

Bundle Finance & Performance Committee 25 March 2021

AGENDA

Unfortunately BCU Committee meetings are being held via a virtual platform at present due to Covid19 regulations. Minutes of meetings will be available on the website in due course.

- 1 09:35 - Committee moves to public session
- 2 09:45 - FP21/54 Chair's welcome and apologies for absence
Advice of Chair's action undertaken between meetings
Apologies received from : Gill Harris, Gavin Macdonald
- 3 FP21/55 Declaration of Interests
- 4 09:50 - FP21/56 Draft minutes of the previous meeting held on 25.2.21 and summary action plan
FP21.56a Minutes FPC 25.2.21 public session v.02 draft.docx
FP21.56b Summary Action Log_FPC_public.doc
- 6 for assurance
- 7 10:00 - FP21/57 Quality and Performance report
Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.
FP21.57a QaP.docx
FP21.57b QaP Report - February 2021v1.0.pdf
- 8 10:20 - FP21/58 Finance Report Month 11
Sue Hill
Recommendation:
The Committee is asked to note the report
FP21.58a Finance Report -M11_20.21.docx
FP21.58b Finance Report -M11_20.21.pptx
- 9 for approval
- 10 10:40 - FP21/59 Capital Programme 2021 - 2024
Mark Wilkinson
Recommendation:
The Committee is asked to receive and approve the draft programme.
FP21.59 aThree Capital Programme 2021-24 v.0.2 (F+P 25 Mar).docx
FP21.59b Capital Programme 2021-2024 Mar 21 v0.3.pdf
- 11 10:50 - comfort break
- 12 11:05 - FP21/60 Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board: Strategic Outline Case
Mark Wilkinson
Ian Howard Assistant Director – Strategic and Business Analysis, Andrew Kent Interim Head of Planned Care in attendance
Recommendation:
The Committee is asked to approve the Business Case for submission to the Board. Subject to Board approval the case will then be submitted to Welsh Government.
FP21.60a DTC Strategic Outline case.docx
FP21.60b DTC SOC v16.docx
FP21.60c DTC Appendix D BCUIHB DTC SOC Option 2 v0.1 Mar 21.pdf
FP21.60d DTC Appendix E BCUIHB DTC SOC Option 3 v0.2 Mar 21.pdf
FP21.60e DTC Appendix F BCUIHB DTC SOC Option 4 v0.3 Mar 21.pdf
FP21.60f DTC Appendix H BCUIHB DTC SOC Option 6 v0.3 Mar 21.pdf
FP21.60g DTC Appendix G BCUIHB DTC SOC Option 5 v0.3 Mar 21.pdf
FP21.60h DTC Appendix I BCUIHB DTC SOC Option 7 v0.2 Mar 21.pdf
- 13 11:35 - FP21/61 Stroke Improvement Plan Phase 1

Arpan Guha

Rob Smith, Area Director East and Judith Rees, Temporary Department General Manager - Stroke in attendance

Recommendation:

The Committee is requested to approve

-implementation of the stroke pathway model improvements as identified in the Business Case, for submission to the Board.

-the revenue and capital stream identified in the finance sections

FP21.61a Stroke Improvement Plan Phase 1_v2.0.docx

FP21.61b App 1 Stroke Business Case V22 New Template V13 18.3.21.docx

FP21.61c App2 Stroke EQIA 12-03-2021.doc

- 14 12:05 - FP21/62 Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case

Mark Wilkinson

Recommendation:

The Finance and Performance Committee is asked to approve the Fire Safety and Infrastructure Compliance Programme Business Case, which will then be submitted to the Health Board for approval for submission to Welsh Government.

FP21.62a YG Programme.docx

FP21.62b App1 YG PBC v07 03-03-2021. Final.pdf

FP21.62c App2 FINAL_Report_-_Ysbyty_Gwynedd_Independent_Review (002).pdf

FP21.62d App3 Shared Service - SES Independant Review YG Fire Safety - Action Tracker may 2020 rev 1.1.docx

FP21.62e App4 Concordat Meeting 06-10-2020 BCUHB NWFRS Ocy 2020.pdf

- 21 12:20 - for information

- 22 FP21/63 Quarter 3&4 20/21 monitoring report

Recommendation:

The Finance & Performance Committee is asked to note the report.

FP21.63a OPMR for FP Committee - February 2021.docx

FP21.63b Quarter 3-4 Plan Monitoring Report - February 2021.pptx

- 23 FP21/64 Planned care update

Recommendation

The Finance and Performance Committee is asked :

1. To note the potential year-end forecast of 20/21

2. To note the work on going to recover and improve planned care including the modular theatre and wards including the strategic direction of the diagnostic and treatment centre

3. To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme.

To note the processes in place to mitigate risks of delayed surgery

FP21.64 Planned Care update February21 v2.0.docx

- 24 FP21/65 Unscheduled Care update

Recommendation:

The Committee note the Unscheduled Care performance for February 2021 across BCUHB and the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes.

FP21.65a USC report.docx

FP21.65b App1 USC programme of Support _ToRs_March 2020.pptx

- 25 FP21/66 Capital Programme report - Month 11

Recommendation:

The Committee is asked to receive and scrutinise this report.

FP21.66a Capital Programme Report - Month 11a.docx

FP21.66b Capital Report Month 11 Appendix 1 Capital Monitoring Programme Mnth 11.pdf

- 26 FP21/67 Monthly monitoring report - Month 11

Recommendation:

The Committee is asked to note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 11 of 2020/21.

FP21.67a Monthly Finance monitoring report M11.docx

FP21.67b Monthly Finance monitoring report M11.pdf

- 27 FP21/68 Summary of Private business to be reported in public

Recommendation:

The Committee is asked to note the report

28 FP21/69 Issues of significance to inform the Chair's assurance report
29 12:20 - FP21/70 Date of next meeting 29.4.21



Finance & Performance Committee
Draft minutes of the meeting held in public on 25.2.21
via Teams

Present:

Mark Polin	BCUHB Chairman / Committee Chair
John Cunliffe	Independent Member / Committee Vice Chair
Eifion Jones	Independent Member
Linda Tomos	Independent Member

In Attendance:

Neil Bradshaw	Assistant Director ~ Capital Planning (<i>part meeting</i>)
Louise Brereton	Board Secretary
Andrew Doughton	Wales Audit representative – to observe (<i>part meeting</i>)
Sue Green	Executive Director Workforce and Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Dave Harries	Head of Internal Audit – to observe
Gill Harris	Executive Director Nursing & Midwifery (<i>part meeting</i>)
Sue Hill	Executive Director of Finance
Andrew Kent	Interim Head of Planned Care Improvement (<i>part meeting</i>)
Rob Nolan	Finance Director - Commissioning and Strategy (<i>part meeting</i>)
Dawn Sharp	Deputy Board Secretary (<i>part meeting</i>)
Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU)
Mark Wilkinson	Executive Director Planning and Performance
Jo Whitehead	Chief Executive
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
FP21/25 Welcome and Chair's introductory remarks and apologies for absence None received	
FP21/26 Declarations of Interest None received	
FP21/27 Draft minutes of the previous meeting held on 21.12.20 and summary action log FP21/27.1 It was agreed that the minutes were an accurate record and the summary action log was updated.	

FP21/28 Committee Board Assurance Framework (BAF) Principal and Corporate Risk Report (CRR)

FP21/28.1 The Deputy Board Secretary joined the meeting to present this item as the first iteration of the new BAF and CRR. She advised that the Executive Team had reviewed the BAF risks of the Committee on 11.2.21 and the intention to condense the suite of papers going forward was noted. It was recognised that in a number of risks the target risk score was above the current risk appetite. Given the current pandemic environment, risk leads had set what they believed could realistically be achieved in relation to the target risk. It was noted that further refinement and review would take place at a Board workshop.

FP21/28.2 Considerable discussion took place in regard to risk scores and appetite in which inconsistencies, rationalisation and need for greater clarity were all highlighted as areas which required attention. The Committee stated that the total number of organisational risks need to be driven by the situation and not a pre-defined number. The Executive Director of Workforce and OD shared discussion which had taken place at the Strategy, Partnerships and Population Health Committee (SPPHC) on 23.2.21. It was acknowledged that risks aligned to the Committee structure would require further consideration following the current Committee cycle and the Board Secretary confirmed that she would address consistency comments provided by the Committee at a scheduled meeting to address feedback.

LB

FP21/28.3 The Chairman observed that the current risk averse organisational culture was a challenge which needed to be addressed. The Committee stated that should any BAF risks not be deemed at sufficient high level for the Board, these should be captured on the CRR.

FP21/28.4 A discussion ensued on how Planned Care risks needed to be captured in relation to the split between performance and harm by appropriate Committees.

FP21/28.5 Estate risks were highlighted, especially in respect of condition which could affect BCU's plans for recovery and transformation. The Committee was particularly concerned with business cases arising from deteriorating equipment and sought assurance the risks were being proactively managed. It was noted that the SPPHC would be reviewing the Estates Strategy at the September meeting. Issues in relation to Ysbyty Gwynedd (YG) accommodation were highlighted which were confirmed to be factored into BCU's 2021/22 annual plan. Following further Estate discussion it was agreed that the Executive Director of Planning and Performance would discuss the potential of an asset register/database that could effectively capture details of all BCU estate as well as information and equipment assets with the Chief Information Officer.

MW

It was resolved that the Committee

- **noted** the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and
- **agreed** there was a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores.

<p>FP21/29 Quarter 3&4 2020/21 monitoring report</p> <p>FP21/29.1 The Executive Director of Planning and Performance presented the report, highlighting business case progress relating to Stroke services, Eye Care, Ablett Unit and Royal Alexandra hospital. In response to the Committee's concern regarding stroke services, the Chief Executive stated the importance of ensuring progress and clarification of these important deteriorating services within the priorities of the developing annual plan. She acknowledged that there was a finite amount of resource available and that a reduced list of priorities would be shared at the Board's workshop, it was noted that there was potential for more investment opportunities to arise in year.</p> <p>FP21/29.2 In response to the Committee, the Executive Director of Planning and Performance clarified that the Orthopaedic Business case [4.6] had moved to completed status as these plans were now embedded within the Diagnostic Treatment Centre Strategic Outline Case which was due to be discussed at the next Committee meeting. He agreed to ensure narrative was provided on 'superseded' actions moving forward and provide a briefing note in respect of [6.10] Essential services and safe planned care which had moved from red to achieved.</p> <p>FP21/29.3 The Committee acknowledged that the Ablett unit alternative site would be advised in the Capital report of the agenda.</p> <p>It was resolved that the Committee noted the report</p>	<p>MW MW</p>
<p>FP21/30 Quality and Performance report</p> <p>FP21/30.1 The Executive Director of Planning and Performance stated that more planned care was taking place, given the slight easing of Covid 19 pressures, as fast as was safely possible. He highlighted the strong performance in 62 day cancer referrals which was the highest in Wales. It was also noted that diagnostic performance had improved.</p> <p>FP21/30.2 The Committee requested that the Board's thanks be passed to the Vaccination Programme Team at all levels for continued extremely positive performance in vaccinating the population of North Wales.</p> <p>FP21/30.3 Discussion ensued on the Covid19 outbreak at Ysbyty Gwynedd which had an historically low number of Covid 19 patients. It was understood that this would be the subject of detailed discussion taking place in the Board briefing that afternoon. However, the Committee was assured that root cause and lessons learned were currently being explored. It was understood that elective activity had ceased on the site however, urgent activity was being provided at other sites for patients in the West where possible.</p> <p>FP21/30.4 The Executive Director of Planning and Performance undertook to arrange accurate correlation between performance reported in the Executive summary and trend charts regarding 36 week waits.</p>	<p>GH MW</p>

<p>FP21/30.5 The Chairman emphasised the need to action business cases, whilst appreciating the current pressures the organisation was dealing with. The Chief Executive stated that there would be clarity on priorities of service transformation and efficiency within the final plan. This would also include work within ED on different staff modelling.</p> <p>It was resolved that the Committee noted the report</p>	
<p><i>The Interim Head of Planned Care Improvement joined for this item</i></p> <p>FP21/31 Planned Care update</p> <p>FP21/31.1 The Interim Head of Planned Care Improvement presented this item, highlighting the number of long waiters whom were currently paused for their treatment during the pandemic at a potential year-end forecast of 46,700 over 52 week waiters, which had dipped slightly and was being closely monitored. He reported that there had been a significant decline in theatre activity however, East and Central was increasing and would take up some activity from the West due to the present circumstances.</p> <p>FP21/31.2 In terms of insourcing and capacity (point 6 of the planned care recovery plan) the £1m Single tender waiver (STW) had been deployed between 2 companies from the performance funds of £10.3m with permission from Welsh Government to undertake end of financial year activity. Discussion ensued on the types and volume of activity being undertaken, the Interim Head of Planned Care Improvement undertook to provide further details on the longest waiting patients within the next report whilst acknowledging that some of these were the subject of ongoing validation processes. It was also understood that whilst initially the external companies were undertaking non-complex forms of theatre activity, there would be a blended approach to introducing more complex cases. The Interim Head of Planned Care Improvement emphasised the partnership approach being moved forward in this joint model of care. In response to the Committee's questions regarding performance, he agreed to provide a member briefing on Endoscopy services.</p> <p>FP21/31.3 The Committee questioned Point 2 of the six point recovery plan regarding patient communication and noted the progress being made however, the importance of this work was stressed.</p> <p>FP21/31.4 The Deputy Director FDU observed that there were only £4m plans in place to enable activity to be undertaken by year end in respect of the £10m WG additional funding provided and questioned how the gap would be addressed. Discussion ensued which highlighted the effect that the YG outbreak had on site activity, noting that daily meetings were taking place to address this concern. Following concerns raised by the Committee, the Chief Executive advised that she would be in discussion with the WG Regional Programme Director to explore flexibility on the resources outlined in order that BCU could do the right thing for the people of North Wales. She also highlighted the well constructed plans that were in place in respect of Ophthalmology and Urology.</p>	<p>AK</p> <p>AK</p>

<p>FP21/31.5 The Committee emphasised the need to ensure expectations were managed with partners and acknowledged the fatigue of staff in dealing with the continuing pressures of the pandemic.</p> <p>FP21/31.6 In response to the Committee, the Interim Head of Planned Care Improvement advised that the deterioration in activity had been as a result of the outbreaks, he also confirmed that orthopaedic surgeons were being utilised to their best potential whilst theatre activity had been reduced. Clarity was also provided that the STW activity was based on volume.</p> <p>FP21/31.7 Discussion ensued on progress of the Diagnostic Treatment Centre (DTC) development in which the Executive Director of Nursing & Midwifery emphasised the different model of service and staffing being evolved for maximum benefit to patients. It was noted that the Executive Director of Planning and Performance would present the DTC Strategic Outline Case to March F&P Committee. The Chief Executive highlighted the importance of ensuring connectivity with the Board's other strategies which included clinical, estate and hospital site utilisation. The DTC case would also need to encompass other capacity challenges across north Wales.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the deployment of the £1million single tender waiver as of 5.2.21 with approval of Welsh government and the Executive team • the progress to date of on-going plan and activities for the new financial year 21/22 • the continual pause of stage 4 activity and the end of year over 52 week forecast 	MW
<p>FP21/32 Unscheduled Care (USC) update</p> <p>FP21/32.1 The Interim Chief Operating Officer presented the report highlighting the continued challenges of working within a Covid19 environment.</p> <p>FP21/32.2 A series of actions being undertaken were outlined to address pre-hospital demand, demand & capacity in ED and flow & discharge which included alignment of Kendal Bluck findings, capacity and also value based healthcare work. Progress regarding Phone First and 111 implementation rollout was also noted within the report. In respect of the Stephen HARRY report it was noted that there had been positive clinician engagement and that additional WAST support would be available over a 9 week period to gain more traction in moving the improvements forward. The Board Secretary confirmed that progress of the 111 Service rollout was scheduled to take place at the Board's briefing session in March.</p> <p>FP21/32.3 In response to the Committee query regarding a potential rising cost pressures, it was noted that the cost per contact in relation to SICAT was being worked through. The Committee emphasised the need for unscheduled care to move to a more sustainable service.</p> <p>It was resolved that the Committee</p>	

<p>noted the unscheduled care performance for January 2021 across BCUHB and for each health community</p>	
<p>FP21/33 Capital Programme report Month 9</p> <p>FP21/33.1 The Assistant Director ~ Capital Planning joined the meeting to present this item. He provided background to the paused progress of the replacement Ablett Unit and advised that an alternative location was being explored on site, following refusal of the outline planning permission. In response to questions as to whether there was potential learning to be gained from public engagement, it was understood that the refusal was on account of local residents' perceptions of a mental health unit being sited close to their homes and therefore resubmission would not resolve their concerns, albeit that the planning submission process had been robust. It was noted that the housing of medical records, which were the subject of health & safety concerns, were continuing to be stored at the Tawel Fan building.</p> <p>FP21/33.2 In response to the Committee, the Assistant Director ~ Capital Planning gave assurance that the Capital Resource Limit would be achieved at year end and agreed to include capital spend as a cumulative graph to future reports.</p> <p>It was resolved that the Committee noted the report</p>	<p>NB</p>
<p>FP21/34 Finance report months 9 and 10</p> <p>FP21/34.1 The Executive Director of Finance presented and advised the key assurances to be:</p> <ul style="list-style-type: none"> ▪ Current month nil deficit reported and YTD small surplus position. ▪ Nil deficit position forecast for the year. ▪ Key financial targets for cash, capital and PSPP all being met. ▪ Savings delivery forecast increased by £0.7m. ▪ Continual rigorous reviews of forecasts being undertaken. <p>and areas for action as:</p> <ul style="list-style-type: none"> ▪ Planned Care and Diagnostic performance activity had been delayed by the impact of Covid 19 activity in Q3/4 and required an agreed plan in place. ▪ £3.1m of COVID-19 funding required a detailed plan to be agreed, due to slippage on timing of the original forecast. ▪ Some English NHS providers were under performing on activity levels, which might result in contract clawbacks – this was being closely monitored. <p>FP21/34.2 The Month 10 position was £3.4m favourable variance to the £3.4m deficit plan, the year to date position was £30.2m favourable to the £30m deficit plan and the year-end forecast was to deliver a favourable balanced total against a £40m deficit plan. The Executive Director of Finance highlighted Income at a £10m adverse position against the budget of £106.6m and also drew particular attention to the increased £22.1m shortfall against £11.6m year to date savings target. There had been steady savings delivery and whilst behind plan BCU remained successful in comparison with other Health Boards in Wales.</p>	

<p>FP21/34.3 The Executive Director of Finance drew attention to the additional WG £10m allocation for which £6m improvements to Planned and Unscheduled care expenditure plans needed to be identified as well as the Covid19 position which would need to be clarified with WG. It was noted that reductions in pay costs were due to reduced planned care activity due to Covid 19.</p> <p>FP21/34.4 In discussion of the divisional positions, the Executive Director of Finance agreed to feedback regarding discrepancy on 500k variance change within Central division and the +ve/-ve fluctuating monthly performance of 'other North Wales' within the next finance report. She advised that expected clawback in relation to Covid19 funding would also be reported then.</p> <p>FP21/34.5 A discussion ensued on potential consequential losses regarding field hospitals and it was agreed that an update would be provided along with landlord positions, recognising the need for Mass Vaccination Centres would need to be addressed going forward. The Chief Executive advised that decommissioning, vaccination needs and surge would be explored further at Board level, having already been discussed with the Executive Team.</p> <p>FP21/34.6 In discussion of savings, the Executive Director of Finance asserted confidence in end of year delivery and highlighted BCU's encouraging savings performance in relation to other Health Boards. She reflected that the PMO and service improvement teams had been redeployed to support the Covid19 response which had been 'the right thing to do' even though it had affected delivery. It would be necessary to ensure next year's savings plans became woven into financial planning as dealing with Covid 19 became an integral part of healthcare services. More support for budget holders would also be required. The Executive Director of Finance stated it was an important message to emphasise that any activity which improved quality, improved cost.</p> <p>FP21/34.7 Discussion also ensued on Pay and volatility around Non-Pay costs. It was agreed that further detail would be provided in respect of additional £6m clinical supply costs. The Committee questioned whether there was any risk in respect of holiday pay and also whether there were opportunities to write down the deficit.</p> <p>FP21/34.8 The Committee requested that future reports include previous forecast position against latest forecast for comparison purposes. The Chairman requested that the Executive Director of Workforce and OD provide a report on Interim appointments to the next Remuneration and Terms of Service Committee.</p> <p>It was resolved that the Committee noted the report</p>	<p>SH</p> <p>SH</p> <p>SH</p> <p>SH</p> <p>SH</p> <p>SG</p>
<p>FP21/34.1 Forecasting update</p> <p>FP21/34.1.1 In response to the Chairman, the Executive Director of Finance advised that the effect of the new forecasting process would be noted at the end of the first quarter of the next financial year.</p>	

<p>FP21/34.1.2 The Deputy Director FDU agreed to share a format of detailed monthly dashboards which she believed could be useful in future monitoring.</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP21/35 Savings Programme Update – Month 10 20/21</p> <p>FP21/35.1 The Executive Director of Finance advised that discussion was ongoing on the 2021 savings proposals and would be the subject of discussion at a Board workshop in March. The Committee questioned the level of benchmarking for opportunities that had taken place, in the discussion which followed it was noted this was being progressed and that the FDU were very supportive of the value based healthcare approach being undertaken. The Committee also questioned whether all of the Deloitte's opportunities had been considered. Potential savings on reduced numbers of units on sites would require much more discussion and understanding of the services.</p> <p>FP21/35.2 The Chairman reflected on BCU's current position, recognising the challenges that Covid19 had introduced and the timing of the commencement of a new Chief Executive to lead the organisation. However, he emphasised the need for coherent planning in preparation of the next operating plan. He requested a robust timetable be provided to both F&P and SPPHC on the submission dates of a fully integrated plan for consideration by both Committees in order to meet the Board and WG expectations for 2022/23/24 plans which would include consideration by F&PC before 21.1.22.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> the increase in savings programme value to £14.6m, with £14m (95%) assessed as amber or green risk. savings delivered to date of £13.7m with a full year forecast of £17.3m the forecast shortfall of £27.7m against the Board's target of £45m savings in year, with a recurrent shortfall of £34m the ongoing work to develop the initial tranche of 2021/22 savings proposals, totalling £5.7m, submitted by Divisions and the methodology and timescale for the allocation of further savings requirements, as outlined in the Financial Plan. 	MW
<p>FP21/36 Workforce Performance report</p> <p>FP21/36.1 The Executive Director of Workforce and OD presented this report which set out the overall position in relation to workforce performance up to 31st January 2021 in relation to budgeted establishment, vacancy rates, sickness absence and other "unavailability", Covid19 staff cases and the staff vaccination position.</p> <p>FP21/36.2 The Executive Director of Workforce and OD referenced the need for the organisation's workforce strategy to be addressed as continuing at the same high volume rates would result in the same issues and challenges continuing. Recognising</p>	

<p>that even when the Covid19 pressure fell, indirect impacts would need to be understood, including the numbers of staff available, and much planning work was being focused on this area.</p> <p>FP21/36.3 A discussion ensued on staff and public expectations of healthcare services moving forward and the communication required. It was noted this narrative needed to be drawn out in the operational plan. Discussion also ensued on vacancy rates and recruitment, noting that there were pockets of nursing recruitment issues at certain sites which were being worked through by the Nursing & Midwifery and Workforce divisions.</p> <p>FP21/36.4 The Chairman was keen to understand staff wellbeing plans. It was agreed that the Executive Director of Workforce & OD would liaise with the Board Secretary to include staff wellbeing support in Organisational Development work being planned at future Board workshop</p> <p>It was resolved that the Committee noted the report</p> <p><i>The Chief Executive left the meeting</i></p>	SG/LB
<p>FP21/37 Presentation : Planning for 2021/4</p> <p>FP21/37.1 The Committee received a presentation setting out Planning for 2021/24 and the annual plan 2021/2 in context of a three year transformation plan. It was noted that the March workshop would provide a progressed form of the annual plan. The Committee raised a number of questions including whether risk around deficit recovery had been captured and when the specific targets would be known to assess affordability.</p> <p>FP21/37.2 In response to the Committee, the Executive Director of Planning and Performance stated that he was confident a final draft of the 2021/2 plan would be available for the Board to discuss at the end of March however there was more work to do in preparing a 3 year transformational plan.</p> <p>FP21/37.3 The Chairman acknowledged comments regarding lack of outcomes which had been voiced at the SPPHC however he was concerned regarding the current timeline for financial and planning integration as this affected the Board's ability to consider affordability. He stated that he had agreed with the Chief Executive that an additional meeting would be scheduled to follow the March F&PC meeting to address expenditure.</p> <p>FP21/37.4 Concern was discussed regarding potential inequity on how the organisation dealt with divisional budget delivery variances. The Chairman reflected on the points raised and agreed the discussion would be considered further at the Board workshop session.</p> <p>It was resolved that the Committee noted the presentation agreed the Executive Director of Finance would provide detail of how Deloitte's benchmarking opportunities previously identified will be dealt with.</p>	SH

<p>FP21/38 Monthly monitoring reports - Month 9 and 10</p> <p>It was resolved that the Committee noted the contents of the reports submitted to Welsh Government about the Health Board's financial position at months 9 and 10 2020/21.</p>	
<p>FP21/39 Shared Services Partnership Committee quarterly assurance report</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP21/40 Documents circulated to Members between meetings</p> <p>It was resolved that the Committee received the following Internal Audit limited assurance reports on 25.1.21</p> <ul style="list-style-type: none"> • Delivery of Savings – Ysbyty Glan Clwyd Hospital • Recruitment – Medical and Dental staff 	
<p>FP21/41 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP21/42 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP21/43 Date of next meeting</p> <p>25.3.21</p>	
<p>Exclusion of the Press and Public Resolution to Exclude the Press and Public "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

BCUHB FINANCE & PERFORMANCE COMMITTEE Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 21.12.20 meeting:				
Gill Harris Arpan Guha Sue Hill	FP20/154 Quarter 2&3 Operational plan monitoring report 17.7 Digital Health: Phase 3 of Welsh Patient Administration System re-focus on West implementation 17.8 Digital Health : Pending approval of the business case – deploy WEDS Arrange for the Acting Deputy Medical Director to provide a follow up briefing on the necessary resourcing to address the issue.	18.1.21	21.1.21 The Acting Deputy Medical Director will be providing a briefing to be circulated to members. 28.1.21 – Chairman requested this action be followed up by the Executive Medical Director 18.2.21 Briefing note circulated to members 25.2.21 The Committee requested that the EDoF provide a briefing note to address concerns raised regarding potential wasted resources due to NWIS performance regarding WPAS and whether this might affect future consideration of NWIS managed projects. 15.3.21 The information has been requested from NWIS and the Informatics team will provide a report to the Committee once received.	12.3.21 22.4.21
Gill Harris / Louise Brereton	FP20/154 Quarter 2&3 Operational plan monitoring report FP20/154.3 Address report quality issues with the Executive Director of Planning and Performance including the provision of narrative to explain why delivery was not attained and what was required to enable an action to be delivered with a timescale.	4.1.21	21.1.21 Quality assurance processes have been stepped up. In support of this greater clarity has been agreed across the Executive Team as to the required content of report narratives. Proposed narratives that don't meet the requirements will be more speedily returned and potentially escalated. Chief Executive review of all board and committee papers provides an additional layer of 'check and challenge'. A broader piece of work is underway to review the format and content of all board papers. We need to decide whether this	31.3.21 Action to be closed

	FP20/155 Quality and Performance report FP20/155.2 The Chairman reiterated the issues he outlined at FP20/154.3		<p>subsumes the work planned before Christmas on possible new format performance reports.</p> <p>28.1.21 Board Secretary to timetable discussion of revised formats through Board workshop in order that performance report formats are agreed by the Board ahead of next performance year commencement.</p> <p>25.2.21 The Board Secretary assured that work was on schedule to achieve by 31.3.21</p>	
Sue Hill	FP20/157 Planned Care update The Executive Director of Finance would follow up on previous business case submissions feedback within Ophthalmology to Eoin Guerin	15.2.21 15.3.21	<p>19.1.21 The Executive Director of Finance had a meeting with Eoin Guerin on 22.12.20. The EDoF agreed to provide him with follow up information in due course.</p> <p>28.1.21 – The EDoF advised the business cases referred to in the meeting were Charitable Funds Committee submissions. A meeting had been scheduled for further discussion following which a progress update would be provided.</p> <p>17.2.21 An update will be provided at the March meeting</p> <p>25.2.21 It was confirmed that Charitable funds Ophthalmology BCs feedback would be followed up by 15.2.21.</p> <p>The Committee understood that there had been issues raised regarding BCU's Ophthalmology BC which the Executive Director of Planning and Performance assured was being addressed and moved forward.</p> <p>15.03.21 Dr Guerin has confirmed that the Charitable funds issue has been resolved.</p>	Action to be closed
Gill Harris	FP20/157/1 Robotic Surgery business case update	29.12.20	<p>21.1.21 An investigation into the robotic decision making took place and a report was produced</p>	Action to be closed

	FP20/157/1.2 The Chairman requested that the Acting Chief Executive provide an explanatory briefing on why the Board's publicised decision had been changed.		<p>28.1.21 It was agreed that the report discussed at Executive Team on 27.1.21 regarding lessons learned would be shared with Committee members.</p> <p>23.2.21 Circulated to IMs of Committee</p> <p>25.2.21 The Chief Executive advised that procurement was progressing well and was at the point of decision making in respect of 3 manufacturers with a max deliver potential date of July 2021. She advised that there had been positive clinician involvement, which included those involved in the initial discussion within BCU. The Chief Executive reported that BCU would continue to be in receipt of the first available equipment procured.</p>	
Sue Hill	FP20/161 Finance report month 7 FP20/161.4 <ul style="list-style-type: none"> Provide VBH resource update in due course 	15.3.21	Discussions regarding the resourcing of our VBHC capacity have been joined up with the transformation programme and this is being addressed as part of the Annual Plan for 2021/22	31.3.21
Actions from 28.1.21 meeting:				
Mark Wilkinson	FP21/5 Qtr 3&4 2020/21 monitoring report <ul style="list-style-type: none"> Provide narrative when theme moves from Red direct to Purple to explain prompt completion in future reports Circulate briefing to members on those pertaining to the Committee following the meeting to provide assurance that action has been fulfilled as agreed and not modified to enable completion 	<p>15.2.21</p> <p>1.2.21</p>	<p>All reports now include narrative on any RAG that has moved from Red to purple – this can be seen in the January 2021 OPMR Q3/Q4</p> <p>Briefing on the 'Red's to Purple' included.</p>	Action to be closed

