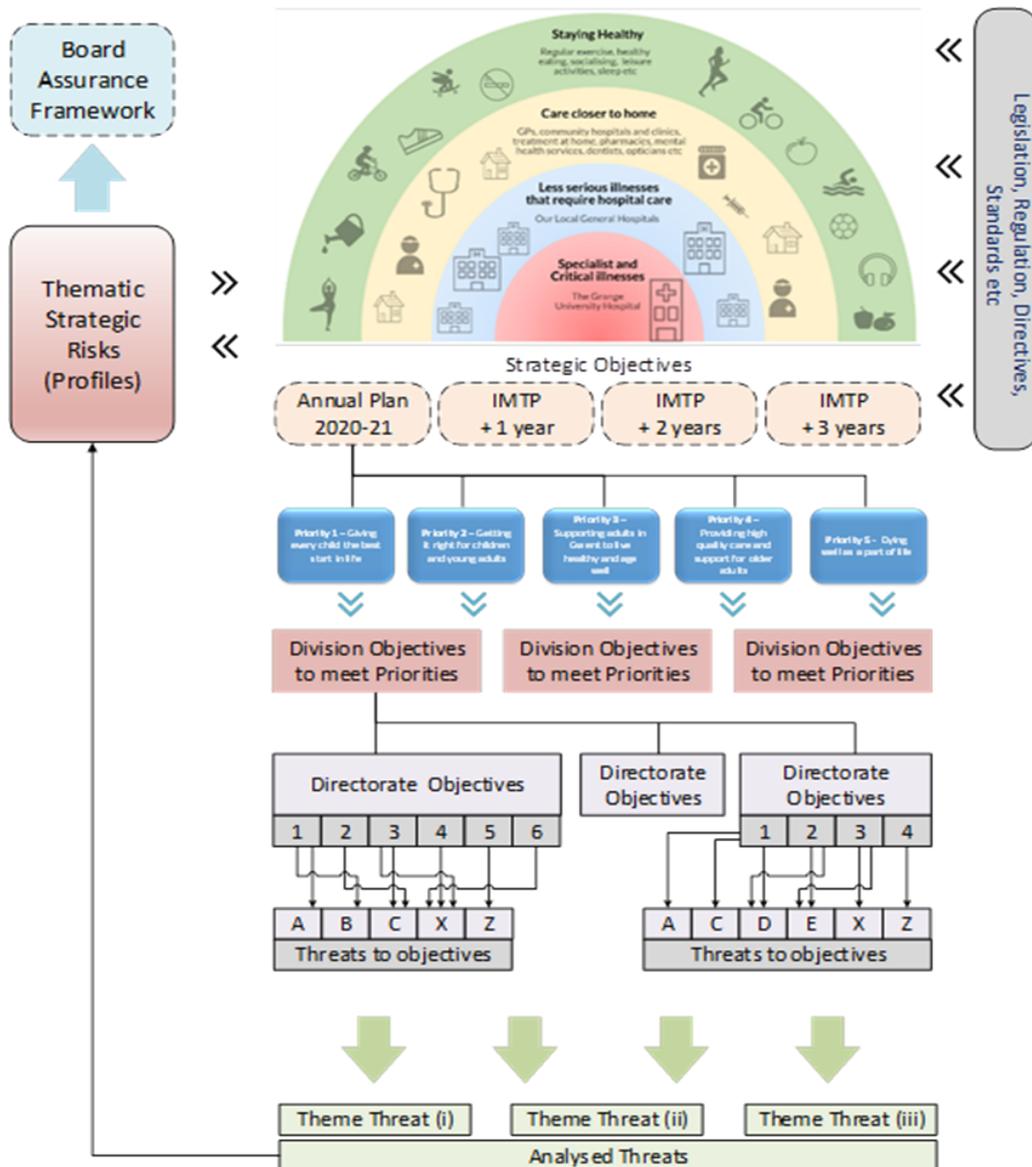
- Hold itself to account acknowledging that it is its responsibility to protect patients, visitors and staff and as well as the organisation;
- Test and review the Health Boards internal control mechanisms which support the successful achievement of the Health Board's strategic objectives and priorities;
- Clarify the principal threats that may compromise delivery of our strategic objectives;
- Affirm that appropriate assurances are in place;

- Outline the potential and positive sources of assurance and encourages any gaps to be identified.
and
- Provide clarity on the status and reliability of assurances reported.

Revised Risk Management Approach and Delivery Framework

The Health Board has recently endorsed a revised approach to Risk Management and an associated Delivery Framework to embed the approach throughout the organisation. The premise of the revised approach is that it will form part of the process to deliver the Health Boards agreed strategic priorities and objectives (through its strategy, IMTP and Annual Plan).

Operational application is expected to include threat identification to the success of the delivery of objectives and an assessment of the management of the threats. These will then be aggregated and amalgamated to create sets of threats which can then be escalated as strategic risk themes. This is integral to the success of the risk management delivery framework. The Delivery Framework for the revised Risk Management Approach is depicted below:



The Board Assurance Framework, therefore, aligns the overall objectives of the organisation, the principal risks, key controls, appetite for organisational risk (as expressed in the Risk Management Strategy) and identifies the sources of assurance and controls for each of the Health Board’s principal risks.

The Role of the Board and Sub-Committees

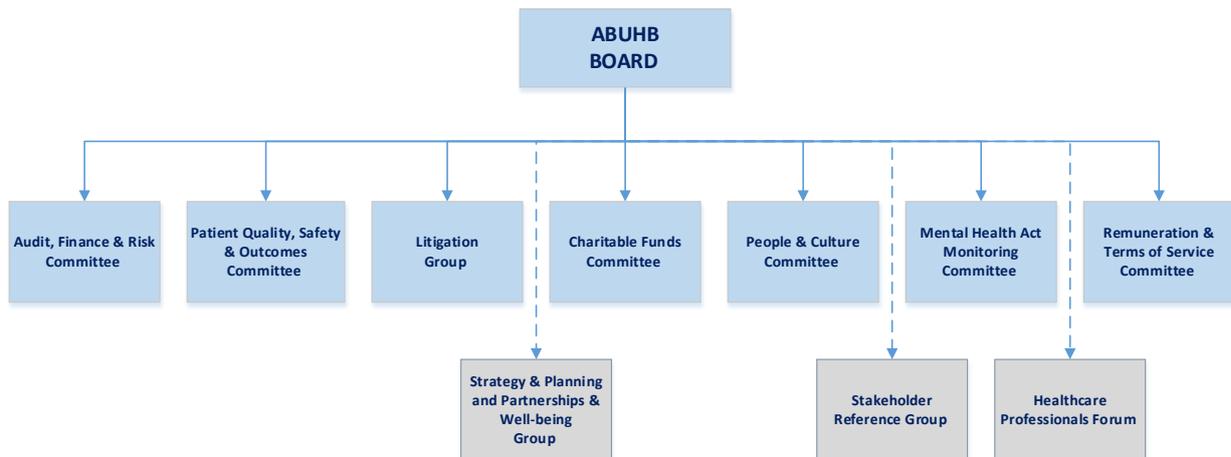
To ensure that the Health Board is aware of and understands its most significant risks which could impact upon the delivery of its objectives and priorities; it is the responsibility of the Board and relevant Sub-Committees to:

- Review the principal risks that threaten the achievement of these objectives and priorities.
- Agree the organisation's risk appetite, recognising:
 - ~ the interdependencies of objectives and that mitigating one threat might have an impact on other areas of identified risk or business arrangements;
 - ~ where the Health Board may wish to pursue a more dynamic approach in respect of its risk appetite in order to meet its objectives.
 - ~ Acknowledge the difference between **risk appetite**, **risk tolerance** and **risk capacity**.
- Monitor delivery through robust performance and assurance arrangements including reporting to committees of the Board and the Board itself;
- Ensure that plans are in place to take corrective action where the assurance or gaps in controls are outside of the agreed parameters of risk appetite;
- Sustain and uphold risk management arrangements, in particular an up to date and well maintained and connected risk management system within the organisation and across our partnerships.

Assurance Reporting Arrangements

Assurance on the adequacy and successful implementation of the arrangements and approaches will be obtained from a wide range of sources. Reporting and assurance must be systematic, supported by evidence and where possible, independently verified. An assessment with regard to the level of assurance the Board can take from any measures and controls are a main feature in robust internal governance arrangements.

All risks will be allocated to a Committee of the Board for it to oversee assurance. Each Committee will receive a dashboard report on a quarterly basis outlining its respective risk profile. The Board and Committee assurance reporting arrangements are depicted in the diagram below:



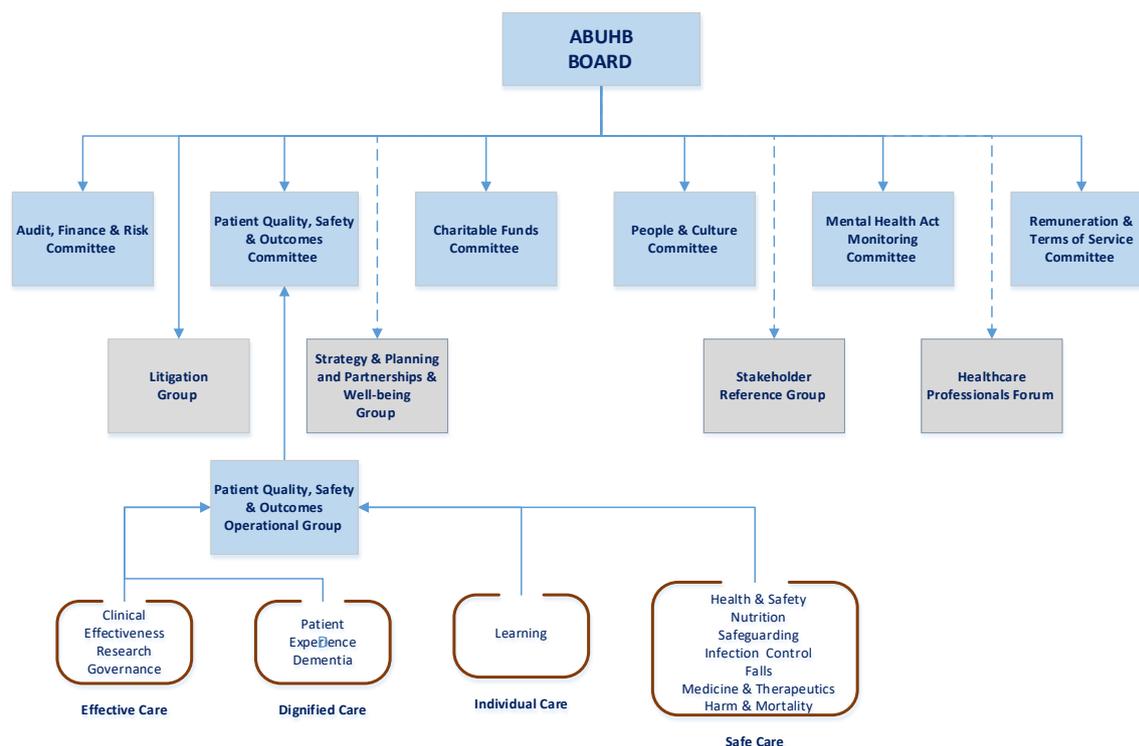
The Audit, Finance & Risk Committee will receive a report on the Board Assurance Framework, twice per year, in preparation for reporting to the Board, in line with its role in providing assurance to the Board with regard to adequacy of the overall risk management system.

The Board will consider the Board Assurance Framework in full twice a year and will receive quarterly update reports regarding the Health Board’s performance against the agreed principal risks.

The Board Assurance Framework will be refreshed each year in line with the agreed IMTP and/or Annual Plan.

The Executive Team will continue to act as the operational oversight group for risk management and report to the Board and Committees and will conduct regular reviews of the risks to aid reporting to Committees and the Health Board.

The Executive Team will also hold dedicated sessions on patient quality & safety and risk management which will support the escalation routes for any risks reported outside of the usual governance arrangements. This will further capitalise on the Executive Team experience and knowledge in their respective fields and will allow for a robust **‘horizon scanning review’** to take place. This area is directly linked to the Quality Assurance Framework and the lines of accountability shown in the diagram overleaf:



The Quality Assurance Framework arrangements above show the wider quality safety governance of the organisation, guided by a Quality Assurance Framework.

The Quality and Patient Safety Operational Group is a key forum within the Framework as it provides a focus for the reporting of risks throughout the organisation. However, it is important to note that escalation routes through the Health Board are accessible at all times when necessary and appropriate. A link to the Health Board’s suite of Escalation Policies is available here [Escalation Policies](#).

These systems of governance make a significant contribution to the Health Board’s overall governance and assurance arrangements.

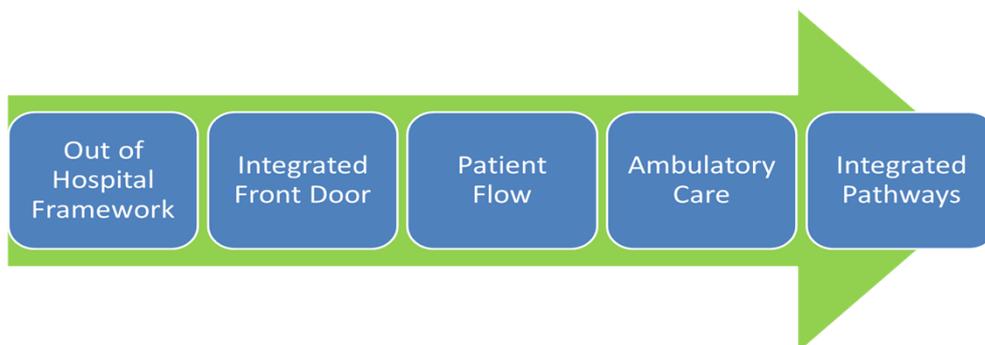
The Board Assurance Framework and Alignment to Strategic Objectives

Adjusted governance arrangements were put in place in response to the COVID-19 pandemic. This extended to the planning cycle and the Health Board produced an Annual Plan for 2021/22 in which it concentrated efforts to address 5 key priority areas, outlined below.

1. Giving every child the best start in life
2. Getting it right for children and young adults
3. Supporting adults in Gwent to live healthy and age well
4. Providing high quality care and support for older adults

5. Dying well as a part of life

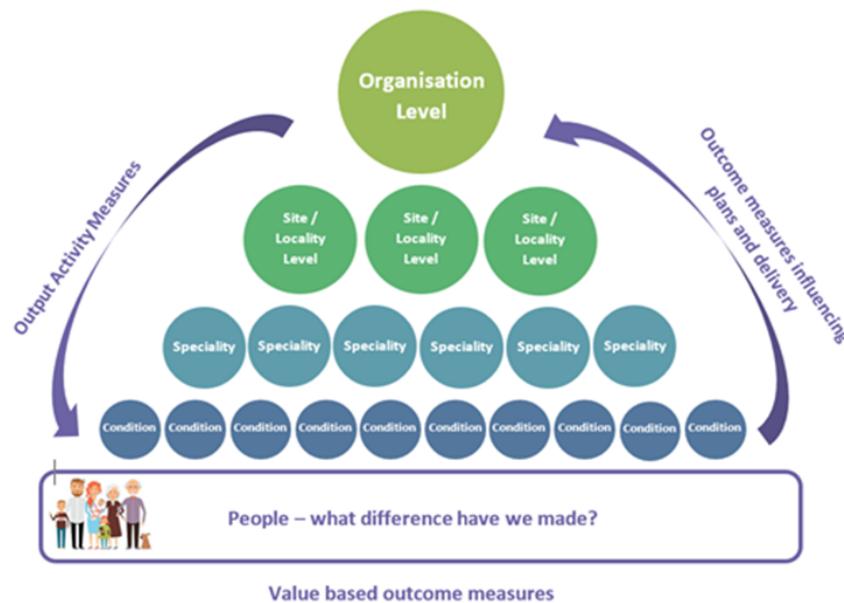
In order to progress the five strategic priorities outlined in the Annual Plan 2021/22, the pre-existing Clinical Futures Strategy has been divided in to work streams to best support and implement the priority areas:



These work streams will be subject to ongoing monitoring and benefits realisation tracking reviews against the strategic priorities as part of the proposed **Outcomes Framework**. Any risks which arise from the monitoring and tracking process will be communicated via the Health Board internal escalation process/routes. This will continue to ensure that robust tracking arrangements are in place and enable the Health Board to improve its ability to manage risk.

Alignment to Annual Plan 2021/22 Outcomes and Delivery Framework

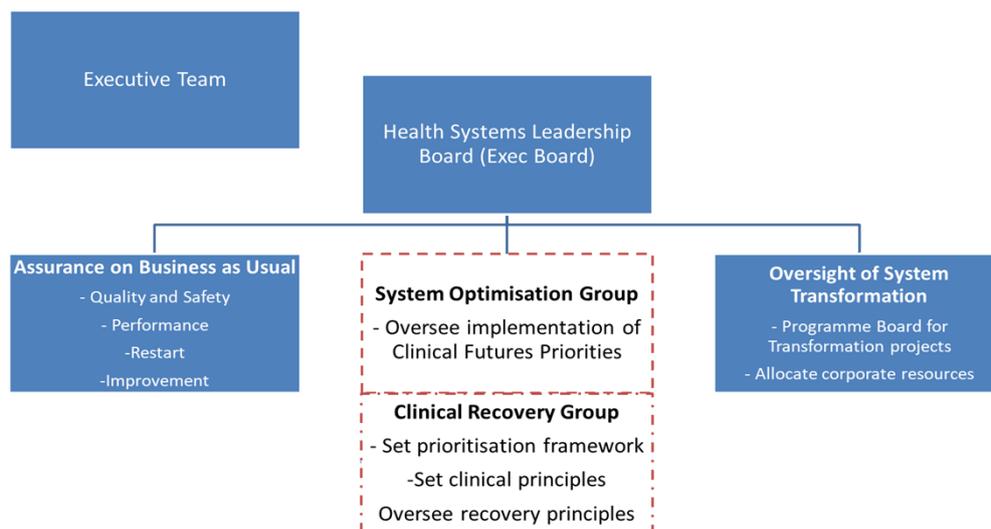
In order to best support the implementation of the revised Annual Plan 2021/22 an Outcomes and Delivery Framework is in development and will provide robust benefit realisation tracking. A diagram of how the Outcomes Framework would support delivery is outlined overleaf:



The Health Board’s Outcomes and Delivery Framework will be a key source of evidence and assurance within the Board Assurance Framework. It will help to determine whether or not the programmes of work that are responsible for delivering the Annual Plan are on track and will also facilitate Board engagement in assessing the appropriate management of the threats to delivery.

The Annual Plan 2021/22 Delivery Framework Diagram below seeks to show the arrangements, reporting and scrutiny flows for the delivery of the Annual Plan 2021/22. However, it is recognised that this does not cover all of the governance and assurance arrangements and flows that are currently operating in the organisation.

Annual Plan 2021/22 Delivery Framework Diagram:



Management of Strategic Risks and Risk Appetite Definitions

The risks within the Health Board's overall risk system of control are managed and guided by the Health Board's revised Risk Management Approach and Delivery Framework. At each of its Board meetings, the Health Board will receive a report of the strategic risks to the organisation. In addition, major individual threats will be highlighted to the Board. This will be expressed using a Dashboard report showing:

- An assessment and justification about the decision to either Treat, Tolerate, Terminate or Transfer each risk;
- The number of risks and their risks scores;
- Those risks where the score has increased;
- Those risks where the scores have decreased;
- Any new areas of risk that have been assessed and the date the risk was identified;
- Any risks which have been reviewed to become more strategic;
- Risks will be assessed against the 5 priority areas from the Annual Plan 2021/22, links to the Clinical Futures Strategy aims and links to the 4 harms of COVID;
- Clarity on internal control mechanisms, sources of assurance and an assessment on levels of assurance;
- An action plan for the next reporting period with an assessment of its impact;

- Performance metrics outlining the impact mitigating actions are having on the initial risk, and;
- Overarching responsible Committee and Lead Executive.

This will assist the Board in understanding the overall strategic profile of assessed risks within the organisation including the impact of any action.

Risk Appetite/Attitude Definitions

As part of its risk management arrangements, the Health Board has agreed a set of definitions in relation to risk appetite and attitude which is outlined in the table below. The risk **Appetite** can be applied to shorter term risks and can be more dynamic; however, the risk **Attitude** is usually applied to longer term risks and tends to be more fixed. It is noted, however, that the risk Appetite and Attitude definitions will be reviewed in order for the Health Board to progress its information intelligence approach to risk management.

Assessment	Description of potential effect
Very High ('hungry' for risk) Risk Appetite Level 5	The Health Board accepts and Tolerates some risks because of the potential short and long term benefits that might arise. However, it recognises that this might result in reputational damage, financial impact or exposure, major breakdown in services, information systems or integrity problems, significant incidents of regulatory and/or legislative compliance issues, potential impact on staff/service users.
High (open to risk) Risk Appetite Level 4	The Health Board is willing to Tolerate or Treat risks that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users. This level of appetite is predicated on the benefits being anticipated to be significantly advantageous to the Health Board.

<p>Moderate (cautious risk taking) Risk Appetite Level 3</p>	<p>The Health Board is willing to Treat, Tolerate, Transfer (upon a balance of residual risks) risks in certain circumstances that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users.</p>
<p>Low (averse to risk) Risk Appetite Level 2</p>	<p>The Health Board aspires to Treat, Transfer or Terminate (except in very exceptional circumstances) risks that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users.</p>
<p>Zero (avoid taking risks) Risk Appetite Level 1</p>	<p>The Health Board aspires to Terminate risks under any circumstances that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users or public.</p>

Principal Risks to the Health Board

A review and assessment of the threats to the delivery of the Health Board's strategic objectives included in the Annual Plan 2021/22 has been undertaken in conjunction with development sessions held with the Executive Team to review and re-frame existing risks.

There are currently 25 risks identified on the Corporate Risk Register, of which 12 risks have a score of 15 or above. The 12 highest scoring risks form the principal risks to the Health Board's delivery of its strategic priorities. It is important to note, however, that this is a view of the principal risks to the Health Board as at October 2021 and are expected to fluctuate over the course of the year.

The principal risks to the Health Board are outlined in the **Appendix 1**. An internal assessment specifically against the internal controls, sources of assurance and proxy outcome measures has been undertaken, alongside an additional assessment on internal/external sources of assurance and any perceived gaps in assurance.

Conclusion

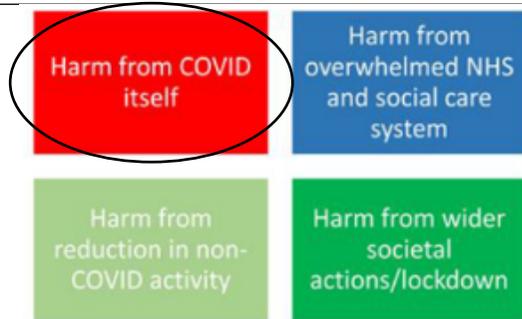
It is considered that the Health Board's alignment of its structures for risk management, quality assurance and organisational reporting mechanisms provides the Health Board with a robust framework by which the Board can be assured that its strategic objectives can be achieved and areas of concern to be escalated.

The success and effectiveness of the Board Assurance Framework will be determined by the active commitment and participation of the Health Boards staff and the complementary engagement of the Board and its Committees.

The Board Assurance Framework will be formally reviewed annually.

Appendix 1: Assessment of Overall Principal Risks:

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<ul style="list-style-type: none"> Less serious illness that require hospital care Providing high quality care and support for older adults 		<p>CRR013 – (Jul-18) Threat Cause: Failure to effectively manage community and hospital transmission of Health Care Acquired Infections (HCAIs) to include COVID 19. Threat Event: Widespread hospital and community harm leading to increase in demand and acuity.</p> <div style="text-align: center; margin: 20px 0;">  </div>					
High Level Themes	<ul style="list-style-type: none"> Patient Outcomes and Experience Quality and Safety Reputational Public confidence 	Risk Appetite			Zero/Low Appetite		
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> Robust internal policies Multiple SOPs 	Inherent		Current		Target	
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
Reducing nosocomial transmission group (RNTG) which is clinically led, reports to Executive Team weekly.	Ongoing	3	5	3	5	2	5
COVID hospital transmission implementation plan is in place with frequent auditing and monitoring.		15		15		10	
Clostridium Difficile rapid implementation plan developed and monitored via RNTG		15		15		10	
Trend		Executive Owner: Director of Nursing					
Mapping Against 4 Harms of COVID		Update					



Oct 2021: COVID-19

Overall cases of COVID-19 and test positivity continues to increase in our communities, resulting in an increase in patients presenting to our hospitals with COVID-19. The Health Board is reporting an increased trend in hospital admissions.

Two wards have been reported as in outbreak mode within the hospital setting. Each outbreak has undergone a thorough route cause analysis, essential to understand the transmission of COVID-19 and focus on improvement. Each outbreak has been reported to Welsh Government, index cases have been linked to asymptomatic carriers and have been identified on five day inpatient testing.

The Health Board has an established red patient pathway supported by single room hospitals. This assists in reducing the risk of COVID-19 transmission and is in-line with the recommendations contained in the hierarchy of control risk assessment. The HB continues to implement admission and inpatient five day testing to identify asymptomatic carriers. It also supports the testing for other winter respiratory infections such as RSV and Influenza.

The HB has a robust visiting policy which is regularly reviewed and updated in-line with Welsh Government guidance. LFD testing for all visitors is in place to reduce the risk of COVID-19 transmitting into the Health Board setting.

All standard operating procedures and policies relating to COVID-19 are discussed and ratified at the reducing nosocomial transmission group (RNTG). Site based leadership representation is core to RNTG in order to provide assurance on the implementation and monitoring of the Covid-19 implementation plan.

Staff risk assessments have been developed to support safe return to work when “Ping” or in close contacted to a positive case and have been identified by track and trace or have recently returned from an amber country.

Clostridium Difficile

Clostridium Difficile within ABUHB has exceeded the Welsh Government reduction expectation target. In response to this increase a rapid implementation plan has been developed to incorporate all key principles required for the reduction and management of Clostridium Difficile in line with national guidelines. This now forms a key agenda item with RNTG.

Challenge and support meetings are currently being established in order to ensure improved performance and divisional ownership in the prevention and management of clostridium difficile.

Respiratory syncytial Virus (RSV)

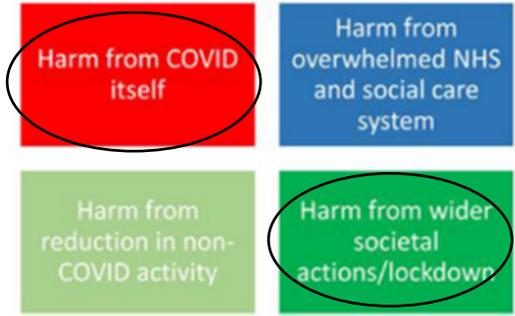
There is an expectation that the health board will receive an increased number of patients, in particular children, with RSV due to limited community immunity. In response, the Family and Therapies Division, in collaboration with key members, have implemented a surge plan for the management of RSV. Regular updates are provided to ET and Welsh Government. The HB has experienced an increase in numbers over the past weeks however no cross transmission has been identified and currently managed in the existing footprint of the existing clinical area.

Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Robust internal policies and Multiple Standard Operating Procedures	ABuHB COVID response is based on Government Infection Prevention & Control Policies – with a significant number of Standard Operating Procedures – agreed at the Reducing Nosocomial Transmission Group. A number of other policies relating to healthcare associated infections are accessible on the Intranet.	There is clear expectation that sites/divisions “own” the IP&C COVID response and assurance is given at RNTG through the submission of operational site/divisional action plan & highlight reports. Metrics on key COVID assurance measures are presented on a fortnightly basis. RNTG feed into the Executive Team on a monthly basis and reported to QPSPC as necessary or required.	X	X	X	X	
External Sources of Assurance							
<p>External Assurance - A report is being prepared to be presented to the Executive Team from the all Wales learning. The learning covered three themes, workforce, environment and infection prevention and these are incorporated into the updates provided by the SBLT.</p> <p>HIW Report – COVID-19 National Review and Public Health Wales Overview attached Sept 2021</p> <p>Public Health Wales Overview attached the overall conclusion indicated during the 1st and 2nd surge that high community incidence has resulted in a higher number of hospital admission rate and onward pressure into critical care beds, evident that this has also contributed to the increase nosocomial transmission. ABUHB had the highest burden of reported cases across Wales with 97% being community onset and 2% hospital onset. The report is based on raw data and does not include any of the contextual intelligence to support the overall analysis.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  20210622 - </div> <div style="text-align: center;">  Overview of </div> </div> <p>HIW_COVID-19 ... COVID-19 cases ...</p>							

Gaps in Assurance

- Currently an inability to complete Health Board HPV programme due to site pressures.
- Fragile workforce across the HB, which has a potential to impact on the delivery of infection prevention standards.
- Facilities workforce are key in the delivery of providing a safe clean hospital environment for patients and staff.
- Currently not participating in the ARK project to improve antimicrobial stewardship – plans to commence Oct 2021
- Number of patients presenting to assessment areas - unable to sustain the 2 metre social distancing
- Inadequate ventilation facilities within some of our hospital settings - paper prepared with medium and long term goals which includes an external assessment

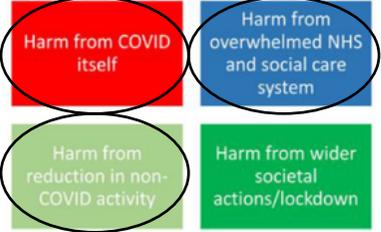
Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<ul style="list-style-type: none"> • Enabler risk and links to all strategic priorities 				CRR002 (March-2017) – Threat Event: Inability to delivery high quality care Threat Cause: Failure to recruit and retain appropriately skilled staff and senior leadership			
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Population Health • Quality and Safety • Reputational • Public confidence • Finance 	Risk Appetite		Low level of risk appetite in relation to potential patient safety risks. However, moderate levels of risk with regard to innovation and changing roles to attract more staff and deliver services in different ways through new roles.			
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
People and Culture Committee	<ul style="list-style-type: none"> • Workforce metrics and surveys reported as appropriate. • Workforce & OD Clinical Futures Workforce Group/Delivery Board. • Workforce Dashboard is submitted weekly to Strategic Group and include GUH and COVID surge, mass vaccination recruitment progress and wellbeing activity. • RN Supply and Demand Tracker to review nursing vacancies, turnover and demand. 	Inherent		Current		Target	
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
Registered Nurse Recruitment Programme of events with Train, Work, Live and RCNi. Continue bespoke Clinical Futures Recruitment campaign building on recruitment branding. Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for registered nurses, physician’s associates, midwives, and therapy staff and with HEIW for junior doctors. Continued implementation of new roles such as Physician Associates and Associate Practitioner (Nursing) to support workforce skills gaps in line with Annual Plan. Development of Hybrid Medical Roles to work across Specialities Introduction of new Specialist Grade role to support Senior Medical vacancies Including review of benefits of COVID support roles.	Mar-22	4	5	4	5	2	5
		20		20		10	

<p>Specific recruitment programmes for COVID surge and mass vaccination responding to the increase in demand for staff as a result of COVID pandemic.</p> <p>Increase apprenticeship and work experience routes, including DWP Kick Start Scheme, with a focus on widening access for minority ethnic group and people with protected characteristics.</p> <p>Recruitment and workforce plans to support service recovery in progress.</p> <p>Staff Retention Framework in place and Staff Well-being medium and long term plan to support retention including well-being staff surveys, peer support, increase in psychology support through investment in the service to support stage 2 of the Well-being Centre of Excellence and the development and piloting of a Trauma Step Care Model is enabling individual and team needs to be assessed and supported.</p>				
Trend		Executive Owner: Director of Workforce and Organisational Development		
Mapping Against 4 Harms of COVID		Update		
		<ul style="list-style-type: none"> Oct-21 - The Well-being Centre of Excellence and revised staffing model has been approved by the Executive Team. A positive response has been received from Welsh Government, awaiting update from Welsh Government on Stage 3 funding for further Psychology posts. The Mass Vaccination Programme continues to review the workforce required to deliver the COVID-19 vaccinations. Recruitment and training continues with additional training provided to support the immunisation of children. Additional resources to be on-boarded to support WOD with the ongoing requirements of management of training sessions and delivery of online learning. Enrolled over 700 staff on bank or fixed term contract to support mass vaccination. Continuing to review opportunities to increase capacity in new roles developed to support initial Covid response such as patient care assistants, ward assistants and roster coordinators for future service winter demands. Plan to undertake local recruitment events in partnership with social care/local authorities in development. Progressing the e-systems strategy for medical staff including review of rostering and E-job planning systems, bank and agency - this will support appropriate deployment of staff. Progressing the development of a Locum rate card to assist in improving fill. Progressing with the advertising and appointment of 60 Kickstart Placements and 10+ apprentices New Specialist Grade available for recruitment and progressing with the transition of current Speciality Doctors to the new contract. Medical workforce Safe Staffing Paper approved to support recruitment to additional roles in Medicine Division. Recruitment Strategy in development. 234 student streamlining posts matched to ABUHB including 123 nurses and a combination of therapists, radiographers, biomedical scientists and physiologists. 5 PA posts secured via student streamlining and 5 currently being advertised externally, anticipated start early November Approval to recruit a Professional Lead for PA for further development of the profession and aid attraction. At least 78 HCSW's to be appointed to the resource bank as part of the winter planning with further interviews planned throughout September. <p>Additional recruitment to Resource Bank</p>		

Audit, Finance and Risk Committee
7th October 2021
Agenda Item: 6.2

Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
IMTP/Annual Plan Workforce Plan	Workforce Plans and Minimum Data Sets (MDS) including educational commissioning data	Workforce demographics Compendium of New Roles Vacancy Rates		x	x		x
Staff Surveys reported as appropriate	Staff Surveys: NHS Wales Survey and Employee Wellbeing Surveys	Engagement Scores Information available at Divisional and Directorate Level	x	x	x	x	x
Workforce metrics reported as appropriate.	Workforce & OD Dashboard available weekly to organisation Monthly update with Workforce & OD Dashboard on Well-being activity, waiting times, referral data and themes and feedback from staff. Registered Nursing Supply and Demand Tracker Unfilled shifts position for ward establishments reported weekly to nursing colleagues	Absence Rates Vacancy Rates Progress on recruitment and redeployment Turnover Percentage Unfilled shifts percentage	x	x	x	x	
External Sources of Assurance							
<p>Welsh Government – Approval of IMTP</p> <p>HEIW – Receipt of commissioning numbers and medical training</p> <p>NHS Employers</p> <p>Neighbouring local Health Boards</p>							
Gaps in Assurance							
None to report at this time.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22			Risk Description, Appetite and Decision					
<ul style="list-style-type: none"> Getting it right for children and young adults Supporting adults in Gwent to live healthy and age well Provide high quality care and support for older adults Staying healthy Care closer to home Less serious illness that require hospital care Dying well 			<p>CRR019 – (Dec 2018) Threat Cause: Failure to meet the needs of the population who require high levels of emergency supportive care Threat Event: Inability to release ambulances promptly to respond to unmanaged community demand.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TREAT</div> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TERMINATE</div> </div>					
High Level Themes	<ul style="list-style-type: none"> Patient Outcomes and Experience Population Health Quality and Safety Reputational Public confidence 	Risk Appetite	Low level of risk appetite in relation to patient safety risks. However, moderate levels of risk with regard to innovation and changing models of care and roles to prevent demand and better to demand.					
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score						
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> GUH move & e-LGH transformation should impact all flow and access to urgent care for the sickest and frailest (right place, first time). Improvements across the whole system with all parts (Primary Care, WAST, Emergency Care, Secondary Care) involved. 	Inherent	Current		Target			
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence	
		4	5	4	5	3	5	
Short Term:	Oct-21	20		20		15		
<ul style="list-style-type: none"> Implementation of pathways for Chest Pain, Minor Injury's Unit and Head Injury to ensure that patients are directed to the most appropriate setting Access to frailty "hot clinics" to avoid admission Assessment pathway and triage pilots trials to improve flow Public messaging including social media to ask the public to consider other options before attending the Emergency Department. These messages have been shared through partner 								

<p>organisations, the Health Board website and social media channels.</p> <ul style="list-style-type: none"> • Implement new signage at the GUH to direct people to the right place to receive care. • Immediate reconfiguration of the sites to flip to red capacity with daily reviews • DVT pathway changes to be reviewed • Trial of complex discharge team at GUH • Commissioning of POD (additional Transfer Lounge) to support timely flow through GUH • Enhanced focus on medically fit in hospital – commissioning of 10 Care Homes beds to ease congestion in acute sites and support flow and ultimate earlier offload of ambulances. • Introduction of Discharge Improvement Board – reporting to UCTB – focus on improving discharges <p>Medium Term (3-12 months)</p> <ul style="list-style-type: none"> • Development of the SDEC bid on the GUH site • Integrated Front Door proposal at Nevill Hall • Additional pathways being added to the Flow Centre • Pilot of complex discharge planning app 				
Trend		Executive Owner: Director of Operations		
Mapping Against 4 Harms of COVID		Update		
		<p>Oct 2021 - Pathways for Chest Pain, Minor Injury's Unit and Head Implemented and the improvements are being measured:</p> <ul style="list-style-type: none"> • Access to frailty "hot clinics" to avoid admission - implemented • Assessment pathway and triage pilots successfully trialled to improve flow • The public messaging is under review and the effectiveness and impact the current programme is having and how it can become more targeted • New signage has also been installed around the GUH site to provide advice on the most appropriate place to receive care. • Immediate reconfiguration of the sites to flip to red capacity with daily reviews – ongoing with the site teams • DVT pathway changes mapped and to be implemented this month • Commissioning of POD (additional Transfer Lounge) to support timely flow through GUH – in place, there have workforce challenges which are being reviewed • Introduction of Discharge Improvement Board – reporting to UCTB – focus on improving discharges. The Board have agreed measures and the programme of work <p>Medium Term (3-12months)</p> <ul style="list-style-type: none"> • Development of the SDEC bid on the GUH site - bid submitted to Welsh Government 		

	<ul style="list-style-type: none"> Integrated Front Door proposal implemented at Nevill Hall Pilot of complex discharge planning app – scope outline and pilot planned
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Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
GUH move & e-LGH transformation should impact performance in conjunction with all flow and access to urgent care for the sickest and frailest (right place, first time).	Establishment of Urgent Care Transformation Board where performance in relation to flow and access is monitored. Number of WAST calls directed through the flow centre to ensure Pre-Hospital Streaming, Right Place, First Time	Immediate release data from WAST (by exception)			X		
		Ambulance handover performance (daily) and by exception to Executive Team	X	X	X		
		Flow Centre Performance Data (Lightfoot) by exception to Executive Team	X	X	X		
Improvements across the whole system with all parts (Primary Care, WAST, Emergency Care, Secondary Care) involved.							
External Sources of Assurance							
Gaps in Assurance							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision						
<ul style="list-style-type: none"> Enabler risk and links to all priorities 		<p>CRR020 – (May-2019) Threat Cause: Failure to implement Welsh Community Care Information System (WCCIS) Threat Event: Inability to access patient clinical information across all services, departments and partner organisations (such as Local Authority).</p> <div style="text-align: center; margin: 20px 0;">  </div>						
High Level Themes	<ul style="list-style-type: none"> Patient Outcomes and Experience Quality and Safety Reputational Public confidence 	Risk Appetite		There is a high level of appetite for risk on this areas to innovate in the area of digital technologies.				
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score						
Patient Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> Continued engagement with national WCCIS team and Leadership Board and the provider. The Gwent Regional WCCIS Board and ABUHB Programme Board continue to meet and review risks regularly. ABUHB required timescales and critical path imperatives identified. A series of escalation meetings led by SRO have taken place, with the national programme SRO, Programme Director and NWIS. 	Inherent		Current		Target		
Action Plan		Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
The focus for the WCCIS Programme Team has been on ensuring the testing of v5.2.15 is carried out and re-engagement with the services recommences. Work with the national programme and Advanced has continued in order to develop a correction plan and the legal position and negotiations have continue. The priority is to get MH&LD services off ePEX and onto WCCIS before December 2021.		Dec-21	2	5	4	5	3	5
			10		20		15	
Trend			Executive Owner: Director of Planning, Digital and IT					
Mapping Against 4 Harms of COVID		Update						

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	<p>Oct 2021: The programme continues to engage in contractual escalations and engages with the national programme and the supplier. DHCW have provided a commitment to deliver the missing integration items and design work is under way on this. Engagement with the services in scope for phase 1 deployment (MH&LD services) has ramped up and end user training is underway. The majority of integration has been delivered and testing has been scheduled in the local programme plan. The programme team are working towards signing up to a correction plan with Advanced and a number of detailed planning sessions have been held to move forwards. Transformation Funding (previously ICF) has been secured for 2021/22 to continue the work of the Regional Programme.</p>
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Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Partnership working with the national programme and Advanced (supplier) to develop a correction plan	Minutes of WCCIS implementation groups (local and national) Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Records of downtime or failure of WCCIS. Incident reports on Datix and to PQSO Committee Use of appropriate modules as part of implementation plan	✓	✓	✓	✓	✓
Local Programme Board and Regional Programme Board in place with links into Regional Partnership Board	Minutes of meetings, actions and decisions RAID log and mitigations	Progress against plan Risk escalations	✓	✓	✓	✓	✓
Negotiations about the legal position	Minutes of WCCIS implementation groups (local and national) Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Agreement of legal position by all parties.	✓	✓	✓	✓	✓
External Sources of Assurance							
<ul style="list-style-type: none"> A review of the local programme was carried out in 2020 and gave substantial assurance that the local programme had adequate and effective internal controls in place. External review of the National programme carried out by the WAO with a report and recommendations published in October 2020. A national plan is in place to implement the recommendations. The WCCIS national programme and Welsh Government have commissioned a strategic review to commence in October 2021. 							
Gaps in Assurance							
None to report at this time.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision						
<ul style="list-style-type: none"> Getting it right for children and young adults Supporting adults in Gwent to live healthy and age well Provide high quality care and support for older adults Staying healthy Care closer to home Less serious illness which require hospital care 		<p>CRR023 – (May 2020) Threat Cause: Priority being given to management of the COVID pandemic Threat Event: Risk to population health in relation to non - COVID harm</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TREAT</div> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TERMINATE</div> </div>						
High Level Themes	<ul style="list-style-type: none"> Population health Patient Outcomes and Experience Quality and Safety Reputational Public confidence Finance 	Risk Appetite	Zero or low level of risk in terms of protecting patient safety and the quality of services however, innovative means of tackling backlogs of waiting lists and working SMARTER in the future needs to be considered and in this case, a higher risk appetite will be applied.					
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score						
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> Departmental repurposing and redesign to accommodate non-COVID activity has occurred. New ways of working adopted e.g. virtual reviews. Nosocomial Group operating, providing advice and support. Adapt and sustain progress being monitored through Exec Team meetings via Director of Operations. Developing plan for green recovery (treatments) is in place. Early plans for restarting elective work at DUS (NHH) and RGH in place (COVID Dependant). Robust escalation reporting and escalation arrangements within primary and community services division. 	Inherent	Current		Target			
Action Plan		Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
Early recovery plan agreed focusing on Cancer, 52 weeks, Follow Up waits, Diagnostic and Therapies waiting times, and Eyes Care. Formal recovery plan for 2021/2 being developed as part of the Annual Plan. Focus on new ways of working will be fundamental to the approach. Risk stratification and validation of lists is ongoing and focus is on Urgent and Cancer work.		Mar-22	4	5	4	5	4	5
			20		20		20	

<p>Weekly tracking of recovery plus tracking of new ways of working in place, the priorities outlined above mirror those in F&T with similar work progressing operationally around risk stratification, validation, daily scrutiny of cancer pathways, WLI OPD sessions for clinically urgent patients, maximising PAC and theatres and on a transformational level, redesigning of services.</p>	<p>Mar-22</p>			
<p>Trend</p>		<p>Executive Owner: Director of Operations and Director of Primary Care, Community and Mental Health</p>		
<p>Mapping Against 4 Harms of COVID</p>		<p>Update</p>		
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; background-color: red; color: white; padding: 5px; margin: 5px;">Harm from COVID itself</div> <div style="border: 1px solid black; background-color: blue; color: white; padding: 5px; margin: 5px; border-radius: 50%;">Harm from overwhelmed NHS and social care system</div> <div style="border: 1px solid black; background-color: lightgreen; color: black; padding: 5px; margin: 5px; border-radius: 50%;">Harm from reduction in non-COVID activity</div> <div style="border: 1px solid black; background-color: green; color: white; padding: 5px; margin: 5px;">Harm from wider societal actions/lockdown</div> </div>		<p>Oct-21 – Operational Recovery Group meeting is in place and established to track the impact of acute based recovery.</p> <p>Each speciality has developed Outpatient Plans which align to both the WG Outpatient Transformation Strategy and ABUHB Strategy. This includes actions in terms of follow-up targets, increase use of SoS and Pifu, use of non-face to face consultations, development of pathways, Attend Anywhere, decreasing DNAs etc.</p> <p>Development of a High Level Action Plan. This will link in with the Outpatient Transformation Strategy and outlines roles, responsibilities, milestones and deliverables. This plan is in draft form with completion date end of September 2021. This will be monitored through the Outpatient Transformation Steering Group.</p> <p><52 week new outpatient plan in situ in line with the WG Process.</p> <p>Plans commencing in terms of contact to all follow-up waiting list patients. This will be reviewed in terms of a three tier approach:</p> <ul style="list-style-type: none"> ➤ How to keep well whilst waiting for your appointment/procedure ➤ Checking if patients still require their appointment ➤ Risk stratification of patients on the lists (working with a few key specialities initially to work through process – Task and Finish Group in situ. (ENT one of the first specialities) <p>Use of Consultant Connect – Specialist Advice Service. In terms of surgical specialities this will commence in Urology in September 2021, with plans to commence in Vascular and general surgery in the near future.</p> <p>The HB has contracted with St Joseph’s Hospital to increase outpatient clinic space by 10 sessions each week. Clinical and clerical validation ensures that only those suitable for surgery remain on waiting lists. Plans are being formulated with the Theatres and anaesthetics directorates to open theatres outside of typical operating hours e.g. Evenings and weekends (staff dependent). Current available theatre access is being maximised, with cancellations managed and slots proactively refilled with patients assessed and readied through pre admission clinics. Patient consents are being managed virtually when possible to gain efficiencies in clinician’s time.</p> <p>Primary and Community Services</p> <ul style="list-style-type: none"> • A Restart & Recovery Programme has been developed in primary care, including prioritising the areas of greatest concern / backlog from a primary care perspective. A Restart & Recovery Working Group has been established to oversee the work and now meets fortnightly. This Programme has since widened to include key priorities over winter, where we know that staff time will need to be prioritised but also where continued 		

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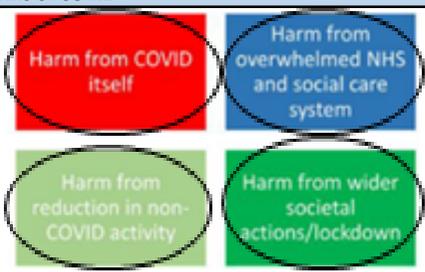
	<p>backlog / suspension of services is likely to have a significant impact if not addressed. The programme plan for this is attached.</p> <p>A mechanism for monitoring and reporting activity in primary care has been developed since the beginning of the pandemic and ABUHB is the only HB in Wales with this level of intelligence. This has now been supplemented with a more detailed assessment of one week's activity in primary care, which is currently being analysed in preparation for being presented to the Executive Team. This information is being used to assess the variation in practice activity / operational models during the pandemic and now. A summary of this data is now included in our weekly performance report and monthly performance briefing – latest versions of both attached for assurance. This shows that activity in primary care has steadily been increasing with more and more F2F contacts being performed.</p>
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Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Departmental repurposing and redesign to accommodate non-COVID activity has occurred. New ways of working adopted e.g. virtual reviews. Nosocomial Group operating, providing advice and support.	Policies/SOPs: <ul style="list-style-type: none"> SOP: Theatre 6 4 2 scheduling SOP: Pre admission/ OPD /Diagnostic COVID-19 Theatres SOP - COVID 19 (C-19) Pandemic Green Pathways for Elective Surgery on the RGH Site and Day Surgery SOP: Green pathway/ward management Process for restarting services deemed essential during the COVID-19 pandemic SOP: Reps in Theatres SOP: St Josephs Meetings: <ul style="list-style-type: none"> Recovery plan meeting with COO Weekly risk stratification Weekly meetings with DMs / AGMs re Cancer, RTT, follow ups 	Performance metrics: <ul style="list-style-type: none"> Validation of 52 week out-patients Waiting list risk stratification Single cancer pathway RTT R1 etc Clinical incidents Complaints Delivery of: <ul style="list-style-type: none"> Covid implementation plans Recovery plans (activity at cost stated) Outsourcing plans Capacity at St Josephs 	X	DMT Nosocomial Group COVID Implementation Group			
Adapt and sustain progress being monitored through Exec Team meetings via Director of Operations.					X		
Developing plan for green recovery (treatments) is in place.					X	DMT Nosocomial Group Right Patient, Right Place	X

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Early plans for restarting elective work at DUS (NHH) and RGH in place (COVID Dependant).				DMT Site Bronze	X		
Robust escalation reporting and escalation arrangements within primary and community services division.	Weekly reports and monitoring activity in relation to restart and recovery plans to Senior Leadership Team (Primary and Community Services)	Monitoring of restart and recovery plans at SLT and Executive Team as and when necessary	x	x	x		
External Sources of Assurance							
None to report at this time.							
Gaps in Assurance							
Restart and recovery plans are subject to temporary funding.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<ul style="list-style-type: none"> Supporting adults in Gwent to live healthy and age well Provide high quality care and support for older adults Staying healthy Care closer to home Less serious illness which require hospital care 		<p>CRR007 – (March-2017) Threat Cause: Increasingly aging population with complex healthcare needs and requirements Threat Event: Health Board inability to respond to the demands of this cohort of patient demographic.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>TREAT</p> </div> <div style="text-align: center;">  <p>TRANSFER</p> </div> </div>					
High Level Themes	<ul style="list-style-type: none"> Population health Partnership Patient Outcomes and Experience Quality and Safety Reputational Public confidence 	Risk Appetite		<p>Zero or low level of risk in terms of protecting patient safety and the quality of services in care homes however; acknowledge that this is a transferable, shared risk and therefore the Health Board should understand its Partner's risk profile in relation to the care home sector and a dynamic risk appetite may be required.</p> <p>When exploring innovative areas of providing enhanced services, the Health Board will be cognisant and acknowledge that some level of risk will need to be tolerated. Therefore a higher level of risk appetite will be applied in this instance.</p>			
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> Section 33 Pooled budgets for Care Homes to support sustainability in place. Continued training, equipment and staff support is provide to care homes. Implementation of agreed joint contract. Health Boards continue to work on an All Wales basis to comply with requirements of the Supreme Court Judgement. Risk assessment updated monthly and reported to Complex Care and Health Board Quality and Patient Safety meetings. 	Inherent		Current		Target	
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		4	4	4	4	3	4

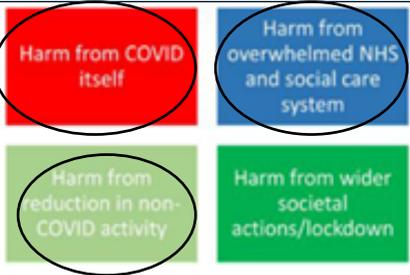
Sustainability Funding Plan to be developed.	Mar-20	16	16	12
Trend		Executive Owner: Director of Primary Care, Community and Mental Health		
Mapping Against 4 Harms of COVID		Update		
		<p>Oct- 2021 – The current Welsh Government financial support to the sector is being tapered over the coming months and with further community transmission of COVID-19 the care home sector is again, extremely fragile and diminished availability of social and domiciliary care impacts on this.</p> <p>The COVID booster vaccination programme for staff and residents commenced on 20 Sept 2021.</p> <p>The Health Board and partners have developed a ‘Step Closer to Home’ pathway to utilise vacant care home capacity to support patients where a Package of Care cannot be commissioned due to lack of social domiciliary care capacity.</p> <p>Whilst this approach will support income for homes it presents as a risk to the Health Board in meeting the ongoing financial costs of these placements in both the short and medium term.</p> <p>Work with partners is ongoing to mitigate both the sustainability issues and the ongoing financial risks. In addition, lack of insurance availability for infectious diseases by insurance providers as well as inflated costs for care home providers is a cause for concern, this is being escalated to Care Forum Wales and policy leads in Welsh Government as this adds an additional concern re sustainability of providers.</p>		

Existing Controls	Sources of Assurance	Proxy Outcomes Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Section 33 Pooled budgets for Care Homes to support sustainability in place.	Regional Partnership Board	A reduction in funding disputes, a fee structure appropriate to the dependency needs of the service.	√	√	√		
Contract monitoring processes in place in partnership with Local Authority. CIW inspection reports and joint working with CIW and Public Health. Continued training, equipment and staff support is provided to care homes by the Health Board and Local Authority.	Quality Patient Safety Group	The number of safeguarding issues is monitored monthly and reported to Quality Patient Safety Group with ongoing themes monitored. This includes assessing training and equipment compliance.	√	√	√		

Implementation of agreed joint contract.	Joint contract in place with independent providers in conjunction with the Local Authority.	Contract monitoring is completed for each home jointly with the Local Authority.	√	√	√		
Health Boards continue to work on an All Wales basis to comply with requirements of the FNC Supreme Court Judgement.	WG / Complex Care National Boards / Monthly Assurance meeting with Executive.	Following current national agreement.	√	√	√		
Risk assessment updated monthly	Quality Patient Safety Operational Group; Internal Quality Patient Safety group; monthly assurance meeting with Executive.	Risk remains consistent with minimal escalation.	√	√	√		
A 'Step Closer to Home' pathway introduced to help support waits associated with step down packages of care	Quality assurance Panel. CCSG and or Tactical Command Group with local authorities. Monthly Assurance Meeting with Executive.	A quicker turnaround from referrals for funding from hospitals to arranging packages of care.	√	√	√		
Discharge to assess implemented to reduce delays in transfer	Welsh Government / Divisional Management Team / Monthly Assurance meeting with Executive.	A quicker turnaround from referrals for funding from hospitals to arranging packages of care or placements.	√	√	√		
External Sources of Assurance							
None to report at the current time.							
Gaps in Assurance							
Clarity on criteria of patients who can be offered the 'step closer to home' package – criteria/SOP developed and awaiting agreement for sign off with partner organisations.							
Financial contingency plans for when patients who access the new pathway exceed the anticipated timescale – will be addressed through SOP and Health Board dispute process.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<ul style="list-style-type: none"> Providing high quality care and support for older adults Less serious illness that require hospital care 		<p>CRR010 – Threat Cause: Patients will fall whilst they are in our services Threat Event: Patients will be harmed or injured.</p> <div style="text-align: center; margin: 20px 0;">  </div>					
High Level Themes	<ul style="list-style-type: none"> Patient Outcomes and Experience Quality and Safety Reputational Public confidence 	Risk Appetite	Risk appetite in this area is zero or low in the interests of patient safety.				
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> Comprehensive corporate falls prevention action plan agreed. Policy for the Reduction of Inpatient Falls in place. Multidisciplinary training and support to drive improvement Reports on inpatient falls provided to Executive Team and Quality, Patient Safety and Outcomes Committee. Improvement metrics agreed and overall numbers of inpatient falls is within trajectory for improvement. An ongoing data analysis allows for the identification of shifts and trends associated with falls and activity outside of normal variation. ABUHB engagement in the ‘All Wales Inpatient Falls Network’ in support of the development of a more consistent, standardised approach to falls management across Wales. The ‘Falls and Bone Health Committee’ looks to align its work to the National Audits and associated recommendations. 	Inherent	Current		Target		
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		3	5	4	5	2	5

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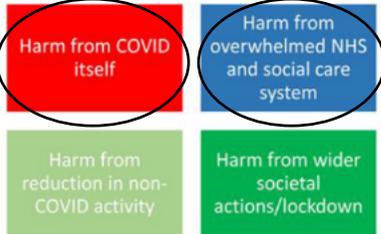
<ul style="list-style-type: none"> Promoting (through training) the multidisciplinary requirements of the policy including completion of required risk assessments & care plans. To also include the promotion of the newly developed falls specific medication review tool and falls associated Head Injuries pathway. Learning from serious incidents with audit of agreed actions and expected outcomes. Evaluation of the falls components of the 'Once for Wales' incident reporting system to ensure the opportunity to maximise the value of the data sets included. 	Ongoing	15	20	10
Trend		Executive Owner: Director of Therapies and Health Science		
Mapping Against 4 Harms of COVID		Update		
		<p>Oct 2021 : The 'Falls Policy for Hospital Adult Inpatients' was formally launched in July 2021 supported by an extensive awareness raising campaign. Staff training has been aligned to the requirements of the revised Policy. Projects are being undertaken in a number of our Community sites to further promote the MDT approach and requirements. The outcomes will be presented to the Falls and Bone Health Committee.</p> <p>A collaborative review of the structures in support of the management of falls across has been undertaken by means of the Falls and Bone Health Steering group. This group will be retitled the 'Falls and Bone Health Committee' with the establishment of two reporting subgroups to undertake work associated with IP falls and those in the Community setting outside of the hospital environment. The structure has been defined and draft terms of reference established.</p> <p>A group has been established to review the processes for management of falls associated SI's and falls with fractures together with the mechanisms for the monitoring/auditing of associated action plans. The group has looked to identify actions needed in response to concerns raised in terms of identified learning being implemented, monitored and audited to evaluate outcomes. The work will be supported by a mapping session and consideration being given to the development of a reporting framework document and associated policy for standards of clinical documentation.</p> <p>In order to ensure improved compliance with the requirements of the reporting of Falls to HSE under RIDDOR the following has been undertaken:</p> <ul style="list-style-type: none"> The Standard Operating Procedure for the reporting of injuries, diseases and dangerous occurrences has been reviewed and updated. RIDDOR decision flowchart has been developed to support Managers in identifying RIDDOR reportable falls incidents. A Health and Safety information sheet has been developed to raise awareness. A RIDDOR dashboard has been developed within the Incident & Risk Management Software (DATIX) to enable active monitoring of potential reportable incidents. This dashboard is actively reviewed by safety professionals within the Corporate Health and Safety Department. 		