Mark Wilkinson	FP21/15 Transfer of Flint Community Hospital Site to Flintshire County Council Advise of current properties awaiting disposal and their timeline	15.2.21	<p>The Health Board has agreed previously that the following properties/land are surplus to operational requirements and are therefore available for disposal.</p> <ul style="list-style-type: none"> • Pwllheli – Ala Road (Jan 20 - currently working through the approval to dispose process and disposal strategy for the site.) • Porthmadog – Model Farm Land (April 2019 Land held by Awyr las – option to purchase agreed subject to obtaining planning permission) • Plas Madoc – Surplus Land (April 2019 – small parcel of land, currently trying to add value through outline planning permission with WCBC) <p>The Health Board is currently working through NHS Wales (Specialist Estates Service) Property Services and local commercial agents to market surplus sites. The proposal, subject to market interest/demand is to complete disposal in 2021/22. Estates Property are currently working with Secondary Care/ Area Teams and MH&LD to identify surplus property and to agree where possible further opportunities for disposals based on changes to clinical service requirements and corporate staff working from home. This includes leased premises where break clauses and/or end of tenancy dates permits in 2021/22. This forms part of the Estates and Facilities cost saving plans for 2021/22.</p> <p>Since 2016/17 we have realised £1.7m through site disposals.</p> <p>25.2.21 The Committee requested the register of surplus property being prepared and timescales for disposal be provided to the April F&P meeting</p>	April meeting
Actions from 25.2.21 meeting:				
Louise Brereton	FP21/28 BAF & CRR The Board Secretary confirmed	1.3.21	Meeting held monthly between OBS team and Risk team to review BAF/ CRR processes and feedback from committees. The	Action to be closed

	that she would address consistency comments provided by the Committee at a scheduled meeting to address feedback.		consistency and quality issues addressed in the last cycle of committee meetings have been reviewed and improvements will be in place for future committee reports.	
Mark Wilkinson	FP21/28 BAF & CRR Discuss with Chief Information Officer formation of an asset register/database that effectively captures details of all BCU estate but also information and equipment.	15.3.21	<p>17.3.21 The Chief Information Officer advises: We have the following in place</p> <ol style="list-style-type: none"> 1. Information Asset Register which required further development but does contain the basic GDPR information, systems and systems owners etc. We're collaborating with IG colleagues how to improve and maintain and govern this asset. 2. Detailed IT equipment asset register with owner, location, department detail. 3. There is already be a capital asset register. <p>Setting up a joint or linked register could be reasonably straight forward, the challenge will be in the process and agreement to maintain and keep up to date.</p> <p>A meeting will be set up between Finance, Informatics and Estates to look at options and benefit of a wider asset register.</p>	Action to be closed
Mark Wilkinson	FP21/29 Q3/4 plan monitoring Provide briefing note on 6.10	15.3.21	<p><u>Action 6.10: Systematic review and development of plans to address service sustainability for planned care specialties in order of highest risk</u></p> <ul style="list-style-type: none"> • It is recognised that the highest risk specialties are general surgery, orthopaedics, urology and maxillofacial. The systematic review was completed via through the planning 2020/2021 • The 2021/2022 plans are focussing on insourcing, Once for North Wales and moving of service e.g. ophthalmology collaboration. However, the Board will recognise that further work may need to be in done in light of the clinical strategy. 	Action to be closed

Mark Wilkinson	FP21/29 Q3/4 plan monitoring Arrange for 'superseded' explanatory narrative to be provided in reports going forward	15.3.21	Completed	Action to be closed
Gill Harris	FP21/29 Q3/4 plan monitoring Arrange for Committee's thanks to be passed to Vaccination Programme Team at all levels for extremely positive performance	26.2.21	Completed. Thanks have been passed onto the team	Action to be closed
Mark Wilkinson	FP21/30 Quality and Performance report Arrange to ensure accurate correlation between performance reported in the Executive summary and trend charts regarding 36 week waits	15.3.21	Completed	Action to be closed
Andrew Kent	FP21/31 Planned Care Provide detail on patient numbers waiting the longest in next report	15.3.21	Provided within the Quality and Performance report section : Quadruple Aim 2: Planned Care – Diagnostic Waits	Action to be closed
Andrew Kent	FP21/31 Planned Care Provide members briefing on current Endoscopy service status	15.3.21	Provided within the Quality and Performance report section : Quadruple Aim 2: Planned Care – Diagnostic Waits	Action to be closed
Mark Wilkinson	FP21/31 Planned Care Provide DTC SOC to March F&P Committee	15.3.21	Agenda item 25.3.21	Action to be closed
Mark Wilkinson (Neil Bradshaw)	FP21/33 Capital Programme Add in capital/CRL spend as a cumulative graph to future reports	15.3.21	Completed in Capital Programme report submitted to March meeting	Action to be closed
Sue Hill	FP21/34 Finance reports In next Finance report advise on <ul style="list-style-type: none"> discrepancy on 500k variance change within Central Division +ve/-ve fluctuating monthly performance of 'other North 	15.3.21	These matters have been addressed in the Finance report being presented to the Committee in March, other than; <ul style="list-style-type: none"> Consequential losses has been provided as a private briefing to the Committee as it is still a provisional cost The forecast action will be updated from the start of the new financial year 	Actions to be closed

	<p>Wales' divisional position</p> <ul style="list-style-type: none"> • Greater detail of potential consequential losses re field hospitals and update on landlord positions • Include previous forecast position against latest forecast in future reports for comparison purposes 			
Sue Green	<p>Finance reports</p> <p>Provide report on Interim appointments to next RaTs Committee meeting</p>	12.4.21	Transferred to next RaTS Committee agenda	Action to be closed
Mark Wilkinson / Sue Hill	The Chairman requested a robust timetable be provided to both F&P and SPPHC on the submission dates of a fully integrated plan for consideration by both Committees in order to meet the Board and WG expectations for 2022/23/24 plans which would include consideration by F&PC before 21.1.22.	15.3.21	The timetable will be provided to the Committee once A review of the planning process for 2021/22 has been completed during Q1 2021/22	15.06.21
Sue Green / Louise Brereton	<p>FP21/36 Workforce performance report</p> <p>Include staff wellbeing support in Organisational Development work being planned at future Board workshop</p>	5.3.21	Staff wellbeing/ support has been added the board workshop future planner.	Action to be closed
Sue Hill	<p>FP21/37 Presentation : Planning for 2021/2</p> <p>Provide detail of how Deloitte's opportunities previously identified will be dealt with.</p>	15.3.21	The opportunities identified by Deloitte's have been incorporated into the updated assessment of financial opportunities which is contained in the finance section of the Annual Plan. This assessment is being used to identify priorities for efficiency improvement and savings delivery in 2021/22.	Action to be closed

Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee 25.3.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Quality & Performance Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance						
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance						
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report includes indicators from the National Delivery Framework, together with a section on COVID-19 and essential services delivery.							
At the time of writing over 680,000 tests have been carried out, of which just over 36,500 were positive for COVID-19. The turnaround from 'Test to Result' is now an average of three hours with 100% completed within 24 Hours.							
The COVID-19 vaccination programme continues apace, with over 290,000 vaccinations already given across North Wales, the highest number of all the Health Boards in Wales.							
Whilst routine referrals remain low in comparison to pre-COVID-19 rates, urgent, and urgent suspected cancer referrals have recovered. Whilst some improvements in planned care continue, the long length of stays for admissions of patients with COVID-19 infections is adding pressure on maintaining essential services.							
Pressures upon the unscheduled care system continue in light of the COVID-19 pandemic. Performance had been in decline since April 2021, however, there has been a continued improvement in performance between December 2020 and February 2021 with 69.8% of patients being seen within 4 hours compared to 64.3% in December 2020. In February 2021, over 1,562 patients waited over 12 hours to be seen in our Emergency Departments (1,510 in January 2020).							

The number of patients experiencing ambulance handover delays of an hour or more fell again in February 2021 to 884 compared to 1,028 in January 2021 and 1,332 in December.

There was a slight increase in the number of non-mental health patients experiencing Delayed Transfers of Care (DToC) in February at 32. Consequently, the number of bed days lost to DToCs also increased to 909 (835 in January).

Performance against the stroke care measures improved in February 2021 with 42% of patients being admitted to a Stroke Assessment Unit within 4 Hours. The rate of patients being reviewed by a Stroke Consultant within 24 hours also improved at 80%.

As in the rest of the UK, COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates, and as a result, waiting times are increasing. However, the Health Board has seen the number of people waiting over 36 weeks fall for the fourth time in February 2021 to 50,926. However, the number waiting over 52 weeks continues to rise to 38,433. The number of patients waiting over 8 weeks for diagnostic tests at 9,766, and the number waiting for therapy, 1,329 continued to fall in February 2021.

The 31 day or 62 day Cancer targets are no longer being reported as we have now moved on to the Single Cancer Pathway. For January 2021, against a target of 75%, 65% of patients started treatment within 62 days of suspicion. The measure no longer allows for patient suspensions hence the change in performance.

At 178,061, the total number of patients waiting on the 'Follow Up' waiting list, together with the number of those patients that are more than 100% overdue their follow up date at 55,095 demonstrates that measures taken to reduce the follow up backlog are having a sustained and positive impact.

Performance against the eye care measure has improved slightly at 42.5% (41.5% in January 2021). However, performance is expected to significantly improve over the coming months as plans put into action begin to make an impact.

The staff sickness rate fell slightly in February 2021 at 5.4%, and remains lower than at the same period in 2020. COVID-19 related sickness also fell from 1% to 0.5%.

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month increased slightly at 7.6% of our staffing budget being spent on agency and locum staff.

The Financial Report is presented separately.

Cefndir / Background:

Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to Covid-19, essential service delivery as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.

Strategy Implications

The performance measures within the report are aligned with the National Delivery Framework.

Options considered

Not Applicable

Financial Implications

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.

Risk Analysis

The pandemic has produced a number of risks to the delivery of care across the healthcare system. The paper highlights the risks arising directly from Covid-19 and the need to maintain essential non-Covid-19 services. The impact of Covid-19 on non-Covid-19 planned care is reported together with the interdependencies between ensuring safe re-start of elective care and balancing the risk of Covid-19 for patients, staff and system capacity.

Legal and Compliance

This report will be available to the public once published for Finance & Performance Committee

Impact Assessment

The Report has not been subject to an Equality Impact Assessment.

Quality and Performance



Finance and Performance Committee

February 2021

COVID-19 Pandemic

It should be noted that some services continue to be impacted upon by the COVID-19 Pandemic, and/or the measures put in place to combat the spread of COVID-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported herein is not compared as 'like-for-like' to previous year's performance or to current and previous targets.

Report Structure

The format of the report reflects the published National Delivery Framework for 2020-21. This aligns to the quadruple aims contained within the statutory framework of 'A Healthier Wales'.

Additional sections are added to reflect the COVID-19 key performance indicators and the work on maintaining essential services.

The report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided, as opposed to looking at measures in isolation.

This report contains data showing the impact of the pandemic on referrals, planned care activity and waiting lists.

Performance Monitoring

Performance is measured via the trend over the previous 6 months and not against the previous month in isolation. The trend is represented by RAG arrows as shown below.



Performance has improved over the last 6 months



Performance has got worse over the last 6 months



Performance remains the same

Operational Plan Monitoring

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined essentially into quarterly plans.

The Quarters 3 and 4 Operational Plan has been approved by the Board and submitted to Welsh Government. The likelihood of delivery of the actions contained within this plan are reported in the Q3/Q4 Operational Plan Monitoring Report.

As a consequence of the changes in the planning cycle for 2020-21, and the uncertainty around the future levels of COVID-19, the ability to produce month on month profiles to monitor performance against is limited.

Ongoing development of the Report

The intention for future reports is to continue to align the reporting of COVID-19 related pandemic indicators with the essential services service status and the National Delivery Framework while developing the reporting against the actions in the operational plan.

As patient and staff safety permit, we will recommence the development of profiles for delivery for activity taking place in short-term cycles, reporting on referrals, new ways of working, emergency and elective activity and waiting lists.

Highlights and Table of Contents

Key Messages

Second wave of the COVID-19 pandemic has begun to ease across North Wales

Admission rates of COVID-19 positive patients falling however localised outbreaks continue

Essential services are largely maintained. However, planned care activity remains significantly reduced

Table of Contents	Page	Page
Cover	1	Quadruple Aim 3: Key Messages 26
About this Report	2	Quadruple Aim 3: Narrative 27 to 29
Key Points and Table of Contents	3	Quadruple Aim 4: Key Points 30
Executive Summary	4	Quadruple Aim 4: Narrative 31
COVID-19	5 & 6	Additional Information 32
Essential Services	7	Quadruple Aim 2: Charts Unscheduled Care 33 to 36
Quadruple Aim 1:	8	Quadruple Aim 2: Charts Planned Care 37 to 43
Quadruple Aim 2: Key Messages	9	
Quadruple Aim 2: Unscheduled Care	10 to 15	Quadruple Aim 3: Charts 44 & 45
Quadruple Aim 2: Planned Care	16 to 25	Further Information 46

The committee are asked to note the following:

COVID-19 Update

At the time of writing over 680,000 tests have been carried out, of which just over 36,500 were positive for COVID-19. The turnaround from 'Test to Result' is now an average of three hours with 100% completed within 24 Hours.

The COVID-19 vaccination programme continues apace, with over 290,000 vaccinations already given across North Wales, the highest number of all the Health Boards in Wales.

Essential services

Whilst routine referrals remain low in comparison to pre-COVID-19 rates, urgent, and urgent suspected cancer referrals have recovered. Whilst some improvements in planned care continue, the long length of stay for admissions of patients with COVID-19 infections is adding pressure on maintaining essential services.

Quadruple Aim 2: Unscheduled Care

Pressures upon the unscheduled care system continues in light of the COVID-19 pandemic.

April 2021. However, there has been continued improvement in performance between December 2020 and February 2021 with 69.8% of patients being seen within 4 hours compared to 64.3% in December 2020. In February 2021, over 1,562 patients waited over 12 hours to be seen in our Emergency Departments (1,510 in January 2021). The number of patients experiencing ambulance handover delays of an hour or more fell again in February 2021 to 884 compared to 1,028 in January 2021 and 1,332 in December 2020.

There was a slight increase in the number of non-mental health patients experiencing Delayed Transfers of Care (DToC) in February at 32. Consequently, the number of bed days lost to DToCs also increased to 909 (835 in January 2021).

Performance against the stroke care measures improved in February 2021 with 42% of patients being admitted to a Stroke Assessment Unit within 4 Hours. The rate of patients being reviewed by a Stroke Consultant within 24 hours also improved at 80%.

As in the rest of the UK, COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates, and as a result, waiting times are increasing. However, the Health Board has seen the number of people waiting over 36 weeks fall for the fourth time in February 2021 at 50,926 (this now reflects an improving 6 month trend) However, the number waiting over 52 weeks continues to rise at 38,433. The number of patients waiting over 8 weeks for diagnostic tests at 9,766, and the number waiting for therapy, 1,329 continued to fall in February 2021.

The 31 day or 62 day cancer targets are no longer being reported as we have now moved on to the Single Cancer Pathway. For January 2021, against a target of 75%, 65% of patients started treatment within 62 days of suspicion. The measure no longer allows for patient suspensions hence the change in performance.

At 178,061, the total number of patients waiting on the 'Follow Up' waiting list, together with the number of those patients that are more than 100% overdue their follow up date was 55,095

in February 2021. This demonstrates that measures taken to reduce the follow up backlog are having a sustained and positive impact.

Performance against the eye care measure has improved slightly at 42.5% (41.5% in January 2021 but the 6 month trend is one of deterioration. However, performance is expected to improve over the coming months as plans put into action begin to make a sustained impact.

Quadruple Aim 3: Workforce

The staff sickness rate fell slightly in February 2021 at 5.4%, and remains lower than at the same period in 2020. COVID-19 related sickness also fell from 1% to 0.5%.

Quadruple Aim 4: Agency /Locum Spend

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month increased slightly at 7.6% of our staffing budget being spent on agency and locum staff.

Performance had been in decline since

Quadruple Aim 2: Planned Care

COVID-19

Key Messages

COVID-19
infection rates
are falling
across North
Wales

COVID-19
vaccination
programme
reached the one
million milestone
across Wales

100% of tests
are reported
within 24 hours
in North Wales

Measure

at 10th March 2021

Total number COVID-19 Vaccinations
given BCU HB

280,744

Total number of tests for COVID-19
(cumulative since January 2020)

682,953

% Tests turned around within 24 Hours (Last 7 days)

100%

Average turnaround time (Last 7 days)

3 Hours

Number of results: Positive
(cumulative since January 2020)

36,562

% Prevalence of Positive Tests
(cumulative since 30th January 2020)

7.4%

Rate of positive cases per 100,000*

4,784.7

Number of (PHW) Deaths - Confirmed COVID-19*

903

Source: BCU IRIS Coronavirus Dashboard, accessed 10th March 2021

* PHW Coronavirus Dashboard Accessed 10th March 2021 data as at 9th March 2021

- COVID-19 cases are still widespread across Wales, but continue to decrease. Cases across North Wales are generally decreasing, although there are still some fluctuations in daily rates. There have also been decreases in the COVID-19 incidence trends across all Local Authorities in North Wales. Transmission in North Wales has in general increased later than in the rest of Wales, and the reduction in transmission has also therefore been behind the rest of Wales. This has led to the North Wales counties, in recent weeks, being amongst those with the highest incidence rate in Wales. Gwynedd, Anglesey, Conwy and Wrexham remain amongst the highest but this is variable. Recent increases in other areas, including Merthyr Tydfil, have produced incidence rates comparable to North Wales, demonstrating the ongoing volatility of incidence rates.
- Over the last two weeks (5 March 2021 to 19 March 2021), COVID-19 cases have been largely among the younger adults/middle aged cohorts, although recent small scale incidents in nursery and school settings have led to some increase in rates amongst younger people in some areas. The impact of the re-opening of schools for primary aged children is being monitored.
- In terms of impact on healthcare services, GP consultations for suspected COVID-19 appear to be stable, with acute respiratory infections declining. Data on calls to NHS Direct/111 is stable (as of end Feb 2021).
- Hospital occupancy rates are in general stable, having reduced significantly over previous weeks in East and Centre. Occupancy rates are currently highest in the West, partly driven by the outbreak at Ysbyty Gwynedd, which now appears to be steadying, but with some continuation of community onset admissions. Critical care occupancy has reduced and there has been capacity at all sites, albeit with increased surge capacity still in place.
- Care home settings are also experiencing reductions in rates of incidence amongst residents and staff, and the number of “red” (closed) homes has fallen. However, the impact of positive cases on individual homes remains of concern, both in terms of personal impact on residents, and pressure on social and healthcare systems.
- Revised scenario planning has been published by Welsh Government (WG) which will assist in forward planning of capacity required for the COVID-19 response over the next months, dependent on a range of variables and assumptions including the efficacy of the vaccination programme, the pace of easing of restrictions, and the degree of compliance with ongoing requirements.



Essential Services

Key Messages

Essential services are those which need to continue throughout the pandemic to reduce risk of harm

Essential services covers a wide range of primary, community, secondary and tertiary care pathways

Ability to increase capacity for safe planned care is being hampered by continued rise in COVID-19 cases

Measures

Average Number comparison:	Pre COVID-19	Post COVID-19	% Diff
Referrals into Secondary Care (average per week) w/e 7th March 2021	5,497	3,974	-28%
Referrals Urgent, suspected Cancer (average per week) w/e 7th March 2021	522	479	-8%
New Outpatient Attendances (Year to Date includes Virtual) April to February	241,228	157,008	-35%
Follow Up Outpatient Attendances (Year to Date includes Virtual) April to February	499,379	346,994	-31%
Diagnostic 8 Weeks Breaches (Per Month) - February 2021	1,832	9,766	533%
Elective Inpatient/ Daycase Procedures (Year to Date compared to same period 19/20) to 28th February 2021	43,718	23,375	-46%

Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self management

People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Key Messages

Bowel and breast screening services restarted in July 2020 / February 2021

Diabetic eye screening and abdominal aortic aneurism screening recommenced in February 2021

Work is being done to identify capacity for additional sessions are required to deliver the bowel screening recovery programme

Measures

Following a cessation of breast, bowel and aortic aneurysm screening services in March 2020, breast and bowel screening have now recommenced. Diabetic retinopathy screening recommenced in September 2020, at a smaller number of locations than previously. Cervical screening has continued across the Health Board throughout the pandemic.

Service restarts continue, on a limited basis, due to staffing, equipment and environmental factors. The assessment centres at Llandudno and Wrexham are being used for breast screening, until the mobile units can be modified to support social distancing.

The bowel screening programme is re-inviting patients previously undergoing testing and a proportion of patients have converted to endoscopy since February 2021.

Nationally, the programmes continue working to assess how they can move to recovery and removal of backlogs by the end of March 2021. BCU is working with Public Health Wales to assess the impact of this backlog reduction on demand for secondary care services.

The additional capacity required for endoscopy is being planned with tenders progressing to support the additional service requirements.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

Key Messages

Planned care remains under pressure due to patients with COVID-19 staying longer in hospital

Bed occupancy on acute sites is high although COVID-19 positive admissions decreasing

There remains significant performance challenges across the system

Top 5 Measures (based on movement up or down)

Period	Measure	Target	Actual	Trend
Feb 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>95%	41.90%	↓
Feb 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0	63.70%	↓
Feb 21	Number of Ambulance Handovers over 1 Hour	0	884	↓
Feb 21	Number of patients waiting more than 8 weeks for diagnostic test	0	9,766	↑
Feb 21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	0	55,095	↑

Quadruple Aim 2: Unscheduled Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
Feb-21	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	97.80%	↑	Feb 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 59%	41.90%	↓
Feb 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	63.70%	↓	Feb 21	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	80.30%	↓
Feb 21	Number of Ambulance Handovers over 1 Hour	0	884	↓	Feb 21	Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient	>= 64%	41.50%	↓
Feb 21	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	69.80%	↓	Q2 20/21	Percentage of stroke patients who receive a 6 month follow up assessment*	TBA	41.10%	↑
Feb 21	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1,562	↓	Feb 21	Number of health board patients non mental health delayed transfer of care	> 30	32	↑
Feb 21	Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		460	↓	Feb 21	Number of health board beddays non mental health delayed transfer of care		909	↑
Oct 20	Percentage of survival within 30 days of emergency admission for a hip fracture*	>= 80%	79.80%	↓					

*Hip fracture survival reported 3 months in arrears

*Stroke 6 month follow up Time is reported 6 months in arrears

Quadruple Aim 2: Narrative - Unscheduled Care (1)

Emergency Departments and Minor Injuries Units

Key Drivers of performance

1. Pre-hospital demand:

- High ambulance conveyance rates across North Wales (adjusted to per 100,000 population)
 - Disproportionate demand for patients arriving by ambulance
 - Protracted length and number of ambulances delayed at handover
 - Increased risk to our communities due to limited availability of ambulances to respond to calls.
 - Allocation of calls pan North Wales

2. Demand and Capacity in ED:

- Variance in green v's red patients presenting to ED – challenge to sustain flow through both pathways which results in:
 - Delays in ambulance handover
 - Flow out of EDs due to speciality bed waits and Covid-19 restrictions
 - Lengthy waits for patients in our EDs resulting in poor patient experience and outcomes

3. Flow and discharge:

- Overcrowding in EDs due to upstream capacity challenges, impacted further by red v's green capacity. This results in:
 - Risk of nosocomial transmission
 - Ability to safely offload patients from ambulances
 - Long waiting times to be seen by an ED doctor
 - Increased stress and anxiety to staff
 - Poor patient experience and outcomes

Actions being taken:

Key action - Collaborative work is underway with the National Collaborative Commissioning Unit (NCCU) to develop a programme of improvement, around a series of work streams for USC, over the next 9 weeks ahead of a scheduled launch event of an agreed programme of work for the whole unscheduled care system. This work will not only focus on unscheduled care but also the flow of patients through services and take approximately 6 months to complete. External support has also been commissioned (commencing in March 2021) to assist with patient flow.

1. Pre-hospital demand:

- Increase capacity within the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance – this also supports the wider rollout of Phone First and 111 implementation scheduled for June 2021
- Pathways group established with speciality involvement to increase ambulatory pathways and rapid access to specialties e.g. Direct pathway access to surgery and trauma and orthopaedics.
- Whole system rollout of Same Day Emergency Care (SDEC) services and acute medical model of care
- Working in partnership with the Welsh Ambulance Service NHS Trust (WAST) and the Emergency Ambulance Services Committee (EASC) to identify opportunities to safely reduce deployment and conveyance of ambulances to our Eds. SICAT data indicates that there is approximately a 40% reduction in conveyancing within designated cohort groups
- Review of ambulance conveyances and times of conveyances for green / routine calls to prevent batch arrivals and increased delays

Quadruple Aim 2: Narrative - Unscheduled Care (2)

2. Demand and capacity:

- Forward planning introduced in early February with revised data based on the Swansea model. Projections adjusted to BCUHB with the support of Matthew Bluck. This supports sites to pre-plan the capacity needed for COVID-19 and non COVID-19 demand through our Emergency Departments (EDs).
- Increased rapid swabbing capacity to 2 of the 3 sites and cross the Health Board (HB) working which offers available swabbing capacity for sites with greatest demand.
- 'Focus on' approach to reduce ambulance handover delays (number and length of time)

3. Flow and discharge:

- Use of revised capacity and demand data from in-patient bed modelling linked to HB surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability. Also review of site surge planning for Red and Green pathways to maintain flow
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part, the current challenges in staffing number and skill mix across 2 of the 3 EDs. A business case is currently in development and will be submitted to the executives in the March 2021
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients waiting to return to Care Homes or needing packages of care.
- Ongoing work with partners and care home sector to support key homes and services experiencing difficulties as a result of COVID-19. Examples of this include work with SICAT and direct access to care homes and the work on the development of a local enhanced service with primary care

Timeline for the delivery of Improvements:

- Practical use of demand and capacity data and projections – March 2021
- Reduction in number and length of ambulance handover delays – April 2021
- Implementation of Kendall Bluck recommendations – June 2021
- Partnership working with Welsh Ambulance Service (WAST), Local Authorities (LAs) and Care Homes – ongoing
- Delivery of Phone First/111 – June 2021
- Implementation of enhanced pathways (including Same Day Emergency Care (SDEC) and acute care models) – April 2021

Risks to delivery:

- Workforce - inability to recruit to implement the full recommendations of the Kendall Bluck ED Review and inability to recruit to deliver Phone First/111
- Financial - insufficient funding to deliver the 2021/22 USC plans
- Technology - inability to mobilise the digital technology to deliver Phone First/111 and the delivery of the Welsh Patient Access Scheme (WPAS) across all sites
- USC structure and governance - inability to deliver a USC structure and governance framework that is fit for purpose and in line with the work currently ongoing with the National USC team

Quadruple Aim 2: Narrative - Unscheduled Care (3)

Stroke Care Performance

Key Drivers of performance:

- Access to Stroke Co-ordinators – Stroke Co-ordinators in the East have been redeployed to the COVID related workload (though staff are now returning to their stroke roles)
- Availability of beds on Acute Stroke Unit (ASU) – site pressures driving bed capacity and usage; also swabbing delays creating further pressure. This should however reduce as the pressure from the COVID pandemic abates

Actions being taken:

- Pathway work with Emergency Department (ED) and work on referral pathways when Stroke Co-ordinators are not available has had an effect
- Breach analysis reports sent to Stroke Multi-disciplinary team (including ED, Acute Medical Unit (AMU) and ASU managers) enables staff to focus on the key flow issues
- Work with Site Management re the adherence to retaining beds on ASU a key element of daily Safety Huddles. Sisters on ASU identifying patients each morning that can be transferred to other medical wards to create stroke beds for acute admissions.
- Presenting business plan for funding to support service improvement and early supported discharge to support ASU
- Refresh of local stroke governance meeting and supported by BCU level meeting
- New stroke ward sister appointed in Ysbyty Glan Clwyd (YGC)
- Work on referral pathways when Stroke Co-ordinators not available continues with junior medical staff
- Progress chaser appointed to help with discharge planning and referrals which has resulted in an improved discharge process
- Funding to support service improvement (SAFER) and Early Supported Discharge to support ASU/SRU is critically needed to mitigate 6 lost ASU/SRU inpatient beds.

Actions to be completed by:

- Site leads for stroke, supported by Medical, Nursing and Therapy teams. Appointed ex-Directorate General Manager for Stroke for 3 months to manage revised business plan

Risks:

- Lack of specialist nursing support due to COVID-19 redeployment
- Stroke Consultant redeployed to support COVID-19
- COVID-19 pathways have affected flow

Quadruple Aim 2: Narrative - Unscheduled Care (4)

Delayed Transfers of Care (DToC)

Key Drivers of performance

1. Nursing & Residential Homes

- Delays in discharge due to homes unable to accept new admissions and repatriation of ordinary residents, due to turning Red as a result of COVID-19. Though this is improving
- Nursing Homes requesting negative COVID-19 swab 10 days apart resulting in delays in accepting patients returning or new placements
- Capacity in Elderly Mentally Infirm (EMI) placements within both nursing and residential homes Conwy/Denbighshire/Wrexham/Flintshire. Some areas experiencing disputes regarding assessments of mental capacity of patients

2. Staffing/Resources

- Staff sickness/absence due to episodes of COVID-19 or shielding across a range of services and agencies, attributing to delays
- Reduced resources within Home First Bureau is limiting support for Community Hospital discharges;
- Delays in acceptance from placements due to availability of managers to accept

3. Local Authorities

- Delays in allocation of Social Workers;
- Lack of availability of packages of care including larger domiciliary care packages, particularly for older people and people with complex mental health needs
- Lack of surge capacity beds in Local Authorities (LA)

Actions being taken

1. Nursing & Residential Homes

- Continuing Health Care (CHC) teams providing support to find alternative placements, including out of area due to number of homes closed due to COVID-19
- DToC continue to be regularly reviewed and scrutinised with the wards and escalated as required on an ongoing basis
- LA (East), commissioned contracts with two care agencies to pick up domiciliary care packages in a temporary capacity and expedite discharge from hospital, and also provide care for admission avoidance to hospital

2. Staffing/Resources

- Community resource team working on the front line in Emergency Departments to support admission avoidance and care closer to home.
- District Nursing teams supporting 'red' domiciliary care
- Increased capacity of Healthcare Support Workers

Delayed Transfers of Care (DToC) Actions continued

3. Local Authorities

- Weekly DTOC/length of stay meetings ongoing with health, social care, mental health and continuing health care (CHC) involvement to improve communication and remove blockages
- Local Authority (East), have commissioned contracts with two care agencies to pick up domiciliary care packages in a temporary capacity to expedite discharge from hospital, and also provide care for admission avoidance to hospital
- Daily review of all medically fit patients awaiting packages of care by Home First Bureau and multi-disciplinary team to identify those suitable for step down beds.
- Discharge to Recover then Assess (D2RA) model in place with the Home First Bureau with Acute, Community and Community Resource Teams working together and identify patients who are on D2RA pathway three aiming to support to D2RA pathway two

Timelines:

- Above actions are taking place on an ongoing basis and where relevant through regular daily, weekly/twice weekly meetings

Risk:

- Risk of increased staff sickness across care agencies and ability for Home First Bureaus to provide a 7 day service
- COVID-19 discharge guidance being challenged by placements and domiciliary care agencies
- Impact of patients and staff testing COVID-19 positive
- Risk of increased or prolonged closure of care homes with COVID-19

What is being done to try and resolve the lack of Red capacity in domiciliary care:

- BCUHB and Local Authorities are working collaboratively to review patients waiting for packages of care.
- Resources are being used across disciplines including in-house LA capacity, CRT and Home First, and Hospice at Home to provide required care. Subsequently a patient may have care provision from two different sources that meets their needs.
- Close communication through the Home First Bureau ensures robust governance arrangements.
- District Nurses are also supporting red domiciliary care and the West Tuag Adref team are increasing the capacity of Healthcare Support Workers

What are the outcomes/actions from meetings with Local Authority re choice policy and surge capacity?

- Weekly joint escalation meetings with Local Authorities are established to review capacity across all areas and actions to be put in place to support the facilitation of safe discharges with a home first approach.
- As required, any specific issues are escalated and discussed by managers from BCUHB and Local Authority with agreement that patients will have to be placed outside their preferred areas if no capacity there to support flow

Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
Jan 21	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	64.80%	↓	Feb 21	Number of patients waiting more than 36 weeks for treatment	0	50,926	↑
Feb 21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	9,766	↑	Feb 21	Number of patients waiting more than 52 weeks for treatment	0	38,433	↓
Feb 21	Number of patients waiting more than 14 weeks for a specified therapy	0	1,329	↑	Feb 21	Number of patients waiting for a follow-up outpatient appointment	Reduce	178,061	↑
Feb 21	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	42.49%	↓	Feb 21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	34,721*	55,095	↑
Feb 21	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	51.00%	↓	Q3 20/21	Percentage children regularly accessing NHS Primary Dental Care	Improve	55.70%	↓

Quadruple Aim 2: Planned Care – Referral to Treatment (1)

Referral to Treatment (RTT) Performance - Graphs on page 34 with Graph for Risk Stratified Waiting List on Page 35

Key Drivers of performance

- Long waiters continue to be paused with 38,533 patients now waiting over 52 weeks from referral to treatment
- Of the inpatient waits those greater than 52 weeks in the key specialties are as follows:

	53-64 weeks	65-80 weeks	81-100 weeks	104+ weeks	Total
ENT	234	337	397	111	1079
Ophthalmology	574	555	492	12	1633
T&O	622	803	712	314	2451
Urology	164	207	233	157	761
Total	1594	1902	1834	594	5924

- The Health Board is planning to reduce the numbers waiting and this will be part of the Health Board's Operational Plan for 2021/22

Actions being taken to manage risk and address the >52 week waits

- We have a 6 point plan agreed and the actions to reduce the waits have commenced. These include insourcing and the development of modular options.
- Capacity and demand work has commenced across the key specialties focusing on the backlog of patients waiting
- The Planned Care and Performance Team are working with the services to ensure that the national review of the patients waiting over 52 week waits and the validation exercise will be completed effectively and efficiently – this is due to commence in Mid April
- Options for additional cataract provision are being explored in addition to additional sessional activity at the Abergele site.
- A post COVID-19 plan is being developed to ensure that the Health Board is best placed to address elective activity post March 2021 – this plan is being discussed with Welsh Government and includes the possibility of enhanced cataract provision
- Additional support has been acquired focusing on the delivery of effective demand and capacity modelling – supporting specifically surge planning
- The specification is near completion for the modular ward and theatres that will then focus on long wait specialties (especially orthopaedics)
- There is a high degree of clinical engagement and support across the planned care programme

Quadruple Aim 2: Planned Care – Referral to Treatment (2)

Referral to Treatment (RTT) Performance - Graphs on page 34 with Graph for Risk Stratified Waiting List on Page 35

- The number of patients on the waiting list numbers for therapies is increasing but the number of patients waiting 14 weeks and above has decreased by 93 to 1,284 (17%)
- Compared to September 2020 (waiting list peak) there has been a reduction of 2,122 patients on the waiting list and a reduction of 1,987 in patients waiting 14 weeks +
- Further work is ongoing to consider the impact on increase activity (particularly orthopaedics)

Risk stratification – actions:

- BCU is engaged in the national risk stratification work – focus has been on the development of the clinical decision making. The work will be rolled out across all Health Boards over the next 6 months.
- Performance against the delivery of risk stratification of inpatients now forms part of the weekly performance reporting. In addition IT solutions to the Welsh Patient Administration System (WPAS) have been agreed and updated to the profile information system (PiMS) is underway – this work will be taking place during April 2021

Timelines:

- Impact upon performance should be visible from 31 March 2021
- Capacity plan should be available by early March 2021
- Specification for insourcing and modular theatres and wards by 28 February 2021

Risks:

- COVID-19 pandemic
- Escalation of surge areas meaning planned care is difficult to maintain or re-start
- Staffing due to sickness and/or vacancies
- Competition across the UK for access to modular ward, theatres and insourcing

Quadruple Aim 2: Narrative - Planned Care - Cancer

Cancer Performance

Key Drivers of performance:

- The Single Cancer Pathway measure replaced the 62 day USC (urgent suspected cancer) and 31 day non-USC targets with effect from December 2020. 75% of patients suspected of having cancer need to be treated within 62 days of suspicion of cancer. Other changes include the removal of suspensions for patient unavailability and the inclusion of patients referred by secondary care to England for treatment
- Current areas of pressure include waits for first appointment (breast cancer), waits for endoscopy, waits for major urology surgery and waits for surgical procedures due to COVID-19 pandemic pressures in East and now West
- Of note, all Health Boards are struggling to achieve 75% with BCUHB performance being higher than many other Health Boards

Actions being taken:

- Additional rapid access breast cancer clinics held on all 3 sites in order to reduce waits; business case for additional permanent funding for these clinics submitted.
- Insourced endoscopy capacity secured
- Outsourced robotic surgery capacity in London secured for urology cancer patients, although currently some procedures suspended due to COVID-19 pandemic pressures in London
- Surgery rearranged where possible on another site

Timelines:

- Rapid access breast cancer clinic waits reduced to 3 weeks East and West by February 2021 with Central waits on target to reduce to 3 weeks by end of March 2021
- All urology surgery cases reviewed and clinically prioritised to ensure appropriately treated despite loss of external capacity; external providers aim to treat deferred patients within 4-6 weeks of restart.

Risk:

- GP urgent suspected cancer referrals are 4645 less (March 2020-February 2021) compared to 2019/20 (this represents a 16% fall); referral levels have returned to pre-pandemic levels in the last quarter of 2020 but are at 91% during the current lockdown
- Cancer diagnoses currently 385 less (April 2020-January 2021) compared to 2019/20; half of these related to the temporary cessation of screening services although these have resumed
- Increase in patients still active on a cancer pathway over day 62 due to loss of planned care capacity due to COVID-19 pressures
- Increase in patients presenting at later stage may place pressure on oncology services; currently seeing expected numbers of stage 4 cancer presentations but reduction in stage 1 presentations

Quadruple Aim 2: Planned Care – Cardiology

Key Drivers of performance:

- Impact of COVID-19 has resulted in reduced capacity to allow for social distancing and Infection Prevention & Control (IPC) measures has impacted on waiting times for patients being longer than the 8 week target
- National recruitment challenges
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties
- Potential capacity challenge for the service regardless of COVID impact which will need to be addressed

Actions being taken:

- Outsourcing of heart monitors commenced in December 2020. Central and West have completed their allocation, East are still working through their allocation. This project has reduced waits significantly.
- A demand and capacity exercise is still on going, as this work has not previously been completed for cardiac diagnostics and is more complex than originally thought.
- There is additional activity being undertaken in various guises across North Wales, primarily to support echo waiting lists, these include; Waiting List Initiatives, locum working and shared resources across North Wales.
- Working with Health Education & Improvement Wales (HEIW) on the recruitment of training posts that were commissioned in 2018 (notified in January by HEIW that BCUHB would have 4 practitioner training programmes (PTPs) and 4 scientist training programmes (STPs) - different levels of training posts, in total). The 4 PTP posts were taken through the streamlining process however the graduates available did not select BCUHB. We will still be progressing STP recruitment. There are no specific training roles within Cardiac Physiology across North Wales and there are a number of Swansea students in rotation (can be up to 6 at a time), these coupled with the STPs will impact on diagnostic waits as staff on some sites are having to focus on training students.

Timelines:

- Demand and Capacity exercise completion by end of Quarter 2 of 2021/22
- Additional activity on-going – no end dates currently
- Recruitment of STP posts end of April and in place Quarter 3 of 2021/22.

Risk

- Workforce restrictions – to include succession planning, sickness and expansion
- Demand & Capacity – complexity proving difficult and a risk of the data not being as meaningful as first thought
- Continuing Pandemic implications

Diagnostics Performance

Key Drivers of performance:

- Lack of capacity to meet the demand, resulting in long waiting times for patients. Current waiting times show that 65% of Diagnostics waits and 33.71% of our surveillance patients are overdue. This equated to 2,540 and 1,880 patients respectively.
- Impact of COVID – reducing capacity to approximately 60%, resulting from downtime requirements through enhanced infection control policies. Procedures have been limited to urgent suspected cancers and urgent patients due to available capacity.
- Recruitment challenges resulting in vacancies and staff that do not have the required competencies
- Poor estate and IT infrastructure, resulting in inefficiencies. i.e. labour intensive processes due to poor IT, limitations in capacity, high risk processes i.e. decontamination.

Actions being taken:

- Demand and capacity modelling has been undertaken and as a result a review of the estates with options to resolve capacity constraints have been submitted to the North Wales endoscopy Group (NWEG). Further work is required on this and a further paper is planned for delivery in March 2021
- Insourcing has been procured until March 2021.
- A business case is currently in preparation to support the recruitment of substantive staffing to enable some of the additional insourcing capacity to be retained to balance the equation of capacity and demand. This will be presented to the NWEG in March 2021. (*The current impact of insourcing is shown in the SPCs on pages 38 & 39*).
- A review of the endoscopy ventilation systems is being undertaken to see if it is possible to increase air changes so that downtime can be reduced, resulting in a potential increase in productivity. There are central monies available to bid for and a case is being developed for review in April 2021
- The workforce workstream is developing a recruitment strategy which will include a training and development and competency framework. This should be presented at the NWEG in May 2021
- An IT system dedicated to endoscopy has been agreed by the planned care board, which will contribute to the resolution of some of the inefficiencies. A business case has been submitted to the digital team and a capital request has been identified.

Timelines:

- Timelines are identified above
- Insourcing is showing positive results (*SPCs pages 38 & 39*) but will need to continue for 2021/22, for Q1 and Q2. A business case is in draft to support substantive recruitment, which will need to be agreed to enable backlog to be resolved by December 2021. This case will be presented to the Planned Care Board on 26 March 2021.

Risk:

- Issues with the pandemic.
- IT capacity to support the implementation of an endoscopy IT system and the capital funding required
- Capital funding for estate improvement for endoscopy and decontamination

Quadruple Aim 2: Planned Care – Diagnostic Waits – Radiology and Neurophysiology

Key Drivers of performance

Radiology:

- The number of patients waiting over 8 weeks for radiology diagnostics is currently 4,574, an improvement of 1,533 from last month – there is a continuing performance improvement in radiology

Neurophysiology:

- Neurophysiology have 786 over 8 week waiters, a decrease of 46 from last month

Actions

Radiology:

- Further imaging capacity is now on-line and we are continuing to use a combination of additional hours and insourcing to help address the capacity gap.
- Although future referral rates are uncertain, we anticipate the downward trend in waiting list size to continue

Neurophysiology:

- Urgent work is continuing to secure in-sourcing consultant-led capacity March 2021 to make a significant impact on this part of the waiting list.
- Locum physiologist cover is also being sought to reduce the backlog over the next 3-6 months

Quadruple Aim 2: Planned Care – Follow Up Waiting List

Follow-up backlog performance – Graph on Page 37

Key Drivers of performance:

- Good engagement with the clinical staff and services - actions to reduce the follow up backlog have been positive, the overall reduction in the backlog from 27 September 2021 to 7 March 2021 has seen an overall reduction of 20% and this trend looks to continue
- Administration validation to ensure that the list is accurate
- Clinical validation processes taking place continuously to ensure patients are reviewed
- Increase the update and access to virtual consultations

Actions being taken:

- Administration validation has now commenced
- BCU are actively engaged in the national validation work – this work will commence in Mid April 2021
- Virtual Consultations and attend anywhere – we are monitoring the uptake and this has moved to weekly reporting (though further validation work is required on attend anywhere. We are also ensuring that all data is captured (including therapies who use a different recording system)
- Pathways (SOS/PIFU) – we now have data at consultant level to review the level of data and this is being shared with services
- We have launched a suite of reporting to assess efficiency (including slot utilisation),. This will be released to services in April 2021
- Follow up ratio – peer benchmarking and imitative to reduce outliers

Timelines:

- Administration validation – to be completed in April 2021
- Clinical Validation – ongoing and link to the national work commencing in April 2021
- Virtual Consultations – weekly reporting and confirmation that all activity is being recorded – April 2021
- Pathways (SOS/PIFU) – this ties to the local and national review of the stage 1 (outpatients) over 52 week waits and the move to patients onto the SOS and PIFU pathways – commence April 2021
- Outpatients Efficiency Programme – the appointment of additional staff to support the services and delivery a sustained solution – April 2021
- Clinical Director rollout – this commenced in March 2021

Risk:

- Securing resource for delivery of the Outpatient Efficiency Programme
- Capacity in the system to deliver change
- Clinical decision making pace

Quadruple Aim 2: Planned Care – Eye Care (1)

Ophthalmology Performance Clinical Pathways February 2021

Key Driver:

- Glaucoma Pathway (Integrated delivery between Primary and Secondary Care):
- Diabetic Retinopathy Pathway (Integrated delivery between Primary and Secondary Care)
- Coronavirus Cataract Pathway(COVID-19 related pause of Elective activity/surgery on 2:3 sites. (Key enabler of above is National Digital Electronic record & E-Referral Programme (see Eye Care slide 2).

Benchmarking

- National/BCU benchmarking/learning inbuilt into multidisciplinary team (MDT)/pan-organisation engagement/pathways/performance reports: via: Webinars/ECCG/Local eye groups (LEGs).
- Waiting times is main concern trend (historic/ongoing) Pan BCU stratification established

Actions:

- Identify delivery targets for high risk specialities (Glaucoma /Diabetic Retinopathy/Age related macular degeneration (AMD)). E.g. Primary care Data gathering for latter Medical virtual review
- Review/agree KPI AMD targets in reference to updated National pathway.
- Coronavirus Cataract pathway implemented pan BCU from September 20. (Partial achievement: >90% Post-op discharge to primary care)
- Long term planning to incorporate regional cataract centres and diagnostic treatment centres (DTCs)
- Recruitment of additional staff to support Business case, but opportunities to utilise primary care to support transformation
- Sites to confirm/deliver pathway KPI implementation plans

Key Risks/Opportunities for change

- Clinical & Operational Senior Leadership constraints/conflicting COVID-19 priorities impacting on engagement re: implementation/monitoring
Redress: a. Reset of Governance framework and consistent realisation of Local Eye Group meetings.(East outstanding from September 2020).
- KPI Data Quality gaps adversely impacting on establishing dashboards/ demand & capacity analysis/ recovery & delivery trajectories/KPI monitoring
Redress: Pan BCU Data standard operating procedure (SOP)/root-cause redress actions (Achieved pan BCU Feb 21). Redress of gaps (Progression all sites). Review April 21
- Delay in sites to formulating/delivering local implementation plans
Redress: Escalated to senior leaders and now progressing. (Outstanding East & Central. West progressed)
- Significant opportunities to reduce Inequity of wait times. Pan BCU Cataract PTL (Patient Treatment List) is key equity enabler with reduced uptake/transfer of patients
Redress: Exploring with Senior clinicians/operational leads (February 2021-March 2021)
- Significant under performance against High risk (R1 risk stratification) patient pathway targets
Redress: Escalated to DGMs/Senior Clinicians & Implemented actions/monitoring reports: Significant improvement (163%) in flow to Primary care from December 2020-February 2021. Recovery plan for backlog reduction April 2021.

Escalation:

- Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead (via Monthly Eye Care Collaborative Group (ECCG) Meeting/Highlight & KPI reports/Action Logs)

Quadruple Aim 2: Planned Care – Eye Care (2)

Ophthalmology Performance Digital Programme February 2021

Key Driver:

- Delivery of National Digital Programme (Key Enabler of National Pathways- (see Eye Care Pathway slide)
- EPR implementation
- E-Referral Implementation
- We have strong Welsh Government support for the cataract business case (which supports the delivery of a cataract centre)

Benchmarking

- National Programme: MDT/Cross organisational engagement events held in Sept 19/ongoing webinars available to MDT/cross-organisation teams/colleagues
- Equipment training scheduled for March-April 2021 and EPR system training from WG April 2021

Actions:

- Scope/End of Life (EoL) equipment/network capability and report Welsh Government National team to maximise funding.: Achieved £1.3M Capital (February 2021)
- Establish Electronic Patient Record (EPR)/E-Referral Implementation team/delivery plan (Feb 2021)
- Development of the business case for a cataract centre – this is currently being developed
- Deliver revised Business Case submission to Executives to resource BCU Digital implementation/sustainability (Achieved March 2021)
- Recruit WG capital-funded Powys/BCU Project Manager (In progression with Powys. April-May 2021)

Key Risks/Opportunities for change

- Clinical/Operational/Informatics constraints/conflicting priorities impacting on engagement
Redress: a. Reset of Governance/communication framework. Digital Programme sub-group of ECCG (Achieved Jan 21 with ongoing priority to sustain).
- Delay in National/Welsh Government funding sign-off/transfer resulting in abbreviated delivery timescales (Go live national roll-out achieved February 2021)
Redress: Funding now approved, recruitment to progress with support of Business Case for Programme Manager
- Delay in BCU sign-off of BCU Business Case: with staff resourcing impacts
Redress: revised business case submission shared/discussed with Executive Team (March 2021)

Key Barrier Trends:

- Further D&C work required to support appropriate resource in place
- Timely resourcing for high pace programme which is key enabler for National pathway delivery

Escalation:

Escalation of Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead (via Monthly ECCG Meeting)

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

Key Messages

Staff health and well-being remains a key priority for the Health Board

Staff have responded well to the demands placed upon them

Slight increase in agency/locum spending in a challenging environment

Measures

Period	Measure	Target	Actual	Trend
Feb 21	Personal Appraisal and Development Review (PADR)	>= 85%	66.97%	↓
Feb 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	83.47%	↑
Feb 21	Percentage of sickness absence rate of staff	< 5%	5.40%	↓

Quadruple Aim 3: Narrative – Workforce (1)

Sickness Absence:

Key Drivers of performance

- COVID-19 related sickness absence has dropped to 0.5% in February from a high rate of 1% in January. This reflects the significantly reduced incidences of staff testing positive
- Non COVID-19 related sickness absence dropped slightly to 4.9%, which is slightly lower than February 2020 (5%). Stress related absence remains the biggest cause of absence, with over 3 times more days lost than the 2nd largest cause of absence (chest & respiratory problems). This reflects the lower incidence in the community which is likely to be the result of social distancing and the successful flu campaign this year
- The highest levels of sickness absence are in Nursing and Midwifery, Additional Clinical Services and Estates/Facilities

Actions being taken:

- Additional work is underway to strengthen control measures to reduce transmission. This includes reinforcing messages re working from home / booking systems for site based working and ensuring sufficient changing facilities on site
- The vaccination programme for staff in priority groups 1 – 4 should be completed by 19th March 2021 (2 doses).
- Work is underway to increase emotional health and wellbeing support to staff from the end of March, including some on site support, building on success of Staff
- Support and Wellbeing Service (SSWS) which was in place for the 1st wave of COVID-19.
- Workforce and OD continue to support hotspot areas

Timelines:

- 2nd dose vaccination for priority groups 1 – 4 to be completed by 19th March 2021 in Hospital Vaccination Centres and Mass Vaccination Centres as appropriate
- Interim SSWS in place from 29th March subject to funding (in meantime counselling and Occupational Health support available).

Risks:

- Fatigue of staff could result in increased sickness as pressure reduces
- Impact of Long COVID-19

Quadruple Aim 3: Narrative – Workforce (2)

Personal Appraisal & Development Review (PADR)

Key Drivers of performance

- Continuation of COVID-19 related activity across the organisation together with the normal seasonal pressure has contributed towards a further decrease in organisational PADR compliance from 68.71% in January 2021 to 66.97% in February 2021. As a comparator the position in February 2020 pre COVID-19 was 75.81%.
- The majority of services have seen a reduction in compliance which is again somewhat expected

Actions being taken

- Divisional compliance to be sent to senior managers across the organisation offering tailored detailed reports for their Divisions

Timelines

- Compliance data to be sent out to senior managers by 8 March 2021, this allows management to plan and target areas of poor compliance and to take corrective action before the end of March 2021

Risk

- COVID-19 related activity continuing to put pressure on divisions leading to any work that is not 'COVID-19 essential' being cancelled
- The OD Team not able to provide support due to supporting the vaccination programme

Quadruple Aim 3: Narrative – Workforce (3)

Mandatory Training Graphs on page 39

Key Drivers of performance

- Mandatory subjects for level 1 compliance has sustained for a further month at 83.47% with load handling being the only subject to decrease by 1% and is currently at 77%. Load Handling illustrates a 3% decrease over the last 12 months
- Recruitment of temporary contracts to staff the vaccination programme will inevitably affect compliance in some subjects areas where this was not a training requirement to be employed for vaccination specific work

Actions being taken

- Discussions have commenced with Health and Safety training lead to review training pertaining to load handling.
- Regular compliance figures illustrating projected non compliance data will be sent to Subject Matter leads.
- Any movement of staff from the Vaccination programme will require the recruiting/receiving manager to ensure staff complete any outstanding mandatory training. A mandatory training gap analysis matrix will be developed to support managers

Timelines

- Actions above to be completed by 31 March 2021

Risk

- Access to the Electronic Staff record (ESR) to complete training
- Non-availability of classroom training available which may make access for some staff difficult
- Limited resources to develop other training methodologies

Quadruple Aim 4:
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This will bring individuals to the fore and consider the relative value of different care and treatment options, in line with Prudent Health. Research, innovation and improvement activity will be brought together across regions - working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Key Messages



Measures

Period	Measure	Target	Actual	Trend
Dec-20	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	TBA	0.28%	↓
Q1 20/21	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Reduce	5.60%	↑
Feb 21	Agency spend as a percentage of total pay bill	Reduce	7.60%	↓

* Dental surgeries remain closed for non-urgent treatment therefore figure provided should not be compared with pre-COVID-19 figures.

Quadruple Aim 4: Narrative – Agency Spend

Agency & Locum Spend Graphs on Page 40

Key Drivers of performance

- Non-core agency, bank and overtime pay spend increased in February from £8,610,000 to £9,577,000.
- Agency spend is up by £191k at £3,616,329 (5.1% of total pay); Locum spend is down by £103k at £1,802,309 (2.5% of total pay); Waiting List Initiatives (WLI) spend is down by £30k at £97,650; Bank spend is up by £175k at £2,244,772.
- Medical Agency spend is down from £1.6m to £1.5m month on month with a corresponding decrease in locum and bank spend.
- Nursing Agency spend is down from £939k to £924 but bank spend has increased by £115k and overtime has seen a significant increase by £435k from £406,580 to £842,136.

Actions being taken

- Proactive recruitment drives for Medical and Dental staff are being developed and work to secure a number Physicians Associates and ST 1 doctors is being taken forward
- The focus on Nursing recruitment is increasing as capacity is released from COVID-19 response with overseas nurse programmes underway and new initiatives being developed.
- Support is in place to focus on increased recruitment to and utilisation of the bank

Timelines

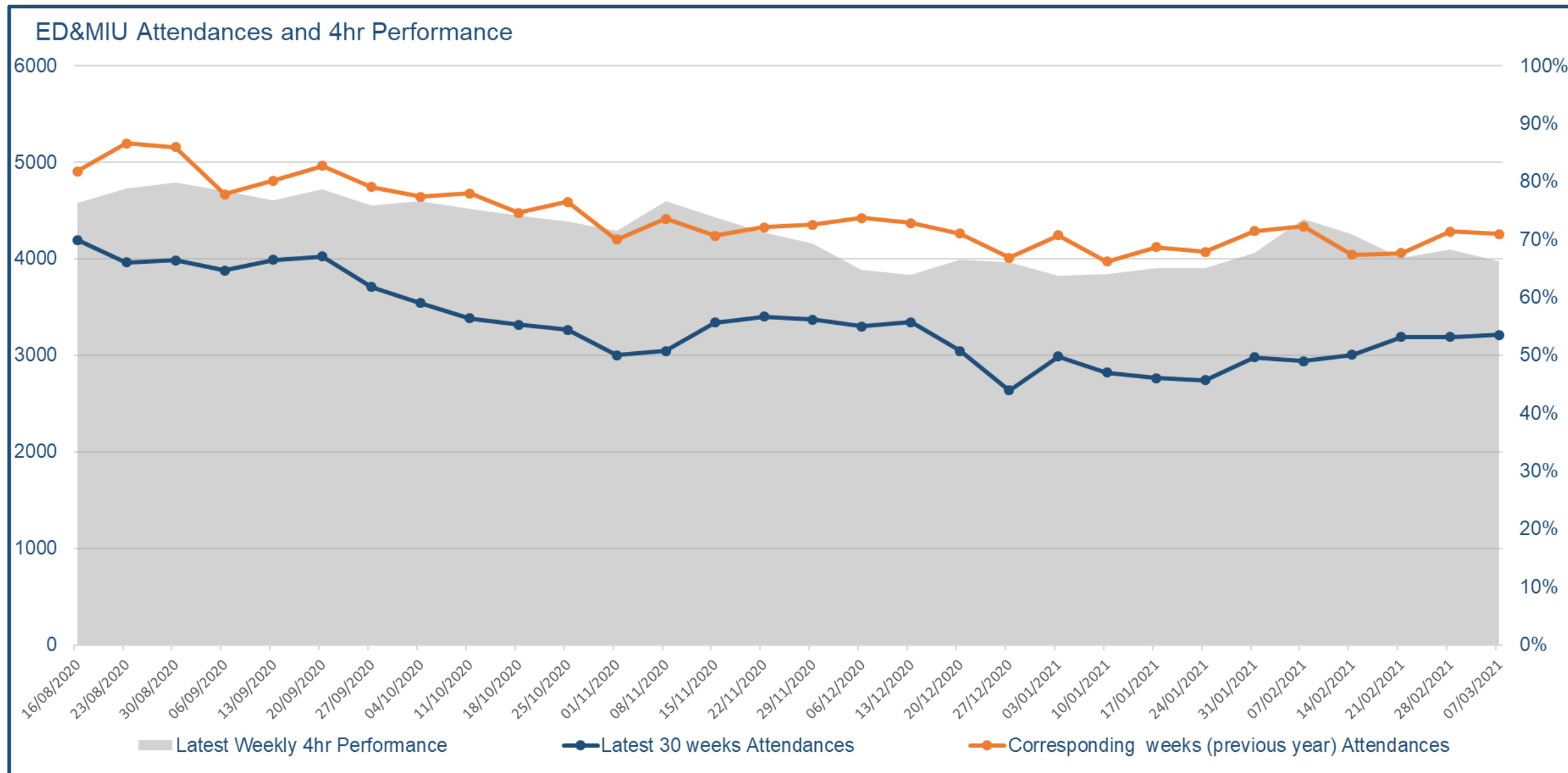
- Refreshed clear medical and nursing recruitment plans in place with key performance indicators by 31 March 2021
- Enhanced temporary staffing service model in place by 31 May 2021

Risk

- The service delivery model and replication of predominantly bed based services will continue to result in challenges in respect of rotas
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels
- Quarantine rules for overseas travel may reduce the run rate of overseas nurses commencing employment

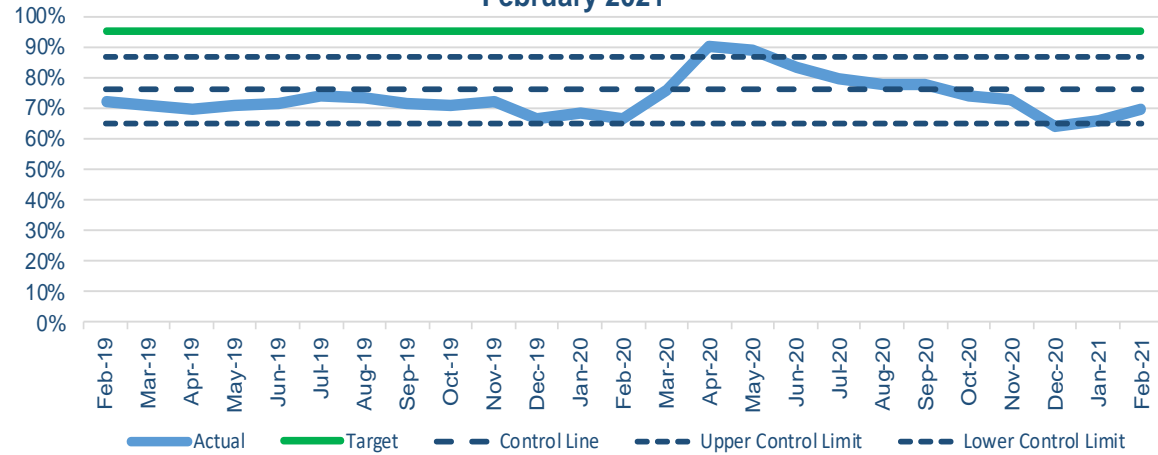
Additional Information

Quadruple Aim 2: Unscheduled Care: Attendances (1)

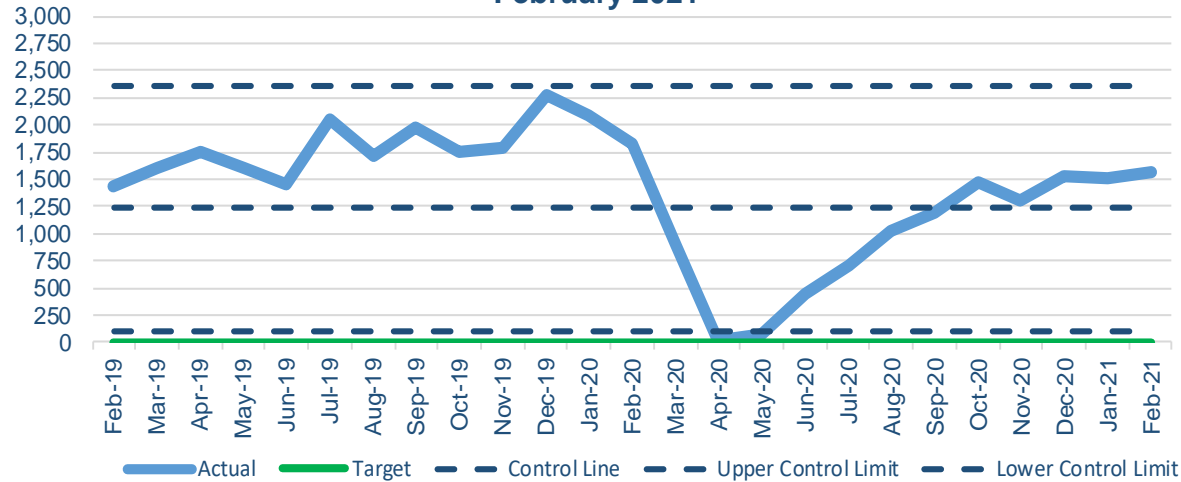


Quadruple Aim 2: Charts Unscheduled Care (2)