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	<ul style="list-style-type: none"> The RIDDOR section on the Corporate Health and Safety Intranet page has been reviewed and updated. ABUHB representatives presented the work that has been undertaken in relation to HSE reporting at the 'All Wales Inpatient Falls Network' meeting on the 7th September 2021 to raise awareness and promote an wider discussions amongst Health Boards/Trusts. A meeting is established with the Delivery Support Unit to further discussions. <p>In light of system pressures and falls admissions to the Emergency Department an algorithm has been developed for discussion in support of redirecting patients as appropriate within ABUHB. Further to this an Audit/ Pathway working group has been established with the first meeting to be held on the 5th October 2021.</p>
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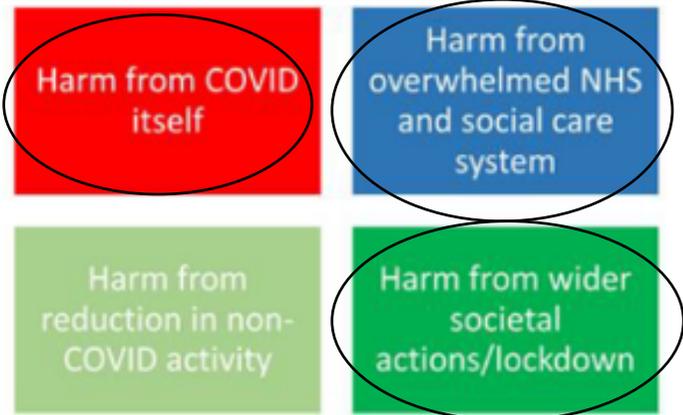
Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Comprehensive corporate falls reduction action plan agreed. Prevention and Management of Inpatient Falls Policy in place.	Action plan updated and reviewed at corporate Falls and Bone Health Steering Group – minutes of group. Policy published on intranet	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓	✓	✓	✓
Training ongoing on wards/sites.	Training records from Divisional QPS leads	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓			
Reports on inpatient falls provided to Executive Team and Quality and Patient Safety Committee.	Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Number of inpatient falls Number of injuries associated with inpatient falls			✓	✓	✓
Improvement metrics agreed and overall numbers of inpatient falls is within trajectory for improvement.	Inpatient Falls Dashboard	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓	✓	✓	✓
External Sources of Assurance							
None to report at the current time.							
Gaps in Assurance							
None to report at the current time.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision						
<ul style="list-style-type: none"> Enabler risk and links to all priorities 		<p>CRR017 (Dec-2018) – Threat Cause: Complete or partial failure of ICT systems to protect patient information (malware attack) across the Health Board (including independent contractors and partners) incorporating system outages, provided nationally by third parties or locally provided systems.</p> <p>Threat Event: Security of Patient, Staff or Health Board information is compromised leading to harm or damage.</p> <div style="text-align: center; margin-top: 20px;">  </div>						
High Level Themes	<ul style="list-style-type: none"> Partnership Patient Outcomes and Experience Quality and Safety Reputational Public confidence Finance 	Risk Appetite	Low appetite in relation to adverse impact on Quality, Safety, Outcomes and Experience however, moderate to high level risk appetite for innovating to identify digital ICT system solutions.					
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score						
Audit, Finance and Risk Committee Patient Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> The ICT team is reviewing this risk with the aim of having a complete schedule for the required systems. CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service. Implementing relevant Capital schemes on the critical replacement programme. 	Inherent	Current		Target			
Action Plan		Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
<ul style="list-style-type: none"> Participate in Cyber Resilience Unit (CRU) CAF Audit Further development of the Target Operating model for Cyber Resilience in conjunction with the external consultant review 		Dec-2021	4	5	3	5	3	4
			20		15		12	
Trend	↔		Executive Owner: Director of Planning, Digital and IT					
Mapping Against 4 Harms of COVID		Update						

	<p>Oct-2021</p> <ul style="list-style-type: none"> The Cyber Security team is working with the WG Cyber Resilience Unit and DHCW to undertake a Cyber Assessment to provide a baseline for the NIS Directive. The Cyber Assessment Framework Review is scheduled for September 2021 and the cyber security team is working in preparation for this. The Cyber Resilience consultants continue to work on the target operating model. A board development session was delivered in early September <p>Mitigations are consistent with the previous update</p>
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Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
The ICT team is reviewing this risk with the aim of having a complete schedule for the required systems.	ICT Asset Register is up to date Contracts and maintenance/update schedules are up to date and maintained.		✓	✓			
CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service.	Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Records of downtime or failure of CWS. Incident reports on Datix and to PQSO Committee	✓	✓	✓	✓	
Implementing relevant Capital schemes on the critical replacement programme.	Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Reduction of risk for each system Agreement at PIP to take forward capital projects	✓	✓	✓	✓	✓
External Sources of Assurance							
None to report at this time.							
Gaps in Assurance							
None to report at this time.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision							
<p>Priority 2- Getting it right for children and young adults Priority 3 – Adult in Gwent live healthy and age well Priority 4 – Older adults are supported to live well and independently</p>		<p>CRR027 (June - 2021) Threat Event: Effectiveness of COVID-19 vaccination and booster programme compromised Threat Cause: - New Variants emerge</p> <div style="text-align: center;"> </div>							
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Quality and Safety • Reputational • Public confidence • Staff Well Being 	Risk Appetite		Given the unpredictability of the potential of variants of concern, a flexible, moderate risk appetite level will need to be applied to this risk profile. 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. Therefore an element of this risk will need to be tolerated.					
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score							
Patient Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> • IMTs controlling clusters and outbreaks and keeping cases as low as possible. • Gwent IMT with SBAR (reported weekly to Executive Team) • Keeping abreast of guidance from WG. • Public messaging on adherence to restrictions. • Vaccination Programme Board monitoring roll-out of programme weekly. 	Inherent		Current		Target			
Action Plan		Due Date		Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
				5	5	4	5	4	5

<p>Gwent IMT leads on multi agency response to manage community response with weekly sit reps (SBAR) to WG. Gwent IMT involves representatives from 5 x Local Authority Directors of Public Protection, ABUHB Director of Public Health, & Public Health Wales Health Protection.</p> <p>Gwent IMT & Gwent, TTPS delivery and management of National VAMC guidance, regional testing plans etc.</p> <p>Continual review and updating of Gwent Covid-19 Prevention and Response Plan, transition to Recovery Coordination Groups inclusive of VoC related exercises.</p>	<p>Monitored weekly at present</p>	25	20	20
Trend		Executive Owner: Director of Public Health and Partnerships		
Mapping Against 4 Harms of COVID		Update		
		<p>Oct-2021</p> <p>As of 28.09.21 all recent cases of COVID-19 in Wales are the Delta variant with no cases of other variants or mutation of concern. The transmissibility of the Delta variant means it has out competed the Alpha variant and all other variants in Wales. Genomic sequencing of positive tests and incident management team arrangements continue to be in place to detect and control any emerging variant that might have a competitive advantage over the Delta variant. All the COVID-19 vaccines in use in Wales continue to be effective at reducing the risk of serious illness, hospitalisation and death following infection with the COVID-19 Delta variant. Vaccine uptake rates in the Health Board area continue to be high as reported in the weekly newsletter.</p>		

Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Gwent IMT & Gwent, TTPS delivery and management of National VAMC guidance, regional testing plans etc.	<p>Gwent IMT underpinned by The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan') – July 2020 and Gwent</p> <p>Gwent IMT SBAR (reported weekly to Executive Team)</p> <p>SARS-COV-2 VARIANTS OF CONCERN (VOC), VARIANTS UNDER INVESTIGATION (VUI), E484K MUTATION and other emerging mutations</p> <p>End-to-End Process Manual for TTP Operational Teams in Wales</p> <p>Rapid community testing for variants of concern in Gwent VO.8</p>	<p>Welsh Government feedback on regional escalations through WG Health Protection and the National SBAR</p> <p>National Contact Tracing Task Group meetings, escalating risks, issues and sharing of best practice and lessons learned</p> <p>Rapid community testing for variant of concern: Surveillance and Evaluation work-stream</p>			X		
Public messaging on adherence to restrictions.	<p>Regional communications groups for TTP including warn and inform linked to WG also.</p> <p>Feedback any communications related issues or requests to WG</p>	WG produce a weekly National SBAR when responding to regions			X		
Vaccination Programme Board monitoring roll-out of programme weekly.	NEEDS UPDATE						
External Sources of Assurance							
<p>Audit Wales review in March 2021 on TTP</p> <p>Internal Audit on Finances for TTP</p>							
Gaps in Assurance							
National SBARs need to feed in regularly to the Health Board although response is not always clear and prescriptive. Plans to escalate this issue through senior WG officials and raise at the national/All Wales Meetings.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<p>Priority 1 – Every child has the best start in life Priority 2- Getting it right for children and young adults</p>		<p>CRR028 – (June-2021) Threat Event: - Continued inappropriate admissions of children aged under 18 to acute adult mental health wards. Particularly where admissions are of under 16 year olds, are for longer than 72 hours and/or are not compulsory detentions under the Mental Health Act. Threat Cause: Inability to access appropriate acute/crisis beds for this age group in the region</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TREAT</div> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TERMINATE</div> </div>					
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Quality and Safety • Reputational • Public confidence • Staff Well Being 	Risk Appetite		The risk appetite in this area is low however, a moderate level risk appetite would be encouraged in order to explore more innovative ways of managing this risk alongside Health Board partners.			
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
Patient Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> • Policy in place for the use of adult MH beds for up to 72 hours. • Designated bed in Extra Care Area • C&YP aged under 16 are nursed 1:1 and are prevented from mixing with other patients on the ward. • If YP is detained under the Mental Health Act, the safeguards inherent with this legislation apply. 	Inherent		Current		Target	
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
CAMHS is working with partners to develop Crisis support for C&YP which will include crisis beds.		4	5	4	5	2	5
		20		20		10	

Trend		Executive Owner: Director of Operations
Mapping Against 4 Harms of COVID		Update
		<p>Oct-2021 – It should be acknowledged that this risk is part of a broader National risk in relation to children who present to acute services in crisis. The Health Board continues to work with Welsh Government on a National level to develop plans to mitigate this risk.</p> <p>Although it is acknowledged that this is an issue for the Health Board as it has already been realised, it remains a continuing risk not only to the Health Board but across Wales and as a result CAMHS has over the last few years created and extended their liaison response and crisis outreach response which is evidenced to have reduced self-harm and suicide and diverted children, young people from hospital with a reduction in bed use in spite of the increase in crisis presentation. CAMHS is also looking at further enhancements building on weekend cover, particularly boosting the out of hours cover and ongoing work with key stakeholders:</p> <ol style="list-style-type: none"> At a meeting with Gwent Local Authority Heads of Children’s Service on Monday 06 September 2021, we agreed to develop a guide document in relation to the support of Children’s Crisis Admission (these are children classed as a delayed discharge from hospital on social grounds). As part of the agreement, CAMHS and the 5 Gwent Local Authority Heads of Children’s Service agreed to a shared responsibility for keeping the child/young person safe in hospital (previously this had been the sole responsibility of ABUHB/CAMHS). CAMHS and the 5 Gwent Local Authority Heads of Children’s Service also agreed to explore a medium to long term plan of providing psychosocial support to children and young people in the community as an alternative to hospital admission. CAMHS received an investment of £500k non-recurring in 2021 towards management of crisis admissions that will be utilised in partnership with ABUHB colleagues and Gwent Local Authority Heads of Children’s Service, to meet crisis bed requirements. The convening of a pathway group between ED and CAMH’s to ensure there is an agreed protocol and escalation should these patients present

Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Policy in place for the use of adult MH beds for up to 72 hours.	The CAMHS and MH/LD Division “designated bed use on Ty-Cyfannol Ward” guide document last updated 2019/20	The “designated bed” guide document is in line with Welsh Government Guidance that Health Boards should assign a designated CAMHS bed on an adult ward for primarily the admission of 16-18year olds who need a holding admission (with a caveat that in exceptional circumstances under 16year olds might be suitable for admission to a holding bed).	X	X	X	X	

		<p>The holding admission arrangement on an adult ward supports assessments of 16-18year olds prior to an onward progression to Tier 4 CAMHS facility or community discharge within a 72 hour period.</p> <p>The frequency of children being admitted to adult wards in the absence of more appropriate beds becoming available cannot be predicted however, there have been minimal instances in the last 12 month period which is outlined in the breakdown below:</p> <ul style="list-style-type: none"> • April 2020 – March 2021 we had overall 620 under 18 that presented in our Hospitals • Of the 620 total, only 320 required a Crisis Bed (250 into Paediatrics, 60 SSU and 10 into Adult in patients – medical and surgical beds) • 11 required a stay in hospital for more 3 days. • Of the 11 that have required longer stays in hospital , >than 3 days– 3 were supported at Ty Cyfannol (age appropriate bed 16-18) 8 extended admissions elsewhere including adult mental health/LD; Paediatrics; SSU or elsewhere in Adult services. • 8 designated CAMHS bed admission in 2020/21. 					
Designated bed in Extra Care Area	Each Admission on Ty Cyfannol is reported to Welsh Government as a Serious Incident.	<p>8 designated CAMHS bed admission in 2020/21 and only 5 stayed beyond 72hours</p> <p>Each admission has minimum of one to one nursing supervision in place</p>	X	X	X	X	
C&YP aged under 16 are nursed 1:1 and are prevented from mixing with other patients on the ward.	Each Admission on Ty Cyfannol is reported to Welsh Government as a Serious Incident.	Since 2019 CAMHS only admitted 3 under 16 year olds on the Ty Cyfannol Adult ward (one 14year old and two 15year olds.	X	X	X	X	

		A minimum of two to one nursing supervision is always enabled following admission of an under 16 year old child.					
If YP is detained under the Mental Health Act, the safeguards inherent with this legislation apply.	CAMHS Clinician practices is consistent with Mental Health Act (MHA) and Codes of Professional Practice.	CAMHS standard practice ensure that in each case an advocacy service (IMHA) rights of appeal is facilitated for each child detained under the MHA. Every detainment/sectioning under the MHA will have an independent second opinion doctor and AMHP (Approved Mental Health Practitioner) involved in the assessment.	X	X	X	X	
External Sources of Assurance							
Welsh Government is notified of every single admission as a serious incident, and assurance is given of the assessments leading to an admission, the care afforded and discharge plan where applicable or a move to Tier 4 admission.							
Gaps in Assurance							
None to report at this time.							

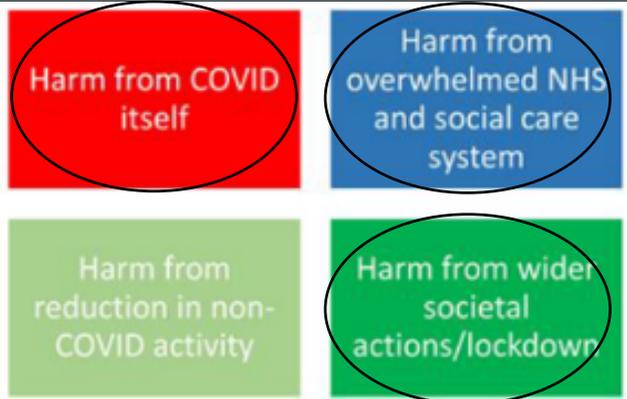
Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision		
<p>Priority 1 – Every child has the best start in life Priority 2- Getting it right for children and young adults Priority 3 – Adult in Gwent live healthy and age well Priority 4 – Older adults are supported to live well and independently Priority 5 – Dying well as part of life</p>		<p>CRR030 – (June-2021) Threat Event: Safeguarding incidents to include all forms of abuse, domestic violence and radicalisation, now being realised where they had previously been ‘masked’ due to lockdown, placing additional pressures on the Health Board Safeguarding services Threat Cause: Increased contact with public and NHS services due to reduction in COVID restrictions to Level 0</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TREAT</div> <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; border-radius: 5px;">TERMINATE</div> </div>		
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Quality and Safety • Reputational • Public confidence • Staff Well Being • Financial 	Risk Appetite	Risk Appetite is low in this area due to potential impact on quality, experience and patient outcomes however, tolerances could be flexible as the Health Board develops innovative ways to mitigate this risk.	
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score		
Patient Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> • Training in VAWDASV and Safeguarding has been delivered to the Board in June 2021 as a development session. • Robust monitoring of activity through the Safeguarding Committee • Monthly practitioner concerns data shared with Divisions to review and manage • Safeguarding work programme for 2021/22 • Safeguarding Strategy 	Inherent	Current	Target

Audit, Finance and Risk Committee
7th October 2021
Agenda Item: 6.2

Action Plan		Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
			5	5	4	4	1	5
<ul style="list-style-type: none"> Further awareness raising with the public to be alert and aware of the risks 		4 th October 2021	25	16	16	4	5	
Trend		↓	Executive Owner: Director of Nursing					
Mapping Against 4 Harms of COVID			Update					
			<p>Oct-2021 – As a result of the increased surveillance in relation to Safeguarding non-compliance, an increase in training compliance has been recorded on ESR. The following Q1 training compliance data was presented to the last Safeguarding Committee:</p> <p>Level 1 Safeguarding Adult Training - Overall compliance 78%.</p> <p>Level 1 Safeguarding Children Training - Overall compliance 78%.</p> <p>VAWDASV Group 1 Training - Overall compliance 70%.</p> <p>Safeguarding was subject to an Internal Audit and a <i>reasonable assurance</i> was achieved. One of the recommendations was the establishment of a Safeguarding Operational Group. This was established in Quarter 3 to support the delivery of the Safeguarding Strategy through the Work Plan. This is achieved through collaboration working with the Divisions.</p> <p>Progress has made against the Safeguarding Work Plan and alternative ways of working have been employed to mitigate and ensure actions are delivered on time. The Safeguarding Strategy will now enter its final year and work is underway to consider how this can be evaluated.</p> <p>Based on the 2020- 2021 Annual Safeguarding Report, a work programme has been developed for 2021/22 which outlines 8 priority areas. The Health Board will measure success against the 8 priority areas and monitoring of progress will take place at the Safeguarding Committee and as necessary to the Patient Quality, Safety and Outcomes Committee.</p>					
Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided					
			Directorate	Division	Executive Team	Committee	Board	
Robust monitoring of activity through the Safeguarding Committee Monthly practitioner concerns data shared with Divisions to review and manage	8 priorities monitored and measured within the Safeguarding annual report. Work plan and safeguarding maturity matrix Safeguarding	Safeguarding report – tell us the areas requiring further training across the Health Board so targeted approach can be undertaken.	X	X	X	X		

	operational group – all division represented Quarterly performance report Divisions receive emails and duty to report – feedback to safeguarding team – managed by internal system, DATIX						
Health Board Mandatory Training Programme	Safeguarding Committee – features in work plan and performance report	Level 1 Safeguarding Adult Training - Overall compliance 78%. Level 1 Safeguarding Children Training - Overall compliance 78%. VAWDASV Group 1 Training - Overall compliance 70%.	X	X	X	X	
Safeguarding work programme for 2021/22 – Annual Plan  Final Draft Safeguarding A...	Safeguarding work programme features as part of the Safeguarding Performance Report and receives oversight from the Safeguarding Committee	Key milestones to delivery of the 8 priorities are highlighted in the plan Priorities at the end of the plan x2 assurance to committee	X	X	X	X	
Safeguarding Maturity Matrix	Safeguarding maturity matrix features as part of the safe-guarding performance report and receives oversight from the Safeguarding Committee.	An implementation plan is currently being developed for the forthcoming year(s)	X	X	X	X	
External Sources of Assurance							
Internal Audit – Reasonable assurance							
Gaps in Assurance							
Safeguarding team will conduct additional audits for further assurance.							

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision					
<p>This is an enabler risk and therefore applies to all Health Board priorities</p>		<p>CRR032 – Threat Event: Non-achievement of the Health Boards long term strategy. Threat Cause: Failure to achieve underlying recurrent financial balance.</p> <div style="text-align: center; margin: 20px 0;">  </div>					
High Level Themes	<ul style="list-style-type: none"> • Reputational • Public confidence • Financial 	Risk Appetite	Low level of risk appetite in relation to the Health Board's financial statutory requirements.				
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score					
Audit, Finance and Risk Committee	<ul style="list-style-type: none"> • Delivery of recurrent savings plans essential to deliver long term financial balance need to be established. • New approach established for 2021/22 with a 'Health Systems Leadership Group', a reconfigured Value/Innovation/ABCi transformation function and investment in a Project Management Office to support system change at scale to deliver recurrent sustainable improvement and improve resource utilisation through service, workforce and financial planning for the health board. • Executive Team reviewing level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. 	Inherent	Current		Target		
Action Plan	Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
		5	4	4	4	3	4
<ul style="list-style-type: none"> • Using the new Health system Improvement framework for 2021/22 - to focus on the strategic priorities for sustainable system change, annual plan priorities should be delivered through this arrangement and will need to achieve service, workforce changes which improve the underlying financial position. E.g. Eye Care Pathway redesign, 		20		16		12	

<p>Outpatients redesign, MSK model redesign, Up-stream public health and Mental Health schemes and leveraging GUH & Digital opportunities benefits. Use the Pre-Investment Panel to test major investment proposals. Only invest recurrently where recurrent funding is confirmed. Ongoing review of deliverable savings and opportunities for 2021/22 and 22/23.</p>					
Trend		Executive Owner: Director of Finance and Performance			
Mapping Against 4 Harms of COVID		Update			
		<p>Oct -2021 – No change in underlying financial forecast since the last update reported. System redesign and service proposals to improve sustainability and patient outcomes need to be progressed.</p>			

Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Delivery of recurrent savings plans essential to deliver long term financial balance need to be established.	Divisional Assurance meetings Executive Reports Financial Monitoring returns	Reduced Reported spending Reduced recurrent spending forecasts Increased recurrent savings	X	X	X	X	X
New approach established for 2021/22 with a 'Health Systems Leadership Group', a reconfigured Value/Innovation/ABCi transformation function and investment in a Project Management Office to support system change at scale to deliver	HSLG reports	Programme and project reports and metrics	X	X	X		

recurrent sustainable improvement and improve resource utilisation through service, workforce and financial planning for the health board.							
Executive Team reviewing level of deliverable recurrent savings along with assessing cost avoidance and deferred investments.	Executive Reports Executive, Committee & Board briefings Internal Audit reports	In year improvement plans IMTP plans Explicit proposal plans	X	X	X	X	
External Sources of Assurance							
Audit Reports WG Monitoring returns letters							
Gaps in Assurance							
Nil gaps in process Challenge with delivery							

Appendix 2: Consequence and Likelihood Matrices

Consequence scores

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / Complaints / audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment / service

Consequence score (severity levels) and examples of descriptors					
	Informal complaint / inquiry	Formal complaint/ Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Formal complaint / Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Multiple complaints/ independent review Critical report	Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources/ organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale Significant numbers of staff not attending mandatory / key professional training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key professional training on an ongoing basis

	Consequence score (severity levels) and examples of descriptors				
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty Challenging external recommendations	Multiple breaches in statutory duty Critical report	Multiple breaches in statutory duty with high likelihood of enforcement action Complete systems change required Severely critical report
			Improvement notice	Prohibition notices	Prosecution
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House / Assembly)
		Elements of public expectation not being met			Total loss of public confidence
Business objectives / projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	10–25 per cent over project budget	Incident leading >25 per cent over project budget
		Schedule slippage	Schedule slippage	Schedule slippage Key objectives not met	Schedule slippage Key objectives not met

	Consequence score (severity levels) and examples of descriptors				
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Claim(s) in excess of £1 million Loss of contract
Service / business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Appendix 2: Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency based score is appropriate in most circumstances and is easier to identify.

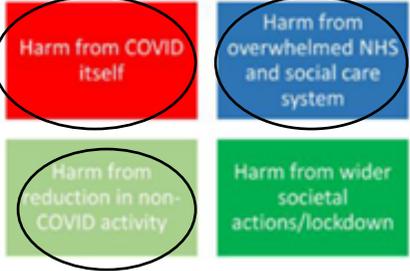
It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.

The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives.

	Likelihood Score				
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it might it happen	This will probably never happen/ recur	Not expected to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

Applicable Strategic Priorities – Clinical Futures and Annual Plan 2021/22		Risk Description, Appetite and Decision						
<ul style="list-style-type: none"> • Providing high quality care and support for older adults • Less serious illness that require hospital care 		<p>CRR010 – Threat Cause: Patients will fall whilst they are in our services Threat Event: Patients will be harmed or injured.</p> <div style="text-align: center; margin: 20px 0;">  </div>						
High Level Themes	<ul style="list-style-type: none"> • Patient Outcomes and Experience • Quality and Safety • Reputational • Public confidence 	Risk Appetite			Risk appetite in this area is zero or low in the interests of patient safety.			
Committee Assurance	Internal Controls – Policies/Procedures	Risk Score						
Patient, Quality, Safety and Outcomes Committee	<ul style="list-style-type: none"> • Comprehensive corporate falls prevention action plan agreed. Policy for the Reduction of Inpatient Falls in place. • Multidisciplinary training and support to drive improvement • Reports on inpatient falls provided to Executive Team and Quality, Patient Safety and Outcomes Committee. • Improvement metrics agreed and overall numbers of inpatient falls is within trajectory for improvement. • An ongoing data analysis allows for the identification of shifts and trends associated with falls and activity outside of normal variation. • ABUHB engagement in the ‘All Wales Inpatient Falls Network’ in support of the development of a more consistent, standardised approach to falls management across Wales. • The ‘Falls and Bone Health Committee’ looks to align its work to the National Audits and associated recommendations. 	Inherent		Current		Target		
Action Plan		Due Date	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Consequence
			3	5	4	5	2	5

Proof of Concept Report – Falls Risk Profile
October 2021

<ul style="list-style-type: none"> Promoting (through training) the multidisciplinary requirements of the policy including completion of required risk assessments & care plans. To also include the promotion of the newly developed falls specific medication review tool and falls associated Head Injuries pathway. Learning from serious incidents with audit of agreed actions and expected outcomes. Evaluation of the falls components of the ‘Once for Wales’ incident reporting system to ensure the opportunity to maximise the value of the data sets included. 	Ongoing	15	20	10
Trend		Executive Owner: Director of Therapies and Health Science		
Mapping Against 4 Harms of COVID		Update		
		<p>Sept 2021 : The ‘Falls Policy for Hospital Adult Inpatients’ was formally launched in July 2021 supported by an extensive awareness raising campaign. Staff training has been aligned to the requirements of the revised Policy. Projects are being undertaken in a number of our Community sites to further promote the MDT approach and requirements. The outcomes will be presented to the Falls and Bone Health Committee.</p> <p>A collaborative review of the structures in support of the management of falls across has been undertaken by means of the Falls and Bone Health Steering group. This group will be retitled the ‘Falls and Bone Health Committee’ with the establishment of two reporting subgroups to undertake work associated with IP falls and those in the Community setting outside of the hospital environment. The structure has been defined and draft terms of reference established.</p> <p>A group has been established to review the processes for management of falls associated SI’s and falls with fractures together with the mechanisms for the monitoring/auditing of associated action plans. The group has looked to identify actions needed in response to concerns raised in terms of identified learning being implemented, monitored and audited to evaluate outcomes. The work will be supported by a mapping session and consideration being given to the development of a reporting framework document and associated policy for standards of clinical documentation.</p> <p>In order to ensure improved compliance with the requirements of the reporting of Falls to HSE under RIDDOR the following has been undertaken:</p> <ul style="list-style-type: none"> The Standard Operating Procedure for the reporting of injuries, diseases and dangerous occurrences has been reviewed and updated. RIDDOR decision flowchart has been developed to support Managers in identifying RIDDOR reportable falls incidents. A Health and Safety information sheet has been developed to raise awareness. A RIDDOR dashboard has been developed within the Incident & Risk Management Software (DATIX) to enable active monitoring of potential reportable incidents. This dashboard is actively reviewed by safety professionals within the Corporate Health and Safety Department. 		