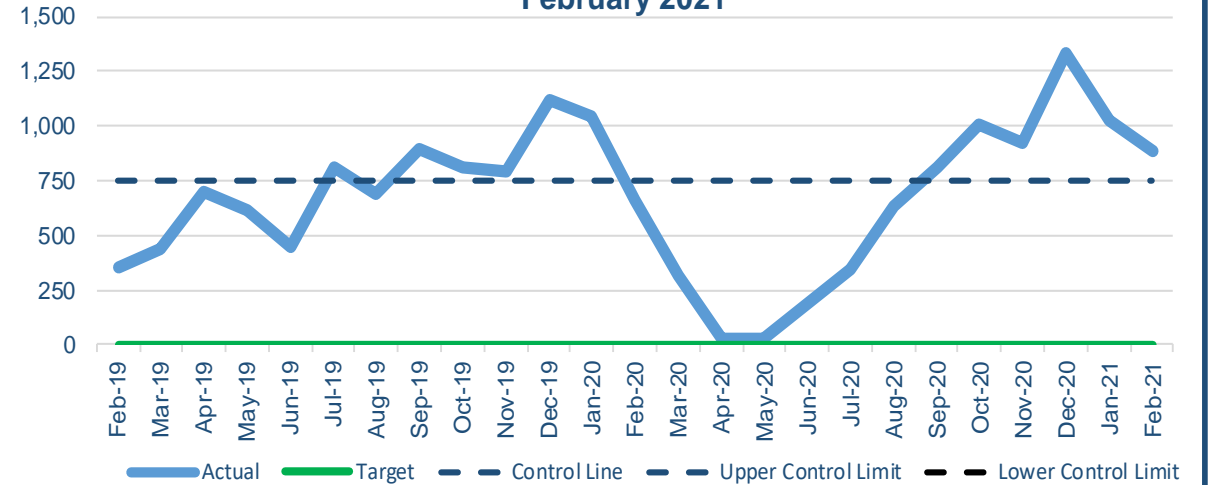
BCU Level - Emergency Department (inc MIU) 4 Hour Waits:
February 2021



BCU Level - Emergency Department 12 Hour Waits:
February 2021

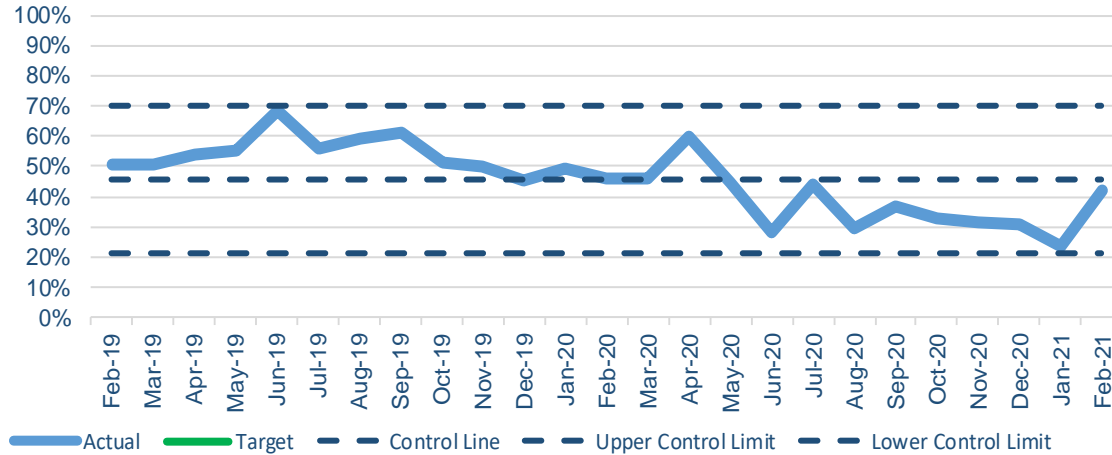


BCU Level - Ambulance Handovers over 1 Hour:
February 2021

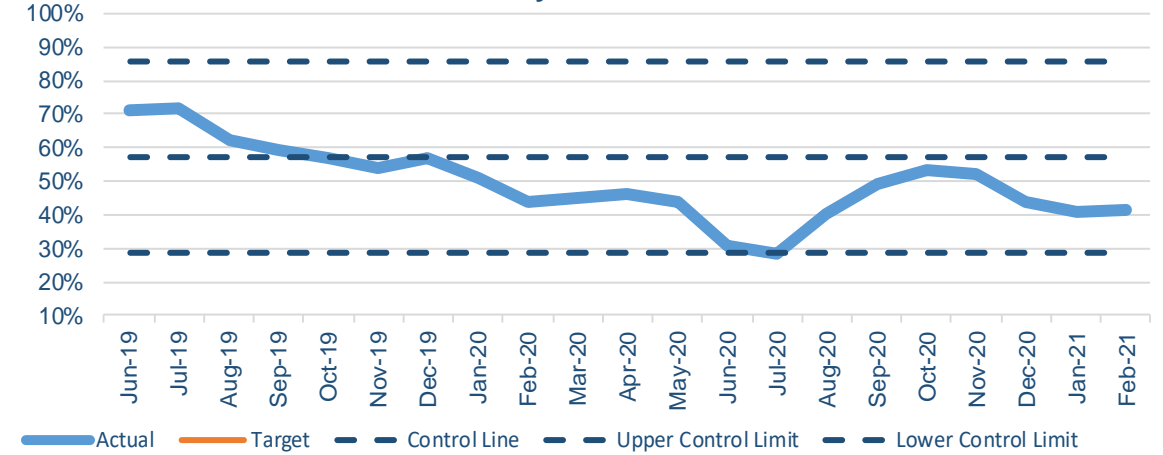


Quadruple Aim 2: Charts Unscheduled Care (3)

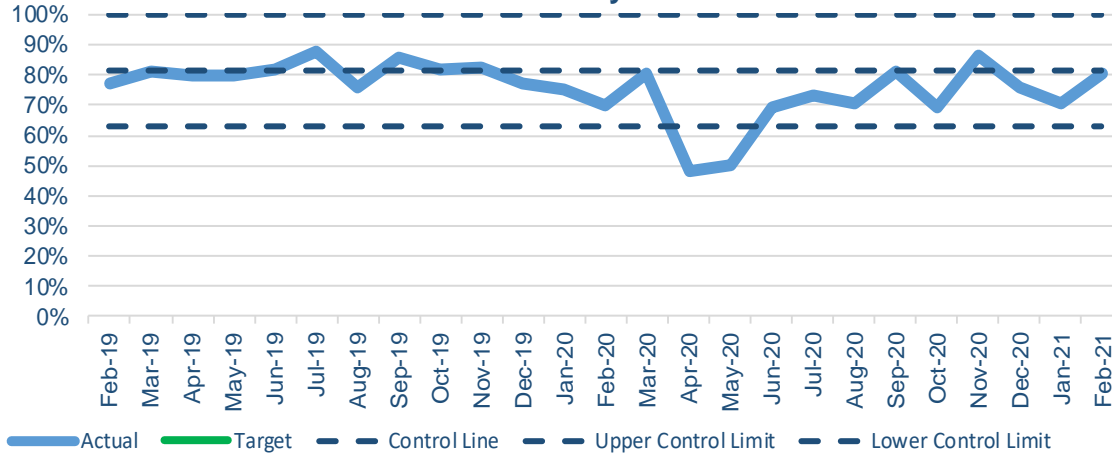
BCU Level - Stroke Care - Admissions within 4 Hours:
February 2021



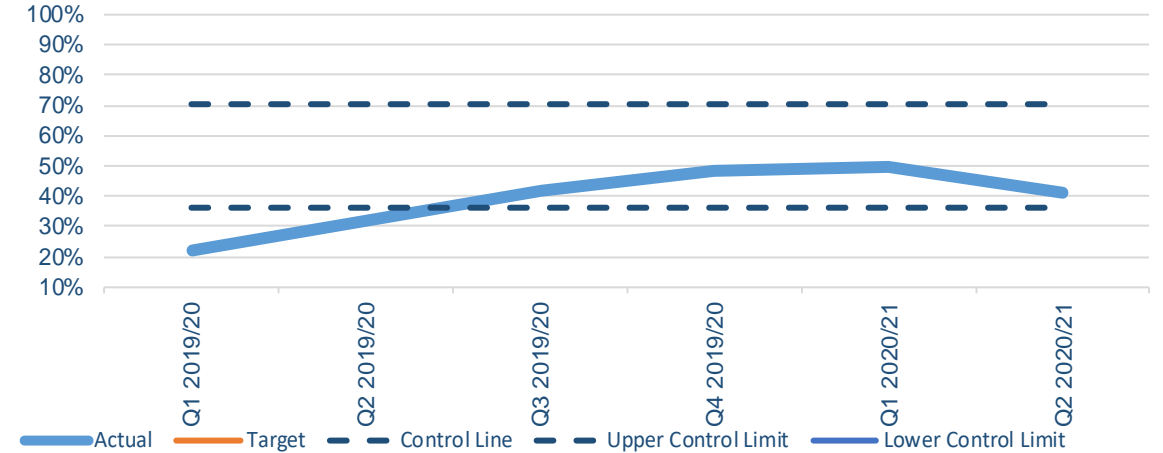
BCU Level - Stroke Care - Appropriate SALT Time:
February 2021



BCU Level - Stroke Care - Consultant Assessed within 24 Hours:
February 2021

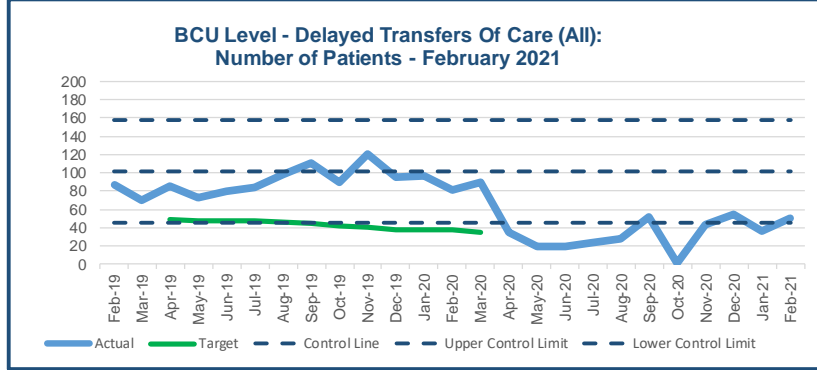


BCU Level - Stroke Care - 6 Month Follow Up:
Q2 2020/21

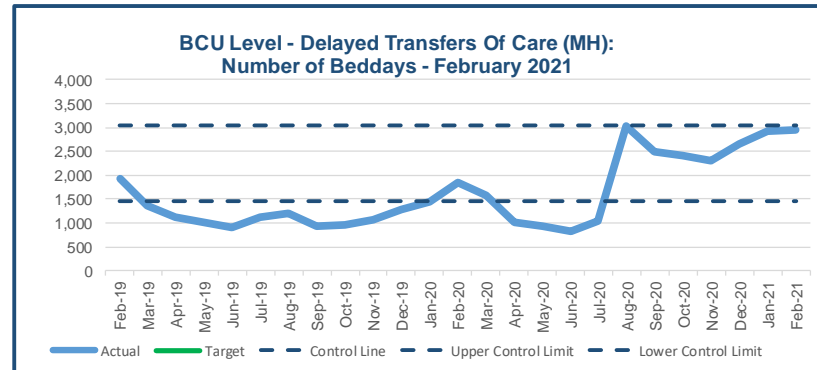
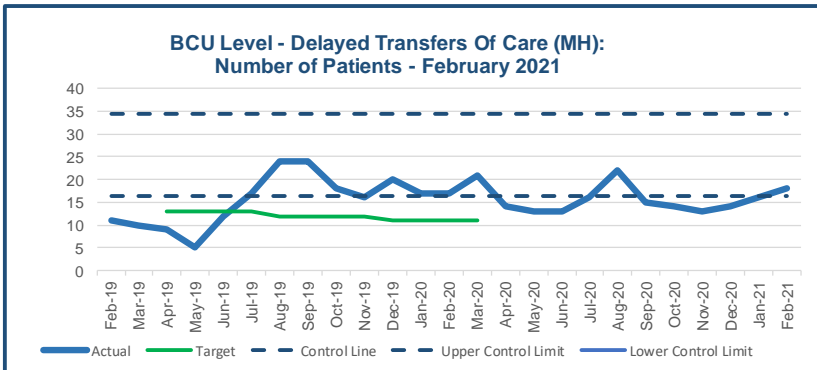
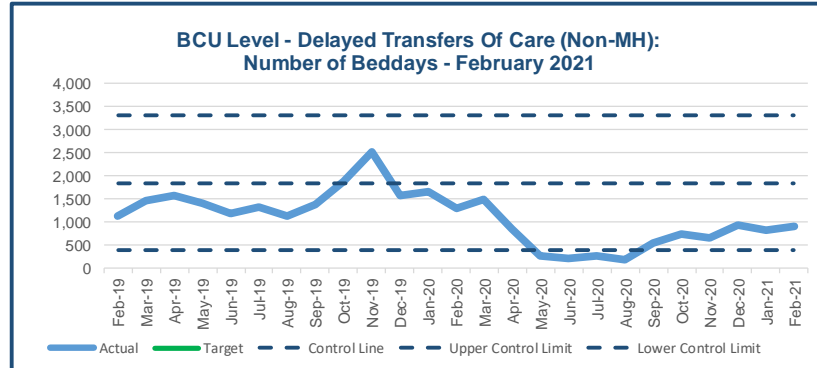
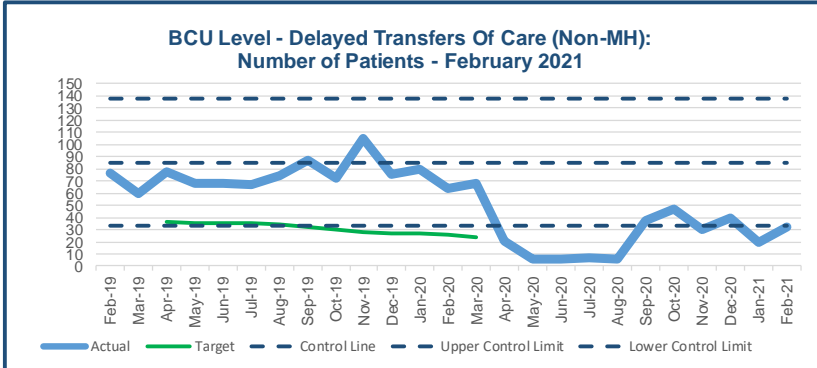
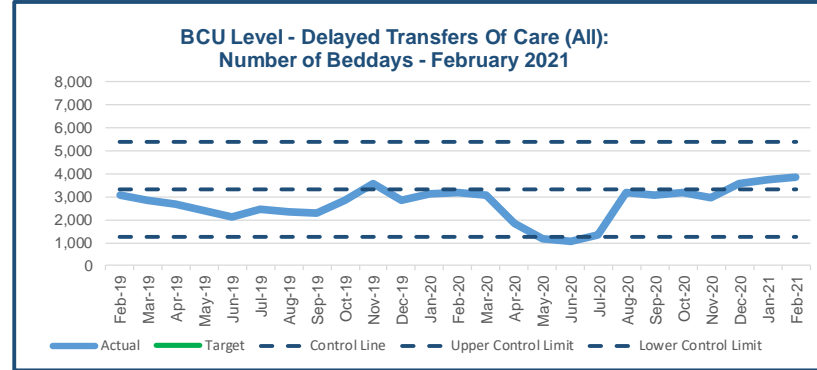


Quadruple Aim 2: Charts Unscheduled Care (4)

Delayed Transfers of Care (DToc) Number of Patients

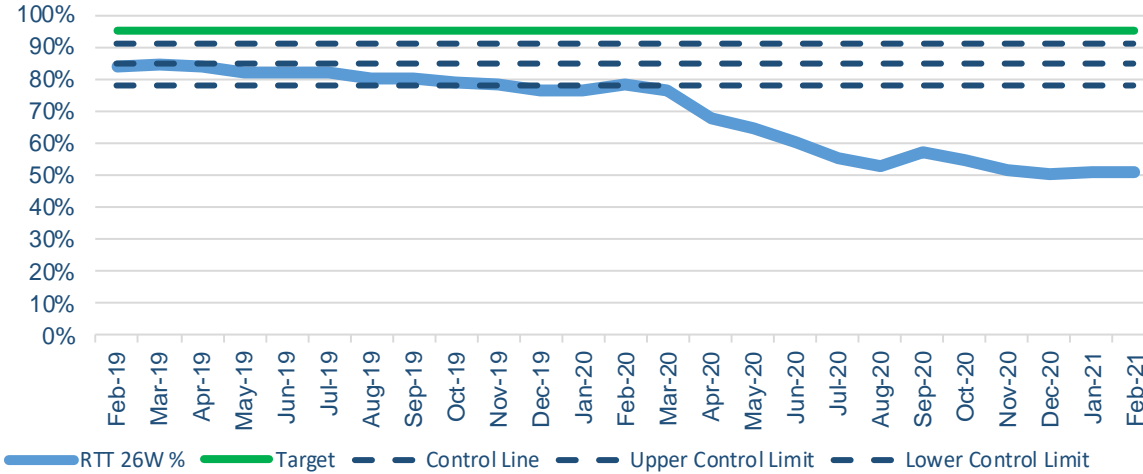


Delayed Transfers of Care (DToc) Number of Beddays

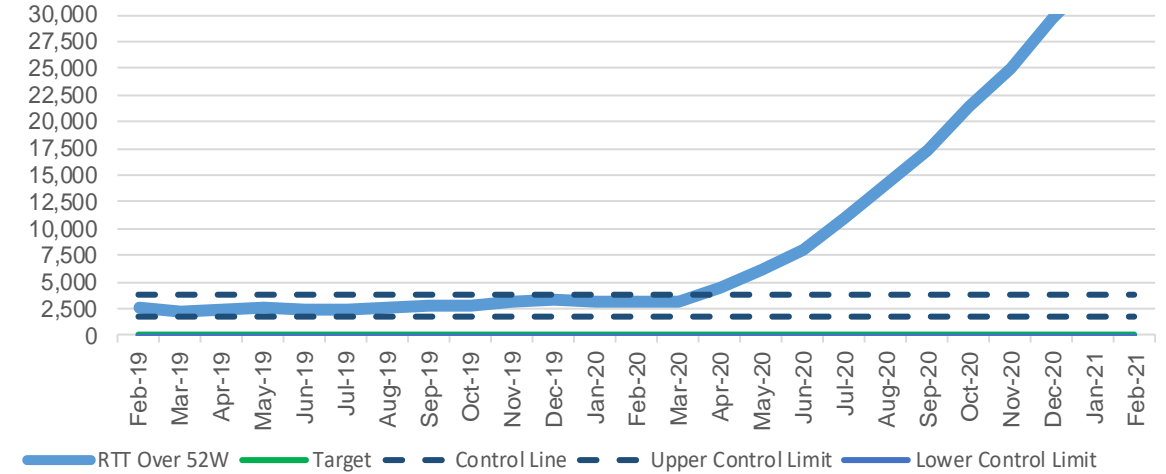


Quadruple Aim 2: Charts Planned Care (1)

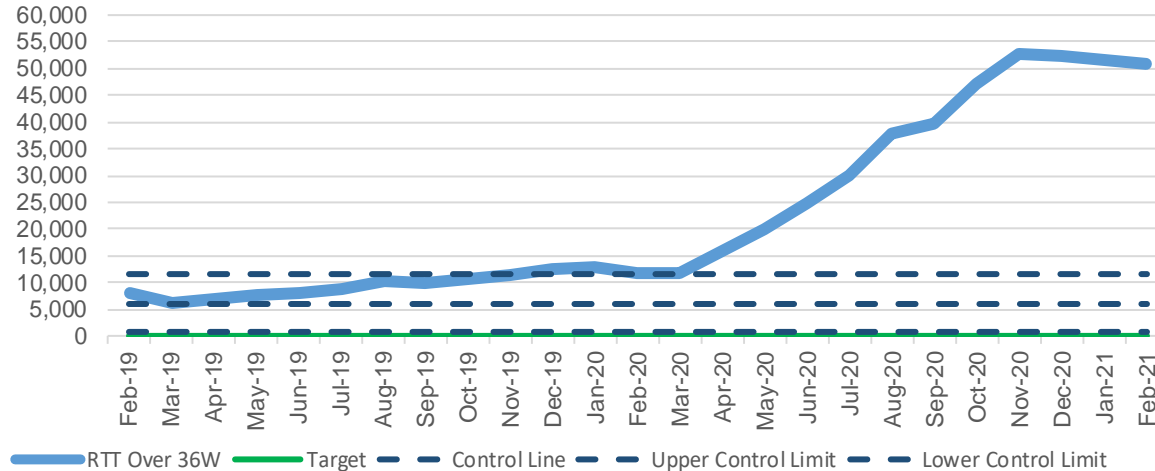
BCU Level - RTT Waits % <= 26 Weeks: February 2021



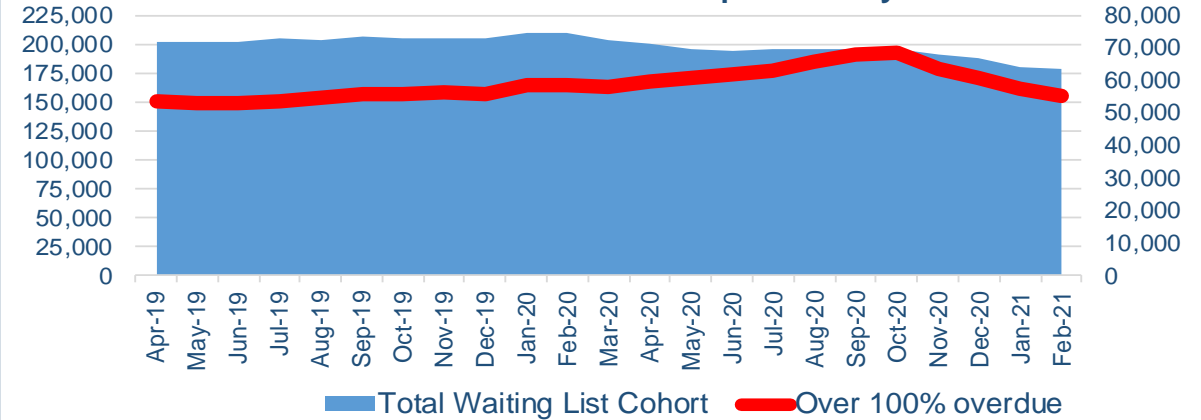
BCU Level - RTT Waits Number > 52 Weeks: February 2021



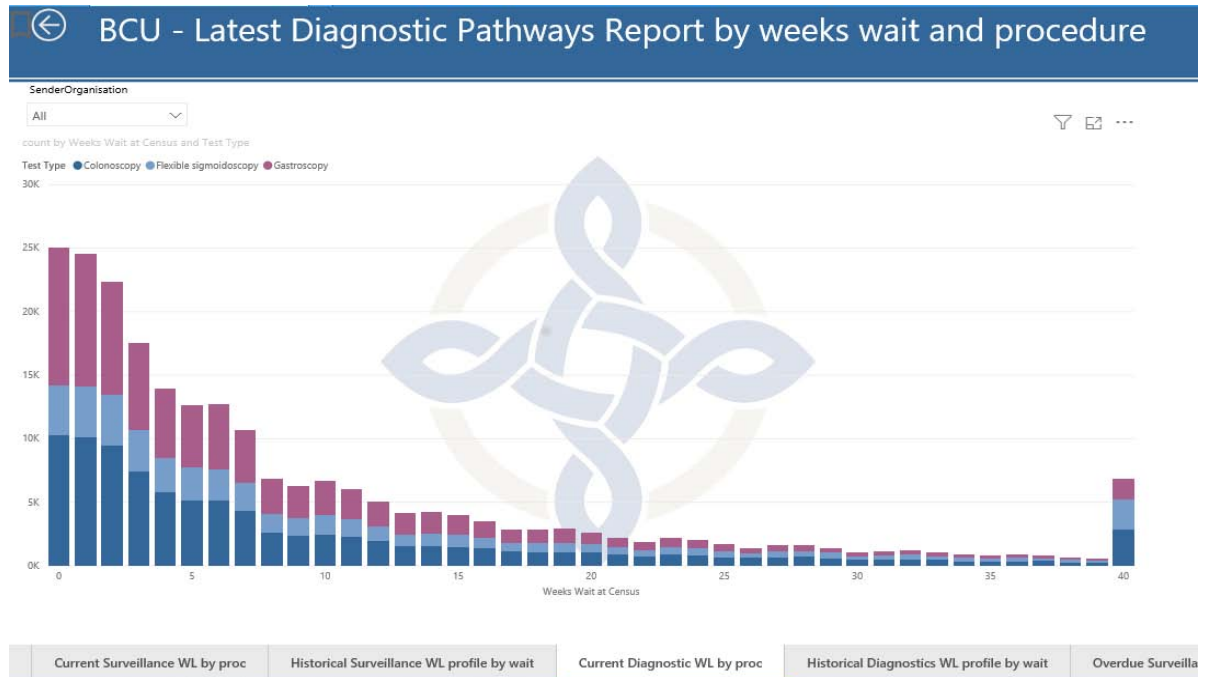
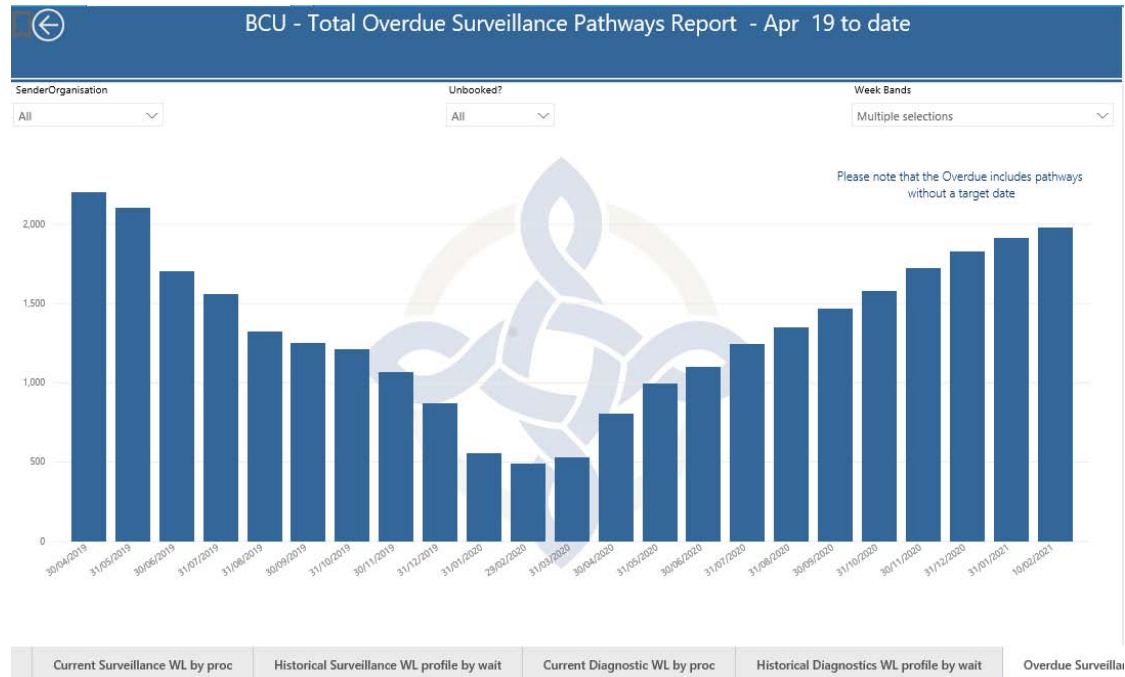
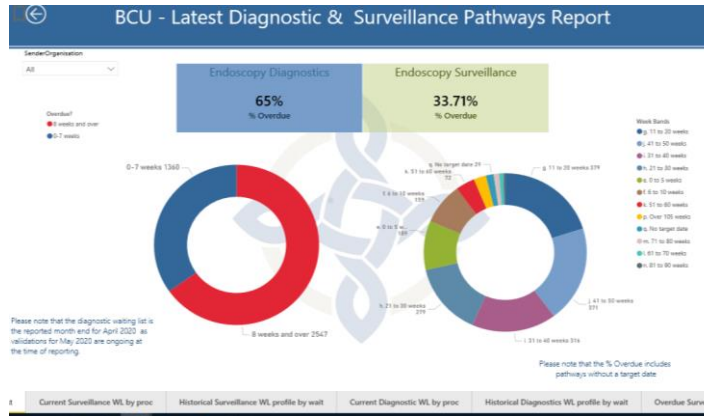
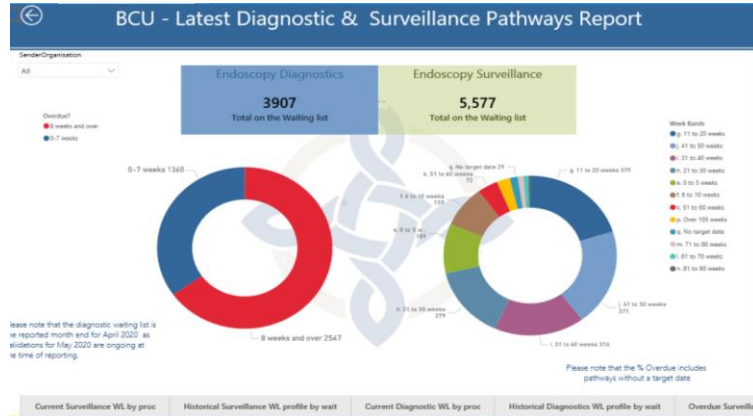
BCU Level - RTT Waits Number > 36 Weeks: February 2021



BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - February 2021

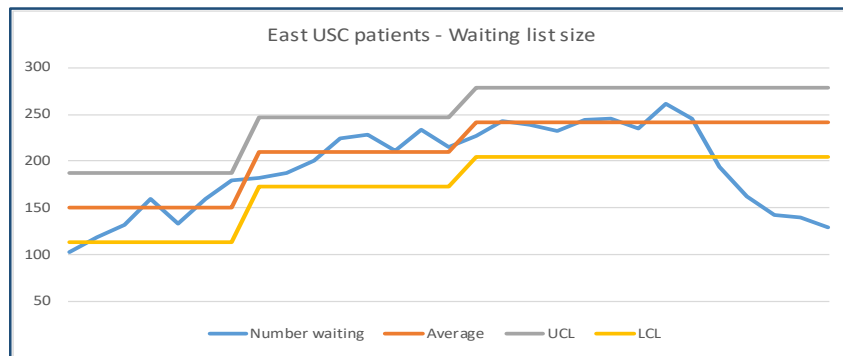
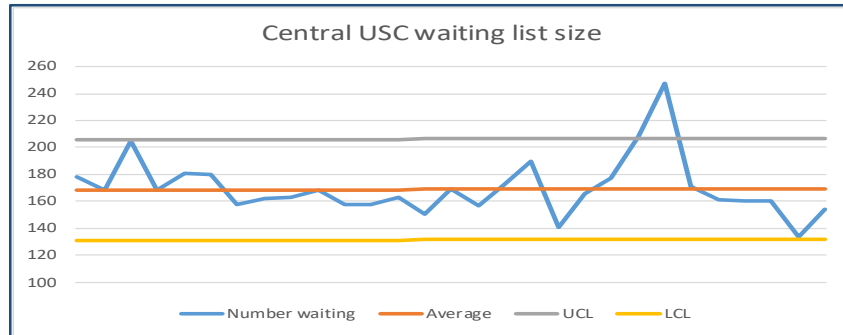
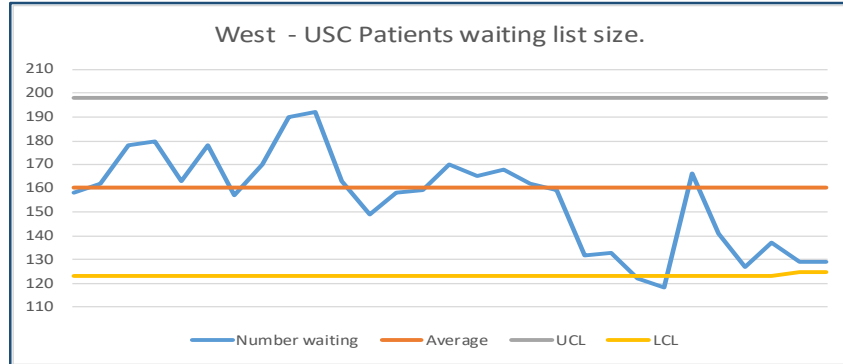


Quadruple Aim 2: Charts Planned Care – Endoscopy



Quadruple Aim 2: Charts Planned Care – Endoscopy

SPC's Showing impact of insourcing.



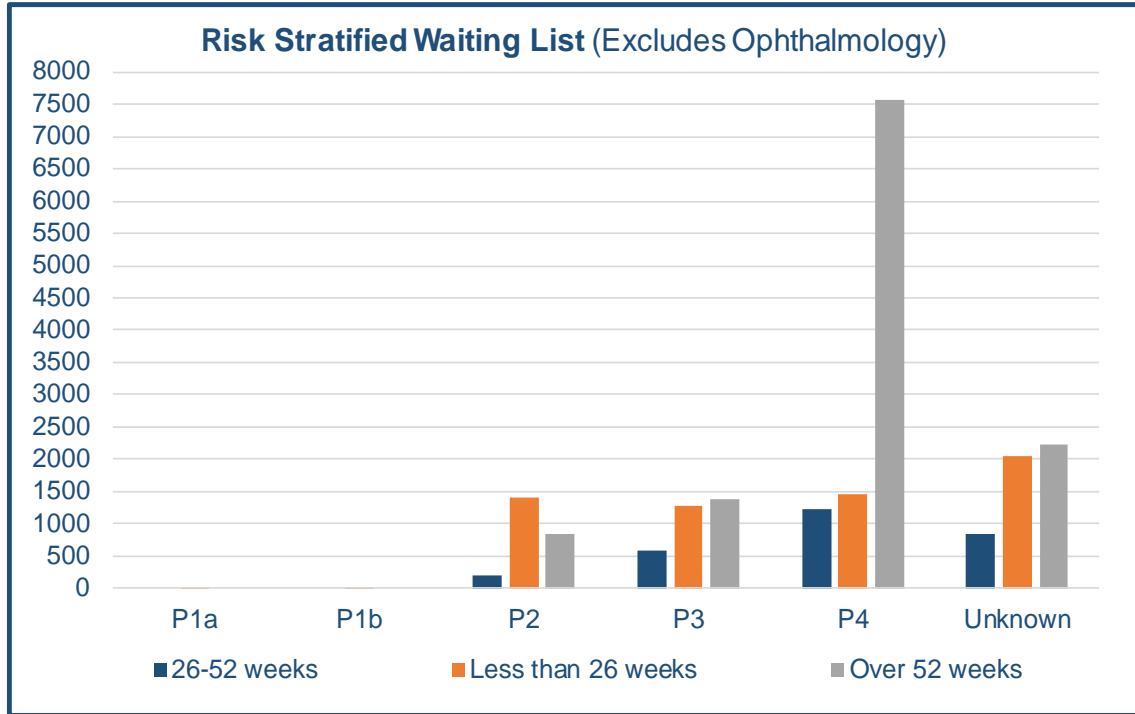
	Weeks		
Longest Waits	East	Central	West
Urgent	19	57	62
Routine	107	60	93
Surveillance	109	56	56

Demand and Capacity modelling 2020 - 2024

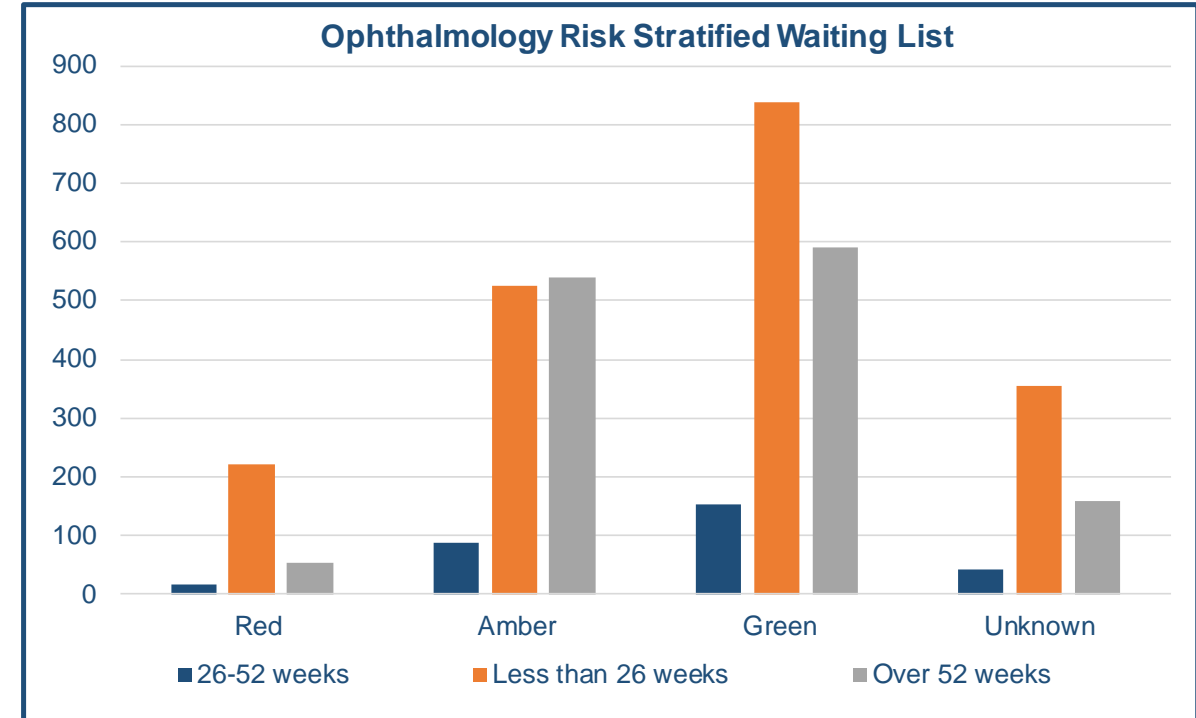
2020/21 End Position	West	Centre	East
Gap based on continued capacity and continuance of 70% NEP referral rate	-4,814	-1,763	-4,723
Solution - Q4 insourcing delivery	1,200	800	1,200
Residual Gap at 31st March 2021	-3,614	-963	-3,523
2021/22 Baseline demand			
Derived Demand for time period	9,482	7,043	7,043
Expected growth as per NEP 6.5%	616	458	458
5% inefficiency (DNA) applied to expected growth and DD	505	375	375
Baseline Derived Demand for 2021/22	10,603	7,876	7,876
Expected combined demand for 2021/22	14,217	8,839	11,399
Capacity identified for 21/22	5,292	2,772	4,116
Expected gap in 2021/22 if capacity stays the same	8,925	6,067	7,283
Combined North Wales 2021/22 gap	22,274		
Baseline Demand for 2022/23 (would need to add gap from 21/22 if present)	11,857	8,807	8,807
Baseline Demand for 2023/24	13,259	9,848	9,848
Weekly additional lists required to bridge the gap based on 48 weeks			
8 points per list 2021/22	23	16	19
8 points per list 2022/23	31	23	23
12 points per list 2021/22	21	15	15
12 points per list 2022/23	23	17	17

Quadruple Aim 2: Charts Planned Care (2)

Waiting List by Risk Stratification



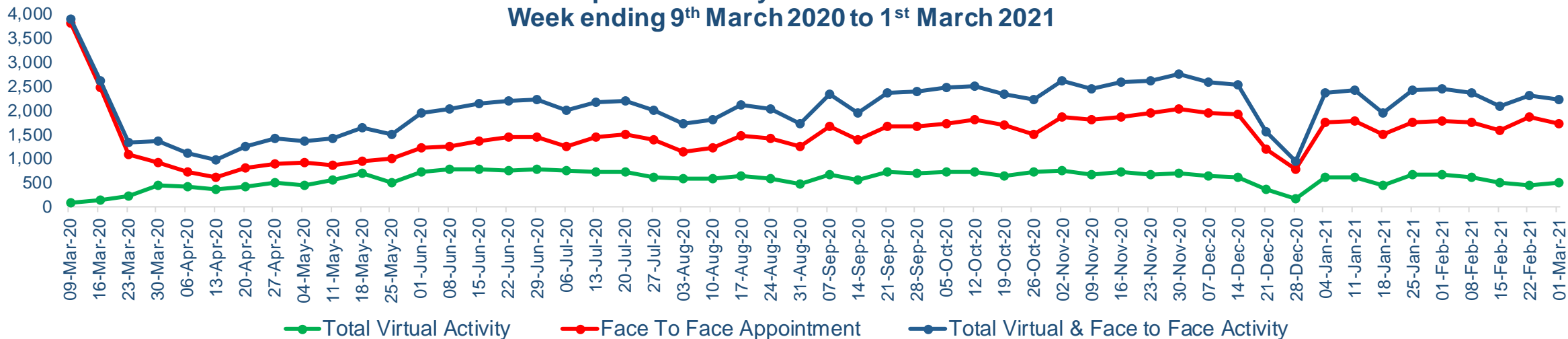
Source BCU HB IRIS : Accessed 16:17pm 8th March 2021
 Data includes Admissions Waiting List for all specialties and excludes Endoscopy



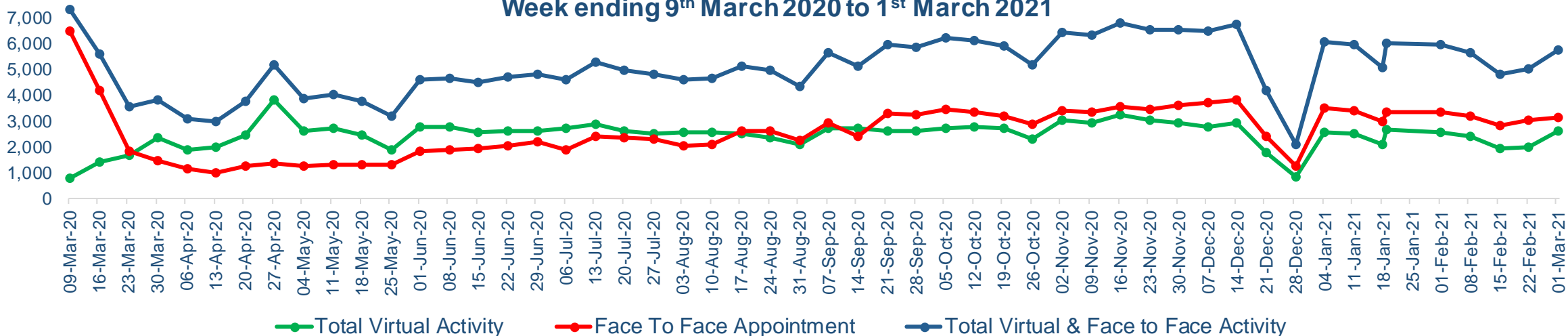
Source BCU HB IRIS : Accessed 16:17pm 8th March 2021
 Data includes Waiting List for Ophthalmology Only

Quadruple Aim 2: Charts Planned Care (3)

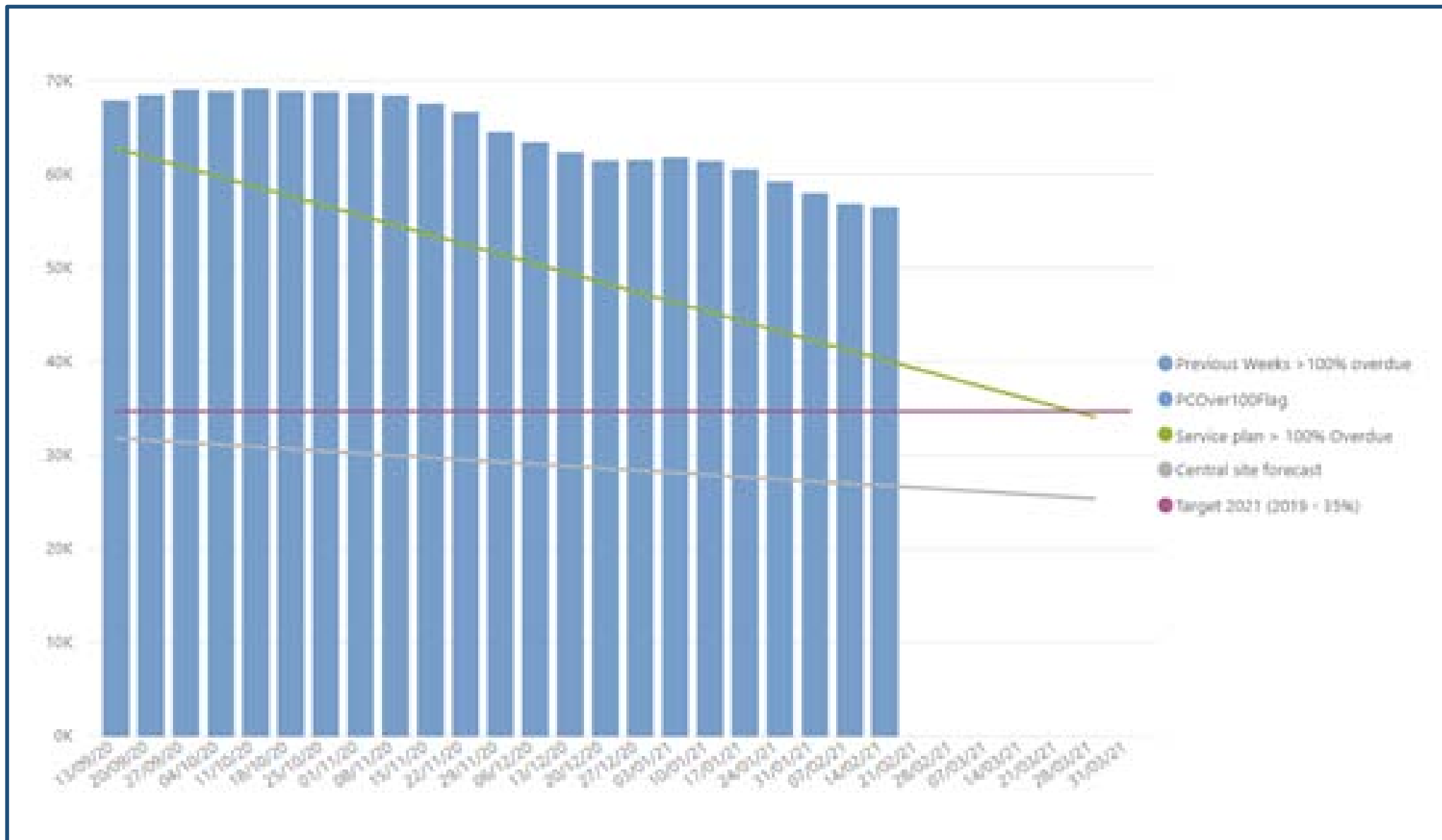
New Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 1st March 2021



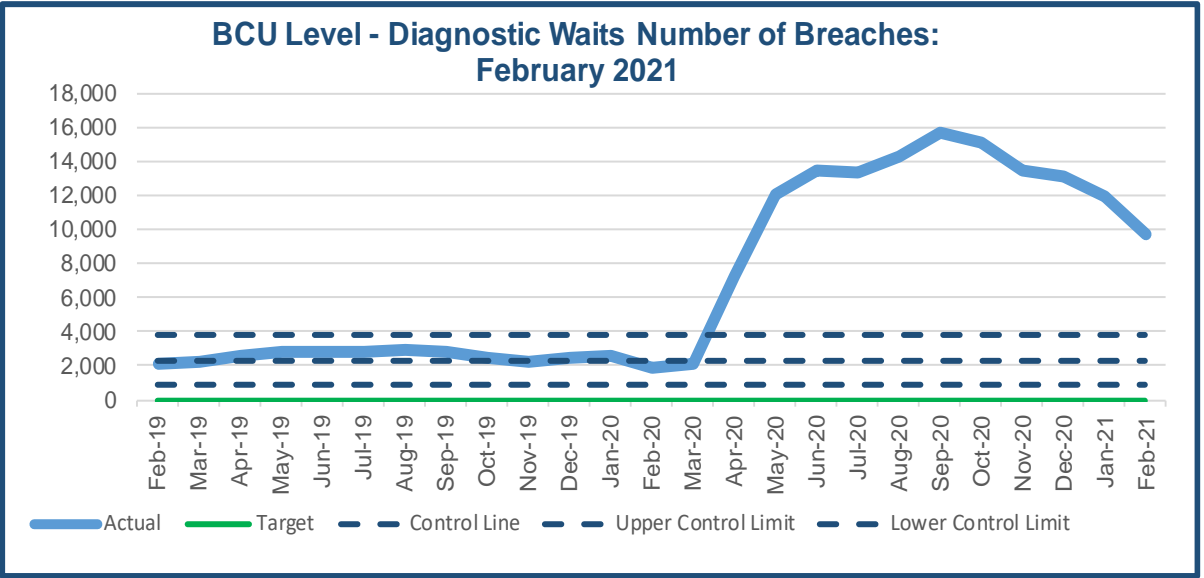
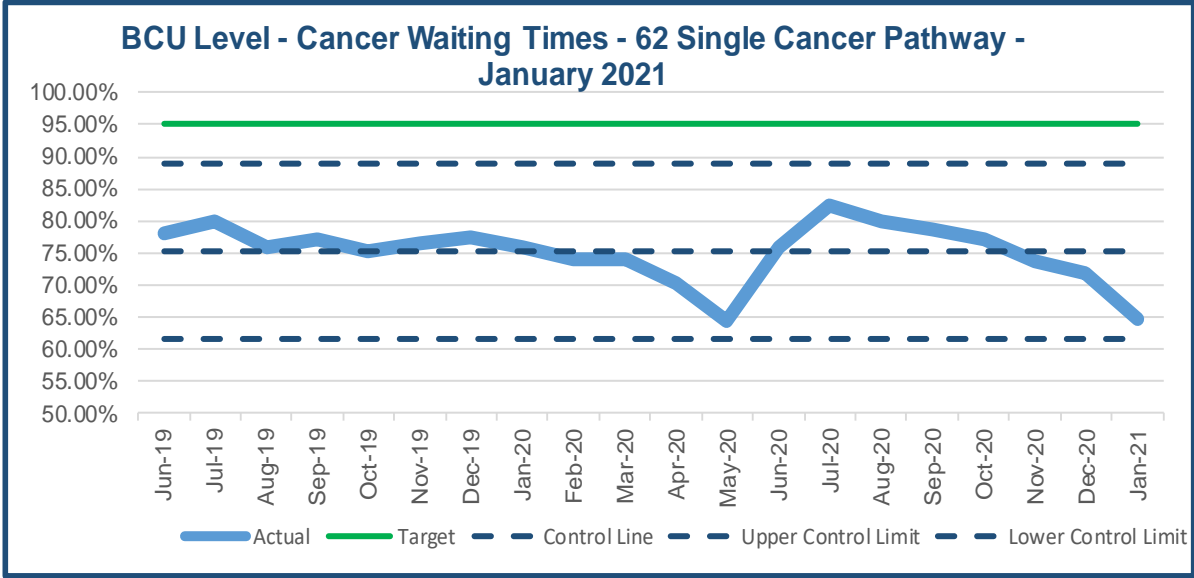
Follow-up Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 1st March 2021



Quadruple Aim 2: Charts Planned Care (4)

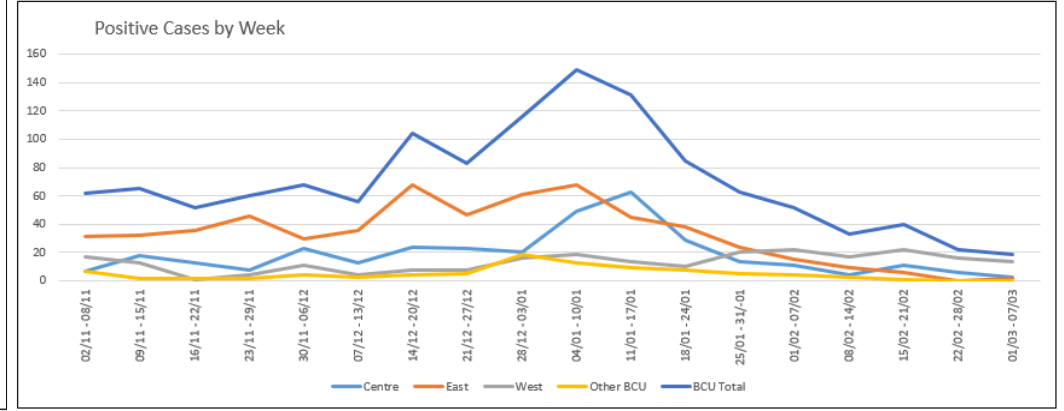
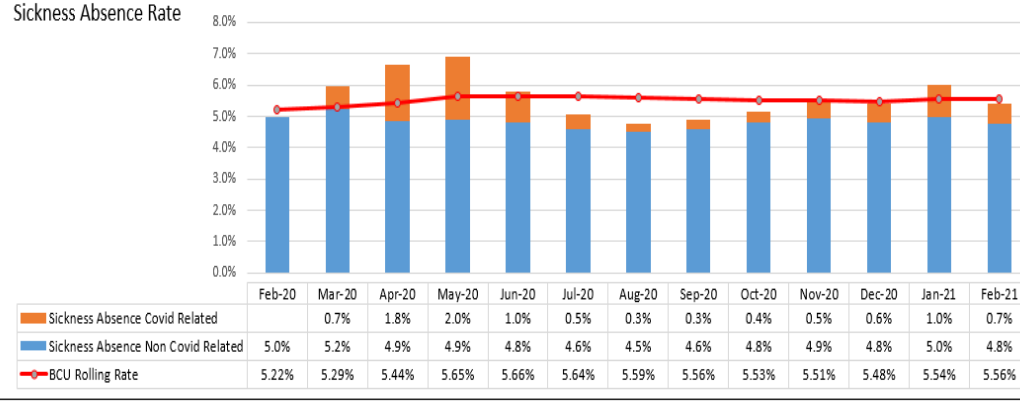


Quadruple Aim 2: Charts Planned Care (5)

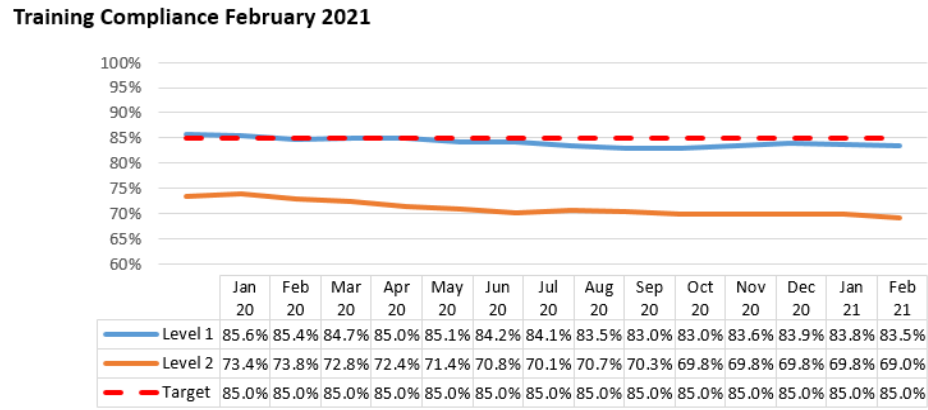




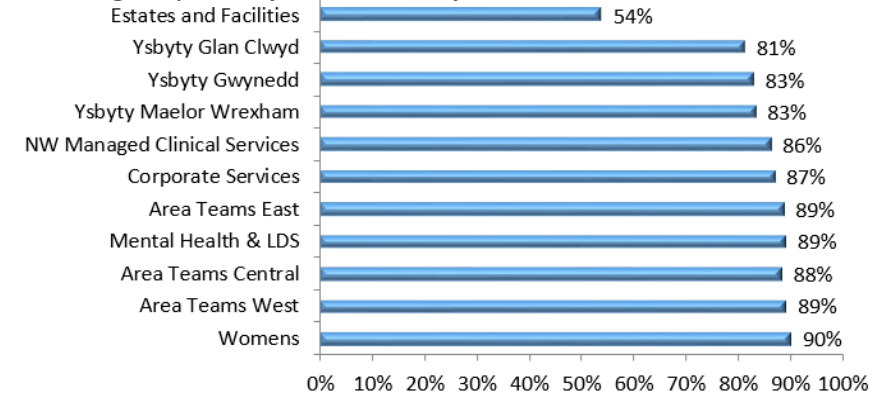
Sickness absence Rates



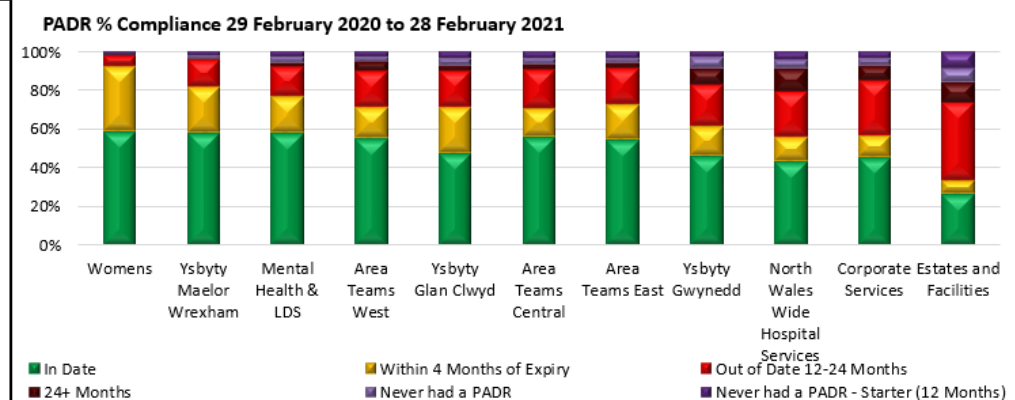
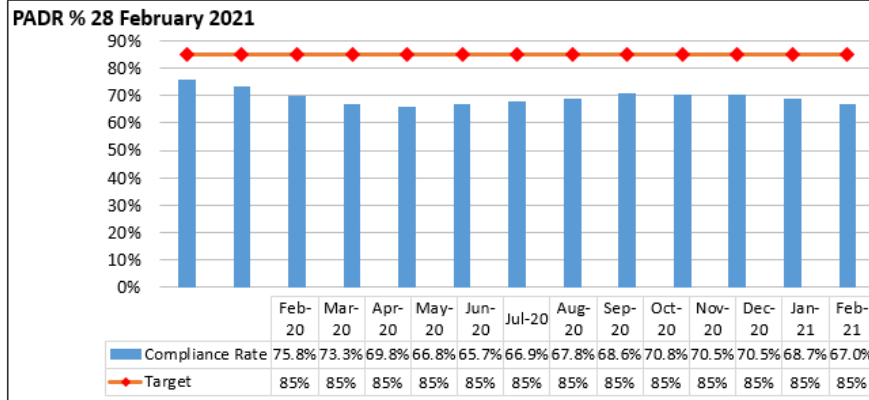
Core Mandatory Training Rate



Level 1 Training Compliance by Division February 2021

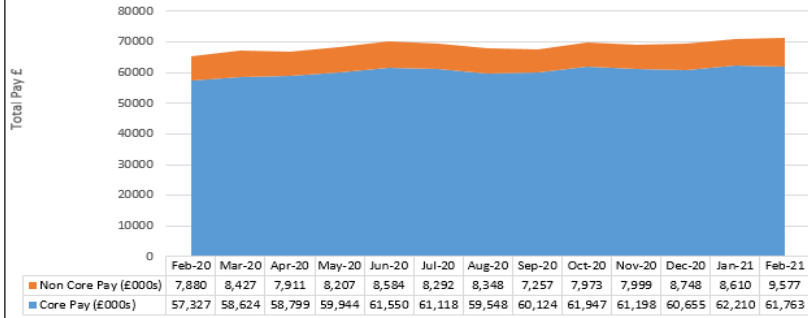


PADR

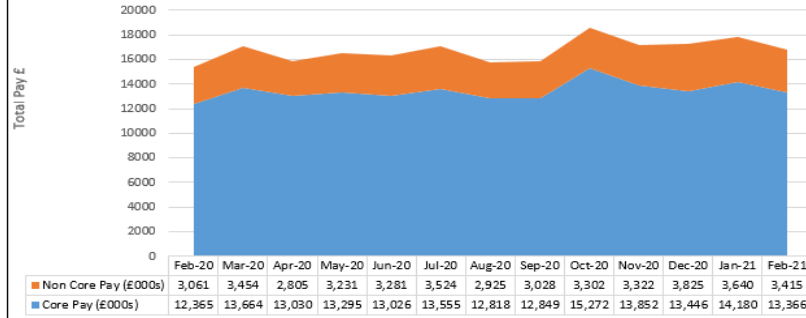


Quadruple Aim 4: Narrative – Agency spend

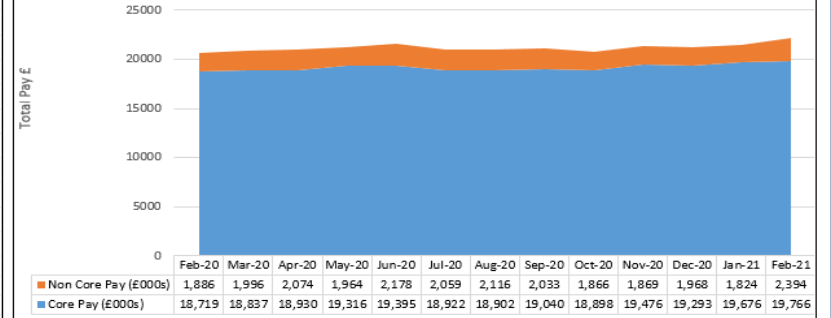
BCU Pay Core vs Non Core (£000s)