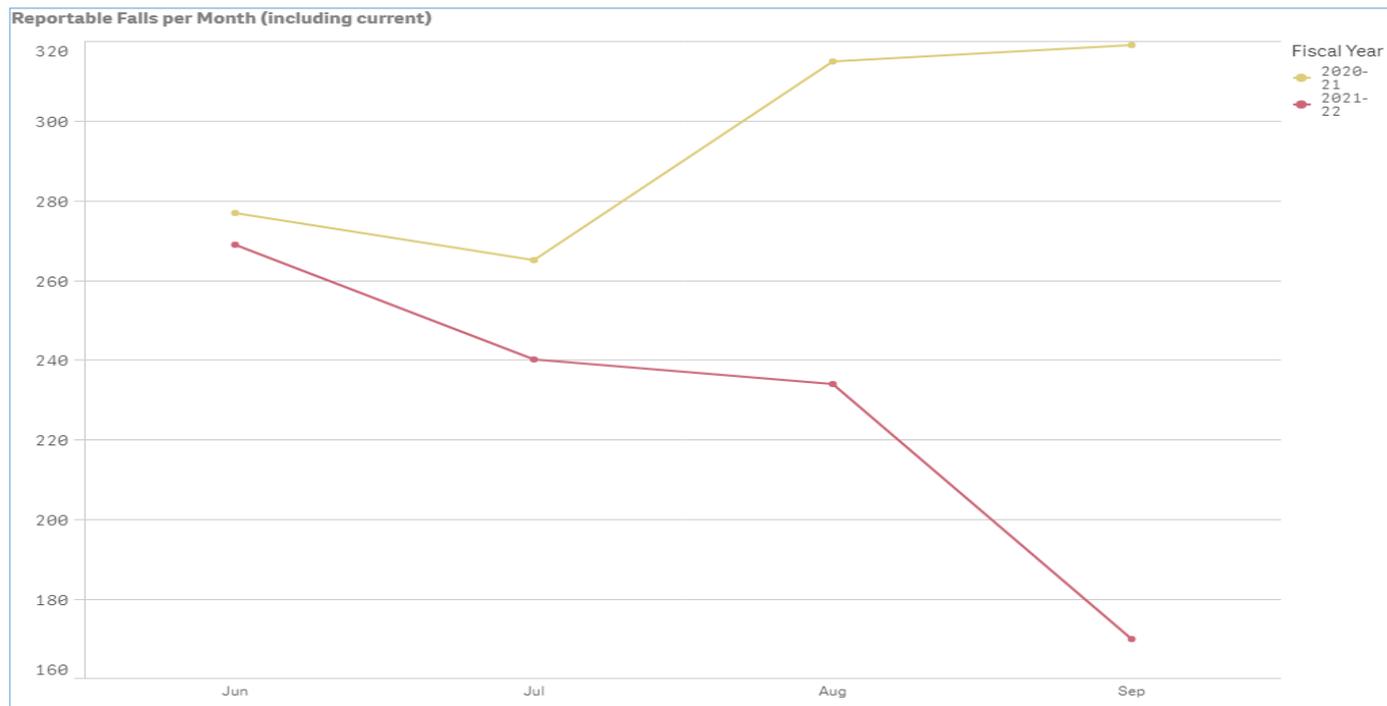
Proof of Concept Report – Falls Risk Profile
October 2021

	<ul style="list-style-type: none"> The RIDDOR section on the Corporate Health and Safety Intranet page has been reviewed and updated. ABUHB representatives presented the work that has been undertaken in relation to HSE reporting at the 'All Wales Inpatient Falls Network' meeting on the 7th September 2021 to raise awareness and promote wider discussions amongst Health Boards/Trusts. A meeting is established with the Delivery Support Unit to further discussions. <p>In light of system pressures and falls admissions to the Emergency Department an algorithm has been developed for discussion in support of redirecting patients as appropriate within ABUHB. Further to this an Audit/ Pathway working group has been established with the first meeting to be held on the 5th October 2021.</p>
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Existing Controls	Sources of Assurance	Proxy Outcome Measures	Level Assurance is provided				
			Directorate	Division	Executive Team	Committee	Board
Comprehensive corporate falls reduction action plan agreed. Prevention and Management of Inpatient Falls Policy in place.	Action plan updated and reviewed at corporate Falls and Bone Health Steering Group – minutes of group. Policy published on intranet	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓	✓	✓	✓
Training ongoing on wards/sites.	Training records from Divisional QPS leads	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓			
Reports on inpatient falls provided to Executive Team and Quality and Patient Safety Committee.	Minutes of Executive Team and Patient Quality Safety and Outcomes Committee.	Number of inpatient falls Number of injuries associated with inpatient falls			✓	✓	✓
Improvement metrics agreed and overall numbers of inpatient falls is within trajectory for improvement.	Inpatient Falls Dashboard	Number of inpatient falls Number of injuries associated with inpatient falls	✓	✓	✓	✓	✓
External Sources of Assurance							
None to report							
Gaps in Assurance							
None to report at this time.							

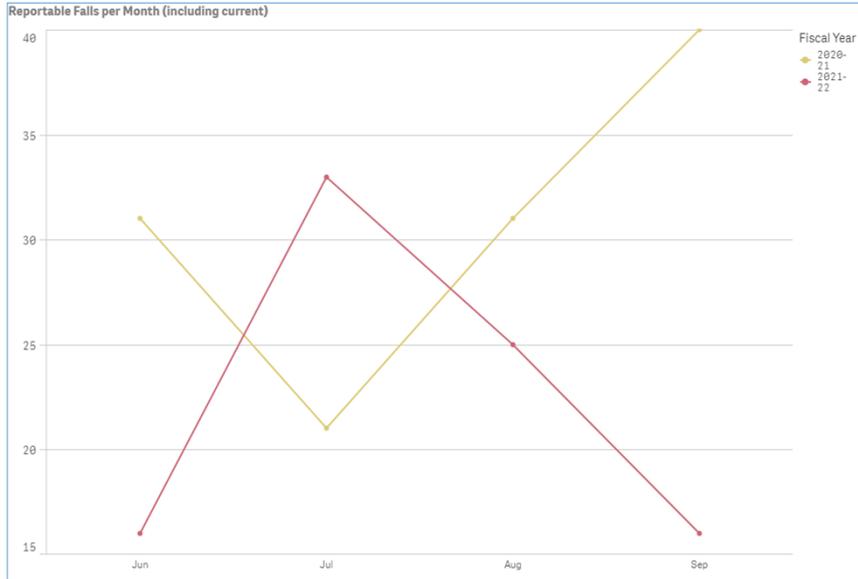
Assessment of Efficacy of Controls

Comparative snapshot of Falls data for the entire Health Board since the implementation of the revised Falls Policy on 7th June 2021 and significant organisational awareness raising from the reporting period June – September 2020/21 and June – September 2021/22:

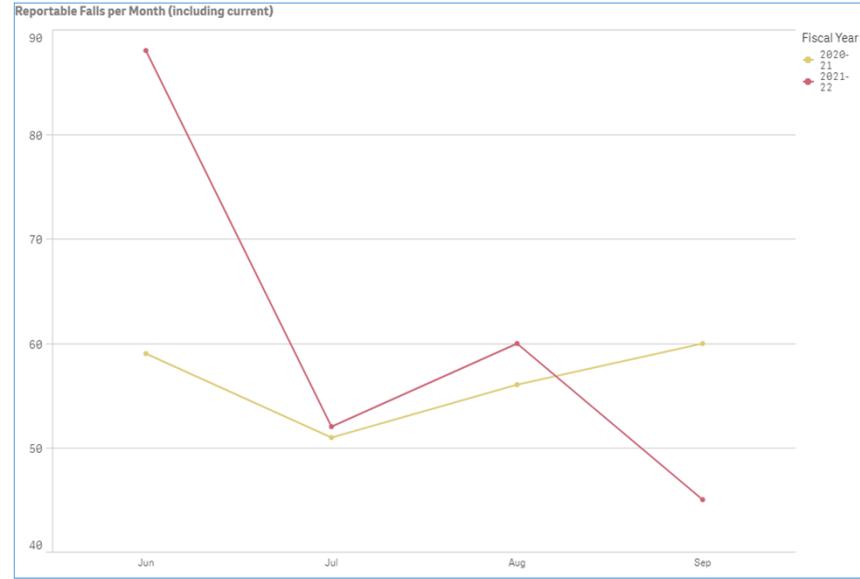


Date comparative reported Falls data from wards with single occupancy in YAB, YYF and the GUH since the implementation of the Falls Policy:

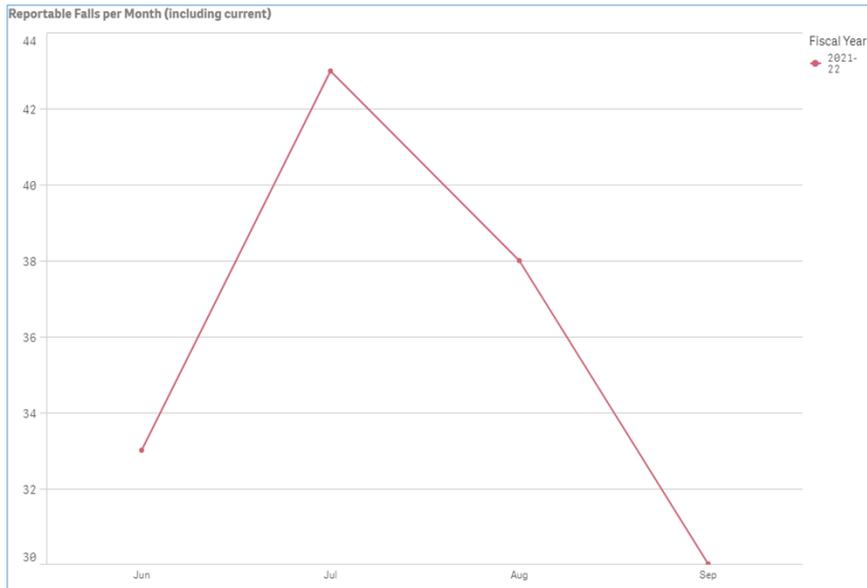
YAB



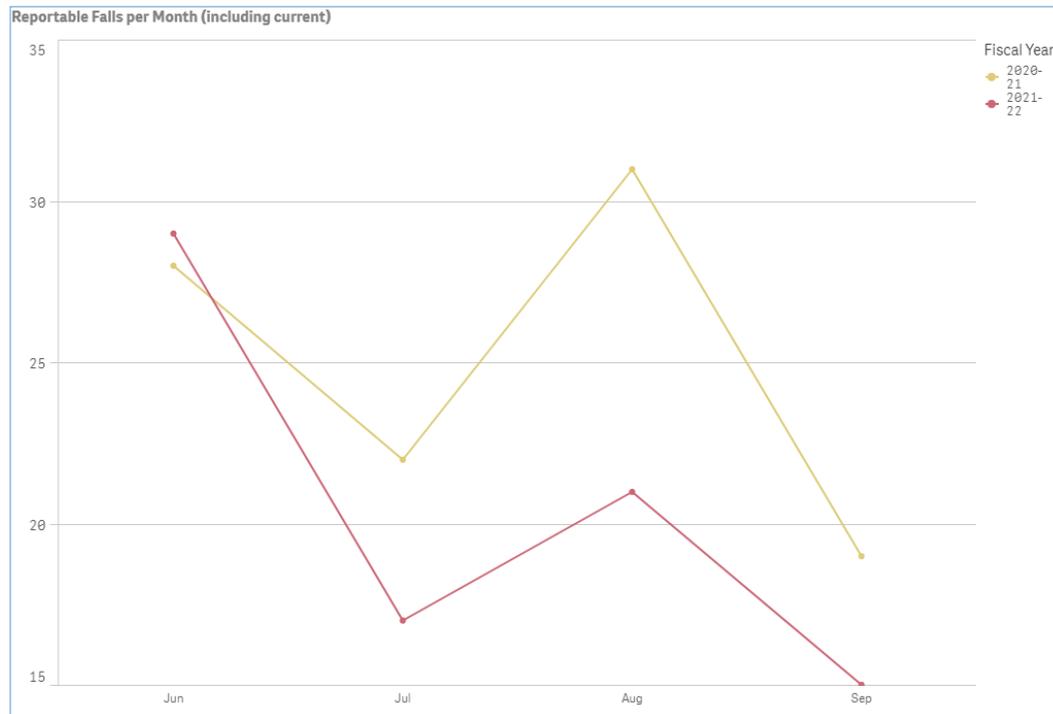
YYF



GUH – Noting that data for last year is not available as GUH opened in November 2020



Date comparative data reflecting the number of falls resulting in a head injury since the implementation of the revised Falls policy:



Assessment

The above data clearly demonstrates the efficacy of the Health Board controls in respect of the management of the Falls risk profile. Numbers of reported incidents have fallen and continue to drop however, it is recognised that further work can still be undertaken and developed to ensure that sustained progress is achieved and ensure positive outcomes for our patients.



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item:4.4

Aneurin Bevan University Health Board

Finance Board Report – September (Month 06) 2021/22

Executive Summary

This report sets out the financial performance of Aneurin Bevan University Health Board, for September 2021.

The 2021/22 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation paper agreed at the March 2021 and July 2021 Board meetings, this will be updated further for quarters 3 and 4. 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.

Sep-21					
Performance against key financial targets 2021/22					
+Adverse / () Favourable					
Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	0	0		0
Capital financial target 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 £43,123	2,030 4.7%	13,910 32.3%		0
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	93.6%	95.9%		>95%
Performance against requirements 20/21		18/19	19/20	20/21	3 Year Aggregate
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	✓	(235)	(32)	(245)	(512)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(41)	(28)	(13)	(82)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				
Underlying Financial Position (Brought Forward ULP)		18/19	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.		£19.763m Deficit	£11.405m Deficit	£16.261m Deficit	£20.830m Deficit

Note: The Health Board is in its 3rd year of the approved IMTP, the HB has submitted a refreshed Annual Plan for 21/22 in place of a revised 3 year IMTP, as directed by WG.

Key points to note for month 6 and year to date position include:

- Income - includes confirmation of the anticipated £65m of Covid-19 stability funding,
- Pay Spend – allowing for the wage award remains at a similar level to previous months,

- Non-Pay Spend - has decreased by £3m, partly due to the profile of ICF payments, non-cash limited primary care payments and underperformance on WHSSC contracts,
- Savings – expected achievement remains at the same levels as previously reported.

Significant issues for the Health Board’s forecast financial plan include;

- Finalising the income assumptions for Covid-19 and recovery funding with Welsh Government. There remains a small risk to securing the balance of the anticipated Covid-19 funding allocations,
- Improving and achieving the level of savings and efficiency programmes on a recurrent basis to support long term financial sustainability, and
- Ensuring that service and workforce solutions, in response to the challenging demands being faced, are achieved in the most cost-effective way.

At Month 6, the forecast revenue and capital positions are break-even for the 2021/22 financial year.

The latest financial assessment of income levels, service and workforce costed plans is that the Health Board should be able to deliver these plans within anticipated available funding.

The underlying financial deficit (£20.8m) will need to be addressed to support financial sustainability and recurrent balance in future years.

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: Robert Holcombe – Interim Director of Finance & Procurement

Report Author: Suzanne Jones – Assistant Finance Director: Financial Strategy, Planning, Capital & Commissioning

Report Received consideration and supported by:

Executive Team	X	Committee of the Board	
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Date of the Report: 10th November 2021

Supplementary Papers Attached:

1. Glossary
2. Appendices

Purpose of the Report

This report sets out the following:

- The financial performance at the end of September 2021 and forecast for 2021/22 – against the statutory revenue and capital resource limits,
- The revenue reserve position at the 30th of September 2021,
- The Health Board’s underlying financial position,
- The Health Board’s cash position and compliance with the public sector payment policy, and
- A financial assessment of the risks and opportunities which may impact on delivering the financial forecast for 2021/22.

Assessment & Conclusion

• Revenue Performance

The month 6 position is reported as **break-even** with a forecast **year-end out-turn reported as break-even**. A summary of the financial performance is provided in the following table.

Summary Reported position - September 2021 (M06)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	269,562	(1,779)	(2,305)	526
Prescribing	106,494	1,827	3,428	(1,601)
Community CHC & FNC	65,148	(141)	384	(525)
Mental Health	109,134	67	3,471	(3,404)
Director of Primary Community and Mental Health	565	(48)	(41)	(7)
Total Primary Care, Community and Mental Health	550,903	(74)	4,937	(5,011)
Scheduled Care	234,667	744	6,032	(5,289)
Medicine	115,942	323	7,003	(6,681)
Urgent Care	39,721	280	1,500	(1,219)
Family & Therapies	118,588	(47)	246	(293)
Estates and Facilities	81,420	(39)	6,078	(6,117)
Director of Operations	6,172	0	1,386	(1,386)
Total Director of Operations	596,509	1,261	22,246	(20,985)
Total Operational Divisions	1,147,412	1,187	27,183	(25,996)
Corporate Divisions	124,208	(479)	(329)	(150)
Specialist Services	168,959	(1,171)	(543)	(628)
External Contracts	77,115	1,124	888	236
Capital Charges	37,327	(0)	(0)	(0)
Total Delegated Position	1,555,020	662	27,200	(26,538)
Total Reserves	30,511	(662)	(27,200)	26,538
Total Allocations	(1,563,050)	0	0	0
Other Corporate Income	(22,482)	0	0	(0)
Total Reported Position	0	0	0	(0)

The delegated position movements compared with month 5 are reflective of the application of the confirmed Covid-19 funding.

Financial impact of service and workforce pressures

- During August 2021, pay and non-pay expenditure in the Health Board continued at similar levels incurred during the previous months of this financial year.
- Whilst the number of Covid-19 positive patients in hospital is significantly lower than the levels being cared for during the 1st and 2nd waves of the pandemic, there has been a rise in the number of patients being treated for, and recovering from, Covid-19. All services still need to operate in a Covid-19 safe environment leading to a significant financial cost.
- Unlike the previous waves of the pandemic, demand for emergency and urgent care across all services – including primary care, mental health and acute/community hospitals – has increased significantly and in many cases is above the levels seen pre-pandemic.
- A similar position is being reported in social care – along with workforce constraints – which is resulting in some patients not being discharged from hospital in a timely manner, causing further pressures for the emergency care system.

As a result, additional costs are being incurred due to the following:

- Additional workforce capacity to support the significant pressure on the Emergency Department and other urgent care services,
- Workforce costs for covering increased sickness absence and self-isolation periods,

- Maintaining 'green' patient pathways to minimise infection,
- Additional hospital bed capacity to ensure the safe and timely flow of patients,
- Increased acuity of patients presenting and demand for enhanced care, and
- Commissioning step-down capacity to support patients in their discharge back home or to a longer-term care home placement.

As a result, key areas of focus for the Health Board are:

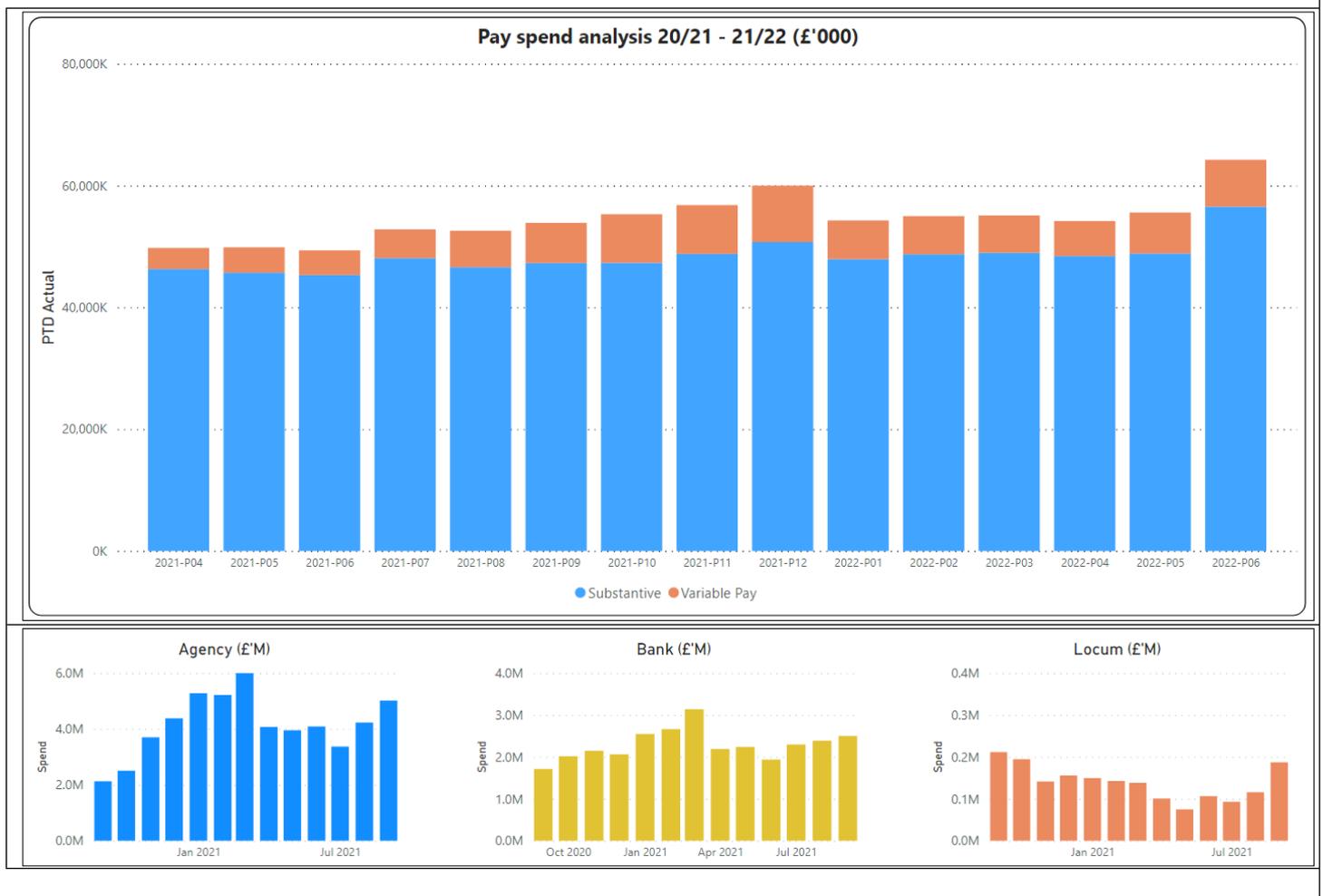
- System level working to expedite patients to the most appropriate care setting,
- Enhancing same day emergency care and flow,
- Securing additional clinical capacity,
- Other actions to underpin the operational management and leadership to support clinical teams.

Workforce

Workforce costs have maintained a consistent average level of spend c£56m per month for months 1-6 of 2021/22.

Substantive staffing has increased marginally whereas agency costs have increased by £0.8m (18%) compared to month 05. There continues to be significant reliance on the use of agency and bank staff.

Workforce expenditure is shown below differentiating between substantive and variable pay¹:



¹ To enable useful comparisons and trends all references to 20/21 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£17m), Covid-19 bonus payments (£14.7m), and Additional employer pension contributions (6.3%/£25m).

Substantive staff

Substantive pay was £56.5m in September - an increase of £7.7m compared to August, of which £7.1m was related to the wage award.

Variable pay

Variable pay (agency, bank and locum) was £7.7m in September – an increase of £1m compared to August.

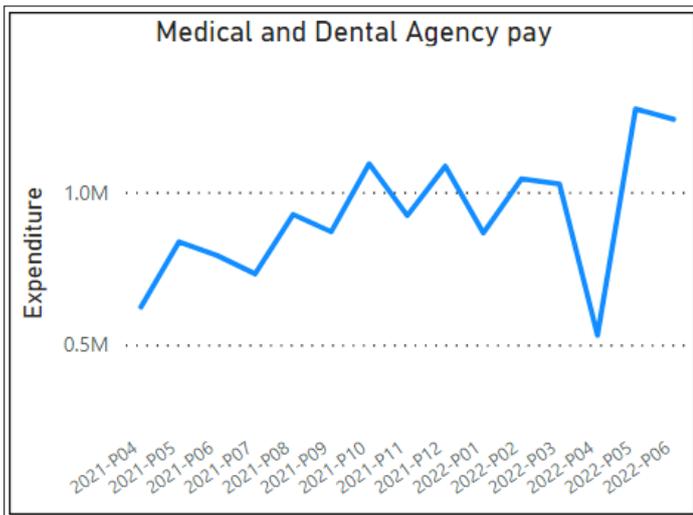
The Executive Team have agreed the block booking of registered nurse (RN) agency and over recruitment of health care support workers (HCSW) to ensure safety of service provision.

Bank staff

Total bank spend in September was £2.5m - an increase of £0.1m compared with August 2021, due to increases in registered nurses.

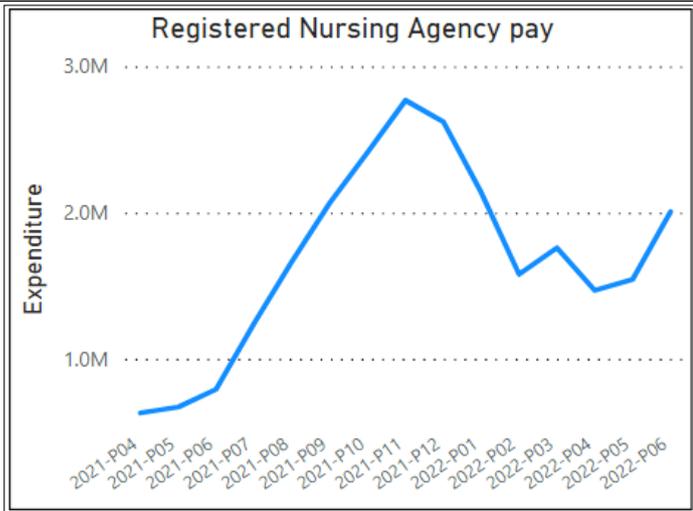
Agency

Total agency spend in September was £5m – an increase of £0.8m compared to August.



- Small decrease in month £0.03m due to
 - -£98k Scheduled Care – within Ophthalmology (-£160k) which is attributable to an over provision last month
 - -£44k Primary & Community Care with reduced spend in Tredegar Health Centre and Bryntirion Managed Practice.
 - +£102k Medicine – RGH Medicine and COTE. Pressures continue in COTE and YYF medical staffing backfilling a number of staff who are now non-patient facing and numerous vacancies.

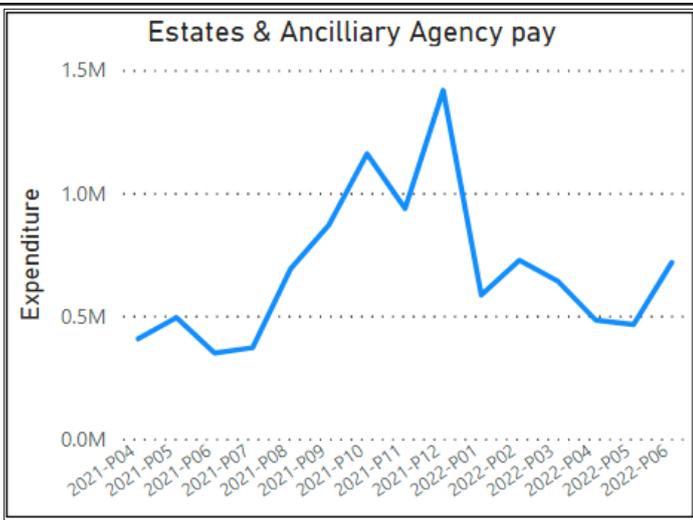
- Medical agency spend is averaging c£1m per month in 21/22.



- In-month spend of £2m, an increase of £0.5m, this includes increases of £167k in Medicine, £130k in Urgent Care (both largely linked to additional capacity) and £50k in Director of Operations (Transfer Lounge).

- Reasons for use of registered nurse agency, include:
 - Additional service demand including opening additional hospital beds,
 - Enhanced care and increased acuity of patients,
 - Increased sickness, and
 - Vacancies.

- RN agency is averaging £1.8m spend per month in 21/22.



- In month spend of £0.7m on Estates & Ancillary, an increase of £251k compared to month 5. This is primarily within GUH and related to Covid.
- Reasons for use of agency include:
 - Meeting enhanced cleaning standards,
 - Enhanced care and increased acuity of patients,
 - Increased sickness,
 - Vacancies,
 - Recruitment difficulties, and
 - Supporting the Mass Vaccination Programme.
- E&A agency is averaging £0.6m spend per month in 21/22.

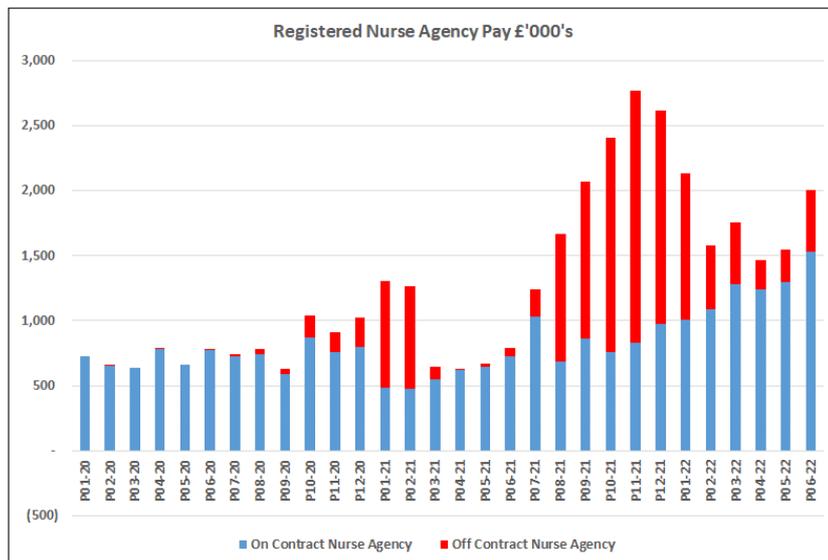
Registered Nurse Agency

Registered nurse agency spend totalled £18.1m in 2020/21 and £10.2m in 2019/20.

If spend continues at the current rate, the Health Board will spend £21m on nurse agency in 2021/22.

The use of "off-contract" agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay.

A Registered Nurse Agency Reduction Plan was approved by the Executive Team in May 2021, there is considerable challenge to delivering this plan because of the on-going service and workforce pressures.



The Health Board spent £0.47m on 'off' contract RN agency in September compared to £0.25m in August. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses, and
- Increased sickness and cover for staff in isolation.

Some areas such as Paeds, Obs & Gynae, neonatal and Scheduled Care wards are experiencing difficulties in filling shifts even via off contract agency due to lack of availability of agency staff.

Medical locum staff

Total locum spend in September was £187k, an increase compared with August 2021 of £71k, of this £53k was in Scheduled Care (Dermatology, Oral Surgery and T&O).

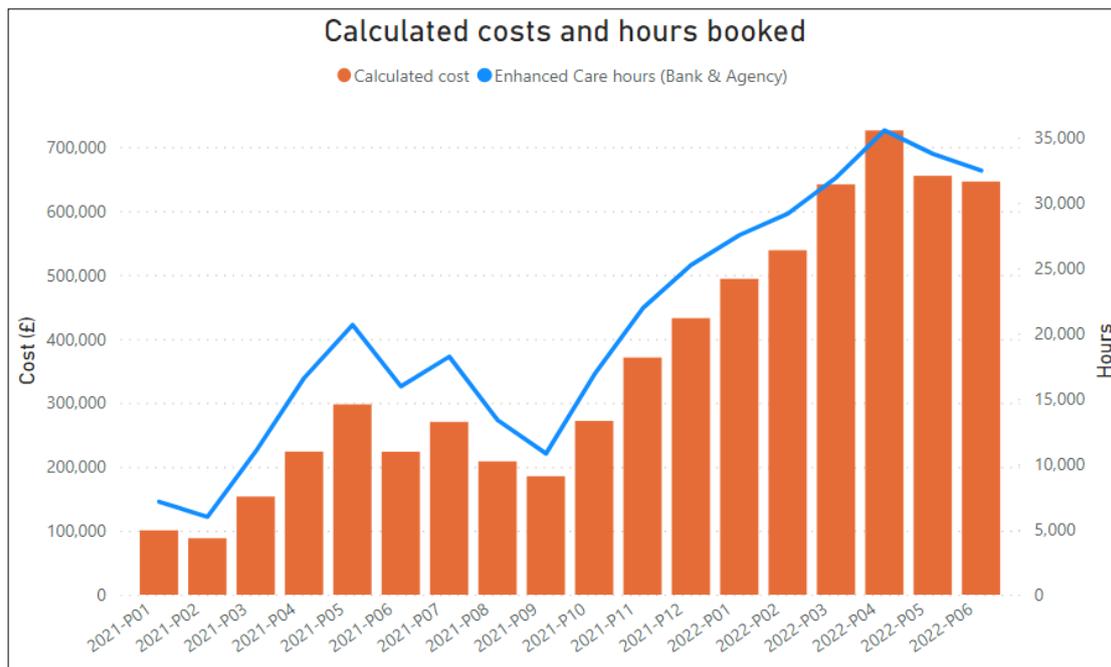
Enhanced Care

Enhanced Care, also known as 'specialling', can include a spectrum of interventions 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 whilst also managing any associated impact on established staffing levels.

An initial review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	<u>2020/21</u>	<u>2021/22</u>	<u>Increase</u>
Average number of hours used per month	15,305	31,730	107%
Increased in average cost per month compared to prior year			£381k
Estimated increase in the calculated annual cost based on current trend			£4.6m

The following graph highlights the increase in hours attributed to enhanced care for the period April 2020 to September 2021 using bank and agency registered nurse and health care support workers.



Non-Pay

Non-Pay spend decreased by £3m in September compared to August due to ICF, Non-Cash Limited primary care (neutral variance) and WHSSC reductions. Areas of increase to note are:

- CHC Mental Health – there has been a net increase of 4 patients in MH and 2 LD patient in month with 5 high-cost package changes.
- CHC Adult / Complex Care - 624 active CHC and D2A placements, with an increase of patients converted from FNC to CHC, which is an increase of 11 placements compared to August. For FNC - currently 849 active placements, which remains the same as August patient numbers.
- CHC Adult / Complex Care – cluster of covid outbreaks within the Care at Home Team (CAHT) saw a significant number of staff absent or isolating.
- Primary Care medicines - the full year forecast is an under-spend of £0.5m (after £7.3m Covid funding). Cat M drug price changes effective from July and October have reduced the forecast with the assumption these will continue.
- The 'Step Closer to Home' pathway has had 11 additional (17 total) placements in September, £0.4m is included in the forecast spend.

Service Pressures & Activity Performance

Bed Capacity

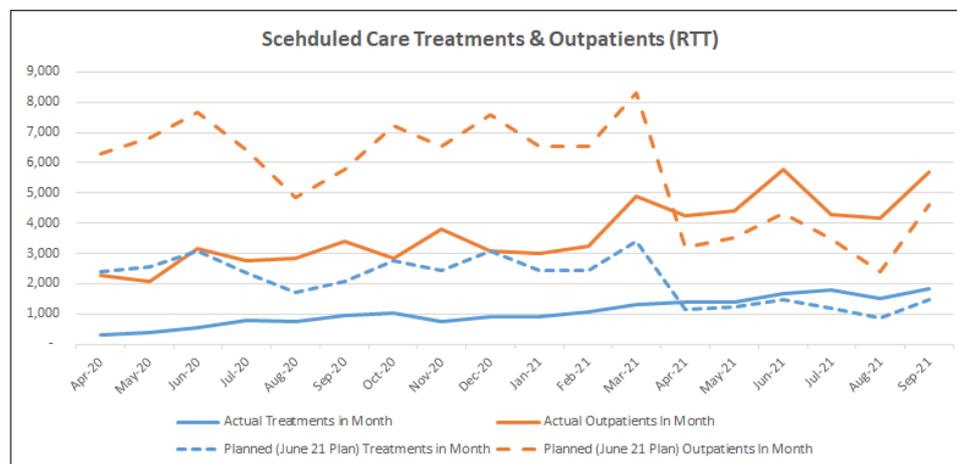
Additional hospital bed capacity – additional medical beds have been opened as part of responding to the system pressures described previously. Additional capacity beds in Medicine were c.127 in September:

No. of Additional Beds				
Site	Ward	Aug-21	Sep-21	Description
RGH	B3 Winter Ward	28	28	28 Additional Capacity
	CSE	4	4	28 (flexed up from 24)
NHH	4/4	4	4	28 (flexed up from 24)
	3/4	4	4	28 (flexed up from 24)
GUH	C4	8	12	8 Covid beds in 1 wing \and a further 8 beds for half of september
YYF	Risca	30	30	30 Covid Ward (funded ward)
	Bargoed		30	30 Covid Ward (funded ward)
RGH AMU	D1W		15	15 Beds 2 additional RN 24/7
Total		78	127	

Additional Community Hospitals surge beds were required to be opened and are greater than previously forecast. Towards the end of the month up to 12 beds were open on St Woolos - Ruppera ward (0 beds forecast) and up to 10 open on YAB - Tyleri ward (4 beds forecast).

Scheduled Care treatments and outpatients

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst some routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels. Scheduled Care elective activity for new outpatients has increased this month, there were increases in T&O (+438), Dermatology (+264), Urology (+255) and General Surgery (+252) with smaller increases in the other areas of ENT, Max Fax, and Rheumatology. New outpatients were over plan by 1,109 new outpatient appointments in month. Treatments have shown an increase in month across all areas. The main increases were within Urology (+139) and Ophthalmology (+48). Most cases were seen in core time with a decrease in backfill and WLI sessions.



- Elective Treatments for Sept. '21 were 1,824 with year-to-date treatments of 9,585.
- Outpatient appointments for Sept. '21 were 5,705 with year-to-date activity of 28,566.

Medicine Outpatient Activity

Medicine Outpatient activity for September '21 was 1,231 attendances with year-to-date activity of 7,857 this is presented by specialty below:

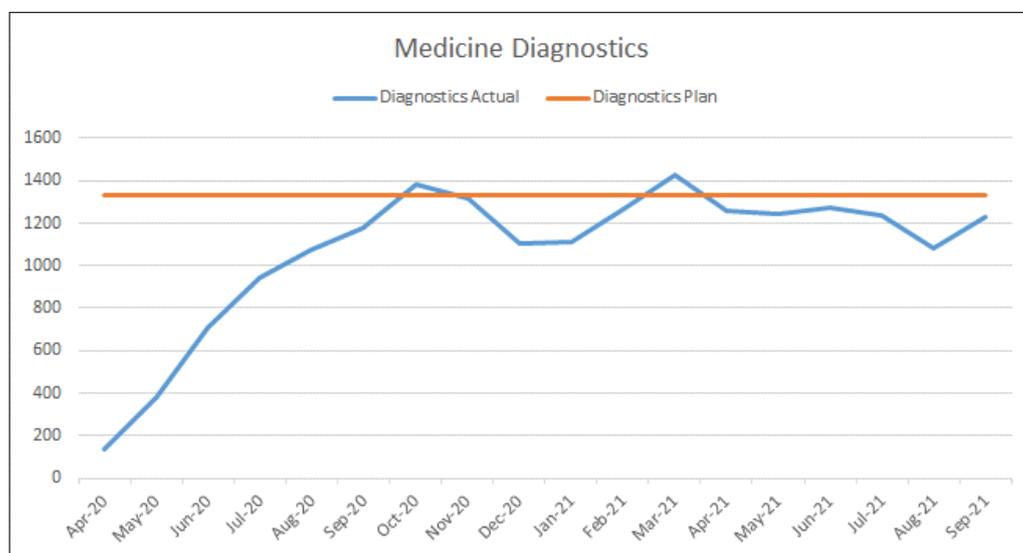
YTD September 21	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	3,060	1,384	- 1,676	55%
Cardiology	3,318	1,483	- 1,835	55%
Respiratory (inc Sleep)	3,636	1,567	- 2,069	57%
Neurology	1,554	1,348	- 206	13%
Endocrinology	1,452	948	- 504	35%
Geriatric Medicine	1,386	1,127	- 259	19%
Total	14,406	7,857	- 6,549	45%

A year to date underperformance of 45% is presented.

Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for September '21 was 1,229 procedures with year-to-date activity of 7,326 which is 678 cases less than planned for the year to date. The Health Board has commissioned St Joseph's Hospital to support further endoscopy delivery and committed £1.3m for an additional 14 sessions per week, via an insourcing provider, to reduce waiting times.

The activity undertaken since April '20 is shown below;



Service Recovery Plans 2021/22

The Health Board received a 'Tranche 1' funding allocation of £17m as part of recovering the backlogs in elective services because of the Covid-19 pandemic. The plans are achieving their goals to date but they are expected to increase substantially from September. Performance will be closely monitored.

As a result of the WG non-recurring funding announcement (£100m across Wales) for further recovery improvement, ABUHB received £9.935m of this 'Tranche 2' funding.

Further recovery plan options are being considered by the Executive Team for prioritisation and implementation, including previously approved schemes at risk, eg. Endoscopy in-sourcing, Heart Failure. There may be a recurrent requirement for some of these proposals which will need to be considered alongside other IMTP priorities. The appendices includes a summary.

Covid-19 – Revenue Financial Assessment

Covid-19 reporting can be broken down into the following categories.

- Covid-19 costs: £171.632m

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;

£40k AHW Transformation Fund - Continuous Engagement Grant	£1.1m Dental Contract Pay award 21/22
£565k Gwent RPB Memory Assessment Services	£11.3m £AB Pay Award funding 21/22 (representing 2% of the 3% pay award)
£14.5k Outpatient's transformation Q3 Optometry workstream	£756k Primary Care Contractor bonus payments
£59k MCA/DoLS funding re: Liberty Protection Safeguards	(£1.3m) neg. Covid Enhanced Cleaning Standards
£0.9m Wage award for Covid staff costs	£700k Tranche 1 Recovery funding
£68m Covid 19 Stability Funding to support service delivery	£784k Flu funding programme in Secondary schools (years 7-11)
£10.8m Covid quarter 3 (per Board budget setting paper)	

The Health Board received non-recurring Covid stability funding (56.6m) and funding to support the Covid impact on the brought forward underlying position (£8.6m), totalling £65m. An additional £6m is anticipated for Discharge 2 Assess and additional Flu Contractor costs.

It was agreed with the CEO to delegate £68m of the above confirmed funding to the delegated positions (based on month 5 divisional forecasts) to enable these areas to achieve and maintain a break-even position for 21/22. This was delegated as per the table below:

	Stability funding delegated £000s
Operational Divisions:-	
Primary Care and Community	(849)
Prescribing	7,490
Community CHC & FNC	0
Mental Health	9,003
Director of Primary Community and Mental Health	0
Total Primary Care, Community and Mental Health	15,644
Scheduled Care	15,900
Medicine	16,349
Urgent Care	3,500
Family & Therapies	3,718
Estates and Facilities	11,724
Director of Operations	(528)
Total Director of Operations	50,663
Corporate / Exec budgets:-	
Finance & Performance	(1,100)
Workforce & OD	101
Nurse Director	78
Chief Executive and non officer members	59
ABCi	0
Planning & Digital/ICT	2,849
Therapies Director	424
Board Secretary	45
Public Health Director	0
Unallocated Corporate	0
Medical Director	(38)
Litigation	175
Total Corporate Divisions	2,593
Total Specialist Services	0
Total External Contracts	0
Total Capital Charges	0
Total Delegated Position	68,900
Centrally held Reserves:-	0
Allocations - COVID Anticipated	(61,172)
Allocations - Underlying Funding	(7,728)
Total Reserves	(68,900)
Total Income	0
Total Reported Position	0

- **Underlying Financial Position (ULP)**

As at month 6 the underlying financial position is a **deficit of £20.8m**.

This is based on the current assessment of available recurrent funding and the recurrent financial impact of existing service and workforce commitments.

The Health Board's Annual Plan identifies a number of 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 to improve financial sustainability are integral to this approach.

The Health Board has received early notification of recurrent funding for Planned and Unscheduled Care Sustainability for 2022/23 onwards, £32m (out of £170m) earmarked for ABUHB. There are specific stipulations for this funding:

- Implementation of the recommendations of the National Endoscopy Programme which the Minister has now formally agreed.
- Regional Cataract services in line with advice from the Planned Care programme.
- Regional plans for aspects of Orthopaedic services based on the clinical strategy work currently underway and due to report in February 2022.

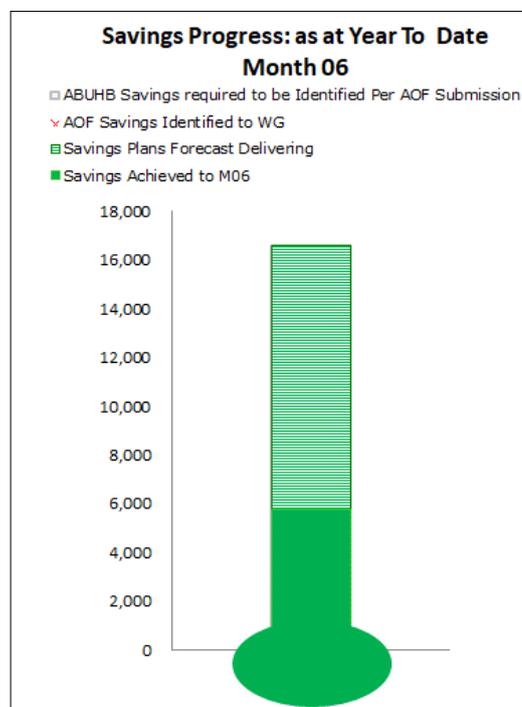
- Strengthened Diagnostic & Imaging services based on advice to be commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.

The Health Board has supported recurrent developments either through previous IMTP priorities or through necessity to deliver safe services to patients. These decisions should be considered when determining any impact this funding may have on the underlying position and will be determined as part of the Health Board's IMTP funding principles and strategic prioritisation process.

Savings delivery

As part of the Annual Plan submitted by the Board to Welsh Government (June 2021), the financial plan for 2021/22 identified a savings requirement of £16.6m for 2021/22. Recurrent savings are identified as £13.6m.

Actual savings delivered to September '21 amounted to £5.8m, which is ahead of the plan profile. The following tables present the progress against the full year target.



Month 06 Savings Plans

M06 Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,567	500	3,067	3,370
Commissioned Services	126	4	122	122
Medicines Management (Primary and Secondary Care)	2,405	59	2,345	2,718
Pay	5,447	967	4,481	7,062
Non Pay	5,051	4,185	866	314
Total	16,596	5,715	10,881	13,586

Month 03 Savings Plans

M03 Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,500	500	3,000	3,002
Commissioned Services	122	0	122	122
Medicines Management (Primary and Secondary Care)	2,446	44	2,402	2,406
Pay	6,191	10	6,181	7,428
Non Pay	4,336	3,865	471	627
Total	16,596	4,419	12,177	13,586

Total savings plans remain in line with the AOF agreed earlier in the financial year, however, recurrent schemes have slipped and have been replaced with non-recurring schemes. This has particularly impacted Pay savings plans. At this stage the full year recurring impact has remained unchanged, however, this movement from recurrent to non-recurrent does put the underlying savings position at risk of not being achieved.

To deliver greater levels of savings and to achieve better use of resources, which improves health outcomes – and does not adversely impact on safety and quality – a greater focus is required on savings and efficiency improvement related to:

- Eliminating unwarranted clinical variation - e.g. in the use of medicines (where there have been some savings), medical devices and consumables,
- Transformational service change – e.g. savings and efficiency improvement resulting from changes in service models which reduce use of hospital beds (admission, timely discharge, reduce length of hospital stay), reduce the requirement for workforce (particularly agency / locum), reduce spend on clinical interventions which have no positive effect on health outcomes.

Opportunities exist within the Annual Plan priorities agreed by the Health Board, including:

- MSK pathway redesign,
- Eye Care integration,
- Outpatients' transformation,
- Digital solutions as an enabler to service change and financial improvement.

These programmes have been affected by unprecedented systems pressures over the last 18 months but given the likely challenging funding settlements in future years, progress in delivering these changes is required to improve the underlying financial position in 2022/23 and onwards. These opportunities will form part of the IMTP 2022/23 plan.

- **Risks & Opportunities**

There remain significant risks and opportunities to managing the financial position during 2021/22, which include:

- Responding to the ongoing impact of Covid-19 – both direct and indirect consequences of the pandemic,
- Workforce absence / self-isolation,
- Risks associated with anticipating the remaining Covid-19 funding, for national priorities and local pressures for CHC (& private providers) and Flu,
- Addressing backlogs in waiting times for some services, due to the Covid-19 pandemic – restart and recovery,
- Continued use of additional capacity,
- Addressing any surge in Covid-19,
- Maximising the opportunity to change services resulting in improved health outcomes for the population, and,
- Addressing the underlying financial deficit, through reducing costs and increasing recurrent savings.

- **Capital**

The approved Capital Resource Limit as at Month 6 totals £41.827m. In addition, the Health Board has confirmed asset disposals generating further funding of £1.296m which the Health Board can retain. There is currently estimated slippage and savings of £3.629m being reported against the Tredegar H&WBC, Newport East H&WBC and YYF Breast Centralisation Unit All Wales Capital Programme Schemes.

The Health Board is required to confirm any slippage and savings on AWCP schemes to Welsh Government at the end of October. At that point the approved allocations are adjusted and the 2021/22 capital resource limits for each scheme become fixed. The Health Board is then required to manage any variations from the fixed resource limits via brokerage with the Discretionary Capital Programme. After taking account of the funding adjustments above, the overall forecast outturn is breakeven.

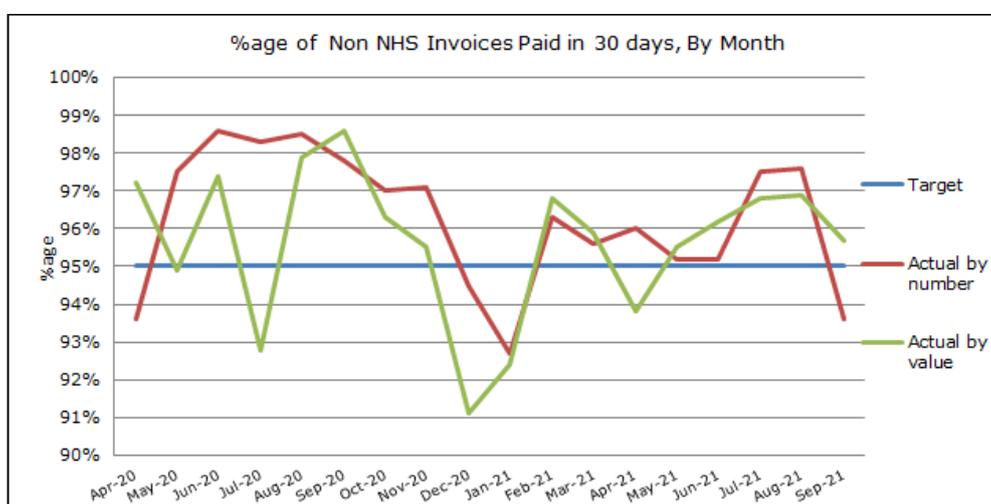
- **Cash**

The cash balance as at 30th September was £12.754m, which was above the advisory figure of £6m set by Welsh Government. The reasons for this higher than expected cash balance were:

- high brought forward cash balance from August (£6.2m), part of this brought forward level was the receipt of rates rebates received in August which had not been forecast,
- spend on Accounts Payable (AP) runs less than anticipated (£3.2m); this was a result of AP processing issues with a processing queue, network and system connection issues, staff vacancies and an increased number of invoices compared to this time last year (+17%).
- spend on quarterly GMS payment less than anticipated (£1.8m); this was forecast to include a level of quarterly payments reflective of the previous 18 months, however, the actual payments were lower than previous months,
- spend on pay award less than anticipated (£1.5m).

- **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 on a cumulative basis. In month the achievement fell below the required 95% due to a backlog in processing agency invoices by the Nurse Bank Team due to staff shortages. The staff shortage issue is being reviewed and the team will be given assistance with the provision of temporary resource to improve performance.



Recommendation

The Board is asked to note:

- The financial performance at the end of September 2021 and forecast for 2021/22 – against the statutory revenue and capital resource limits,
- The revenue reserve position on the 30th of September 2021,
- The Health Board’s underlying financial position,
- The Health Board’s cash position and compliance with the public sector payment policy, and
- A financial assessment of the risks and opportunities which may impact on delivering the financial forecast for 2021/22.
- Appendices:



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%20board%20report

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
Financial Assessment, including Value for Money	This paper provides details of the year to date and forecast financial position of the Health Board for the 2021/22 financial year.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its AOF/IMTP priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable - The financial plan is based on the assessments from other plans.
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Long Term Integration Involvement Collaboration Prevention</p> <p>The Health Board Financial Plan has been developed based on the approved AOF/IMTP, which includes an assessment of how the plan complies with the Act.</p>
Glossary of New Terms	See Below
Public Interest	Circulated to board members and available as a public document.

Glossary

A		
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
B		
B/F – Brought Forward	BH – Bank Holiday	
C		
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
D		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
D2A – Discharge to Assess		
E		
DoH – Department of Health	EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System
eLGH – Enhanced Local general Hospital	EoY – End of Year	ETTF – Enabling Through Technology Fund
F		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care
G		
GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital	GIRFT – Getting it Right First Time	
H		

HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus
HSDU – Hospital Sterilisation and Disinfection Unit		
I	IMTP – Integrated Medium Term Plan	INNU – Interventions not normally undertaken
IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure	
L		
LoS – Length of Stay	LTA – Long Term Agreement	
M		
MH – Mental Health	MSK - Musculoskeletal	
N		
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	
O		
ODTC – Optometric Diagnostic and Treatment Centre		
P		
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
R		
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment		
S		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	

T		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	
U		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	
V		
VCCC – Velindre Cancer Care Centre		
W		
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		
Y		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	



Aneurin Bevan University Health Board

Performance Report

Executive Summary

The Health Board continues to manage the COVID-19 pandemic, increasing demand across the urgent care system, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care and high levels of sickness across our workforce. This is in the context of the restart of many routine services despite continued reduced capacity for elective surgery overall when compared with pre-COVID-19 activity levels during the same time period.

It is recommended that the performance reported for September 2021 is not compared as 'like-for-like' to previous months/year's performance and should be viewed as a snapshot of how services are managing at present in the context of the continued system response to the pandemic and restart and recovery. The accompanying dashboard reflects performance for key services still being delivered through the COVID-19 pandemic.

The Board is asked to:

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

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

Executive Team		Committee of the Board	
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Date of the Report: 11th November 2021

Supplementary Papers Attached: Dashboard attached and supplementary graphs

Purpose

This report provides a high level overview of activity and performance at the end of quarter 2 (September 2021), with a focus on delivery against key national targets included in the performance dashboard. The report focuses on the areas of RTT, Diagnostics, Unscheduled care access, Cancer, Stroke care and Mental Health.

Background and context

Elective care

The Health Board's Clinical Recovery Group continues to oversee the implementation of the prioritisation framework. Elective activity undertaken is defined by the clinical prioritisation of the patient, rather than a time based approach. This enables timely care for the most urgent patients and clinically led decision making. This will have an impact on RTT waits in some services

The services have embraced new ways of working due to COVID-19, especially within outpatient services, where the focus has been on virtual clinics and reviews and office based decisions. New outpatient activity increased slightly in September compared with previous months. However, face

to face attendances have been more evident over virtual activity as services are still dealing with the backlog of long wait referrals received before and during the pandemic and are having to ensure the most appropriate use of virtual attendances. The challenge for the services is to ensure that there is sufficient accommodation across the Health Board to undertake these clinics and to ensure that the clinic capacity is used for face to face attendances only and for all virtual activity to be undertaken in non-clinic settings.

The Outpatients Improvement Programme continues to build on the new ways of working and modernisation which was established through necessity after surge 1 of the pandemic. This includes the outpatient improvement measures outlined by the National Planned Care Programme Board, with key targets regarding risk-management of long waiting follow-up patients.

The requirements around social distancing that have been in place have had an impact on the physical capacity of clinics and the relatively small numbers of patients that can be seen. Following a successful pilot at the Royal Gwent Outpatient Clinic where social distancing was reduced and appropriate safety screens installed, positive feedback from patients has enabled other outpatient areas at the Royal Gwent and Nevill Hall to adopt this model where it is safe to do so.