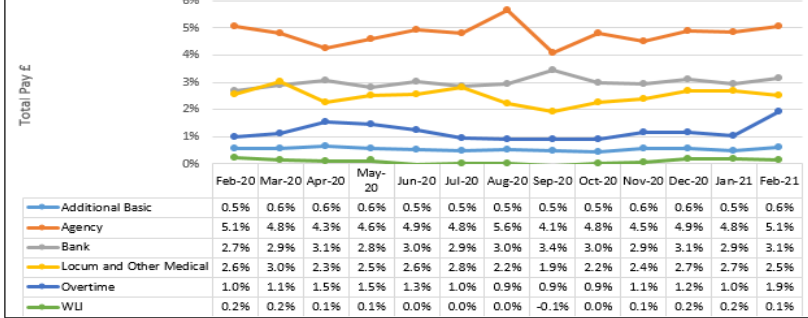
M&D Pay Core vs Non Core (£000s)



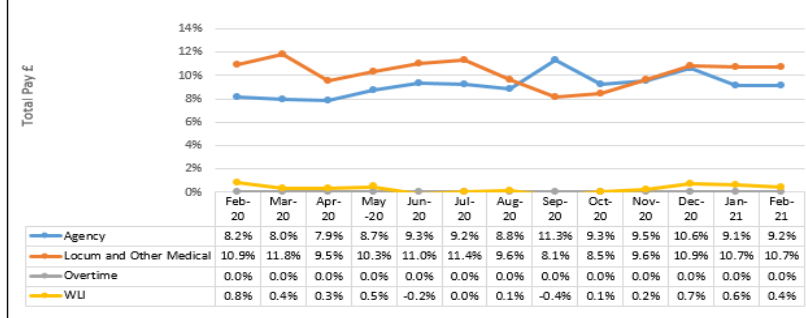
Nursing & Midwifery Pay Core vs Non Core (£000s)



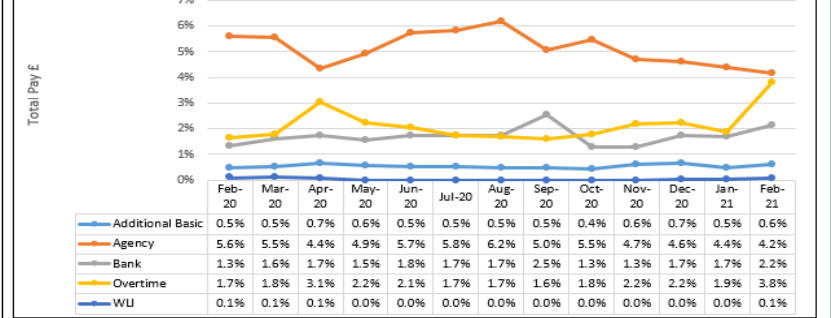
BCU Non Core Pay % of Total Spend



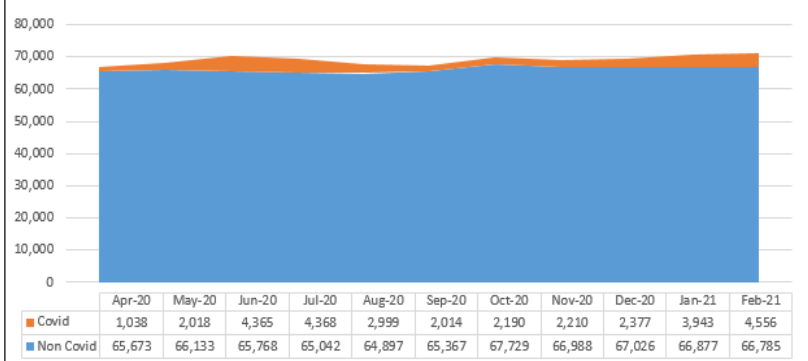
M&D Non Core Pay % of Total Spend



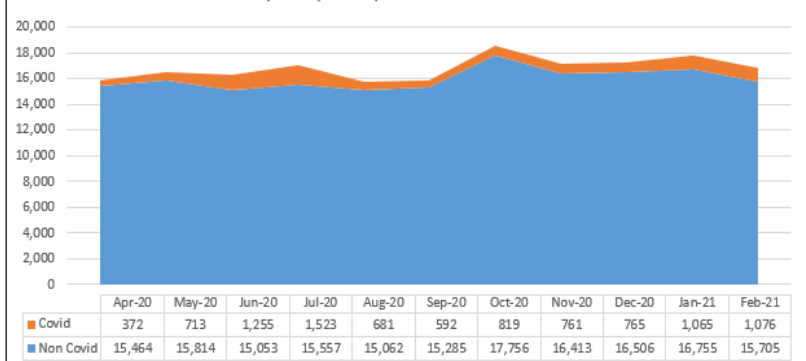
Nursing & Midwifery Non Core Pay % of Total Spend



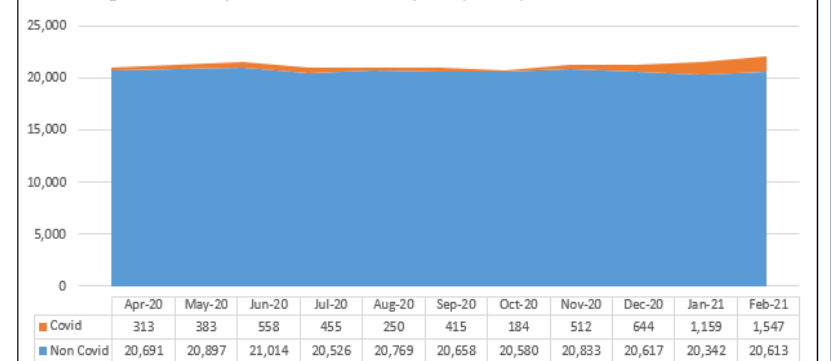
BCU Covid v Non Covid Spend (£000s)



M&D Covid v Non Covid Spend (£000s)



Nursing & Midwifery Covid v Non Covid Spend (£000s)



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

- performance reference tables
- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

 follow @bcuhb

 <http://www.facebook.com/bcuhealthboard>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Finance Report Month 11 2020/21					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Eric Gardiner, Finance Director - Provider Services					
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance					
Atodiadau Appendices:	<u>Appendix 1</u> : Finance Report Pack					
Argymhelliad / Recommendation:						
It is asked that the report is noted.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information
Sefyllfa / Situation:						
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 28 th February 2021 and reflects the financial impact of the continuing response to the COVID-19 pandemic.						
Cefndir / Background:						
The financial plan for 2020/21, approved by the Board, was to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance. The Health Board's consolidated plan for the second half of the financial year was submitted in October and focused on increasing planned care and dealing with winter escalation plans.						
Asesiad / Assessment:						
<u>1.0 Strategy Implications</u>						
This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.						
<u>2.0 Options considered</u>						
Not applicable – report is for assurance only.						

3.0 Financial Implications

	Month 11 £m	Cumulative £m
Actual Position	0.1	(0.1)
Planned Position	3.4	36.7
Variance	3.3	36.8

The Month 11 position is an overspend of £0.1m against the plan. The cumulative year to date position is a £0.1m surplus, which is £36.8m less than the planned deficit of £36.7m.

The sustained high level of COVID-19 infection rates across our population over the winter months has affected delivery of the plan, with associated impact on activity and costs. At various times, planned care activity has either been completely suspended or significantly curtailed, as staff were redeployed to increase the ICU capacity in order to cope with the most recent and ongoing surge in COVID-19 cases in North Wales. This has understandably impacted on the delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government.

Following discussions with Welsh Government, the Health Board has reviewed its COVID-19 response and recovery plans, transformation programme and the known capability shortfall. Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board.

Through the adoption of an agile clinical and operating model, the Health Board has endeavoured to bring forward plans in order to prepare for the challenges of the new financial year. However, a residual risk remains around BCU's ability to fully utilise the full amount of funding, given the COVID-19 outbreaks across North Wales between October 2020 and February 2021

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. During the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will have a nil deficit at the end of the year.

4.0 Risk Analysis

There are three risks to the financial position, but the value of these cannot be currently quantified. The opportunities and risks are detailed in the report pack.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Finance Report

January 2020 – M11

Sue Hill

Executive Director of Finance

Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- ✓ Current month minor deficit reported and YTD small surplus position.
- ✓ Nil deficit position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ Savings delivery forecast increased by £0.6m.

Issues & Actions

- Risk of under spending against Welsh Government funding. Opportunities to accelerate plans and progress on performance improvement have been identified and need to be rapidly progressed.
- Some English NHS providers are under performing on activity levels, which may result in contract clawbacks – activity levels are being closely monitored.

Key Messages

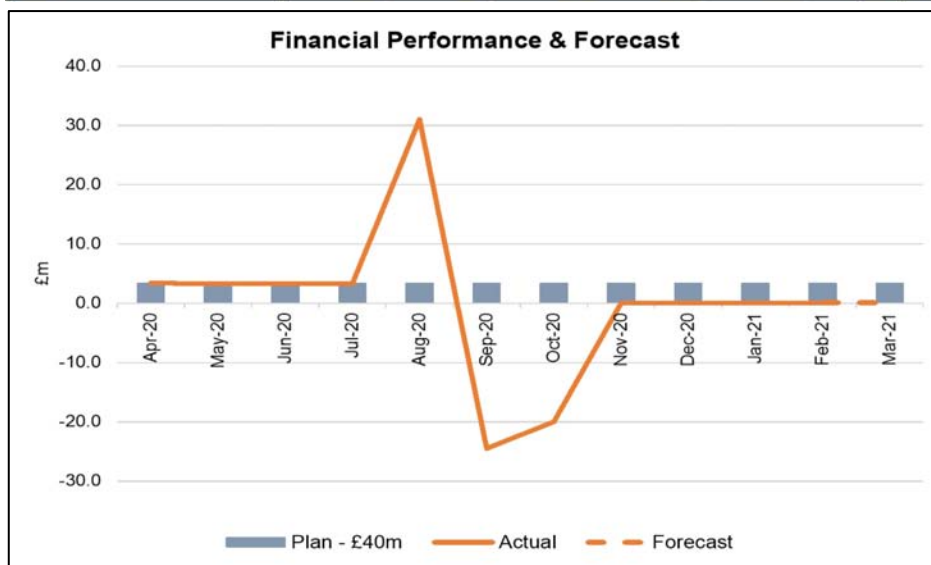
- ❖ Key impacts affecting divisional positions in the year to date continue to be overspends on Prescribing (£4.9m), undelivered savings (£25.4m) and lost income due to the pandemic (£10.0m).
- ❖ The sustained high level of COVID-19 infection rates across North Wales over the winter months has affected delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government.
- ❖ An Accountable Officer letter has been submitted to Welsh Government to notify the risk of under spending against funding received.

Summary of Key Numbers

<div>Month 11 Position</div> <div>£0.1m overspend reported against plan of £3.4m deficit</div> <div>➡ £3.3m favourable</div>	<div>Year to Date Position</div> <div>£0.1m surplus against plan of £36.7m deficit</div> <div>➡ £36.8m favourable</div>	<div>Forecast</div> <div>Nil deficit against plan of £40.0m deficit</div> <div>➡ £40.0m favourable</div>										
<div>Savings Year to Date</div> <div>£15.9m against plan of £41.2m</div> <div>➡ £25.3m shortfall</div>	<div>Savings Forecast</div> <div>£17.9m against plan of £45.0m</div> <div>➡ £27.1m shortfall</div>	<div>COVID-19 Impact</div> <div>£96.5m cost YTD £150.1m forecast cost Funded by Welsh Government</div> <div>➡ £nil impact</div>										
<div>Income</div> <div>£120.5m against budget of £129.6m</div> <div>➡ £9.1m adverse</div>	<div>Pay</div> <div>£739.4m against budget of £752.4m</div> <div>➡ £13.0m favourable</div>	<div>Non-Pay</div> <div>£926.7m against budget of £959.6m</div> <div>➡ £32.9m favourable</div>										
<div>YTD Divisional Performance</div> <table><tr><td>Area Teams</td><td>£1.7m adverse</td></tr><tr><td>Secondary Care</td><td>£5.1m adverse</td></tr><tr><td>Mental Health</td><td>£0.7m adverse</td></tr><tr><td>Corporate</td><td>£0.5m favourable</td></tr><tr><td>Other</td><td>£43.8m favourable</td></tr></table>	Area Teams	£1.7m adverse	Secondary Care	£5.1m adverse	Mental Health	£0.7m adverse	Corporate	£0.5m favourable	Other	£43.8m favourable	<div>Key Risks</div> <ul style="list-style-type: none">Under utilisation of Welsh Government funding.	<div>Balance Sheet</div> <div>Cash: Within internal target. Capital: Forecast to achieve CRL. PSPP: Non-NHS invoice target achieved year to date.</div>
Area Teams	£1.7m adverse											
Secondary Care	£5.1m adverse											
Mental Health	£0.7m adverse											
Corporate	£0.5m favourable											
Other	£43.8m favourable											

Revenue Position

	Actual											Cumulative			Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	Budget	Actual	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(154.7)	(128.5)	(133.2)	(140.1)	(103.7)	(161.2)	(160.4)	(132.9)	(143.6)	(141.6)	(145.8)	(1,545.7)	(1,545.7)	0.0	(1,752.5)
Miscellaneous Income	(9.7)	(9.8)	(9.3)	(9.6)	(12.1)	(11.1)	(12.1)	(10.8)	(12.4)	(10.9)	(12.7)	(129.6)	(120.5)	(9.1)	(130.8)
Health Board Pay Expenditure	65.0	66.1	68.1	67.3	66.0	65.6	68.1	67.3	67.5	68.8	69.6	752.4	739.4	13.0	841.4
Non-Pay Expenditure	102.8	75.5	77.7	85.7	80.8	82.2	84.4	76.4	88.5	83.7	89.0	959.6	926.7	32.9	1,041.9
Total	3.4	3.3	3.3	3.3	31.0	(24.5)	(20.0)	0.0	0.0	0.0	0.1	36.7	(0.1)	36.8	0.0

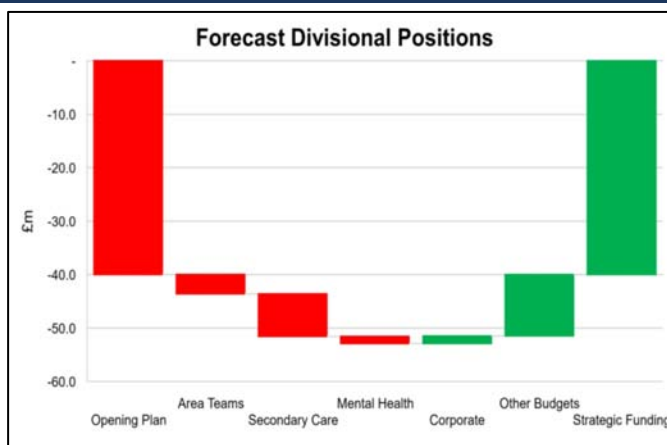


- In-month position is a £0.1m over spend, which is £3.3m under the planned deficit for Month 11. Year to date position of £0.1m surplus, which is £36.8m less than the planned deficit of £36.7m.
- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit for 2020/21, the forecast financial position continues to be a nil deficit.

- Following discussions with Welsh Government, the Health Board has reviewed its COVID-19 response and recovery plans, transformation programme and the known capability shortfall. Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board.
- Through the adoption of an agile clinical and operating model, the Health Board has endeavoured to bring forward plans in order to prepare for the challenges of the new financial year. However, a residual risk remains around BCU's ability to utilise the full amount of funding, given the COVID-19 outbreaks across North Wales between October 2020 and February 2021.
- An Accountable Officer letter has been submitted to Welsh Government to inform them of this approach and notify them of the potential risk around full utilisation of funding.

Divisional Positions

	In Month			Cumulative			Forecast	Forecast
	Budget	Actual	Variance	Budget	Actual	Variance	Variance	Variance
	£000	£000	£000	£000	£000	£000	to Plan at M11	to Plan at M10
WG RESOURCE ALLOCATION	(145,757)	(145,757)	0	(1,545,711)	(1,545,711)	0	0	0
AREA TEAMS								
West Area	14,197	14,272	(75)	152,787	152,420	367	0	0
Central Area	17,841	18,237	(395)	196,829	199,128	(2,299)	(3,008)	(2,952)
East Area	20,819	21,770	(950)	220,158	221,061	(903)	(1,101)	(750)
Other North Wales	4,983	5,712	(729)	36,347	39,545	(3,198)	(3,614)	(3,614)
Field Hospitals	987	987	0	20,891	20,891	0	0	0
Track, Trace and Protect	2,417	2,437	(20)	7,161	7,181	(20)	0	0
Commissioner Contracts	18,167	17,149	1,018	200,298	192,345	7,952	8,066	8,215
Provider Income	(1,378)	(2,702)	1,324	(19,076)	(15,493)	(3,583)	(3,909)	(5,889)
Total Area Teams	78,033	77,861	172	815,393	817,077	(1,684)	(3,566)	(4,990)
SECONDARY CARE								
Ysbyty Gwynedd	8,777	9,196	(419)	93,490	95,623	(2,133)	(2,724)	(2,444)
Ysbyty Glan Clwyd	10,630	10,748	(117)	116,195	116,372	(178)	(1,821)	(482)
Ysbyty Maelor Wrexham	9,660	9,624	36	100,157	101,221	(1,063)	(1,154)	(1,154)
North Wales Hospital Services	8,957	9,078	(121)	96,540	97,427	(887)	(1,081)	(747)
Womens	3,313	3,393	(80)	36,924	37,798	(874)	(1,204)	(1,120)
Total Secondary Care	41,337	42,039	(702)	443,306	448,441	(5,135)	(7,984)	(5,947)
Total Mental Health & LDS	11,011	11,834	(824)	122,906	123,595	(689)	(1,356)	(983)
Total Corporate	13,079	11,893	1,186	131,061	130,590	471	1,378	(129)
Total Other Budgets incl. Reserves	2,297	2,188	108	33,043	25,897	7,146	11,529	12,049
Strategic Funding	3,333	0	3,333	36,667	0	36,667	40,000	40,000
TOTAL	3,333	59	3,274	36,667	(110)	36,776	40,000	40,000



Queries from February F&P:

- Other North Wales position moved from £0.5m underspend in M9 to £0.6m overspend in M10. There was a journal correction that reduced spend in M9 for Children's CHC and FNC costs, to correct an error from M8.
- YGC position moved from £0.5m underspend in M9 to £0.2m overspend in M10 due to use of BCU slippage to bring forward 2021/22 plans.

- COVID-19 expenditure is funded in the divisions. The funding for all other impacts of COVID-19, including undelivered savings and lost income, is held in Reserves. As a result, the Reserves forecast is a large positive variance.
- The main divisional forecast movements from M10 to M11 are:
 - Provider Income: Overspend reduced due to better performance on NHS England block contracts and NCA income.
 - YGC: Overspend increased due to use of BCU slippage monies to accelerate plans ahead of the new financial year.
 - Corporate: Move from overspend to underspend as a result of rates rebates, legal compensation, additional funding and slippage on project spend.

Commissioner Contracts

Agreement with NHS England providers is that for healthcare contracts exceeding £1m, the agreed block payment value for Months 7 to 12 will be adjusted in line with the thresholds shown below.

This is impacting on a number of contracts, particularly the contract with Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, where it is forecast that activity will fall below 70% and so be subject to a 15% (£1.1m) clawback.

English Block Contract Update	Value of Work Done M01-M06 £000	Value of Work Done Compared to Block Payment M01-M06 %	Value of Work Done M07-M10 £000	Value of Work Done Compared to Block Payment M07-M10 %	Anticipated Clawback £000	Anticipated Clawback %	Notes
Countess of Chester	10,213	82%	9,238	111%			Revised data received up to M10. It is currently below the threshold to receive an additional payment, however we continue to monitor the position due to the high COVID-19 numbers.
Robert Jones & Agnes Hunt	2,607	36%	3,357	69%	1,089	15%	RJAH stopped elective activity in mid January to allow staff to be redeployed to assist the COVID-19 response. They have recently advised that this has been extended to the 14th March.
Royal Liverpool	1,330	47%	1,169	62%	428	15%	
Wirral Hospitals	1,043	91%	725	95%			
Aintree Hospitals	1,035	58%	842	71%			Currently below the threshold of 75% based on M10, data but the figures fluctuate with the timing of the issue of homecare drugs, so anticipating that this will meet the threshold by the end of the year.
Shrewsbury & Telford	456	53%	493	86%			
University Hospital North Midlands	2,055	73%	1,394	74%			Currently below the threshold of 75% based on M10 data. This is the major trauma contract and we are anticipating this meeting the threshold by year end, based on the current inpatients numbers.
Manchester University Hospital	356	52%	413	90%			
Clatterbridge	1,710	96%	1,093	92%			
Total Anticipated Clawback					1,517		

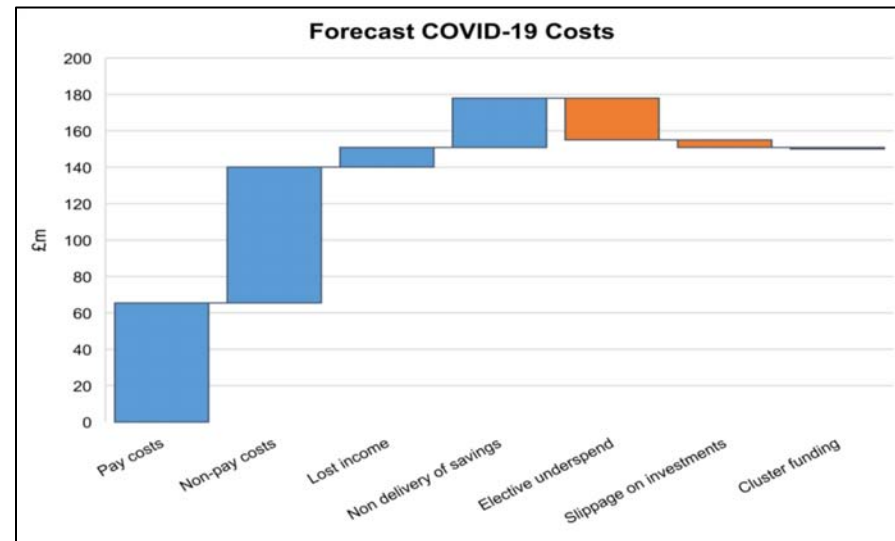
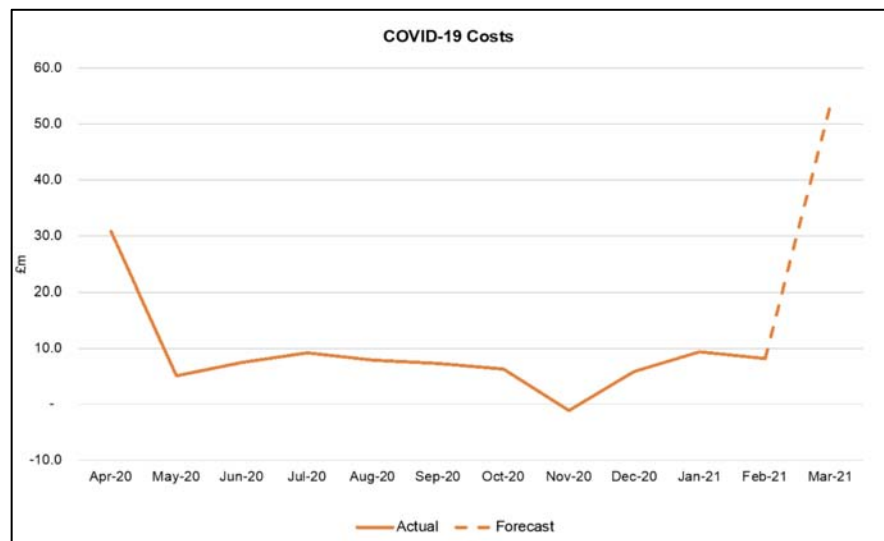
Contracts Position	2019/20 Outturn £m	2020/21 Plan £m	Forecast Outturn £m	Forecast Variance £m	M11 Plan £m	M10 Actual £m	M10 Variance £m
Countess of Chester	21.5	22.5	21.9	(0.6)	20.6	20.1	(0.5)
Robert Jones & Agnes Hunt	13.0	14.4	13.4	(1.0)	13.2	12.5	(0.7)
Royal Liverpool	5.3	5.2	5.3	0.1	4.8	4.9	0.1
Other	14.6	15.0	14.7	(0.3)	13.8	13.6	(0.2)
English Contracts	54.4	57.1	55.3	(1.8)	52.4	51.1	(1.3)
Welsh Contracts	10.3	10.8	10.6	(0.2)	9.8	9.7	(0.1)
WHSSC	177.0	191.0	185.6	(5.4)	175.1	169.4	(5.7)
WHSSC Provider Contracts	(40.6)	(43.1)	(42.9)	0.2	(39.5)	(39.3)	0.2
BCU Divisional Recharges	(4.1)	(0.9)	(3.0)	(2.1)	(0.8)	(2.8)	(2.0)
NCA's	4.6	5.1	3.9	(1.2)	4.7	3.4	(1.3)
Outsourcing	4.1	0.0	0.9	0.9	0.0	0.8	0.8
Savings	(0.5)	(1.5)	0.0	1.5	(1.4)	0.0	1.4
Total	205.2	218.5	210.4	(8.1)	200.3	192.3	(8.0)

The impact of English NHS contract clawbacks is being monitored carefully. It is forecast that these will be £1.8m under spent. The WHSCC contract is also forecast to be significantly under spent this year (£5.4m), giving an overall forecast of £8.1m under plan for Commissioner Contracts.

Actual over/under performance for M07-12	Change in block contract value
0% to +/- 25%	0%
+/-25% to +/-30%	+/- 10%
+/-30% to +/- 50%	+/- 15%
Greater/less than +/- 50%	+/- 20%

Impact of COVID-19

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
COVID-19 spend (incl. Field Hospitals)	28.8	3.7	7.3	7.1	6.1	4.8	7.1	(2.5)	6.5	8.5	9.5	86.9	140.1
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	(1.4)	10.0	10.8
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	1.8	25.4	27.1
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(1.5)	(20.9)	(22.9)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(0.2)	(4.1)	(4.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	0.0	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total COVID-19 costs	30.8	5.1	7.5	9.2	7.9	7.3	6.3	(1.1)	5.9	9.4	8.2	96.5	150.1
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.3)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.7)
GMS (DES)	0.0	0.0	0.0	(0.1)	0.0	0.0	0.0	0.0	(0.1)	0.0	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(8.1)	(93.3)	(146.7)
Total COVID-19 income	(30.8)	(5.1)	(7.5)	(9.2)	19.7	(34.9)	(6.3)	1.1	(5.9)	(9.4)	(8.2)	(96.5)	(150.1)
Impact on position	0.0	0.0	0.0	0.0	27.6	(27.6)	0.0	0.0	0.0	0.0	0.0	0.0	0.0

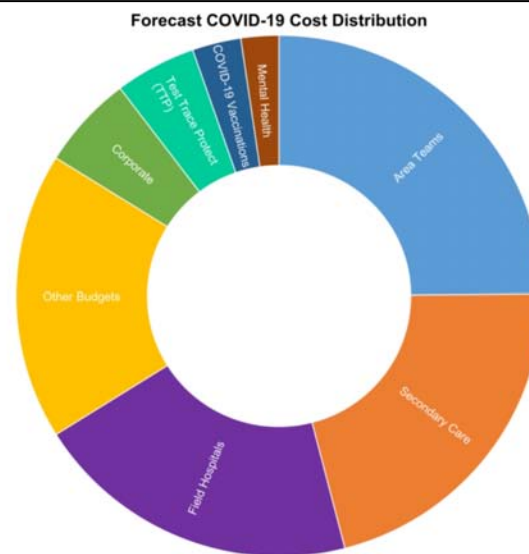


- Total cost of COVID-19 in February was £8.2m. Year to date cost is £96.5m. Welsh Government funding has fully covered these costs.

COVID-19 Forecast

	Forecast at Month 10 £m	Forecast at Month 11 £m	Movement £m
COVID-19 spend	87.9	90.0	2.1
Field Hospitals	29.9	29.9	0.0
Annual leave accrual	20.2	20.2	0.0
Lost income	13.4	10.8	(2.6)
Non delivery of savings	27.7	27.1	(0.6)
Elective underspend	(22.2)	(22.9)	(0.7)
Slippage on planned investments	(4.7)	(4.2)	0.5
Cluster funding	(0.8)	(0.8)	0.0
Total	151.4	150.1	(1.3)

- Total forecast cost of COVID-19 is £150.1m, £1.3m less than last month. The key changes were:
 - increase in the annual leave accrual (£7.2m) to reflect expectations that Medical staff will be carrying forward up to 14 days leave, with other staff carrying forward up to 10 days leave, but a higher rate than previously expected;
 - decrease in lost income (£2.6m) following a review of Non-Contracted Activity (NCAs) income;
 - reduction in the Track, Trace and Protect (TTP) programme (£1.6m);
 - decreases in the vaccination programmes for COVID-19 and flu (£1.3m);
 - planned care underspends forecast to be £0.7m higher than previously thought;
 - non-delivery of savings due to COVID-19 reduced by £0.6m.



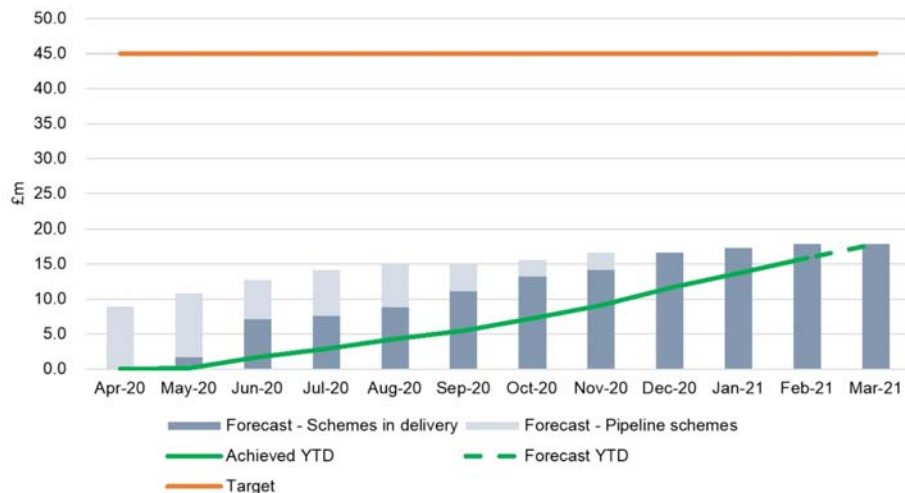
- Costs are forecast to increase significantly in the last month of the year due to some one off costs, noted below.