There is a strong transformation programme in place to drive improvement and change. The key to 'outpatient' sustainability is the ability to modernise its delivery through, for example, maximising non- face to face consultations via telephone, video, group consultations, attend anywhere, virtual consultations or assessments and advice only. Embedding new processes such as See on Symptom (SoS) and Patient Initiated Follow-ups (PIFU), streamlining pathways and use of technology is a priority. The current focus is on the 52+ week new Outpatient waiting list clinical assessment process which will establish whether or not long waiting patients still require their appointment along with a clinical assessment. There is a robust process in place which has been underpinned by Welsh Government and which ensures that the patient and referrer are notified if a patient has indicated that they wish to be removed from the waiting list. A number of specialties have started this process, Dermatology, ENT, Maxillo Facial and Urology with 15% of patients requesting to be removed from the outpatient waiting list. All services have developed action plans which highlight priority work streams, milestones and timescales to improve the new and follow up outpatient positions. Some of the initiatives include reviewing where future services can be delivered, a communication strategy to keep in touch with patients who are on Health Board waiting lists, exploring new ways of working through technology and use of alternate staff groups whilst ensuring that there are close working links between Primary, Community and Secondary Care. The benefits of the programme will be an outpatient service that is designed around the needs of the patient, that ensures that access to services is timely and that patients are fully engaged in their treatment, promoting a culture of self-help.

The reporting of performance measures, including RTT, has returned to normal by Welsh Government. However, work is ongoing to derive new performance management methodologies for managing waiting list priorities as a result of COVID-19. The Health Board maintains an unvalidated position on the number of patients waiting over 36 weeks, with the waiting list reviewed to determine the risk of harm as set out within the Essential Services Framework guidelines.

Operational divisions and support teams have worked collaboratively to restart services wherever possible, embracing new ways of working to maximise capacity and treat those at greatest risk. The Elective treatment plans are evolving with capacity gradually improving as the requirement for Theatre staff to support both wards and Critical Care diminishes. In addition, the Scheduled Care Division has introduced a number of measures to support the management of a "green" pathway within the Health Board across hospital sites.

The Health Board has continued to undertake some elective activity throughout the pandemic, but capacity has been significantly affected by the COVID-19 restrictions, social distancing

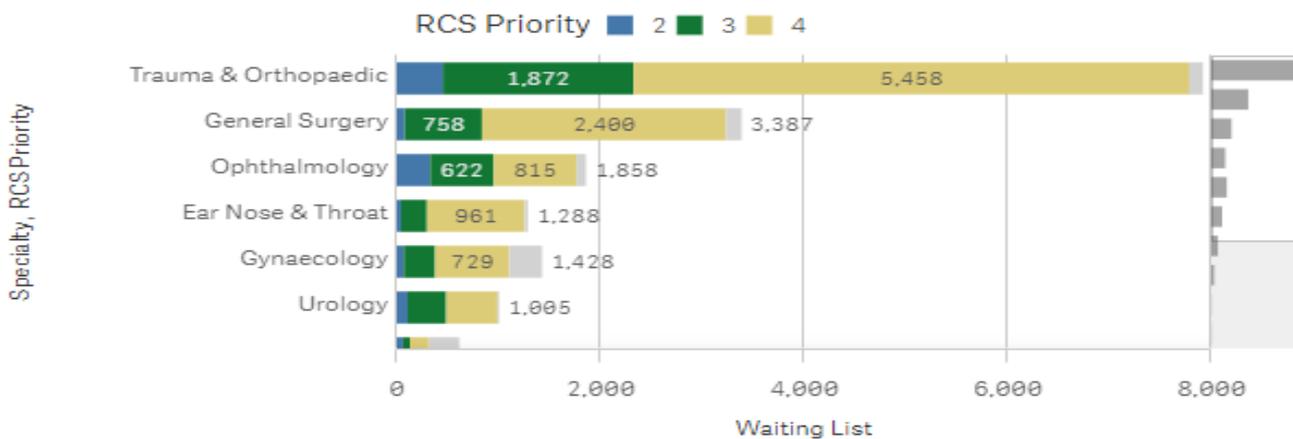
requirements, COVID-19 status of patients and their families, isolation and swabbing, and the creation of green pathways.

Elective inpatient admissions have been increasing but remain at a lower level than pre-COVID-19 with elective activity at approximately 75% compared with a typical month prior to the pandemic starting. The Royal College of Surgeons (RCS) has 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 day case waiting list with P2 being the highest risk.

Capacity is planned and focuses on treating those patients most at risk from harm. As part of the risk stratification process, patients must be re-assessed when they reach the priority target date. Current overall compliance of a risk priority applied to the inpatient and day case waiting lists is 94% with 13% being prioritised as P2. The graphs below show the waiting list for each specialty with a priority level and the number of P2 priorities that are within each specialty.

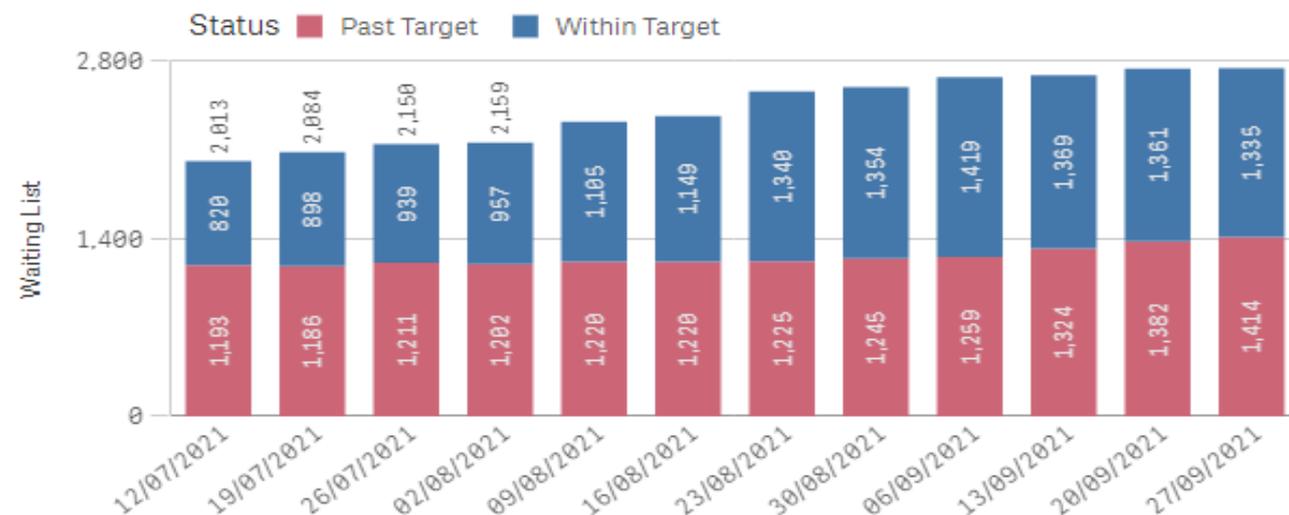
Treatment Waiting List by RCS Priority

excluding Endoscopies, Fracture and Repeat Procedures



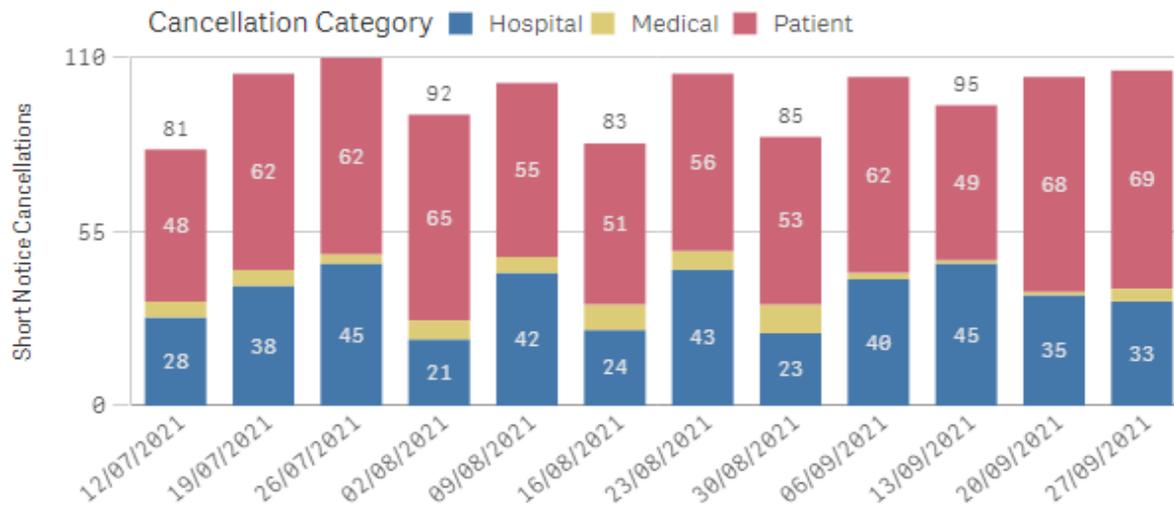
The table below indicates the number of P2 patients who are within and past their target date.

Waiting List: RCS Priority Level Two



P2 patients are prioritised for admission. There are however, a significant number of patients who decline the offer of treatment due to the pandemic 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.

Short Notice Cancellations



The most complex elective patients will be treated at the Grange University Hospital where some patients have been cancelled due to emergency pressures. However, the volume of elective patients waiting beyond 36 weeks has decreased in September to 37,602 compared with 39,063 in August 2021. The continued resumption of routine elective services will require careful planning to ensure a balanced management of risk while COVID-19 is still circulating. The impact of social isolation, and social distancing and PPE requirements results in fewer patients being treated in a theatre session or outpatient clinic. This will continue to impact on waiting times for patients.

The Health Board continues to commission elective treatments and outpatients with St. Joseph's Hospital and ophthalmology treatments with Care UK. Opportunities continue to be explored with St Josephs and Care UK for additional capacity, along with other outsourcing / insourcing opportunities.

Diagnostic access

Services are gradually increasing capacity for all patients. However, the backlog in patients needing to be seen and consequently requiring diagnostics is putting pressure on the services. The over 8 week position decreased slightly in September 2021, with 6,406 waiting over 8 weeks compared with 6,605 in August with Endoscopy being the main area of concern for the 8 week breach.

The following areas are noted as high risk in this month's report:

- The increase in 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 has had further pressures with availability of staff particularly at the Royal Gwent Hospital site which has on occasions resulted in reduced theatres in operation. The service is developing an insourcing recovery plan to reduce the current 8 week backlog by end of March 2022. These sessions commenced at the end of October.

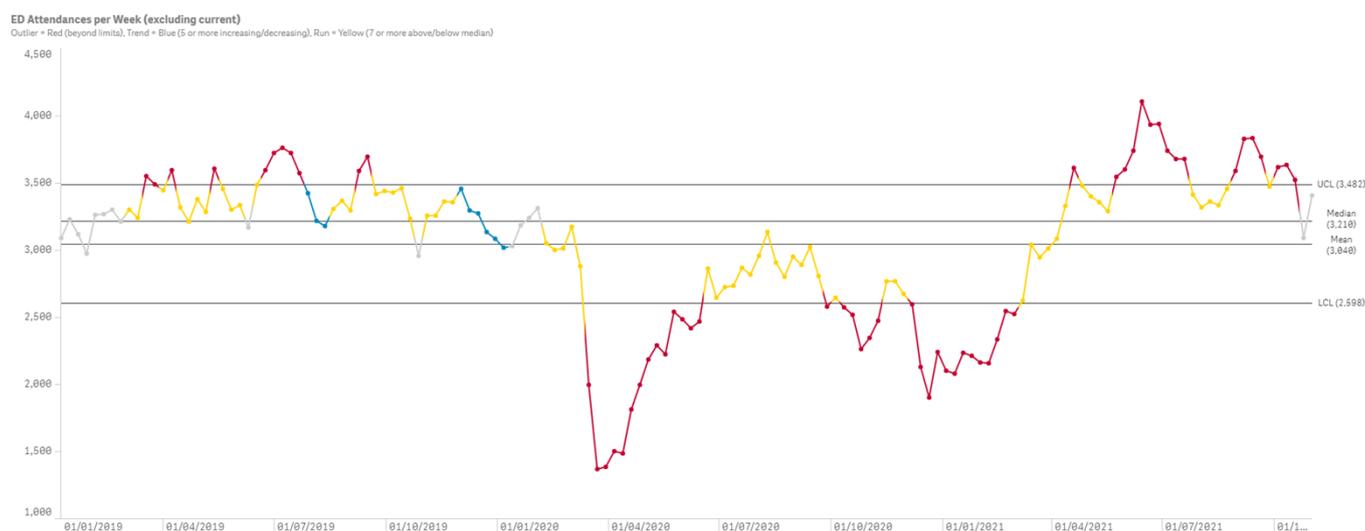
- Cardiology diagnostics have also been a concern as numbers over 8 week particularly for Echocardiograms have increased month on month. Options to address this are being considered including in house resources. The possibility of insourcing has now been rejected.
- Radiology diagnostics continue to recover well, with a few areas of exception. The main backlog is in MSK ultrasound and a recruitment process is underway to recruit locum MSK sonographers to provide additional capacity to reduce the backlog. There have been some issues with delays in the reporting of radiology activity which the service is closely monitoring. Radiology has been carrying 7 vacancies and whilst there has been some progress with the recruitment of one radiologist and a long term locum post in October, there is still a workforce gap.

Unscheduled Care access

The urgent care system continues to 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. All of this is in the context of increasing presentations of COVID-19 and the need to maintain appropriate streaming of patients and increasing levels of elective work as part of the recovery programme.

- **Emergency Demand**

Attendance at the Health Board's Emergency Departments (ED) had been increasing since the start of February 2021, with just over 15,900 attendances in September 2021, higher than pre-pandemic monthly figures. The graph below provides an overview of the overall weekly ED attendances across the Health Board since April 2019. Attendances are expected to be at similar levels in October.



Whilst the emergency department admitted rate does not correlate with the number of attendances, with a 21% admission rate across the Health Board and 25.5% for the Grange University Hospital, this still needs to be considered as there are increasing numbers staying longer than 12 and 24 hours.

The ambulance handovers over 60 minutes has decreased slightly with previous months. In September 2021, 674 patients waited over 60 minutes compared with the August position, where 711 were reported.

4 and 12 Hour Performance

The 4 hour compliance target deteriorated in September with performance at 66.9% compared with 70% for September 2021.

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 has deteriorated with 1499 in September compared with 1303 in August 21.

Performance at all other sites in relation to the 4 hour wait is 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 whilst 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, there are likely to be a number of patients attending who could be seen more appropriately in other health settings. Other factors that can delay patients in ED are the turnaround times for Covid-19 testing, bed capacity and conveyance of patients to other sites. However, the increased 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.

The ongoing COVID-19 pandemic has also seen a rise in the number of nursing and residential homes in incident which results in their being closed to admissions.

Work is under way through the Strategic Coordinating Group and the Regional Partnership Board to take some short term actions to improve domiciliary care provision and utilise all available support for patients who require care on discharge.

Continued pressures on bed capacity and staffing levels across the hospital system is a significant issue which ultimately impacts on flow and the capacity available in the emergency departments and assessment units to support new presentations both in terms of self-presenters and ambulance handovers.

The Urgent Care Plan is a fundamental component of the Health Board's Winter Plan and will be monitored through a broader system dashboard over the winter period.

Cancer Access, including Single Cancer Pathway

Suspected cancer referrals from Primary Care has continued to exceed 2k referrals per month (2.45k in September). Non GP cancer suspicion decreased slightly in September but was in line with pre-pandemic levels. Demand overall has largely increased, with almost 3K referrals in September onto the Single Cancer Pathway.

Whilst it is encouraging to see patients presenting once again, the rapid surge in demand is having an 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), Trend = Blue (5 or more increasing/decreasing), Run = Yellow (7 or more above/below median)

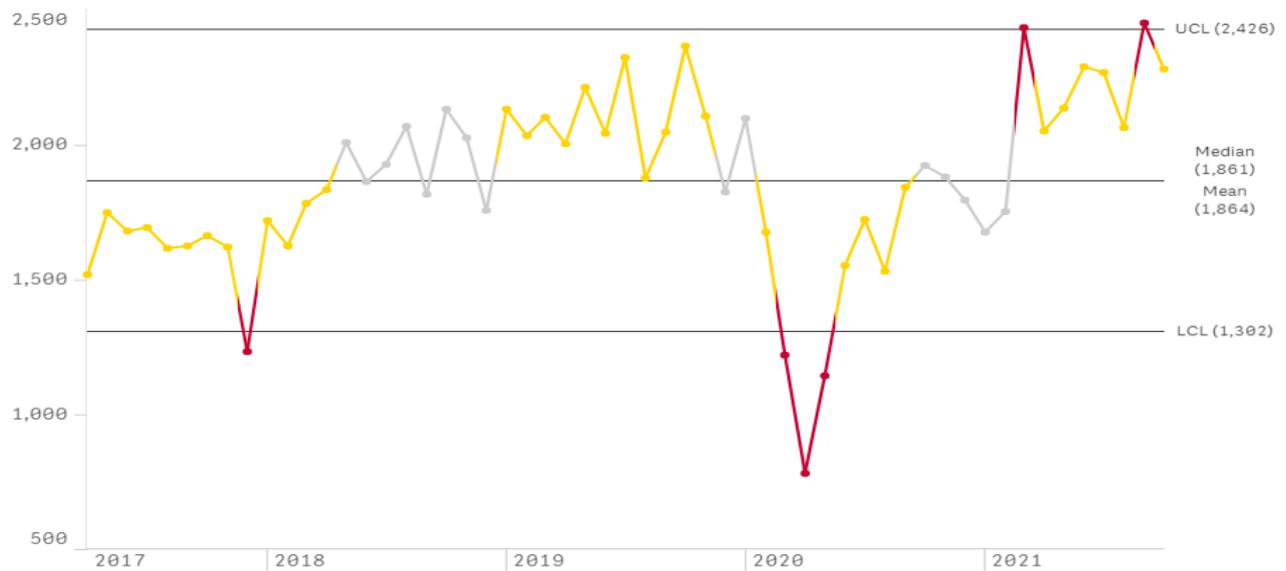


Whilst there is still some variation between tumour sites, a number have seen an increase but the colorectal increase is of particular concern as can be seen in the table below. LGI and Breast are the two tumour sites that continue to receive demand consistently above the anticipated rate. Urology remains lower than expected.

Column1	Breast	Colorectal	Gynae	Haem	H&N	Lung	Skin	UGI	Urology
Oct-19	368	350	292	12	232	65	415	309	277
Oct-21	427	468	222	12	187	71	385	285	160
% diff	16%	33.7%	-23.9%	0%	-19.4%	9.2%	-7.2%	-7.7%	-42.2%

GP Referrals per Month (excluding current)

Outlier = Red (beyond limits), Trend = Blue (5 or more increasing/decreasing), Run = Yellow (7 or more above/below median)

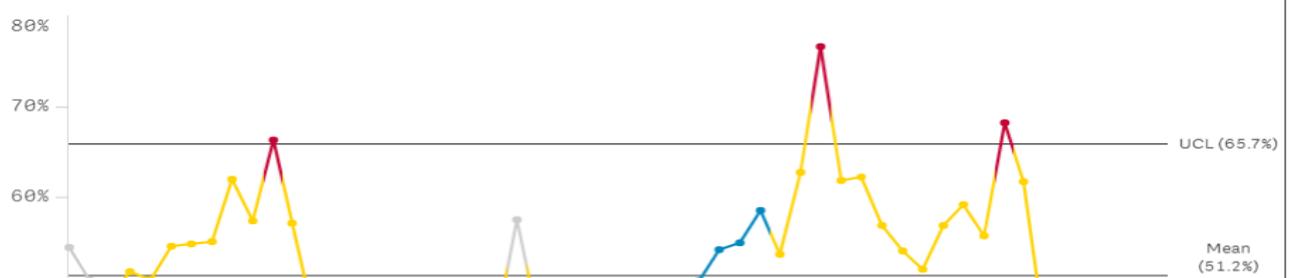


Colorectal referral rates continue to cause considerable challenges to the maintenance of a timely cancer pathway. Additional staff are being recruited to support the service. However, this is not likely to have an impact for some months due to recruitment and training. A task and finish group has been established to try to restructure the GI pathways in order to offer more timely, straight to test appointments. The new optimal pathway manager will review the FIT data to understand the demand and audit referrals.

The surge in referrals will have an impact on other measures and future performance particularly the 2 week first seen compliance. However, the graph below highlights that meeting the 2 week target is currently challenging. However, the expected improvements in first appointment access were hindered by clinician illness. The challenges are within the high demand tumour sites of Lower GI, breast and skin.

SCP FOA Compliance per Month (including current)

Outlier = Red (beyond limits), Trend = Blue (5 or more increasing/decreasing), Run = Yellow (7 or more above/below median)



The Single Cancer Pathway performance deteriorated in September 2021 to 58.4% compared with 71.1% reported in August. Accommodating this volume of referrals in an environment with capacity restrictions and competing recovery priorities is proving extremely challenging.

Whilst there is a focussed effort into recovering the cancer position, the effect of the increase in demand and delays in the pathways has resulted in an increase in the backlog in September. The escalating backlog position is being affected disproportionately by the lower GI (LGI) pathway resulting from the exceedingly high demand which is creating delays at the start of the pathway in outpatient and endoscopy services. There is also an increase in Upper GI (UGI) due to the crossover of pathways and LGI. Delays in Treatment at Tertiary centres and discharge notifications are also a concern and have had a negative impact on performance. The Cancer services lead is addressing this with the tertiary leads on an individual case by case basis.

Capacity challenges at the Grange University Hospital have resulted in delayed treatment for some patients requiring more intensive recovery beds and "green" beds resulting in some on the day cancellations. Delays to the start of the pathway continue to be the largest contributing factor to breaches along with limitations in certain diagnostic capacity which mainly affects those pathways requiring multiple diagnostics. The high demand in colorectal continues to have a significant impact on CT rates in radiology and in addition to a shortage of radiologists, the slower reporting times, even given additional outsourced services, is causing considerable delays to the cancer pathway. Reducing this wait must remain a priority whilst managing the influx of referrals and the restarting of routine work.

Stroke Care

The Hyper Acute Stroke Unit (HASU) at the Grange University Hospital (GUH) opened on 16th November with 15 beds plus 1 therapy room. The entire ward has 32 beds, with the other 16 beds normally occupied with Haematology patients. Since opening the HASU at GUH, the main challenge has been maintaining available acute stroke capacity when a stroke patient is first admitted and then providing timely transfers onto the e-LGHS. The urgent pressures have made it particularly difficult to protect beds for acute stroke patients and the performance has been severely impacted.

The proportion of stroke patients directly admitted within 4 hours dropped to 24.6% in September 2021 compared with 26.8% in August. The service has identified several challenges that continue to impact on flow through the stroke pathway which is informing the recovery plan. Transferring patients from GUH to the eLGHS on a timely basis has been persistently difficult, due to availability stroke rehabilitation capacity.

In September 2021, the Health Board maintained its good performance with the percentage of patients assessed by a stroke consultant within 24 hours at 96.8%. However, the percentage of

stroke patients receiving the required minutes for speech and language therapy deteriorated in September with 27.9% compared with 30.4% in August. A review of therapy services across the stroke pathway has been undertaken to map the existing therapy workforce across the Health Board against clinically recommended levels in each setting. The report highlighted that gaps in specialist stroke therapy cover varied between professions and between sites which is further complicated by those staff having to travel between sites where hyper-acute and rehabilitation are not delivered on the same site. The detailed findings of the report will be discussed at the Health Board Stroke Group, which is chaired by the Executive Director of Therapies and Health Sciences. Investment has been agreed for an additional 0.3 WTE and agreement for funding for a 7 day service for Speech and Language Therapy (SLT) for Hyper Acute Stroke Unit (HASU) in GUH. This will increase the current WTE to improve patient outcomes and improve SSNAP targets for SLT. The review forms part of the stroke recovery plan and the focus will be to ensure that there is equitable cross therapy provision and for the stroke service to determine the best use of limited resources and the requirement for future stroke therapy provision

Thrombolysis rates remain in line with previous rates at 11.3% in September 2021. An audit of thrombolysis performance is being undertaken. A review has already identified that some patients are not arriving at the Grange University Hospital on a timely basis with consequent delays in referral to the HASU and stroke team.

A stroke recovery plan has been agreed which aims to protect the agreed clinical pathways. This is led by the Executive Director of Therapies and Health Science and overseen by the Health Board Stroke Delivery Group. The Emergency Department has adopted triage criteria for stroke and training for Emergency Department nursing staff in the Yale swallow assessment. There will be a restart the review of the entire stroke pathway, which was paused at the start of the pandemic. This review will initially focus on the rehabilitation element of the pathway.

A new programme of education has been set up by the Community Neurological Rehabilitation Service "Stroke Pathway Connections", for people working on the Stroke Pathway. This is based on the principles of connecting people and learning from service users and is aimed at all staff working in stroke services. This includes those working in Hyper Acute Stroke Unit, Rehabilitation Stroke Wards, Community Hospitals, Community Neuro Rehab Service, Community Resource Teams, voluntary sector, Ambulance Service, Primary Care and Emergency departments. The idea is for staff to use the opportunity to step out of busy work schedules for a short period of time and look at specific areas and importantly review how the people affected by stroke experience our services. It is intended that this can assist improved outcomes across services.

Mental Health: Child and Adolescent Mental Health (CAMHS)

The performance of the CAMHS measure of 80% has been sustained, with 100% of patients waiting fewer than 28 days at the end of September 2021. 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 deteriorated further with a performance of 71.5% against the target of 80%. During the COVID 19 pandemic, the core ND team were able to maintain the pathway by carrying out virtual initial assessments but as lockdown has eased and face to face appointments re-started, this has resulted in a backlog of follow up appointments for the children undergoing a neuro-developmental assessment and has inevitably delayed the conclusion of the assessments. A recovery plan has been implemented to support the core ND team and it was agreed that the focus would be on managing the backlog through initiatives to allow the core team to clear ongoing caseloads.

From September 2021, the booking of ND assessments has been streamlined i.e. booking the initial appointment and clinical observation appointment within 4 weeks. 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). It is anticipated that the majority of outstanding school observations will be completed before the end of the financial year. The service will continue to assess the demand and capacity and look at the entry point to the service and the triaging of referrals, looking towards need and help in the first instance. The increased levels of demands on the service has made this more challenging. There still remains a capacity pressure in the Paediatric ND clinics as other pressures in Community Paediatrics has had to take priority. However, the service anticipates that compliance against the 80% target will improve in October 2021 and will maintain a steady state by the end of March 2022.

Mental Health: Primary Care Mental Health

Sustained performance above the 80% target for Primary Care Mental Health Measures for assessment within 28 days is at 84.4% compliance. However, the position for the intervention measure remains below the target with a performance of 29.3%; a deterioration on the August position of 37.5%.

Compliance with the 80% assessment target has been maintained as a result of the service being able to carry out assessments utilising non face to face methods. The deterioration in intervention performance is in part due to the service focusing on 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 but does mean that the service is tackling the longest waiting patients. Attend Anywhere is being used to provide video conferencing for 1 to 1 therapy. At assessment this equates to 15% of appointments and is slightly higher for therapy delivery.

The MELO website which offers free, self-help resources in looking after mental wellbeing is fully up and running, offering a strong Foundation Tier. This has been co-developed with Public Health Wales, with funding for continued revision, development and marketing. Virtual stress control classes have also been running and is promoted through the MELO social media platform and practitioners to improve uptake.

Where face to face appointments have resumed, issues remain with available, suitable accommodation to hold clinics and which allow for appropriate social distancing. Room availability to provide face to face therapy has remained an issue with more services competing for the same accommodation. There is a lack of rooms available in GP surgeries and many community premises remain closed. This is a recurring theme across directorates within the Mental Health and Learning Disability Division and with Family and Therapies for CYP. Transforming the service to provide therapy remotely requires significant changes to clinician practice.

The service has had to contend with high levels of staff absence both clinically and administratively with three vacancies currently needing cover. There have also been issues with ICT capability and delays in obtaining laptops has led to some loss of capacity. This has had an impact on video conferencing capability with service users. Plans are in place to provide virtual group sessions for the "Road to Well-being" courses and to make them available on-line. However, waiting lists for therapy still continue to increase and the service has had a number of vacancies. In the interim the service will commission further counselling provision. To date, 2,500 counselling hours have been commissioned which equates to therapy for approximately 375 service users. Additional recovery funding will provide the service with 3wte counsellors on a fixed term basis to provide the face-to-face consultations and trauma therapy lists. An additional 2250

counselling hours will also be commissioned to address the remote therapy waiting list, 750 hours of which will be for the Children and Young Person service.