M12 COVID-19 Spend Increases	£m
Annual Leave accrual	27.4
Field Hospital decommissioning	7.9
Study leave accrual	4.0
COVID-19 vaccinations	1.4
TTP	1.0
COVID-19 CHC	0.9
PPE stock	0.8
Adult Social Care	0.7
Total	44.1

- Consequential Losses - the full cost, covering the period until they are to be returned at the end of July 2021, is to be charged against 2020/21 funding. The Health Board is working with landlords to assess the full costs and they will be included in the March financial position.

Savings

**Savings
Achieved and Forecast v. Target**



- Savings of £2.2m (including income generation and accountancy gains) are reported in Month 11, increasing the year to date delivery to £15.9m.
- Schemes currently in delivery have a forecast in-year value of £17.9m, an increase of £0.6m from last month. This leaves a shortfall of £27.1m against the savings target of £45.0m for the full year.
- Savings forecast delivery has been enhanced as a result of an improving forecast for existing schemes
- The forecast full year effect of recurring schemes is £12.2m. This is reduction of £0.3m from Month 10, which relates to schemes withdrawn from 2020/21 due to zero forecast delivery this year. These will be included as new schemes for 2021/22.

	Savings Target £000	SCHEMES IN DELIVERY								PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date			Forecast										
		Savings Target £000	Savings Delivered £000	Variance £000	Recurring Forecast £000	Non-Recurring Forecast £000	Total Forecast £000	Variance £000	Forecast FYE £000	Recurring Forecast £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Total Forecast £000	Variance £000
Ysbytu Gwynedd	4,167	3,819	961	(2,858)	333	689	1,022	(3,145)	518	0	0	0	0	1,022	(3,145)
Ysbytu Glan Clwyd	5,079	4,655	480	(4,176)	233	308	541	(4,538)	540	0	0	0	0	541	(4,538)
Ysbytu Wrexham Maelor	4,414	4,047	761	(3,285)	356	484	840	(3,574)	453	2	0	2	0	842	(3,572)
North Wales Managed Services	4,300	3,942	980	(2,961)	694	342	1,036	(3,264)	875	0	0	0	0	1,036	(3,264)
Womens Services	1,733	1,587	231	(1,355)	246	3	249	(1,484)	290	0	0	0	0	249	(1,484)
Secondary Care	19,692	18,049	3,414	(14,636)	1,863	1,826	3,688	(16,004)	2,677	2	0	2	0	3,690	(16,002)
Area - West	4,402	4,035	2,023	(2,012)	1,825	397	2,223	(2,180)	1,874	0	0	0	0	2,223	(2,180)
Area - Centre	6,408	5,874	2,987	(2,887)	3,130	129	3,259	(3,149)	3,187	0	0	0	0	3,259	(3,149)
Area - East	6,464	5,925	3,247	(2,678)	1,132	3,117	4,250	(2,214)	1,150	4	0	4	0	4,254	(2,210)
Area - Other	607	557	300	(257)	0	300	300	(307)	0	0	0	0	0	300	(307)
Contracts	1,000	917	0	(917)	0	0	0	(1,000)	0	0	0	0	0	0	(1,000)
Area Teams	18,881	17,307	8,557	(8,751)	6,087	3,944	10,031	(8,850)	6,211	4	0	4	0	10,035	(8,846)
MHLD	1,000	917	2,991	2,075	2,909	326	3,235	2,235	2,919	0	0	0	0	3,235	2,235
Corporate	5,426	4,974	898	(4,076)	245	696	941	(4,485)	409	0	0	0	0	941	(4,485)
Total Programme	45,000	41,248	15,861	(25,387)	11,104	6,791	17,895	(27,104)	12,217	6	0	6	0	17,901	(27,098)

Income

Description	£m
Allocations Received	
Opening allocation	1,516.6
COVID-19 Funding	126.9
Transformational Support	51.0
Substance Misuse Funding 2020/21	5.5
Treatment Fund	3.6
DDRB Pay Award 2020/21	2.9
Transformation Fund - Financial Support to Optimise Flow & Outcomes	2.4
Dementia Action Plan ICF Bid	2.2
GMS Contract : In Hours Access Funding 2020/21	2.0
Vertex Funding Months	1.8
Mental Health Service Improvement Fund 2020/21	1.5
AHW : Prevention & Early Years Allocation 2020/21	1.3
MSK Orthopaedic Services	1.2
GMS Contract Pay and Expenses 2020/21	1.2
Dental Contract Pay & Expenses Uplift	0.8
Single Cancer Pathway	0.6
A Healthier Wales	1.0
Invest to Save	0.6
Primary Care Improvement Grant	0.5
Vocational Training	0.4
Flu Programme	0.4
SpR Allocation	0.4
Capital	2.5
Other allocations	4.2
Total Allocations Received	1,731.5

Description	£m
Allocations Anticipated	
COVID-19 Funding	20.6
IM&T Refresh Programme	1.9
Mental Health Individual Placement Support (IPS)	0.4
Mental Health Bid - C&YP Services	0.3
Outpatients Transformational Fund Bid	0.2
Consultant Clinical Excellence Awards	0.2
IPS (I Can Work) Gap Funding	0.1
NHS Wales Health Collaborative Secondment	0.1
CHC Provision Submission	-0.4
All Welsh Risk Pool Risk	-2.4
Total Allocations Anticipated	21.0

	£m
Total Allocations Received	1,731.5
Total Allocations Anticipated	21.0
Total Welsh Government Income	1,752.5

- Most of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date are £1,731.5m, with further anticipated allocations in year of £21.0m, a total forecast RRL of £1,752.5m for the year
- Miscellaneous income totals £120.5m to Month 11, £9.1m below budget, which is a consequence of COVID-19. Additional Welsh Government funding has been received to support this, which is held in Reserves.

Expenditure

Pay Costs	Actual											Forecast	Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	8.6	8.8	8.8	8.6	9.1	8.0	8.8	8.8	8.9	9.2	9.2	13.0	104.3	96.8	7.5	109.8
Medical & Dental	15.2	15.6	15.5	16.1	15.0	15.1	17.8	16.3	16.5	17.0	16.2	28.7	170.1	176.3	(6.2)	205.0
Nursing & Midwifery Registered	20.6	20.8	21.2	20.6	20.6	20.7	20.3	21.0	20.9	21.1	21.8	30.1	245.5	229.6	15.9	259.7
Additional Clinical Services	9.4	9.5	9.8	9.3	9.4	9.6	9.5	9.6	9.6	9.8	10.2	4.6	99.0	105.7	(6.7)	110.3
Add Prof Scientific & Technical	3.1	3.1	3.0	3.0	3.0	3.1	3.1	3.0	3.1	3.1	3.1	13.2	35.7	33.7	2.0	46.9
Allied Health Professionals	3.8	3.8	4.0	4.0	3.9	4.0	3.9	3.9	3.9	3.9	4.4	5.1	43.2	43.5	(0.3)	48.6
Healthcare Scientists	1.1	1.2	1.2	1.2	1.2	1.1	1.1	1.2	1.2	1.2	1.2	2.1	13.2	12.9	0.3	15.0
Estates & Ancillary	3.2	3.2	3.4	3.3	3.3	3.4	3.3	3.3	3.3	3.4	3.5	4.7	37.7	36.6	1.1	41.3
Students	0.0	0.1	1.2	1.2	0.5	0.6	0.3	0.1	0.1	0.1	0.0	0.6	3.7	4.3	(0.6)	4.8
Health Board Total	65.0	66.1	68.1	67.3	66.0	65.6	68.1	67.2	67.5	68.8	69.6	102.1	752.4	739.4	13.0	841.4
Primary care	1.7	2.1	2.0	2.1	1.9	1.8	1.9	1.9	1.9	2.0	1.7	1.9	18.0	21.0	(3.0)	22.9
Total Pay	66.7	68.2	70.1	69.4	67.9	67.4	70.0	69.1	69.4	70.8	71.3	104.0	770.4	760.4	10.0	864.3

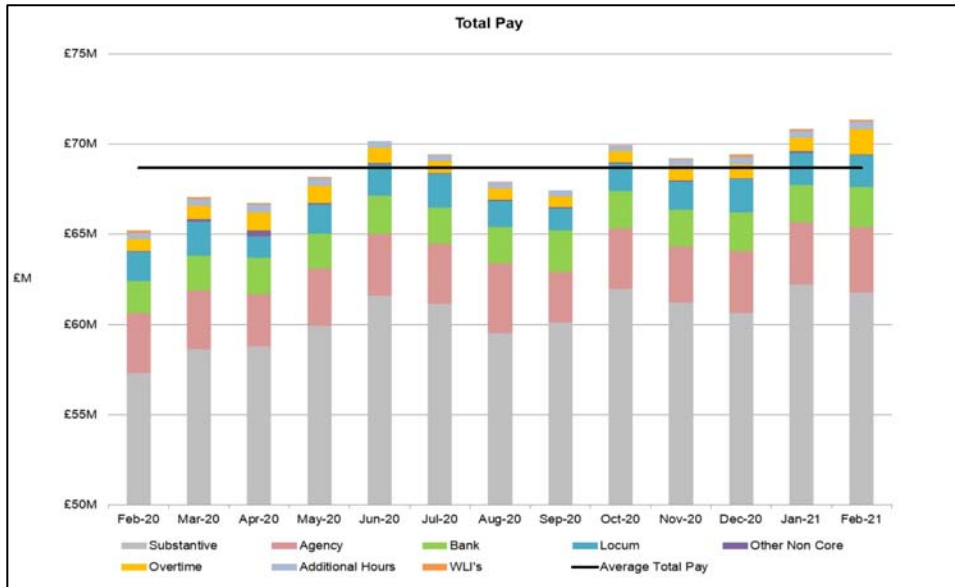
WTE	16,829	16,746	17,333	17,315	17,037	17,035	16,890	17,066	17,270	17,226	17,436
------------	---------------	---------------	---------------	---------------	---------------	---------------	---------------	---------------	---------------	---------------	---------------

Variable Pay	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	2.8	3.1	3.5	3.3	3.8	2.8	3.4	3.1	3.4	3.4	3.6	36.2
Overtime	1.0	1.0	0.9	0.7	0.6	0.6	0.6	0.8	0.8	0.7	1.4	9.1
Locum	1.2	1.7	1.7	1.9	1.4	1.2	1.5	1.6	1.9	1.8	1.8	17.7
WLIs	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.5
Bank	2.1	1.9	2.1	2.0	2.0	2.3	2.1	2.0	2.1	2.1	2.2	22.9
Other Non Core	0.3	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.9
Additional Hours	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4	4.2
Total	7.9	8.2	8.6	8.3	8.3	7.3	8.0	8.0	8.7	8.6	9.6	91.5

- Health Board pay costs total £69.6m in month, £739.4m YTD. Variable pay is £91.5m of this cost, equivalent to 12%.
- Non-pay costs total £89.0m in month, £926.7m YTD.
- Pay costs are further analysed on page 12 and non-pay costs on page 13.

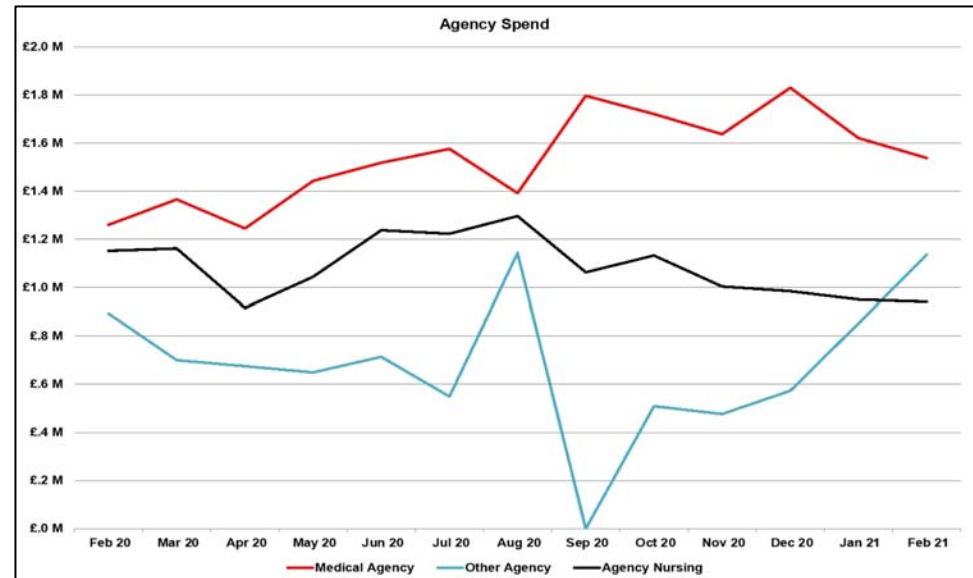
Non-Pay Costs	Actual											Forecast	Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	17.2	17.5	15.9	17.6	17.2	16.8	17.2	18.0	18.0	18.7	19.9	21.1	197.2	194.0	3.2	215.1
Primary Care Drugs	8.9	8.6	10.5	11.0	8.7	9.0	9.4	8.7	9.8	9.5	9.0	10.1	98.2	103.1	(4.9)	113.2
Secondary Care Drugs	5.4	5.0	5.5	5.8	5.4	6.2	6.3	6.0	6.6	6.3	6.6	6.4	68.3	65.1	3.2	71.5
Healthcare Services Provided by Other NHS Bodies	22.7	22.7	21.5	22.3	22.1	22.4	21.9	22.9	22.3	21.7	22.0	23.3	251.8	244.5	7.3	267.8
Continuing Care and Funded Nursing Care	8.4	8.2	9.1	9.0	9.0	9.6	9.9	9.8	8.0	11.1	10.6	10.6	105.1	102.7	2.4	113.3
Other Non-Pay (incl. General & Clinical Supplies)	37.9	11.0	12.8	15.2	15.6	15.2	17.0	8.1	20.3	17.4	18.0	40.9	210.2	188.6	21.6	229.4
Non-pay costs	100.5	73.0	75.3	80.9	78.0	79.2	81.7	73.5	85.0	84.7	86.1	112.4	930.8	898.0	32.8	1,010.3
Cost of Capital	2.4	2.4	2.3	4.7	2.9	2.9	2.8	2.9	3.5	(1.0)	2.9	2.9	28.8	28.7	0.1	31.6
Total non-pay including cost of capital	102.9	75.4	77.6	85.6	80.9	82.1	84.5	76.4	88.5	83.7	89.0	115.3	959.6	926.7	32.9	1,041.9

Pay Costs



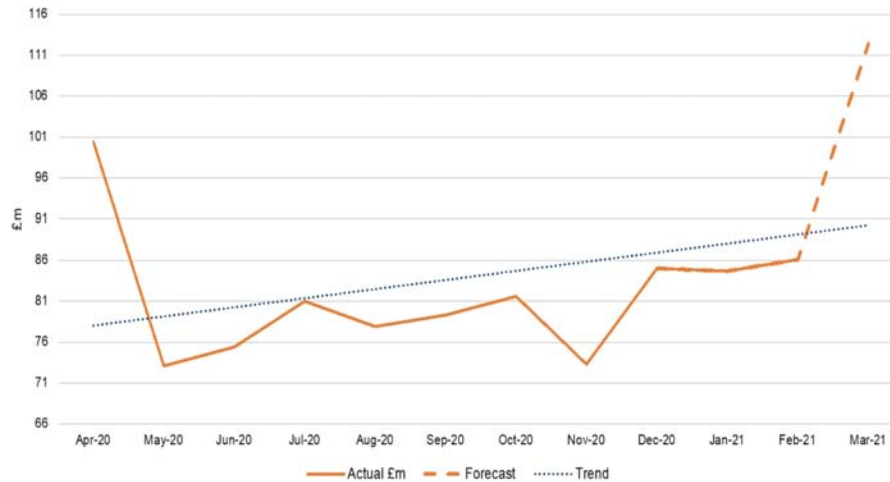
- **Total pay costs** in February are £71.3m. Provided Services pay costs are £69.6m, which is £0.8m higher than in January. Primary Care pay costs at £1.7m are £0.3m lower than last month.
- £4.6m of pay costs were directly related to COVID-19
- **Agency costs** for Month 11 are £3.6m, representing 5.1% of total pay, £0.2m more than last month.
- Agency spend related to COVID-19 in February was £0.9m, £0.3m lower than last month.

- **Pay costs are forecast** to increase significantly in March. The Month 12 Health Board pay forecast is £32.5m higher than Month 11.
- Pay costs in Month 12 include the £27.4m annual leave accrual. This liability has been increased by £7.2m this month, to reflect expectations that Medical staff will be carrying forward up to 14 days leave, with other staff carrying forward up to 10 days leave but a higher rate than previously expected.
- In addition, £4.0m has been accrued for study leave, to recognise the liability owed to junior doctors who have been unable to take their contracted study leave days.



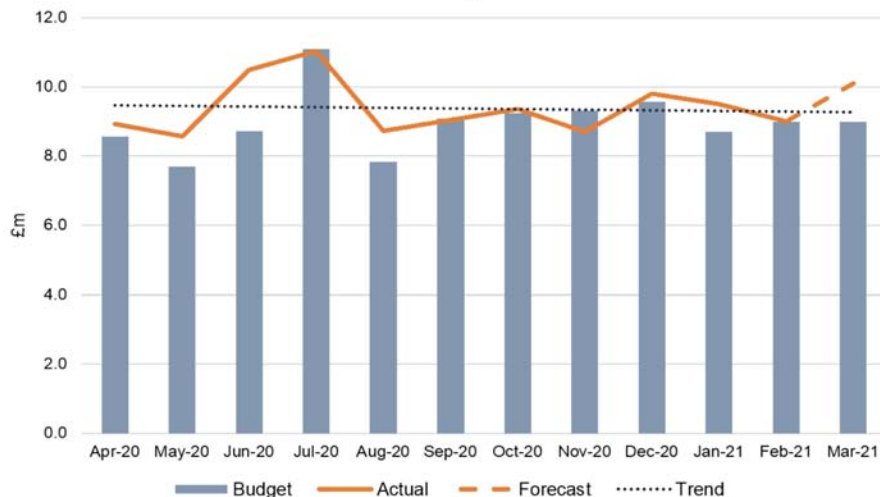
Non-Pay Costs

Non-Pay Expenditure
(Excluding Capital Costs)



- **Primary Care:** Expenditure is £1.0m higher than last month and £2.1m above the average for the year. Pressures in General Medical Services (GMS) remain from increased costs of drugs reported through GMS Dispensing and GP Prescribing. In addition, costs related to COVID-19 are £0.7m higher in Month 11 than last month, totalling £1.0m, which relate to costs of the COVID-19 vaccination programme.
- **Primary Care Drugs:** Spend has reduced by £0.5m (5%) this month, to £9.0m, which is just below the average for the year to date. The data for December, received this month, showed an increase in the rolling average cost per prescribing day and in volume of prescriptions, with average cost per item being slightly reduced. The year to date overspend at Month 11 is £4.9m, with a forecast overspend of £5.5m for the year.

Prescribing Costs



- **Non-pay costs are forecast** to increase by £26.3m in March, compared to February spend.
- £13.4m of this increase relates to COVID-19 costs, primarily Field Hospital decommissioning (£7.9m), TTP (£1.0m), CHC costs (£0.9m), PPE (£0.8m), Adult Social Care (£0.7m), Early Prevention (£0.6m), COVID-19 vaccinations (£0.6m) and Field Hospital rent (£0.6m).
- Forecast increases in core spend include rises in Primary Care drugs (£1.1m), NHS healthcare contracts (£1.2m), Welsh Risk Pool provision adjustments (£1.9m) and year end provision adjustments (£1.0m).
- In addition, forecasts include the cost of bringing forward plans in order to prepare for the challenges of the new financial year.

Risks and Opportunities (not included in position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Additional Funding	There is a risk that the Health Board will not be able to fully utilise the additional funding provided by Welsh Government due to the impact of the COVID-19 outbreaks on the planned care programme for Quarter 3 & 4.		Medium	Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board. Through the adoption of an agile clinical and operating model, the Health Board is endeavouring to utilise all available funding to prepare for the challenges of the new financial year.	Sue Hill, Executive Director of Finance
2	Risk: Savings Programme	There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.		Medium	The Executive Team is currently considering options and capacity requirements for the savings delivery and PMO function to be re-established, which will provide dedicated capacity to drive forward the schemes currently identified.	Sue Hill, Executive Director of Finance
3	Risk: Junior Doctor Monitoring	There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors. Health Board systems have been amended to comply with the outcomes of the case.		Medium	It has not yet been determined if there will be any claims made against the Health Board and what the financial implications of those may be. Further investigations have been delayed due to COVID-19, but it is hoped that this will be resolved in the next few months.	Sue Green, Executive Director of Workforce & Organisational Development



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Capital Programme 2021 - 2024						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital						
Craffu blaenorol: Prior Scrutiny:	Capital Programme Management Team Capital Investment Group Executive Team						
Atodiadau Appendices:	1						
Argymhelliad / Recommendation:							
The Committee is asked to receive and approve the draft programme.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	X	Ar gyfer Trafodaeth For Discussion*	X	Ar gyfer sicrwydd For Assurance*	X	Er gwybodaeth For Information*	
Sefyllfa / Situation:							
In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft three year capital programme for the period 2021/22 to 2023/24 and in particular the investments prioritised for 2021/22.							
Cefndir / Background:							
<p>The Health Board's capital programme comprises a number of potential funding sources, namely the All Wales Capital Programme, grant support, discretionary capital, property sale receipts and charitable funding.</p> <p>The following table indicates the total funding available. This table assumes the following:</p> <ol style="list-style-type: none"> 1. Provision has been made for the estimated minor slippage on All Wales schemes that will require to be funded from next year discretionary allocation. 2. The draft programme includes the carried forward discretionary commitments. 3. WG have confirmed £1.396m to develop the YWM Business Continuity OBC. The majority of the expenditure was supported from this year's discretionary allocation with approximately £0.450m required in 2021/22 leaving a balance of £0.946m available in 21/22. 							

	£ m	£ m
Funding		
Discretionary allocation	12.921	
Wrexham Bus Continuity OBC	1.396	14.317
B/f All Wales Commitments		
Wrexham Bus Continuity	0.450	
SMS – Craig Hyfred	0.100	
PAS/Weds	0.150	(0.700)
Funding available		13.617

Allowing 15% overcommitted, to allow for potential slippage, indicates that we should develop a programme based upon circa £15.7m total value.

Welsh Government have confirmed that the Minister has supported the establishment of a “*Funding Programme For Targeted Improvements in the NHS Estate in Wales*”. The programme is focused upon improvements with respect to estate infrastructure, Mental Health, decarbonisation and fire safety. An Estate Funding Advisory Board has been established to support Welsh Government in prioritising investments and BCU are a member of this advisory board.

National programmes are also to be established for radiotherapy and diagnostics.

Asesiad / Assessment

Following approval of the revised capital governance structure, guidance was sent to all divisions and core programme leads on the development of divisional and core programme capital plans and the prioritisation of the associated capital investment in the short (annual) and medium term (3 year) cycle.

All proposals were required to demonstrate that they will:

- Address the major risks
- Improves the quality of care/health outcomes (supports service transformation)
- Ensure the estate is sustainable
- Ensures the estate is affordable (delivers financial recovery)

It was recognised that capital investment may be required to support some of the proposals. In determining capital priorities divisions and core programme leads were required to review potential investment requests and score each against the following criteria:

Criteria	Objective	Definition	Scoring criteria	Score
Address major risk	Reduces risk	Meets identified corporate or division/department risk (as identified in relevant Risk Register).	Related to assessment of risk and urgency: does not reduce risk or risk rated as low, medium or high	0,2,4 or 6
Improves the quality of care/health outcomes (supports service transformation)		Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensure the estate is sustainable	Meets KPIs (as attached)	Supports the delivery of the estate KPIs	No or yes	0 or 6
	Supports service continuity	Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensures the estate is affordable (delivers financial recovery)		Cost avoidance or cash releasing	Ability to avoid/reduce cost or release cash	0, 3 or 6

Capital bids were initially received from all divisions and core programmes to a total value of approximately £40m and the Capital Investment Group required that:

1. Divisions and core programme leads rank all schemes in priority order, with no equal ranking, in accordance with the guidance. In reviewing the ranking particular emphasis should be placed on the proposals ability to mitigate risks as identified in the Corporate Risk Register and to support the emerging operational plan for 2021 and beyond.
2. Divisions and core programme leads consider opportunities to attract additional funding. In particular proposal that address Welsh Government concerns/priorities and that are in excess of £1m may be suitable for NHS All Wales funding. Consideration should also be given to any available grant funding and charitable donations.
3. Plans to look to the medium term rather than be limited to the short-term and should therefore be over a period of 3 years.

The Executive Team provided additional guidance and confirmed that next year's programme will focus on:

- Mitigating risk (and addressing compliance)
- Supporting patient safety
- Recovering (and learning) from Covid
- Service recovery (planned care)

The subsequent ranked programmes were then reviewed by a sub-group (including Planning, Finance and corporate Health and Safety) and a draft programme developed in accordance with the above criteria. The final proposed programme has subsequently been scrutinised and supported by the Capital Investment Group and the Executive Team.

With respect to the WG All Wales fund for targeted improvements to the estate representatives of the BCU Estate Environment Group prepared bids for submission to Welsh Government in accordance with the mandated guidance. The bids have sought to:

- Address key risks as identified within:
 - the relevant compliance/divisional risk assessments
 - fire audits
 - the Health and Safety Compliance Audit gap analysis (and associated business case).
- Reduce the burden of backlog maintenance and improve the overall estate KPIs.
- Reduce carbon footprint and generate revenue savings.
- Ensure alignment with the draft three year capital programme.

The bids have been discussed with colleagues from Health and Safety and the attached draft capital programme includes the proposed bids as supported by the National Estates Advisory Board (as a separate worksheet entitled *WG Targeted Fund*) and demonstrates how they relate to the priorities identified within the overall capital programme. This indicates additional funding to BCU in the sum of £4.597m.

Finally, the programme also includes details of our priorities for All Wales Capital funding. The priorities are aligned to BCU's Estate Strategy and Three Year Plan, as summarised within the agreed Business Case Tracker.

With respect to the proposed national Radiotherapy and Diagnostic programmes the key priorities are in accordance with the business cases approved by the committee as follows:

Radiotherapy Programme: Replacement of Cancer Centre CT simulator (£2.072m)

Diagnostic Programme:

Ysbyty Wreccsam Maelor – Replacement Gamma Camera (£0.922m)

Ysbyty Wreccsam Maelor – Interventional Radiology Suite (£2.327m)

Taken together all of the above indicate that the total funding (discretionary and national programmes) for 2021/22 is estimated to be **£25.5m**.

The proposed annual programme for 2021/22 may be summarised as follows:

Discretionary and national programmes	£million
Estates	
- Risk and compliance	3.261
- Patient safety	2.946
- Recovering (and learning) from covid	3.131
- Service recovery	3.810
- Accommodation (excluding £250k pa rev)	0.500
- Decarbonisation	1.430
Medical Devices replacement programme	2.188
Imaging and radiotherapy national Programmes	5.075
Informatics	3.123
	25.464

The programme seeks to mitigate/reduce the following risks:

- Board Assurance Framework
 - Strategic Priority 2
 - BAF 20-04, Primary care sustainable services
 - BAF 20-05, Timely access to planned care
 - Strategic Priority 4
 - BAF 20-14, Security services
 - BAF 20-15, Health and safety
 - BAF 20-16 Pandemic exposure
 - Strategic Priority 5
 - BAF 20-18, Digital estate and assets
 - BAF 20-19, Development of Estates and assets
 - BAF 20-22, Development of IMTP
 - BAF 20-26, Development of Operational Plan
 - BAF 20-28, Estates and assets
- Corporate Risk Register:
 - 20-01, Asbestos management and control
 - 20-03, Legionella management and control
 - 20-04, Non compliance of fire safety systems
 - 20-06, Informatics – patient records pan BCU
 - 20-07, Informatics – capacity, resource and demand

The programme also seeks to address tier 2 and 3 risks as identified by divisions and departments. Finally the programme proposes investment to increase capacity and reduce risks with respect to safe sustainable services, timely access to planned care and mental health & learning disabilities services.

Details of the draft three year programme are included in the appendix. The programme includes discretionary, Targeted Estates Fund and All Wales Funding. Whilst there is certainty for year 1 (2021/22), years 2 and 3 are indicative and will be subject to review and agreement prior to the relevant financial year.

Financial Implications

The report sets out the draft capital programme in accordance with the Health Board's Standing Financial Instructions and the estimated funding available.

Risk Analysis

Without an agreed capital programme there is a risk that the Health Board may be unable to meet its defined operational objectives will not meet its CRL.

Legal Compliance

The planned programme will assist the Health Board in meeting its statutory and mandatory requirements.