A recovery plan is being implemented which focuses on reducing waiting list volumes and reducing waiting times in both measures. However, the plan is behind schedule and whilst all vacant posts have been advertised the service is having difficulty in recruiting. The posts include 5.2wte registrants (adult service) which equates to providing approximately 100 core service clinical appointments per week. The STaR worker vacancies will be replaced with 5wte counsellors (adult service) which will provide 100 appointments per week. These will form part of the core service but with a new focus on the type of delivery. Additional registrant posts (1.9wte) are also being advertised. Recruitment into these posts is key to being able to provide a sustainable service.

Despite the many challenges described, and loss of some staff, the service is focussed on improving performance, although it is anticipated that the intervention position will not start to improve until the autumn at the earliest with some interventions not fully met until the end of March 2022.

Psychological Therapy

A sustained improvement in performance since April has been reported for psychological therapy in Specialist Adult Mental Health, with a performance of 72.8% at the end of September 2021, against a target of 80%.

Performance is calculated based on combined compliance for Adult, Older Adult and Learning Disabilities (LD) services. However, the Older Adult service has achieved performance levels above 80% consistently with performance being 99.1% in September. This has been the case following the re-introduction of face-to-face contacts. However, the Older Adult group has similar rates of mental health challenges as working age adults yet referrals to primary and secondary care mental health services are at a much lower rate. The challenge ahead is to identify the factors that influence this situation and to ensure that the plans are agreed and implemented which address this.

With regards to Adult Services, the service has plans to continue to improve performance and reduce the number of long waiters. Much of the service strategy is built on the provision of interventions in a group format including piloting a centralised group quality improvement program which will aim to pool resources for delivering group interventions which has the potential to free resource within the Community Mental Health Teams (CMHT). In addition to general improvement plans each area is currently working on developing improvement plans relevant to local need.

It is widely anticipated that there will continue to be significant mental health consequences of the COVID-19 pandemic and public health control measures. Isolation, loneliness, and disconnection are commonly reported. Many people within the community have suffered significant loss and trauma. Psychological therapies are the indicated intervention in such circumstances and the service still anticipate a significant rise in referrals once services return to a more normal state. However, the long term aim is to provide and promote accessible and preventative mental health care. An action plan is under development which may require increased workforce and financial support.

Care and Treatment Plan Compliance

An improvement in performance in the overall percentage compliance with valid care treatment plans completed has been achieved at 84% in September 2021 compared with the target of 90%. Reporting in the Delivery Framework is now split by age band in over and under 18 years of age. The under 18 compliance is 93% for September above the target of 90% and 84% for 18 years and over. There has been a significant amount of work undertaken to clear the backlog of care

treatment plans to improve compliance, it is anticipated that improvements in compliance will be realised and performance will continue to improve.

Service Recovery Plans

In addition to restarting many routine services, the Health Board is implementing a range of recovery plans – further details are set out in the finance report. These include increasing acute, community based and mental health services, along with investing in alternative services – such as weight management, alcohol care services – based on greater preventative support and improving health outcomes.

Outcome measures

In the Health Board's Annual Plan 2021-2022, focus is placed on the patient so that every individual using the services whether at home, in the community or in hospital, has a positive experience. To do this the quality and safety of the care and services is core throughout all of the Health Board's plans and the Health Board will continue to a focus on enabling a safety culture that minimises preventable harm, improves outcomes and experience and eliminates variation and waste.

There is a time lag to the data but to introduce this approach, 2 outcome measures have been included in the attached graphs:

- Emergency readmission within 28 days following hip fracture
- Heart failure readmissions within 30 days

It is anticipated that future reports will include an update from relevant services to provide some context

This provides a summary of the actions being undertaken to deliver and/or improve performance against the range of organisational and national targets.

Recommendation

The Board is asked to:

- Note the current Health Board performance, trends against the national performance measures and targets and progress on service recovery.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The report highlights key risks for target delivery.
Financial Assessment	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.
Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no implications for Equality and Diversity impact.
Health and Care Standards Link to Integrated Medium Term Plan/Corporate Objectives	This proposal supports the delivery of Standards 1, 6 and 22. This paper provides a progress report on delivery of the key operational targets
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
	Long Term – <i>can you evidence that the long term needs of the population and organisation have been considered in this work?</i>
	Integration – <i>can you evidence that this work supports the objectives and goals of either internal or external partners?</i>
	Involvement – <i>can you evidence involvement of people with an interest in the service change/development and this reflects the diversity of our population?</i>
	Collaboration – <i>can you evidence working with internal or external partners to produce and deliver this piece of work?</i>
	Prevention – <i>can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?</i>
Glossary of New Terms	

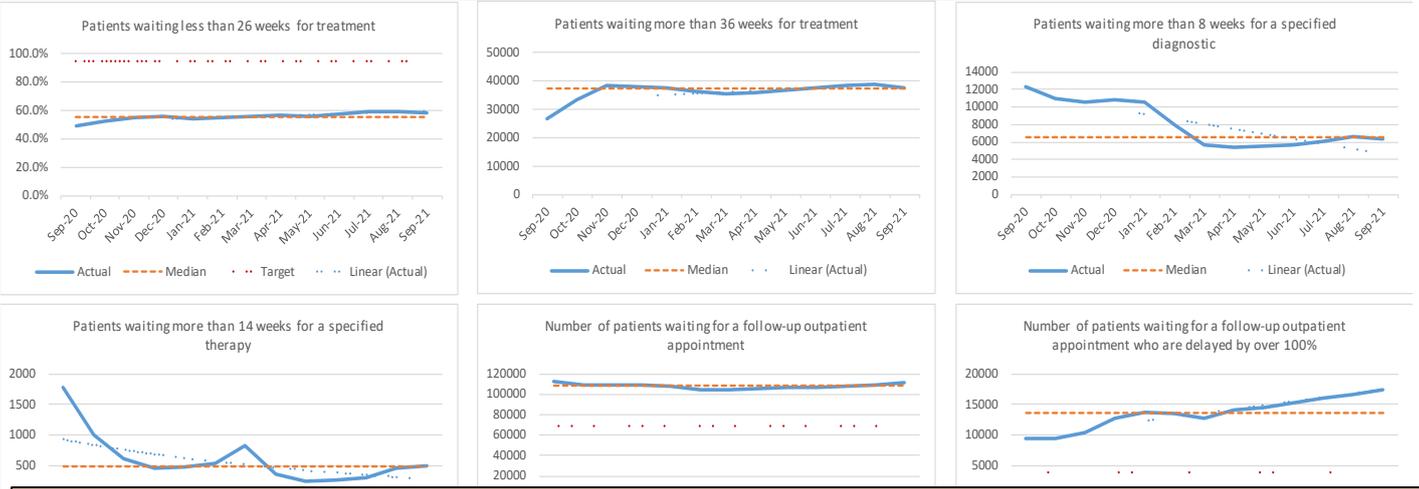
Integrated Performance Dashboard

September 21

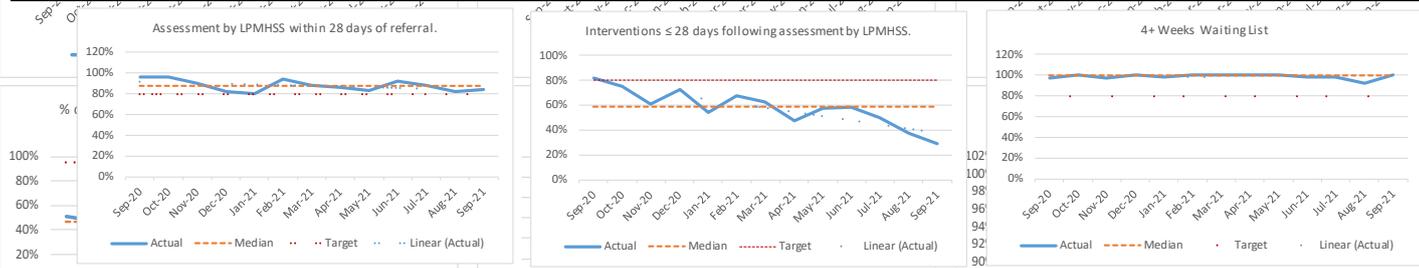
Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	RTT	Patients waiting less than 26 weeks for treatment	Sep-21	95%	58.5%	59.0%	↓		49.0%	52.8%	55.4%	55.9%	54.4%	54.8%	56.2%	56.6%	55.9%	57.5%	59.0%	59.0%	58.5%
		Patients waiting more than 36 weeks for treatment	Sep-21	0	37602	39063	↑		26880	33321	38300	37944	37680	36283	35357	36047	36815	37564	38402	39063	37602
		Patients waiting more than 8 weeks for a specified diagnostic	Sep-21	0	6406	6605	↑		12322	11023	10962	10768	10523	7978	5707	5375	5581	5675	6128	6665	6406
		Patients waiting more than 14 weeks for a specified therapy	Sep-21	0	506	460	↓		1790	1007	608	468	484	547	838	366	245	256	311	460	506
	Follow up	Number of patients waiting for a follow-up outpatient appointment	Sep-21	69268	111078	109467	↓		112281	109060	109316	109099	107596	104356	104511	105936	102748	107236	106392	109467	111078
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sep-21	3903	17449	16691	↓		9515	9403	10489	12732	13679	13520	12739	14047	14583	15338	16153	16691	17449
		% of RT patients who are waiting within 25% in excess of their clinical target date	Sep-21	95%	58.3%	56.2%	↓		51.5%	47.7%	44.3%	42.7%	40.6%	42.3%	43.4%	46.3%	46.8%	49.4%	54.7%	56.2%	58.3%
		% stroke patients directly admitted to acute stroke unit 54 hours	Sep-21	50%	24.6%	26.8%	↓		32.0%	25.7%	29.2%	17.6%	30.8%	20.0%	40.0%	49.2%	32.7%	31.7%	26.5%	26.8%	24.6%
	STROKE	% of stroke patients assessed by a stroke consultant 24 hours	Sep-21	85%	96.8%	93.1%	↑		97.0%	94.3%	98.6%	94.7%	98.5%	100.0%	97.2%	100.0%	94.6%	96.7%	94.2%	93.1%	96.8%
		% of stroke patients receiving the required minutes for speech and language therapy	Sep-21	57%	27.9%	30.4%	↓		42.4%	45.0%	41.4%	36.7%	43.3%	24.0%	50.6%	45.2%	41.5%	25.8%	33.0%	30.4%	27.9%
		Category A ambulance response times within 8 minutes	Sep-21	65%	55.1%	64.4%	↓		59.8%	59.6%	58.3%	49.6%	59.2%	64.6%	62.0%	60.3%	56.5%	60.1%	61.5%	64.4%	55.1%
		Number of ambulance handovers over one hour	Sep-21	0	674	711	↑		591	686	690	630	773	590	853	880	925	744	698	711	674
	ED	% patients waiting < 4 hrs in A&E figures inc. YAB & YFF	Sep-21	95%	66.9%	70.0%	↓		75.7%	75.4%	74.9%	73.0%	80.4%	79.7%	76.8%	78.3%	74.5%	76.0%	73.1%	70.9%	66.9%
		Number patients waiting > 12 hrs in A&E departments	Sep-21	0	1499	1303	↓		530	676	689	1157	922	796	963	933	1055	1101	1339	1303	1499
		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Sep-21	75%	58.4%	71.1%	↓		70.3%	70.4%	72.7%	65.8%	58.9%	57.1%	65.9%	67.4%	71.9%	62.0%	65.8%	71.1%	58.4%
		Assessment by LPMSS within 28 days of referral	Sep-21	80%	84.4%	82.5%	↑		96.3%	96.0%	99.6%	81.7%	80.2%	94.3%	88.3%	86.3%	83.1%	92.2%	88.1%	82.5%	84.4%
	MENTAL HEALTH	Interventions < 28 days following assessment by LPMSS	Sep-21	80%	29.3%	37.5%	↓		81.7%	74.9%	61.2%	72.9%	54.0%	67.9%	62.6%	47.6%	57.8%	58.7%	50.4%	37.5%	29.3%
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-21	80%	72.8%	71.6%	↑		62.5%	65.1%	66.8%	65.8%	64.6%	65.8%	64.6%	61.4%	62.7%	66.7%	70.0%	71.6%	72.8%
		4+ Weeks Waiting List	Sep-21	80%	100.0%	92.6%	↑		97.0%	100.0%	97.1%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	98.7%	98.7%	92.6%	100.0%
		Neurodevelopmental (SCAN) Waiting List	Sep-21	80%	71.5%	76.3%	↑		74.5%	78.2%	85.3%	88.0%	89.9%	89.9%	90.4%	87.9%	80.0%	80.9%	94.8%	76.3%	71.5%
HCAIS	Cases of e coli per 100k population (rolling 12m)	Sep-21	67	51.99	52.66	↑		55.33	57.6	57.05	55.35	52.46	49.1	49.65	52.34	52.68	54.03	53.66	52.66	51.99	
	Cases of staph aureus per 100k pop (rolling 12m)	Sep-21	20	24.91	24.24	↓		23.28	21.7	22.85	23.83	23.86	25.21	26.42	26.76	27.27	27.43	24.74	24.24	24.91	
	Clotidium difficile cases per 100k pop (rolling 12m)	Sep-21	25	29.9	29.6	↓		27.33	27.1	26.58	26.4	25.04	24.9	24.6	25.08	24.74	27.27	28.42	29.6	29.9	
	Cases of klebsiella per 100k population (rolling 12m)	Sep-21	16.55	17.7	↓		22.6	22.4	20.99	20.31	20.14	18.95	19.5	18.85	18.85	19.86	19.86	17.7	16.55		
HIP FRACTURE	Cases of aeghnoisa per 100k population (rolling 12m)	Sep-21	5.18	4.9	↓		3.04	4.9	4.9	4.23	4.23	3.72	4	4.54	4.21	4.7	4.68	4.9	5.18		
	Percentage of survival within 30 days of emergency admission for a hip fracture	Jul-21	92.75%	92.1%	95.1%	↓		98.4%	95.6%	92.1%	88.0%	92.3%	92.4%	89.4%	100.0%	94.9%	95.1%	92.1%			
Aim 1: People in Wales have better health and social care services, enabled by digital and supported by engagement	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Jun-21	1.25%	1.1%	NA	↓		1.5%						3.3%				1.1%		
		Percentage of children who received 2 doses of the MMR vaccine by age 5	Jun-21	95%	91%	NA	↓		92%							93%			91%		
	CHILDHOOD IMMUNISATION	Percentage of children who received 3 doses of the hexavalent 6 in 1 vaccine by age 1	Jun-21	95%	96%	na	↓		95%							96%			96%		
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 16)	Sep-21	90%	93%	98%	↓		71%	60%	58%	57%	54%	54%	64%	74%	90%	92%	95%	98%	93%
MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (16 years and over)	Sep-21	90%	84%	85%	↓		67%	63%	58%	59%	58%	60%	64%	72%	76%	77%	83%	85%	84%	
Aim 3: The health and social care workforce is motivated and sustainable	COMP	Timely (30 day) handling of concerns and complaints	Sep-21	75%	76%	77%	↓		72%	67%	79%	75%	64%	65%	74%	78%	78%	75%	70%	77%	76%
		% RADR medical appraisal in the previous 12 months	Sep-21	85%	58%	57%	↑		67%	65%	62%	60%	58%	56%	58%	60%	60%	60%	58%	57%	58%
	W&D	Monthly % hours lost due to sickness absence	Sep-21	6%	7%	6%	↓		6%	6%	6%	8%	7%	6%	5%	5%	5%	5%	6%	6%	7%
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Mar-21	85%	76%	76%	↓		78%	76%	78%	76%	76%	76%	76%						
Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	CRITICAL CARE	Critical care delayed transfers of care (4hrs) days lost - GLH	Aug-21	65.8	109.0	98.0	↓		92	17	17	51	30	37	55	76	91	117	98	109	
		Prompt Orthogeriatric Assessment	May-21	96%	93%	94%	↓		97%	97%	97%	95%	98%	96%	96%	94%	93%				
	MORTALITY	Crude hospital mortality rate (74 years of aged or less)	Aug-21	1.23%	1.17%	1.19%	↑		1.0%	1.1%	1.2%	1.3%	1.4%	1.5%	1.4%	1.2%	1.2%	1.2%	1.2%		
		Percentage of in-patients with a positive sepsis screening who have received all elements of the Sepsis Six first hour care bundle within 1 hour of positive screening	Aug-21	49%	60%	86%	↓			42%	44%	56%	35%	44%	29%	43%	38%	67%	86%	60%	
	SEPSIS SIX	Percentage of patients who presented to the Emergency Department with a positive screening who have received all elements of the Sepsis Six first hour care bundle within 1 hour of positive screening	Aug-21	44%	32%	33%	↓		42%	61%	40%	57%	54%	36%	55%	43%	33%	39%	33%	32%	
		Percentage of episodes clinically coded within reporting month post episode discharge end date	Jul-21	95%	87%	86%	↑		88%	88%	91%	81%	84%	85%	79%	73%	60%	86%	87%		
	CANCELED PROCEDURES	Number of procedures postponed either on the day of the day before for specified non-clinical reasons	Jul-21	3556	1184	1073	↓		2001	1781	1601	1447	1130	990	881	920	1007	1073	1184		
		Agency spend as a percentage of total pay bill	Mar-21	8%	11%	9%	↓		4%	5%	7%	8%	16%	9%	11%						
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)	Sep-21	85%	84.7%	88.0%	↓		92.4%	90.2%	83.9%	78.6%	78.9%	81.5%	80.7%	85.0%	85.6%	87.8%	86.3%	88.0%	84.7%
		Theatre Utilisation (NH)	Sep-21	84%	75.5%	86.0%	↓		88.0%	90.8%	83.6%	82.8%	82.1%	91.9%	85.6%	84.0%	78.5%	79.8%	78.3%	96.0%	75.5%
		Theatre Utilisation (GLH)	Sep-21	66%	65.4%	72.0%	↓				68.2%	62.5%	55.2%	60.3%	63.4%	67.0%	68.9%	70.0%	72.0%	65.4%	
		Reactive Surgical AvLoS (RGH)	Sep-21	2.81	3.5	3.3	↓		1.90	1.80	2.70	2.90	2.30	4.10	2.30	2.70	3.80	2.70	3.18	3.30	3.50
	Average LoS	Reactive Surgical AvLoS (NH)	Sep-21	2.61	1.0	4.0	↓		3.10	2.90	3.20	0.80	0.40	3.80	1.00	1.00	2.50	7.60	1.00	4.00	1.00
		Reactive Surgical AvLoS (GLH)	Sep-21	3.06	2.7	5.3	↓				1.90	1.80	3.80	3.20	2.70	2.30	3.60	3.00	2.97	5.30	2.70
		Emergency Medical AvLoS (RGH)	Sep-21	10.74	10.0	9.8	↑		7.30	7.80	9.80	15.40	15.40	11.90	11.10	10.20	9.80	10.20	10.15	9.80	10.00
		Emergency Medical AvLoS (NH)	Sep-21	9.83	9.8	8.4	↓		6.20	6.40	8.30	14.90	13.20	11.20	10.10	10.20	10.30	8.80	8.91	8.40	9.80
		Emergency Medical AvLoS (GLH)	Sep-21	3.87	4.5	4.3	↓				2.40	4.00	4.20	4.50	3.60	3.40	4.00	4.00	4.33	4.30	4.50
		Readmissions	Readmission Rate Within 28 Days (CHKS)	Jul-21	0.12	0.12	11.6%	↓		11.7%	11.0%	11.1%	11.9%	12.4%	12.9%	12.0%	12.0%	11.6%	11.7%		
Cancellations	Reactive Procedures Cancelled Due to No Bed	Sep-21	13	33.0	14.0	↓		5	39	22	4	0	2	0	4	22	9				

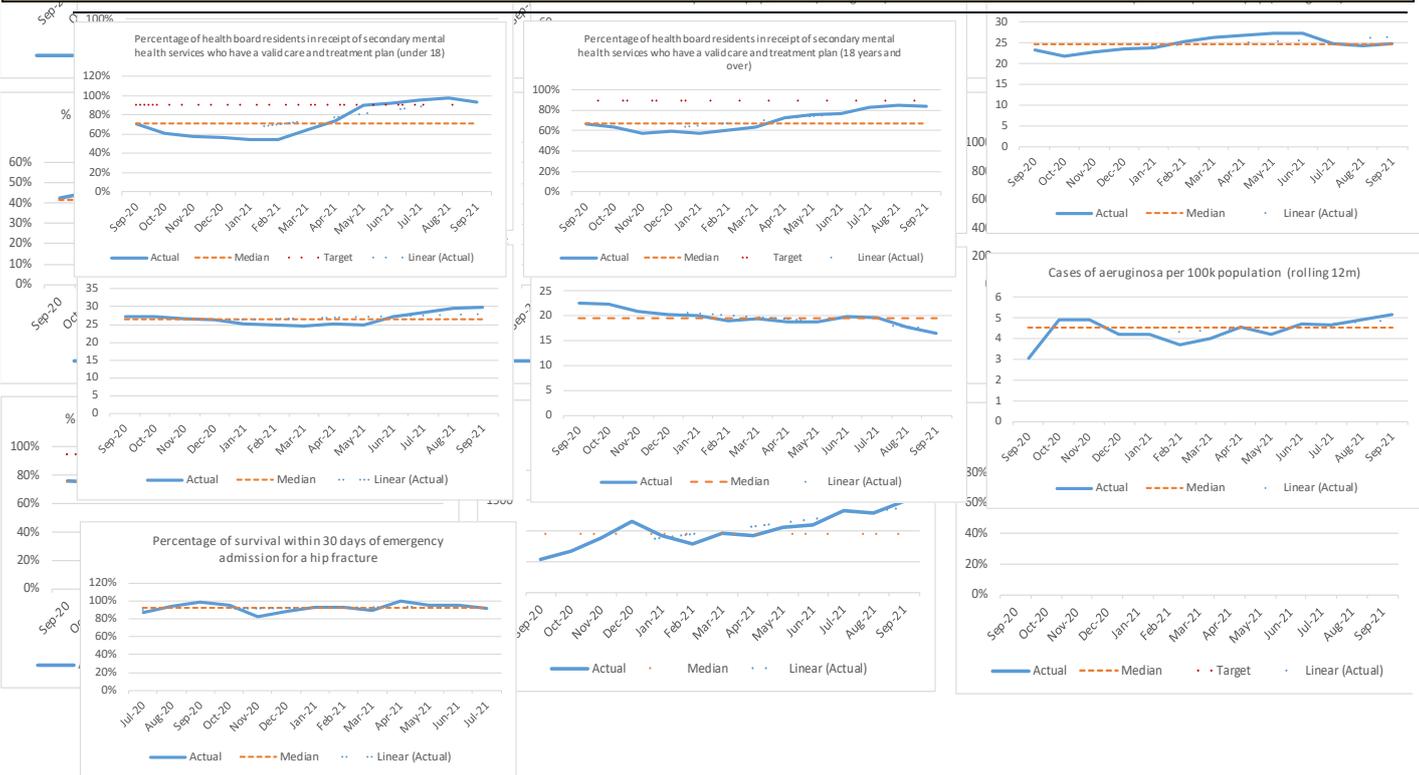
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement



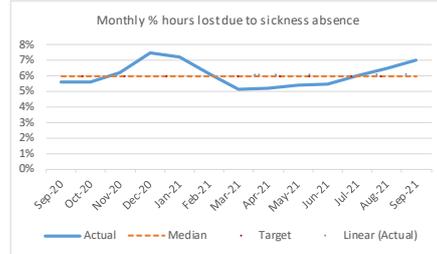
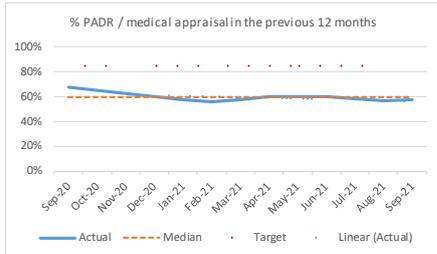
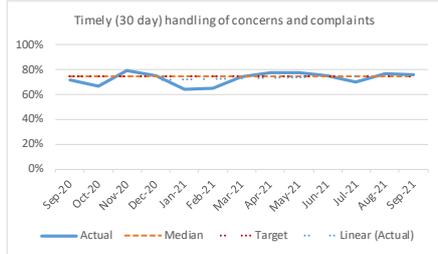
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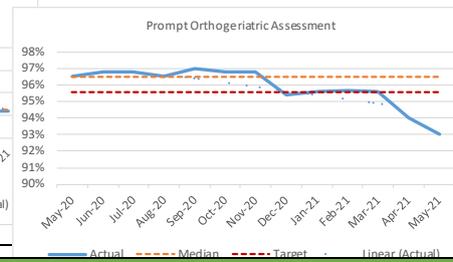
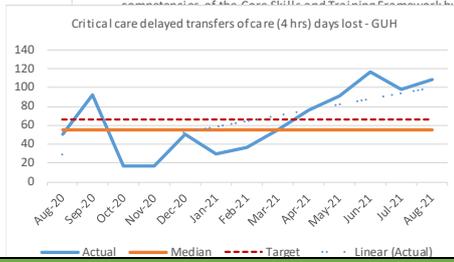
Aim 1: People in Wales have improved health and well-being with better prevention and self-management



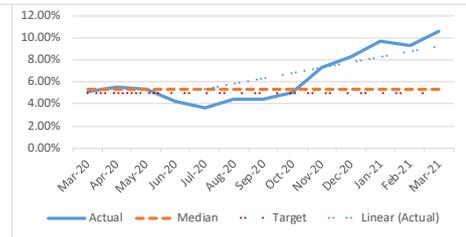
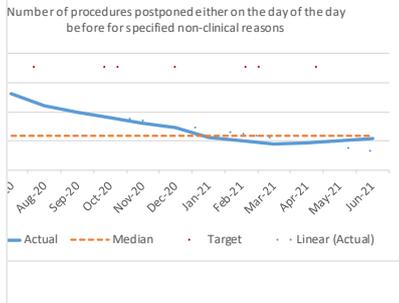
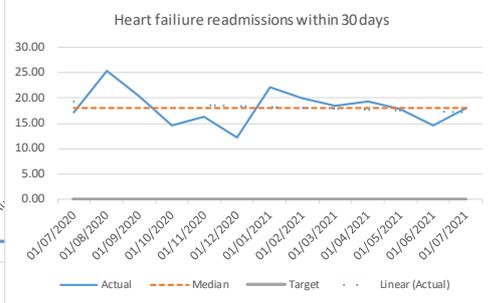
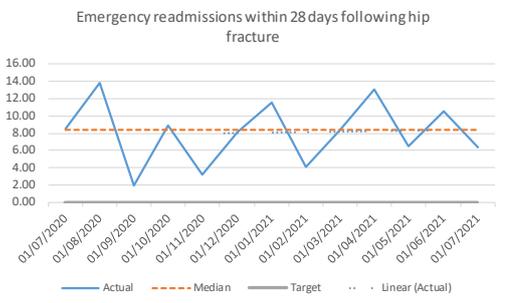
Aim 3: People in Wales have improved health and well-being with better prevention and self-management



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



Aneurin Bevan University Health Board

Executive Team Report

Executive Summary

This report provides the Board with an overview of a range of activities of the Executive Team, key issues locally, regionally and in NHS Wales.

This report covers the period since the last Board meeting of 22nd September 2021.

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: Glyn Jones, Interim Chief Executive

Report Author: Richard Howells, Interim Board Secretary

Report Received consideration and supported by:

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: 15th November 2021

Supplementary Papers Attached: None

Purpose of the Report

This report provides the Board with an overview of some of the current activities of the Executive Team and key issues locally, regionally and in NHS Wales.

The report also provides the opportunity to bring forward items to the Health Board to demonstrate in public areas of action that are being progressed and achievements that are being made that might not otherwise be brought to the Board as key discussion papers.

This report also provides an opportunity to highlight areas that can be placed on the agenda for future Board meetings.

Highlights

COVID-19 & Systems Pressure Update

Although the latest figures suggest that the case rate across the Health Board area is gradually reducing the Health Board continues to experience increasing bed occupancy that is at the upper limits of planned capacity. Whilst the Executive Team continues to plan for increases it is recognised that COVID-19 admissions and other non-COVID demands

are continuing to place considerable pressures and challenges across the whole care sector.

The Health Board administered its one millionth COVID-19 vaccine on 9th November. This is a significant milestone and shows the level of commitment by the Health Board and its staff to ensuring our population are safe. The Health Board would like to thank people for their continued support in achieving this figure.

The Health Board's Mass Vaccination Programme has now offered a first dose vaccination to every resident aged 12 and above, as well as to our local frontline health and social care workforce.

Autumn Booster Programme:

The autumn booster programme has already administered over 107,000 booster and third doses of the Covid-19 vaccination. Over 25,000 health, social and care home staff and over 70% of the Health Board's over 80s population have now received their booster dose since the booster programme began in September 2021.

Administering booster doses to all those aged 65 and above is also well underway, and the programme will continue to offer booster doses to all those eligible in line with the JCVI-recommended priority groups.

Residents are invited to attend for COVID-19 booster vaccination by letter in the order in which they received their second dose. Everyone who received their second dose of COVID-19 vaccination on or before 30th April 2021 should now have been invited for their booster vaccine. The Health Board has a form on our website which people can complete in order for us to check their previous vaccination record and eligibility for the booster dose if they believe they have been missed.

With a combination of Mass Vaccination Centres, GP Surgeries, Mobile Vaccination Teams and Pharmacies administering vaccinations since the programme's rollout, the successful delivery of this ambitious Vaccination Programme is testament to the hard work and dedication of all staff, as well as the invaluable support received from the Local Authorities, Leisure Trusts, the Military, redeployed healthcare staff, volunteers, nursing students and Gwent Police.

HEIW Visit to Health Board hospital sites

In the light of several concerns and challenges reported as well as a number of positive reviews as part of their visits, the HEIW report included:

- YYF and GUH: visits identified opportunities for improvement, but Junior Doctors would recommend working in these hospitals.
- NHH: some problems reported and a weekly Rapid Turnaround Group meeting has been arranged to address the concerns. These were highlighted in a recent letter to medical staff
- RGH: good feedback from surgery and COTE. Challenges identified in MAU are being discussed with relevant teams

An area of concern was access to outpatient rooms: lack of space for intermediate trainees (new SHOs) and SpR's to undertake sufficient clinics which had potential to impact service delivery and training.

An action plan addressing the concerns is being developed and a monthly dedicated Quality Patient Safety (QPS) session at Executive Team meetings will be held to monitor progress.

Recovery Schemes

Further non-recurrent recovery funding of over £4.6 million has been made available by Welsh Government. A number of schemes are being undertaken by the Health Board such as, improvements in Palliative Care, Lymphoedema Wound care, additional capacity in physiotherapy services, frailty services, podiatry & orthotics, assessments for Looked After Children (LAC), supporting activity for Cardiology services, general dental support, primary care orthodontic services, increasing spasticity support services and histopathology and microbiology services.

All schemes will be closely monitored to ensure that they meet expected outcomes and improvement impact

Cynefin – Music from the Grange

As part of a project promoting and celebrating the music of Wales, a new album which is called Cynefin (Habitat) has been created as part of Tŷ Cerdd's arts and health initiative as part of an extensive arts programme, supported by the Welsh Government and curated and commissioned by Studio Response. The project commissioned artists from a range of genres to create the music and sound installations especially for the multi-faith chapel space in the Grange University Hospital. The six works were designed to improve the well-being and experience of hospital patients and visitors as well as the NHS staff that work there each day.

The works created by the Welsh composers were conceived with the aim of providing support, solace and peace within the chapel to visitors who may be experiencing times of crisis. Central to the creative process for all the artists was direct engagement with members of the community, with each piece made to reflect the surrounding landscape and its people. Each artist focussed on elements of the natural world in the hospital's catchment area and engaged with different representatives of local communities, reaching out to people and embedding their thoughts and feelings into the musical work.

The response from people who have listened to the compositions at the critical care hospital has been extremely positive and now the works will also be available for people everywhere to hear from 5 November, through a digital album release by Tŷ Cerdd records.

Public Engagement

The Health Board launched a series of Engagement and Recruitment roadshows on October 27th 2021. The purpose of the roadshows was two-fold:

- To promote employment opportunities in health & social care, administration and facilities management across the Health Board there are a large number of vacancies coming up in the coming months which will support increasing demand on services, and
- To engage with the public on how to use Healthcare services effectively, enabling our communities to 'choose well'.

Roadshows will tour throughout all boroughs in the Health Board area and will take the format of a double decker bus visiting locations with high foot fall as well as a static presence in a gazebo at venues or organised events.

The Roadshow schedule is available on our website: <https://abuhb.nhs.wales/about-us/public-engagement-consultation/work-with-us-roadshows/> and publicised on our social media channels.

To date 50 people have submitted expressions of interest for jobs, and over 150 members of the public have received further information about health care services.

The team is looking to identify venues of high footfall / with space to accommodate the bus such as, pedestrianised shopping centres; empty shops; leisure centres etc. The team would be very grateful if partners and other organisations could let us know of suitable locations and the contact details of the appropriate person to speak to so a presence can be organised.

Staff Engagement

Glyn Jones, Interim Chief Executive, is undertaking a series of "Drop-In" sessions. His first is a breakfast session at the restaurant in Royal Gwent Hospital on Tuesday 16th November and a further session has been arranged at St. Woolos Hospital on Thursday 18th November All topics and questions are welcome.

Additional Learning Needs Act

The Additional Learning Needs (ALN) Act came into force 1st September 2021. The Health Board services has adopted the legislative requirements with no significant concerns. Work continues with our partners in the Gwent Education Consortium, schools and service users and highlights the importance of addressing the needs of the children instead of awaiting formal diagnosis. A Code of Practice has been developed for service providers.

The Health Board and NHS Wales Informatics have undertaken development work ensuring that ALN related complaints are highlighted on the new Datix system. Further work is being undertaken to ensure that the provision of services in Welsh is in line with the Welsh Language Act.

Awards

Laing O'Rourke has been awarded the Winner for the Offsite Project of the Year as part of the Constructing Excellence Awards for the building of GUH.

Several staff were awarded awards at the Royal College of Nursing (RCN) in Wales 2021 ceremony this year:

- ~ Kate Harper, Senior Infection Prevention Nurse – Winner of the Registered Nurse (Adult) Award;
- ~ Hook, Senior Nurse Care of the Older Person Award – Runner Up
- ~ Veronique Hughes, Divisional Nurse, Complex Care at Home Team, Primary Care Nursing Award – Runner Up
- ~ Anna Roynon-Reed, Senior Team Lead, Clinical Research Centre- Delivery Team, Supporting Improvement Through Research Award – Runner Up

Congratulations to all of our staff.

Ysbyty Ystrad Fawr celebrates its 10th birthday

The Enhanced Local General Hospital opened its doors to patients in November 2011 and has been providing a range of healthcare services to Aneurin Bevan University Health Board patients ever since.

With a Freestanding Midwifery-led Birthing Unit and an Emergency Nurse Practitioner-led Minor Injuries Unit to treat local residents' injuries closer to home, Ysbyty Ystrad Fawr was the very first Hospital of its kind for our Health Board. Ysbyty Ystrad Fawr signified the very beginning of our Clinical Futures model to bring care closer to home.

As well as being able to offer state-of-the-art birthing facilities and in treating injuries outside of the traditional Emergency Department setting, Ysbyty Ystrad Fawr has been at the heart of the local community since its opening.

With 164 inpatient beds, the hospital also offers a host of services, including; outpatient appointments for a range of specialties; diagnostic services such as X-rays, MRI and CT Scans; Rehabilitation and Therapy services; a Medical Assessment Unit and an Emergency Frailty Unit.

Ysbyty Ystrad Fawr is now set to become a Centre of Excellence of its own when its brand new Specialist Breast Centre opens in late 2022. The new Breast Centre will offer localised specialist breast diagnostic and treatment facilities to patients in the Aneurin Bevan University Health Board area.

Dr Inder Singh, Clinical Director for Ysbyty Ystrad Fawr, said:

"I'd like to thank all of our colleagues and teams who have helped us reach where we are today. Ysbyty Ystrad Fawr was a revolutionary Hospital for us that paved the way for our new model of healthcare, so we are very proud of it and all it has achieved over the past decade. We have continuously improved our services here at Ysbyty Ystrad Fawr and have continued to deliver high quality care for our communities. We look forward to seeing it thrive further in the coming years with the development of our new specialist Breast Centre."

Assessment and Conclusion

This report provides the Board with an overview of the recent activities of the Executive Team and potential programmes of work within the Health Board and the positive events where our staff have excelled.

Recommendation

The Board is asked to note this report for information.

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



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 24th November 2021
Agenda Item: 4.7

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 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: Richard Howells, Interim Board Secretary

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: 10th November 2021

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:

Required Committees:

- ~ Audit, Finance and Risk Committee
- ~ Charitable Funds Committee
- ~ Patient Safety, Quality and Outcomes Committee
- ~ Mental Health Act Monitoring Committee
- ~ Remuneration and Terms of Service Committee
- ~ Stakeholder Reference Group
- ~ Healthcare Professionals Forum

Additional Committees and Groups:

- ~ Strategy, Planning, Partnerships and Wellbeing Group
- ~ People and Culture Committee

Assurance Reporting

The following Committee assurance reports are included:

- Audit, Finance and Risk Committee – 7th October 2021
- Patient Safety, Quality and Outcomes Committee – 19th October
- Strategy, Planning, Partnerships and Wellbeing Group – 21st October
- People and Culture Committee – 3rd November
- Charitable Funds Committee – 9th November

External Committees and Group

Representatives from the Health Board also attend a number of external Joint sub committees of Health Boards, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

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.

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

Committee:	Audit, Finance & Risk Committee
Chair of Committee:	Shelley Bosson
Reporting Period:	7th October 2021
Key Decisions and Matters Considered by the Committee:	
<p>Follow Up Outpatient Transformation: The Committee received an update on the progress on Outpatient Transformation, noting the impact of COVID-19 on ways of working.</p> <p>The committee noted that the type of changes which would lead to improved patient outcomes, by delivering care in a different way would require a shift in resources. The Committee was assured of the progress undertaken to achieve efficiencies.</p> <p>Agile Working: The Committee received an update on the progress to date and next steps in relation to Agile Working. The Committee was assured that any workforce changes are equality assessed to ensure minimum impact for staff.</p> <p>Consultant Job Planning Update: The Committee received an update based on previous recommendations from the Committee; supported by a detailed action plan. The Committee discussed the progress made and agreed that future reports would be provided to the People and Culture Committee for assurance. Recommendations would remain on the Audit Tracker until complete.</p> <p>Finance Update: The Committee received an update on the Health Board's financial position at Month 5 (end of August 2021), noting a break-even position for the year to date, and a forecast of a balanced position for the end of the financial year.</p> <p>The Committee agreed that a collective response across Health and Social Care, working alongside 3rd sector partners, was required to support patients at home, which could reduce the burden on Emergency and Urgent care, leading to improved patient care and savings going forward.</p> <p>Post Payment Verification (PPV) Mid-Year Review: The Committee received an update on PPV, noting that GMS statistics indicate that Aneurin Bevan Health Board was performing well against All Wales data. No Health Board revisits were required or undertaken.</p> <p>Audit Tracker: The Committee considered and agreed revisions to the tracking process prior to agreement that a recommendation can be removed from the Audit Tracker, and noted the review of the high priority recommendations assessed as partially/not implemented in the Internal Audit report 'Follow Up of High Recommendations'.</p> <p>Board Assurance Framework Update: The Committee received an overview of the mid-year review of the Board Assurance Framework (BAF).</p> <p>The Committee discussed the complexity of risk, reporting risks when working alongside partnership organisations and integrated services, and controlling the</p>	

responsibility of such risks and agreed the need for there to be clarity and responsibility.

The Committee noted the Health Boards embedded risk management approach and endorsed the 'Proof of Concept' reporting template.

Freedom of Information Mid-Year Review: The Committee received an update on the legislative requirements under Freedom of Information requests and compliance rates to the Committee. Noting that compliance rates had improved to 97% and that the highest number of requests were COVID and Workforce related.

Internal Audit Plan Progress: The Committee received an update on the Internal Audit Assurance Progress report and agreed the proposal to defer the De-Carbonisation Audit until early 2022.

Audit Wales: The Committee received an update on the current and planned work programme and discussed relevant national study reports.

Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

None

Planned Committee Business for the Next Reporting Period:

- Estates Efficiency Framework
- Lessons learned from Accounts Process
- Audit Tracker

Date of Next Meeting: Thursday 2nd December 2021 at 09.30am via Microsoft Teams

Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	19th October 2021

Key Decisions and Matters Considered by the Committee:

Dementia Companions and Meaningful Occupation model: Proof of Concept (PoC) Model and Service Evaluation at Ysbty Aneurin Bevan: The Committee received an update on the PoC noting that a multidisciplinary Steering Group had been established, volunteers appointed and Kings Fund Environmental Auditing had been undertaken. Dementia and associated training had been delivered and funding for two practice educators had been secured to support the roll out of this agenda.

The Committee was encouraged by the support for the PoC and was pleased to see the various work streams being progressed to rollout the PoC across the Health Board.

Infection Prevention & Control - update against 2021/2022 priorities: The Committee received an overview of progress against the priorities noting a RAG rating had been adopted to demonstrate the current position of the 11 priorities, of which no priorities were RAG rated red and there were no concerns regarding full implementation of the priorities by year-end.

Members acknowledged there had been significant challenges maintaining the Hydrogen peroxide Vapour (HPV) cleaning programme due to workforce issues within Facilities and the current demand and capacity pressures. Alternative approaches had been considered however the Committee was informed that these would not be as impactful as full compliance to the proactive cleaning programme.

To provide assurance a report outlining progress against the cleaning standards is scheduled for the next Committee meeting .

PTR Annual Report 2020/21: The Committee received an overview of the progress against the 9 PTR priorities noting all had made good progress. No priorities were RAG rated red and there were no concerns regarding full implementation of the priorities by year-end.

The Committee welcomed the report and was reassured of the work being undertaken to address the nine priority areas.

Safeguarding Annual Report 2020/21: The Committee received an overview of the Annual Report which highlighted the progress, performance successes, learning and an overview of emerging themes and trends. An outline of the governance infrastructure, audit and assurance, metrics and outcomes was also provided. The report also highlighted the importance of multi-agency working.

The Committee was apprised of the key learning from surge 1 of the pandemic that informed a different approach for deployment in surge 2, in particular protecting the deployment of staff working in essential children's services. This approach saw a reduction in child protection medicals and children being referred but noted a rise in domestic abuse, particularly associated with lockdown. To further strengthen the service a Single Point of Access for referrals had been established.

The challenges surrounding recruitment of paediatric consultants was reported as continuing but noted discussions were being held to mitigate risk to the service and to find a resolution.

Members acknowledged there had been a decline in compliance with safeguarding training in medical, dental and works and estates staff but was assured this was being addressed. A Senior Nurse for Safeguarding Education had been appointed and would be making direct contact with teams reporting low compliance.

The Committee noted the report and considered it to be a positive outcome given the challenges of the last 12 months and was encouraged by the breadth of work being progressed to promote safeguarding as a key priority for the Health board.

Quality Assurance Framework: The Committee received an overview of the revised arrangements to the PQSO Committee and its respective sub groups.

The revised framework and annual cycle of business would ensure strengthened reporting against the Health and Care Standards with dedicated reports scheduled at each committee. In addition, the Performance and Outcomes report demonstrated the alignment of each element to the relevant standards, as well as taking a risk-based approach.

The Committee noted the report.

Update from Patient Quality, Safety and Outcomes Group (PQSOG): The Committee received an update on the discussions held at the last meeting of the Committee's sub-group.

- Radiology had completed all of the actions and recommendations from the HIW inspection conducted 2 years ago
- Dementia Companions PoC Update
- Nutrition and Hydration Update
- Health & Safety Legislative Assurance Framework
- Transport arrangements for inter-site transport
- Blood management assurance

The Committee noted the work of the QPSOG and the update.

Quality and Safety Outcomes Report (Linked to Health & Care Standards):

The Committee received an update on the current position against a range of key quality indicators, together with emerging themes, areas of concern and mitigation, and as well as good practice.

The following key issues were noted:

- Infection Prevention and Control - more specifically C.Diff
- Improved position of complaint response rates from 30% to maintaining a >75%
- CHC and HIW inspections of mental health wards
- Urgent Care

The Committee noted the update in respect of urgent and emergency care, which remains a high risk, with significant pressures across health and care, impacting on timely care, safe care and patient experience.

The Committee requested a detailed report on urgent and emergency care to understand the current position in the context of the mitigation in place and the improvements being delivered. A detailed report is scheduled for the next meeting of the Committee.

Annual Assurance Report on Health & Care Standards: Nutrition and Hydration:

The Committee was appraised of the work being progressed to improve and standardise the nutrition and hydration provision across the Health Board. An action plan has been established to reduce the variation in compliance, improve operational delivery arrangements across hospital sites in respect of ordering food, identifying feeding needs, access to nutrition and hydration and protected mealtimes. To inform the improvements needed a full catering review is underway and would take approximately 6 months. It was agreed an outcome report would be received upon completion.

A business case for a dedicated nutritional support team is being developed and would be presented to the Executive Team for consideration, with an update to the Committee

The Committee noted the report.

Annual Assurance Report on Health & Care Standards: The Committee received the report for assurance and noted the Health Board had established governance systems in place overseen by the Hospital Transfusion Committee (HTC) to maintain safe transfusion and sufficient supply of blood and all blood components. The HTC oversees, develops and monitors policies, procedures, and guidelines to ensure a standardised approach to blood management.

Additionally, discussions at a national level are ongoing regarding the implementation of scan for safety technology to remove the risk of human error.

The Committee noted the concerns regarding ESR training compliance as an emerging theme and suggested that the People and Culture Committee take forward the monitoring of staff training and compliance.

The Health Inspectorate Wales Report: The Committee noted the report was included in the Quality & Patient Safety Outcomes Report.

Highlight Reports: The Committee noted the;

- Safeguarding Committee
- Urgent Care Transformation Group

National Clinical Audits Action Tracker: The Committee received the improvement plan and noted a National Clinical Audit Report would be presented to the committee bi-annually.

Forward Work Programme: The Committee noted the report and was encouraged to see links to the principle risks and Health and Care Standards as a driver to informing the agenda.

Matters Requiring Board Level Consideration or Approval:

None

Key Risks and Issues/Matters of Concern:

None

Planned Committee business for the Next Reporting Period:

Date of Next Meeting: 07 December 2021

Committee:	Strategic Planning, People & Wellbeing Group
Chair of Committee:	Ann Lloyd
Reporting Period:	21st October 2021
Key Decisions and Matters Considered by the Committee:	
<p>Gwent PSB – measuring progress towards a healthier Gwent: The Group received the report, noting that the widening of Health Inequalities in Wales was consistent with the <i>Health Inequalities England: The Marmot Review</i>. The Group noted that the Health Board had made good progress towards the ambition of 'A Healthier Gwent' during the pandemic. Also, that the Well-being objectives were being refreshed, noting that these should align with collective PSB objectives.</p> <p>Mental Wellbeing, the Integrated Wellbeing Network and participatory budgeting: The Group received an overview of the work undertaken with the Integrated Wellbeing networks, the development of the Health Board's Mental Wellbeing programme and participatory budgeting. The Group discussed the impact of the COVID-19 pandemic on the mental health and wellbeing of the population and the findings of recent studies undertaken alongside Cardiff and Swansea Universities. The Group received an overview of the Integrated Wellbeing Network, which focussed on building community resilience.</p> <p>IMTP Update: The Group received an update on the development of the IMTP 2022-2025. A further update on the setting of priorities, together with a draft engagement plan, will be presented to a Board Development session in December 2021.</p> <p>Clinical Futures Update: The Group received an overview of the proposed plans to be presented to the next Board meeting, with feedback to be provided outside of the meeting.</p> <p>The Group received the 'All Wales Performance Dashboard' and noted the current performance of the Health Board.</p> <p>An additional meeting was held on 10th November 2021 to discuss the following items:</p> <ul style="list-style-type: none"> • Winter Plan and Urgent Care Plan • Estates Strategy Update • Clinical Futures Next Steps • Regional Service Planning Update 	
Matters Requiring Board Level Consideration or Approval:	
None	
Key Risks and Issues/Matters of Concern:	
None	
Planned Committee business for the Next Reporting Period:	
<ul style="list-style-type: none"> • Winter Plan and Urgent Care Plan • Estates Strategy Update • Clinical Futures Next Steps • Regional Service Planning Update 	

Committee:	People and Culture Committee
Chair of Committee:	Pippa Britton
Reporting Period:	9th November 2021
Key Decisions and Matters Considered by the Committee:	
Recruitment & Workforce Planning	
<p>There are continuing pressures on workforce presented by the pandemic, whilst recovering services and set against forecasted winter pressures.</p> <p>Recruitment to support plans are underway with different ways in which to advertise recruitment opportunities in the community e.g. Engagement Team using a bus to highlight a range of opportunities.</p> <p>Apprenticeships were progressing well with over 40 placements.</p> <p>Kickstart placements were challenging with some people being reluctant to come forward after being unemployed for some time. The Health Board is working with the Department for Work and Pensions to help individuals with their placement. An overview of the modelling approach to workforce planning and the complexities faced by the Health Board when predicting future recruitment and staffing needs provided powerful metrics showing the changes in workforce over the past few years and the predicted changes over the next few years.</p> <p>It was noted that the strategic modelling analysis and design was based on predictive patient outcomes and service needs. It also included the demography of current staff and behaviours, with approximately 90% of staff living with the ABUHB geographical area.</p> <p>The analysis showed that it was expected that approximately 70% of staff would continue to be employed by the Health Board in five years' time. However, it was also predicted that staff roles would change due to changes to the aging population requiring different types of care, as well as new technology undertaking some processes currently undertaken by staff. There would also be changing requirements over time needing different expertise.</p> <p>The plans would also be taking into account new requirements such as agile working and staff wellbeing which provides opportunities to improve role development and retention and to do things differently, including the potential for redeployment.</p> <p>The metrics also showed the levels of reliance on bank and agency staff and the potential gaps in workforce supply based on service demands.</p> <p>The Committee discussed the potential short-term requirements and was informed that the Health Board can utilise the local option framework devised by Welsh Government which allows for services to be suspended if there are exceptional circumstances. An example of this was highlighted as the recent concern over midwifery services staffing.</p>	

The Committee noted that appropriate communication to staff and the ability to listen to staff was important to ensure management of expectations and understanding.

The Committee noted that the transfer date for medical staff to voluntarily move to the new All Wales Specialty Doctor contract had been extended to 30th November. At present 70 had accepted the new contract, 4 had declined and approximately 50 were yet to provide a decision. The date had been extended to accommodate discussion about pay scales. These had now concluded and the result has made it favourable to transfer.

The Committee supported the People First proposal setting out a 5-stage approach to re-connect with staff and address the key workforce issues highlighted through a series of surveys including the medical engagement scale, junior doctor's report and wellbeing surveys. These surveys highlighted significant issues in relation to workload, poor wellbeing, trust and control over their roles. This work is a significant step proactively addressing concerns which will support our ambition for staff to have a shared purpose, feel a sense of belonging and have a meaningful connection to our work, to each other and to the community we serve.

Talent & Succession Planning

The Committee was provided with a briefing of the activities across the Health Board. It was acknowledged that talent identification and succession planning were separate but linked aspects to the Health Boards workforce plans and role development.

Talent was concerned with identifying and engaging staff, attracting external people and retaining staff within the organisation. Succession planning encompassed developing our own staff to sustain the future of our organisation.

The Health Board continues to apply its agreed leadership framework to identify and develop staff. The work included encouraging managers to identify staff with potential for development across all skill sets and to empower staff to recognise their own abilities and capabilities for development. It is intended to provide clarity across the development pathways.

It was noted that some development pathways have limited availability and that it was important that those not offered a place for particular development pathway were not lost or forgotten and were supported on future opportunities. For example, the pathways to assist Health Care Support Workers (HCSW) to transition across into clinical roles.

HEIW was identified as the lead role to develop and attract Tier 1 and Tier 2 management (CEO and Executive Director level) whilst the Health Board was seen as the lead for all staff below Tier 2.

Consultant Job Planning

The Committee received an update on the actions to meet the Internal Audit report recommendations (2019) for consultant job planning. It was reported that the payment of commitment awards had been approved by the Executive Team during

the height of the COVID 19 pandemic. Due to the system pressures and responding to COVID-19 this payment was agreed as automatically re-instated up to June 2021.

Workforce Dashboards

The Committee was informed that:

- Overall absence had decreased.
- Staff medical exclusions had reduced although it was acknowledged that this would fluctuate.
- The demand of Staff Wellbeing and Occupational Health support had increased, demonstrating the pressures staff may be experiencing and the improved awareness of the services.

It was reported that the dashboard is currently under review and an example of future dashboard was provided. The Committee believed that the visual representation of the data within the proposed new dashboard was an improvement to allow better understanding.

The Committee recognised that the data reporting was evolving and requested that risks and their management were also reflected in the dashboard. The Dashboard will be provided to the Board at future meetings.

Equality Impact Assessment

The Committee supported a revised approach to include broad decision making from a population health perspective was an improvement on the process and would allow for a better informed assessment, considering all people (and not simply those with protected characteristics) and comply with statutory requirements. It was confirmed that the revision would be led by the Director of Public Health and Strategic Partnership and an update provided to a future Committee.

Agile Working

The Committee was apprised on the work of the Agile Delivery Board. It was reported that the Agile Delivery Board had reviewed its Terms of Reference and membership to facilitate a focus on delivery of its work plans and to align with Estates and Planning.

It was reported that travel expenses had decreased significantly over the past two years.

The Board had undertaken two staff surveys and the results were used as part of its space utilisation and mapping exercise. The surveys also identified that staff liked to have a protected space for their department or profession and needed an area for confidential conversations.

A third staff survey is due to be undertaken. The results will be collated against the first two surveys to assess the opportunities and challenges in implementing agile working practices.

<p>Risks</p> <p>The Committee reviewed the risk register which focussed on workforce availability and resilience. All risks were linked to the Corporate Risk Profiles. It was acknowledged that some risks will continue and that these may not be completely mitigated.</p>
<p>Matters Requiring Board Level Consideration or Approval:</p> <p>Suspensions: There were 4 x suspensions during the period. The longest was for 21 months and the shortest at 3 months. All followed the correct workforce policy and process and are regularly reviewed.</p>
<p>Key Risks and Issues/Matters of Concern:</p> <p>Concerns over staff wellbeing and stress/anxiety due to system pressures was considered as a continuing threat to achievement of objectives. This is included on the risk profile.</p>
<p>Planned Committee business for the Next Reporting Period:</p> <ul style="list-style-type: none"> Clinical Futures Workforce plans

Name of Committee:	Charitable Funds Committee
Chair of Committee:	Katija Dew
Reporting Period:	9 November 2021

Key Decisions and Matters Considered by the Committee:

Administration Charge 2021-22: The committee noted the administration charge for Charitable Funds and requested further information regarding the increased costs relating to staff above the 3% pay rise.

Future of 13 Clytha Square: The Committee received an update on the current use and maintenance issues relating to 13 Clytha Square, a building owned by the Charity. The Committee discussed the options for the future of the building, and the need to ensure that this was in line with the Health Board's strategic approach. A further report would be presented for consideration at the January meeting.

Funds Available to the Committee: The Committee received and noted an overview of the funds available. It was brought to the attention of members that there was significant non-recurring funding available this year to support recovery and therefore, it was suggested that members considered, where appropriate, if standard NHS funding could be available from an alternative route to charitable funds this year. The Committee welcomed this as a way of maximising the Charity's funds.

The committee reviewed the following bids:

CFC-250 PH Manometry Equipment: The Committee supported this bid subject to assurance that the clinical governance and skills were in place to support.

CGC-249 Children and Young People in COVID Recovery: The Committee supported this bid subject to confirmation of whether this could be funded from recovery funding.

CFC-251 Additional Hydration Bottles: The committee supported this bid, subject to confirmation that the correct number of staff were included.

Small Grants Scheme: The Committee received an overview of the small grants scheme and agreed small amendments to the application process.

Annual Presentation from our Investment Company (CCLA): The Committee received an overview of the portfolio holdings and how the fund had performed over the past 12 months.

Mental Health Veterans Fund: The Committee received an update on the work of the Mental Health Veterans service, a specialist service which sits alongside primary care.

Finance Report for the Period Ending 30th September 2021: The Finance Report for the Period Ending 30th September 2021 was received and noted.

Guidance on set up of new funds, change of use of restricted/unrestricted funds and streamlining funds. The Committee noted the guidance.

Arrears of Ground Lease and Update on Sale of Residential Ground Leases: The Committee received and noted an update on an ongoing issue regarding the

arrears of the freehold property, and issues relating to the sale of residential ground leases.

Matters Requiring Board Level Consideration or Approval:

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Key Risks and Issues/Matters of Concern:

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Planned Committee business for the Next Reporting Period:

- Future of 13 Clytha Square
- Reserves Policy
- Annual Accounts