Draft Capital Programme - 2021/22 to 2023/24																			
17th February 2021 v0.2																			
Discretionary Capital																			
Programme	Description	Estimated cost £m	2021/22 £m	2022/23 £m	2023/24 £m														
Secondary Care	YG - Enlli Ward (yr 2)	0.184	0.184																
	YG - Refurbishment of Oral Surgery and Maxillo-Facial Outpatient Department	0.250	0.250																
	YGC - Asceptic Products Unit year 2	0.250	0.250																
	YGC - Fully refurbish Ward 6 and Ward 10	3.604	1.800	1.804															
	YGC - PACU	0.057	0.057																
	YWM - Isolation Facilities (yr2)	1.330	1.330																
	YWM - Increase critical care capacity (linked to above)	1.104	1.104																
	All sites - enabling works Orthopaedics	1.100	1.100																
	YG - Refurbishment of Ophthalmology OPD	0.650		0.650															
	YG - EDOU	0.250		0.250															
	YGC - Enhanced decontamination facility for Endoscopy	2.400		1.200	1.200														
	YG - Changing Places toilet	0.060		0.060															
	YG - Critical Care Enlli Phase 2	0.598		0.598															
	YGC - EDOU/Frailty Assessment Unit	0.058		0.058															
	YWM - Co-location of Ophthalmology staff	0.080			0.080														
	YG - Additional segregation	0.112			0.112														
	YGC - ED Reception/Streaming	0.133			0.133														
	YG - Fit out of ED "void" for provision of flexible use accommodation.	0.250			0.250														
	YGC - Re-location of IPT and training from temporary accommdation	0.050			0.050														
	YG - Increase car parking	0.250			0.250														
	YGC - centralised storage	1.575			0.725														
	YWM - re-locate admin funtions from ED	0.037			0.037														
		14.382	6.075	4.620	2.837														
Womens	Refurbishment of Community Midwifery offices.	Project to be determined for roll out from 22/23																	
	Refurbishment of midwifery units across all DGH.	Addressed through acute infrastructure PBC																	
	YGC - works to COLP Suite as CSA recommendations	0.300	0.300																
	Freestanding Maternity Units (FMU)	Subject to service strategy and consultation																	
	YMW - upgrade bathrooms on maternity unit to meet IPC requirements	0.200	0.200																
	YGC - air conditioning for Fetal Medicine	Addressed through acute infrastructure PBC																	
		0.500	0.500	0.000	0.000														
NWMCS	YWM - Conversion of postmortem room to permanent deceased storage	0.090	0.090																
	YWM - Red Cross - addition of patient toilet facilities	0.015	0.015																
	YWM - upgrade phelbotomy clinic	0.050	0.050																
	YGC - Extension to existing mortuary for sustainable storage	0.500		0.500															
	YG- Upgrade audiology clinic / office space for team	0.250		0.250															
	YG - Radiology refurbish accomodation and clinical spaces	0.250			0.250														
	YG -Radiology support accommodation	0.200			0.200														
	YWM - Radiology support accommodation	0.200			0.200														
		1.555	0.155	0.750	0.650														
East Area	Deeside Hospital Swipe card access	0.020	0.020																
	Mold Hospital Swipe card access	0.020	0.020																
	Deeside Hospital Call bell replacement	See Estates																	
	Brynteg clinic upgrade of facilities	0.250	0.250																
	Conversion of empty space to office/clinic space in Plas Yn Rhos	0.250		0.250															
	Chirk hospital - OPD Conversion of empty space to clinic rooms	0.300		0.300															
	Mold hospital - Upgrade of clinic rooms in MIU and outpatients	0.300		0.300															
	Reconfiguration or expansion of Gladstone Unit	0.500			0.500														
	Chirk Hospital reconfiguration of community hospital reception desks				0.100														
	1.640	0.290	0.850	0.600															
Central Area	Ruthin hopsital - discretionary support to additional ventilation	0.400	0.400																
	Relocate ABI and other teams from 204/206 Abergele Road	1.643		0.843	0.800														
		2.043	0.400	0.843	0.800														
West Area	Ysbyty Bryn Beryl - phase 3 dental	0.750	0.600	0.150															
	Caernarfon Childrens Neurodevelopment accommodation	0.185		0.185															
	Ulanfair PG Health Centre - Primary Care	0.500		0.400	0.100														
	YPS & Dolgellau - replacement ARJO baths	0.020	0.020																
		1.455	0.620	0.735	0.100														
Stroke	Community Hubs	1.000	0.600	0.400															
MHLD	Ty Llewelyn MSU - replacement doors year 2	0.115	0.115																
	Bryn Enfys - refurbishment year 2	0.062	0.062																
	Heddfan - phase 3 upgrade	0.100	0.100																
	Ty Llewelyn MSU - upgrade CCTV	0.185	All Wales Infrastructure - MHLD																
	Hergest - anticlimb guttering	0.070	All Wales Infrastructure - MHLD																
	Ty Llewelyn MSU - access control	0.033	All Wales Infrastructure - MHLD																
	Ty Llewelyn MSU - reconfigure reception	0.060	All Wales Infrastructure - MHLD																
	Hergest - anti-ligature WC	0.008	All Wales Infrastructure - MHLD																
	Ty Llewelyn MSU - ward connecting corridor	0.250	All Wales Infrastructure - MHLD																

[illegible]

Draft Capital Programme - 2021/22

17th February 2021 v1.0

EFAB Capital

Programme	Description	Estimated cost £m	2021/22 £m
MHLD	Ty Llewelyn MSU - upgrade CCTV	0.185	0.185
MHLD	Ty Llewelyn MSU - access control	0.033	0.033
MHLD	Ty Llewelyn MSU - reconfigure reception	0.060	0.060
MHLD	Ty Llewelyn MSU - ward connecting corridor	0.250	0.250
MHLD	Ty Llewelyn MSU - garden access	0.010	0.010
MHLD	Hergest - anticlimb guttering	0.070	0.070
MHLD	Hergest - anti-ligature WC	0.012	0.012
	Total	0.620	0.620

Programme	Description	Estimated cost £m	2021/22 £m	2022/23 £m
FIRE	Ysbyty Wrexham Maelor - Fire Safety - fire alarm replacement	0.160	0.160	
FIRE	Llandudno Gen Hsp - Upgrade External Fire Escape	0.100	0.100	
FIRE	Llandudno Gen Hsp - Upgrade compartmentation and fire stopping	0.100		0.100
FIRE	Dolgellau Com Hosp - Upgrade External Fire Escape	0.080	0.080	
FIRE	Chirk Com Hsp - Upgrade Fire Detection and Compartmentation to include development of cause and effect matrix	0.100	0.100	
FIRE	Tywyn Com Hsp - reconfigure fire alarm arrangement and alignment with compartmentation and cause and effect	0.070	0.070	
FIRE	Ysbyty Gwynedd - Installation of Patients Fire Evacuation Lifts x 2	0.600	0.300	0.300
FIRE	Ysbyty Gwynedd - Installation of Dry Risers	0.287	0.287	0.287
FIRE	Colwyn Bay Com Hsp - reconfigure fire alarm arrangement and alignment with compartmentation and cause and effect	0.070		0.070
FIRE	YGC & Abergele Hosp - Upgrade the fire alarm existing to S-Quad	0.035		0.035
FIRE	H+S Improvement Programme - Upgrade of Engineering and Building Services to address Fire Risk Assessment Audits	0.150		0.150
	Total	1.752	1.097	0.942

Programme	Description	Estimated cost £m	2021/22 £m	2022/23 £m
INFRASTRUCTURE	Pan BCU - Upgrade Non-Critical Ventilation Systems	0.450	0.450	
INFRASTRUCTURE	Upgrade VIE installation at YWM	0.375	0.375	
INFRASTRUCTURE	Upgrade VIE Evaporator at YGC	0.075	0.075	
INFRASTRUCTURE	YGC - upgrade accommodation blocks on site	0.350	0.350	
INFRASTRUCTURE	YG - upgrade accommodation block on site	0.200	0.200	
INFRASTRUCTURE	YG - Road and Pathways Upgrade Work	0.100		0.100
INFRASTRUCTURE	ByN - Road and Pathways Upgrade Work	0.050		0.050
INFRASTRUCTURE	YWM - Carpark repairs/Replacement	0.150		0.150
INFRASTRUCTURE	Preswylfa - Carpark repairs/Replacement	0.080		0.080
INFRASTRUCTURE	Abergele Hospital - Carpark repairs / Replacement	0.030		0.030
INFRASTRUCTURE	YGC - Upgrade roofing on the women & children unit	0.270		0.270
INFRASTRUCTURE	YG - oof repairs	0.080		0.080
	Total	2.210	1.450	0.760

Programme	Description	Estimated cost £m	2021/22 £m	2022/23 £m
DECARBONISATION	LLGH - Main Heating Boilers Upgrade	0.030		0.030
DECARBONISATION	ByN - Replacement Boilers x 3	0.030		0.030
DECARBONISATION	Bodnant MH clinic - Upgrade of Boilers	0.050		0.050
DECARBONISATION	Nant y Glyn MH clinic - Upgrade of Boilers	0.030		0.030
DECARBONISATION	Hafod MH clinic - Upgrade of Boilers	0.016		0.016
DECARBONISATION	Rhos Clinic - Replacement Boiler	0.010		0.010
DECARBONISATION	Chirk Hosp - Replacement Boiler	0.075		0.075
DECARBONISATION	ABI, Abergele Rd, Colwyn Bay Upgrade BMS Controller	0.030	0.030	
DECARBONISATION	YWM - Upgrade BMS Controllers	0.040	0.040	
DECARBONISATION	YGC - Upgrade BMS Controller s	0.030	0.030	
DECARBONISATION	YGC - Pathology Dept - Upgrade BMS on lighting system	0.040	0.040	
DECARBONISATION	YG - Upgrade BMS Controllers	0.040	0.040	
DECARBONISATION	West Area - Upgrade streetlights / Security Lighting to LED	0.125	0.125	
DECARBONISATION	East Area - Upgrade streetlights / Security Lighting to LED	0.125	0.125	
DECARBONISATION	Installation of Solar PV within Community Hospital Sites	0.550	0.550	
DECARBONISATION	Provision of New Electrical Service Vehicles and associated charging points for Facilities Department within Health Board	0.450	0.450	
	Total	1.671	1.430	0.241

	Estimated cost £m	2021/22 £m	2022/23 £m
Total Capital Bid	6.253	4.597	1.943

Decarbonisation	1.671	1.430	0.241
Infrastructure	2.210	1.450	0.760
Fire	1.752	1.097	0.942
MHLD	0.620	0.620	0.000

Draft Capital Programme - 2021/22 to 2023/24

17th February 2021 v0.2

All Wales Capital

Programme	Description	Scheme Value £m	2021/22 £m	2022/23 £m	2023/24 £m
Secondary care	YWM - Continuity Programme	55.585	2.490	9.530	19.280
	YWM - Redevelopment Programme	tbc			
	YG- Compliance Programme	168-216			
	Diagnostic and Treatment Programme	124-219			
	Residencies	55.800			
NWMCS	Nuclear Medicine / PET CT	10.445	0.922	4.250	5.273
	Radiotherapy Programme	15.500	1.826	5.500	4.500
	Imaging replacement programme:				
	YWM - IR suite		2.327		
	YWM - plain x-ray			0.650	
	YGC - plain x-ray			0.650	
	YG - plain x-ray			0.650	
	Ultrasound - all sites			0.360	
	YWM - replacement CT				2.000
	YWM - replcaement MRI				2.500
	YG - replacement CT				2.000
	Community sites - plain x-ray				0.300
East Area	Cefn Mawr Primary Care Centre.	tbc			
	Hanmer PCC	tbc			
	Llay PCC	tbc			
	Sexual health - relocation of service from the modular unit	tbc			
Central Area	RAH development Project	67.302	14.365	37.718	10.075
	Project "Paradise" with Local Authority and Grŵp Llandrillo Menai	Partnership scheme - revenue not capital			
	Denbigh integrated reablement unit	Partnership scheme - revenue not capital			
	Integrated PCRC for three Conwy practices and one Llandudno Junction	tbc			
	Kinmel Bay PCC	tbc			
	LLGH - outpatients	To be reviewed within context of DTC			
	LLGH Review of Neuro Rehabilitation services	tbc			
West Area	New Porthmadog Primary Care Centre	tbc			
	Holyhead Primary Care / Wellbeing Centre	tbc			
	Penygroes / Dyffryn Nantlle Health & Wellbeing Hub	tbc			
	Bangor - Community Paeds CDC / Talarfon Replacement	tbc			
MHLD	Ablett Redevelopment	63.700	1.387	13.417	31.526

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board: Strategic Outline Case					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	Ian Howard, Assistant Director Strategic and Business Analysis Andrew Kent, Head of Planned Care Improvement (interim)					
Craffu blaenorol: Prior Scrutiny:	In line with the organisation's Procedure for Managing Capital Projects the business case has been endorsed by: <ul style="list-style-type: none"> • The Diagnostic and Treatment Centre Project Board • The Capital Investment Group • The Executive Team 					
Atodiadau Appendices:	The Business Case and its appendices are attached (Apps D,E,F,H,G,I)					
Argymhelliad / Recommendation:						
The Committee is asked to approve the Business Case for submission to the Board. Subject to Board approval the case will then be submitted to Welsh Government.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The Strategic Outline Case (SOC) is the first stage in the development of a project business case. A SOC establishes the strategic context, makes a robust case for change, and provides a suggested way forward, rather than a definitive preferred option.</p> <p>The Outline Business Case (OBC) identifies the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme. The Full Business Case (FBC) sets out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme.</p> <p>This SOC proposes the transformation of planned care services in BCUHB, through the introduction of a Diagnostic and Treatment Centre [DTC] model. This entails the co-design and development of new integrated pathways which will improve the quality of patient care and speed of access, as well as improving service resilience and efficiency. These integrated pathways will be enabled by building DTCs, allowing the physical separation of facilities for scheduled and unscheduled care. There are various options in terms of the number, location and scale of the DTCs, which will be explored in depth as the case develops. For the purposes of the Strategic Outline Case a range of shortlisted options</p>						

have been costed. These vary from £154 million for the core function of a DTC – focusing on outpatient and diagnostic services for patients with suspected cancer and vague symptoms – to £252 million for an option which also includes the provision of day cases and (for Orthopaedics only) elective inpatients. Based on an accelerated approach to the development of the business case it is planned that these facilities will be available in 2025. Ophthalmology cases are included in some options of this Strategic Outline Case but not the (lightly) preferred option. Other work is underway, led by Welsh Government, which could see the establishment of an elective eye care treatment centre before the DTC. This will be evaluated and a decision made on DTC scope as part of OBC / FBC development.

Cefndir / Background:

The Diagnostic and Treatment Centre model of care is fundamentally about improving patient care by creating different digitally enabled integrated pathways that separate planned care from unscheduled care activity. The DTC ensures a number of appropriate planned care processes, including elements of diagnostics, outpatients, day-cases and potentially elective inpatients can be provided outside a traditional hospital-based model of delivery.

Asesiad / Assessment & Analysis

Strategy Implications

As outlined in the strategic section of the case, the development of the DTC model is fully aligned to 'A Healthier Wales' and the developing all-Wales approach to planned care. It represents an evolution in the Health Board's strategic thinking about the delivery of care, focusing on new pathways and the separation of the elective elements of services from the unscheduled elements.

Options considered

The Economic section of the case contains a full option appraisal.

Financial Implications

The Financial section of the case outlines the estimated capital costs of the various options. The revenue implications will be explored in depth as part of the development of the OBC/FBC.

Risk Analysis

The Strategic section of the case contains a brief analysis of the risks. This is potentially a major strategic change with high levels of uncertainty at this stage in the development of the project.

Legal and Compliance

Subject to approval of the case by the Board and Welsh Government, the project will be managed in line with the Health Board's Procedure for Managing Capital Projects.

Impact Assessment

As outlined in the Strategic case, the development of DTCs is a significant strategic decision. Proposals will be developed with full regard to the Equality Act, the Well-being of Future Generations Act and the Socio-Economic Duty.

Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board

Strategic Outline Case (SOC)

March 2021
Draft for Finance & Performance Committee

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	18.11.20	First Draft	Chris Linward
Draft 2.0	23.11.20	Update after review by Andrew Kent	Chris Linward
Draft 3.0	27/11/20	Update after review with IH/AK/NG	Chris Linward
Draft 4.0	01/12/20	Update after review with IH/AK	Chris Linward
Draft 5.0	03/12/20	Update after review with AK	Chris Linward
Draft 6.0	03/12/20	Update after review with AK/NG	Chris Linward
Draft 7.0	07/12/20	Update after review with AK/NG	Chris Linward
Draft 8.0	09/12/20	Update following review with IH/AK	Chris Linward
Draft 9.0	11/12/20	Update following comments from IH	Chris Linward
Draft 10.0	03/03/21	Major redraft following input from Executive Team and Project Board	Ian Howard
Draft 11.0	07/03/21	Redraft following Project Board meeting 05/03/21	Ian Howard
Draft 12.0	08/03/21	Redraft following input from Kate Clark and Mark Wilkinson	Ian Howard
Draft 13.0	15/03/21	Redraft following input from Capital Investment Group and Executive Team	Ian Howard
Draft 14.0	16/03/21	Redraft following input from Executive Team	Ian Howard
Draft 15.0	17/03/21	Redraft following input from Executive Team and Andrew Kent	Ian Howard
Draft 16.0	17/03/21	Redraft following input from Executive Team	Ian Howard
<p>Key to abbreviations:</p> <p>AK: Andrew Kent – Head of Planned Care Improvement (interim), BCUHB</p> <p>IH: Ian Howard, Assistant Director – Strategic and Business Analysis, BCUHB</p> <p>NG: Nick Graham – Workforce Optimisation Advisor, BCUHB</p>			

Contents	Page No.
1. Executive Summary	3
2. Structure and Contents of the Document	7
3. The Strategic Case	8
4. The Economic case	19
5. The Commercial Case	23
6. The Financial Case	25
7. The Management Case	27
8. Conclusion and Recommendation	28

1. Executive Summary

1.1 Introduction

This business case proposes the transformation of planned care services in BCUHB, through the introduction of a Diagnostic and Treatment Centre [DTC] model. This entails the development of new pathways which will improve the quality of patient care and speed of access, as well as improving service resilience and efficiency. These pathways will be enabled by building DTCs, allowing the physical separation of facilities for scheduled and unscheduled care. There are various options in terms of the number, location and scale of the DTCs, which will be explored in depth as the case develops. For the purposes of the SOC a range of shortlisted options have been costed. These vary from £154 million¹ for the core function of a DTC – focusing on outpatient and diagnostic services for patients with suspected cancer and vague symptoms – to £252 million¹ for an option which also includes the provision of day cases and (for Orthopaedics only) elective inpatients. Based on an accelerated approach to the development of the business case it is planned that these facilities will be available in 2025.

1.2 Summary of the case

The DTC model entails the development of new patient pathways, incorporating the following:



Referral

- Single Point of Access
- Clinical triage at the point of receipt
- Suitability for DTC
- Direct Access for Primary care



One Stop Clinic Model

- Access to diagnostics
- Specialty review
- Results management
- Virtual vs Face to face follow up
- Ability to list for treatment
- Ability to undertake 'office-based' treatments
- Consent & pre-operative assessment
- Real-time communication
- Access to notes and documentation across all BCU
- Discharge pathway and documentation



Treatments/Day case

- Same day Elective Surgical Care
- Consistent Clinical Principles and Standards
- Agreed criteria for assessment of anaesthetic risk and suitability for DTC
- Monitoring and reporting of clinical standards, clinical outcomes, PROMs and PREMs
- Direct to Treatment Pathways for Primary and Community providers

¹ Including Optimism Bias at 24%

The anticipated benefits of this approach are substantial, and can be summarised as follows:

- The ability to maintain many elements of elective activity irrespective of unscheduled care pressures or future pandemics
- Reduced waiting lists as a result of:
 - Increased efficiency and productivity with lean pathways that ‘flow’ efficiently
 - Metrics, such as theatre utilisation and day-case rates, have been shown to be better in DTCs compared to the acute hospital model
 - Reduction of hospital initiated cancellations
- Improved clinical outcomes and patient experience:
 - Consistent clinical standards
 - Safe environment to enhance patient experience. There is evidence emerging to show a higher level of patient experience in a DTC model
 - Enhanced expertise of core staff for specific clinical pathways
 - Improved compliance with 62 day single cancer pathway
- Reduced time to first appointment:
 - Proactive clinical triage and ‘one stop shop’ approaches
 - Primary care direct access with diagnostics support
 - Use of virtual/telephone contact to negate unnecessary appointments

This approach is fully aligned to A Healthier Wales and the developing national approach to planned care. It is also a key element in BCUHB’s plans to refresh its existing strategy, ‘Living Healthier, Staying Well’, and the supporting Estates Strategy. In terms of the areas of the District General Hospitals that would be vacated as a result of the creation of the DTCs, there are various valuable potential uses that will be explored as the case develops. As regards workforce, the DTC model will act as an enabler for the development or introduction of new roles into an integrated multi professional team model, improved recruitment and retention of excellent staff at all levels, an opportunity to establish clear succession and talent escalators and a model for future change across the organisation.

Based on the benefits of implementing the DTC model, the investment objectives for this project are as follows:

1. To reduce the risks from disruption to service delivery and diagnostic capacity
2. To reduce harm to patients by providing early diagnostics and treatment to suspected cancers and vague symptoms
3. To provide faster/same day access to diagnostic tests
4. To deliver sustainable improvements in day case access and treatment times
5. To provide “ring fenced” elective capacity and deliver pathways that protect patients and staff from COVID-19
6. To support the development of new roles and improve recruitment and retention
7. To reduce reliance on external providers and deliver socio-economic benefits to the North Wales economy.

The scale of the DTCs is dependent on a number of variables, including: projections of future demand due to demographic change; the scale of efficiencies that can be achieved; the extent to which work will be repatriated from other providers; and the degree to which changes post-Covid may impact on both demand and productivity. This will be the subject of in-depth analysis as part of the development of the OBC/FBC. At this stage high level assumptions have been made to give an order of magnitude of the capital costs involved, in particular:

1. DTC activity is based on pre-COVID activity delivered across North Wales. It does not therefore plug any recurrent gaps between demand and supply of planned care with the exception of orthopaedics under some options.
2. No assumptions have been made about the repatriation of activity at this stage.
3. The post-COVID planned care backlog is assumed to have been cleared by 2025.
4. An elective ophthalmology treatment centre is included under some options although progress may be possible on this element before 2025.

In terms of options, all of the short-listed options are for a single phase implementation with funding via the all-Wales capital programme. It is also assumed that the service will be provided in-house, although there may be an opportunity for the facility to support in-sourced elective work from the private sector. While for costing purposes it has been assumed that there will be two DTCs, the number and location of the DTC[s] will be explored fully as part of the development of the OBC/FBC. As regards the scope of services, the following options are short-listed:

No.	Option	Capital Cost £ Millions Excluding Optimism Bias	Capital Cost £ Millions Including 24% Optimism Bias
1	Business As Usual: continue with the current service model. Discounted, but retained as a value for money comparator		
2	Outpatients & diagnostics, focusing on patients with cancer and vague symptoms: including 90 outpatient rooms and 20 “oscopy” rooms.	124.3	154.1
3	Outpatients, diagnostics & temporary theatres: including 90 outpatient rooms, 20 “oscopy” rooms and 2 temporary modular Theatres.	134.9	167.3
4	Outpatients, diagnostics & permanent theatres: including 90 outpatient rooms, 20 “oscopy” rooms and 9 permanent Theatres.	171.0	212.0
5	Outpatients, diagnostics & permanent theatres, including Ophthalmology: including 90 outpatient rooms, 20 “oscopy” rooms and 13 permanent Theatres.	181.2	224.7
6	Outpatients, diagnostics, permanent theatres, and inpatient Orthopaedics - excludes Ophthalmology: including 90 outpatient rooms, 20 “oscopy” rooms, 12 permanent Theatres, 31 Orthopaedic inpatient beds and 4 HDU beds. At the current stage in the development of the project this is the preferred way forward.	193.0	239.3
7	Outpatients, diagnostics, permanent theatres including Ophthalmology, and inpatient Orthopaedics: including 90 outpatient rooms, 20 “oscopy” rooms, 16 permanent Theatres 31 Orthopaedic inpatient beds and 4 HDU beds.	203.0	251.7

Commercially, it is anticipated that the project will be procured via the Welsh Government's All Wales Capital Programme. Revenue costs will be driven by the in-depth modelling that will be undertaken

at the OBC/FBC stage, though it is important to emphasise that this development is intended to result in a more efficient service as well as one that improves patient experience. In terms of the management of the project, this is a major transformational change and will require dedicated support from a range of clinical and non-clinical professions, as well as the appointment of a full-time Project Director. The OBC/FBC will be delivered through an in-depth process of co-production and internal and external engagement.

2. Structure and Contents of the Document

There are three key stages in the development of a project business case. These are: the Strategic Outline Case (SOC); the Outline Business Case (OBC); and the Full Business Case (FBC). Due to the pressing nature of the health system challenges, and the need to make rapid progress in developing an effective and sustainable service response, it is proposed to combine the OBC and FBC stages of work to deliver a full proposal in as short a timescale as possible. This will require further discussion and agreement with the Welsh Government.

With the above in mind, this SOC:

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The OBC: identifies the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme. The FBC: sets out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the *Five Case Model*, and comprises the following:

- The **Strategic Case**: this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case**: this explores the suggested way forward - or how best to deliver the objectives of the scheme;
- The **Commercial Case**: this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;
- The **Financial Case**: this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability.
- The **Management Case**: this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

3. The Strategic Case

3.1 Introduction

The purpose of this section is to explain how the scope of the proposed scheme fits with existing local and national strategies. It outlines the case for change, in terms of the existing and future operational needs of the service.

3.2 Organisational overview

BCUHB was established on 1st October 2009 and is the largest health organisation in Wales. It provides primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys and North-West England. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and three Acute Hospitals. In terms of planned care, the Health Board provides the full range of primary, community and secondary care services. Some tertiary services are also provided locally, with the majority of tertiary care being delivered in the North West of England.

BCUHB employs approximately 16,500 staff and has an annual revenue budget of approximately £1.6 billion.

3.3 Alignment to existing policies and strategies

3.3.1 The Diagnostic and Treatment Centre Model

The Diagnostic and Treatment Centre model of care is fundamentally about improving patient care by creating different patient pathways that separate planned care from unscheduled care activity. It takes a number of appropriate planned care processes, including elements of diagnostics, outpatients, day-cases and potentially elective inpatients, outside a traditional hospital-based model of delivery. It has been adopted in various parts of the UK, and there is a well-established body of literature developing the concept, including:

- Anastasiou, A. Examining Utilization of Operating Theatres; the example of Redwood Diagnostic and Treatment Centre A dissertation for the MSc Health Policy Degree, London School of Economics (November 2005)
- Aylward, M., Phillips, C. and Howson, H., 2013. Simply Prudent Healthcare—achieving better care and value for money in Wales—discussion paper. The Bevan commission, Cardiff.
- Diagnostic and Treatment Centres: the future of healthcare? | Architects for Health
- Dolly, S.O., Jones, G., Allchorne, P., Wheeler, D., Ali, S., Mukadam, Y., Zheng, S., Rahman, L., Sindhar, J., Moss, C.L. and Harari, D., 2021. The effectiveness of the Guy's Rapid Diagnostic Clinic (RDC) in detecting cancer and serious conditions in vague symptom patients. *British journal of cancer*, pp.1-9.
- House of Commons - Health - Written Evidence ([parliament.uk](https://www.parliament.uk))
- Kumar, V., Gupta, J. and Shehmar, M., 2013. Analysis of an innovative one-stop, hospital-based, outpatient acute gynaecology clinic: model for taking the service to community. *Journal of Family planning and Reproductive health care*, 39(4), pp.292-294.
- Neal, R.D., Din, N.U., Hamilton, W., Ukoumunne, O.C., Carter, B., Stapley, S. and Rubin, G., 2014. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. *British journal of cancer*, 110(3), pp.584-592.
- Sewell, B., Jones, M., Gray, H., Wilkes, H., Lloyd-Bennett, C., Beddow, K., Bevan, M. and Fitzsimmons, D., 2020. Rapid cancer diagnosis for patients with vague symptoms: a cost-effectiveness study. *British Journal of General Practice*, 70(692), pp.e186-e192.
- Withers, K., Palmer, R., Lewis, S. and Carolan-Rees, G., 2020. First steps in PROMs and

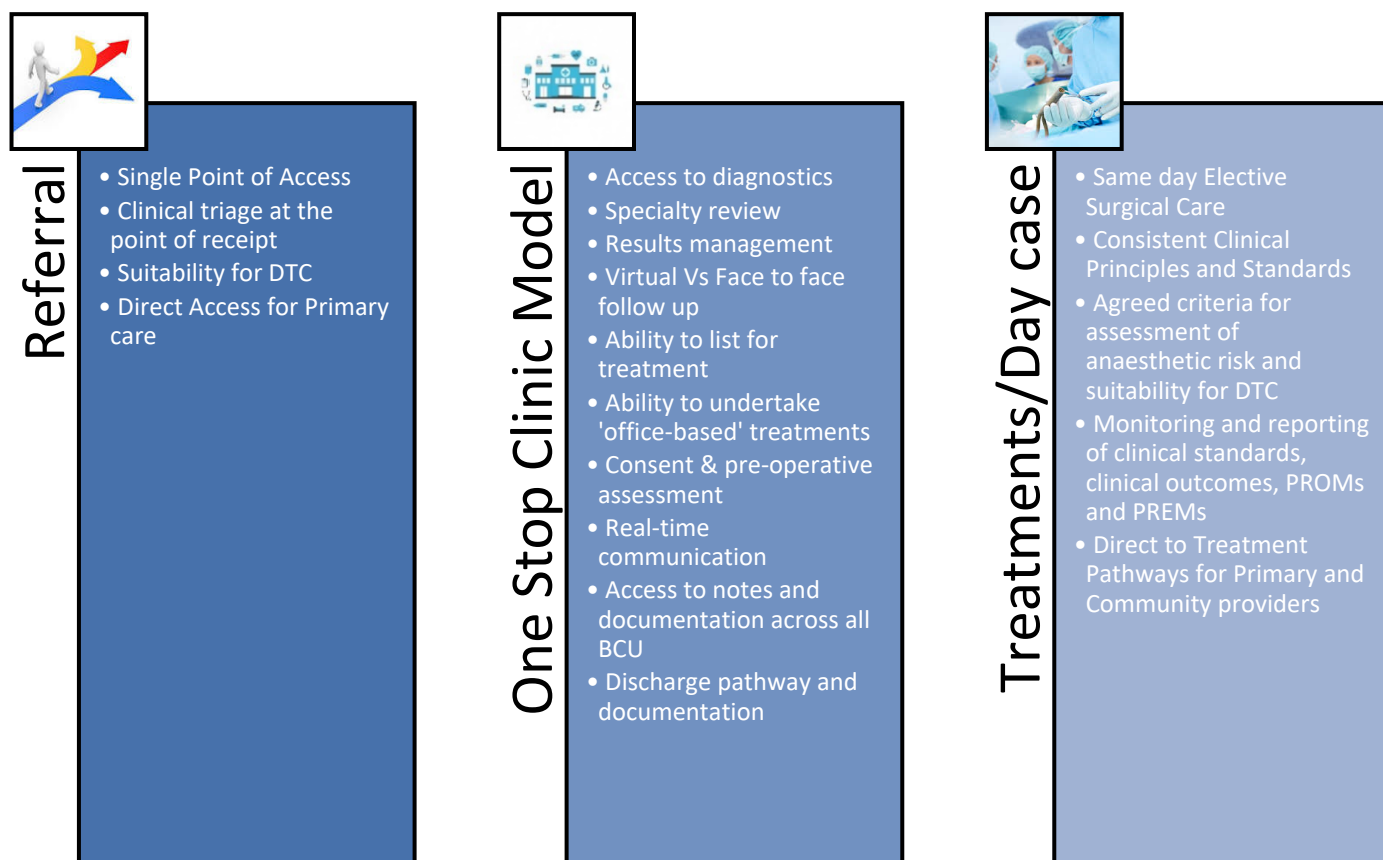
PREMs collection in Wales as part of the prudent and value-based healthcare agenda. Quality of Life Research, pp.1-14.

- Diagnostics: Recovery and Renewal” (Professor Sir Mike Richards, NHS England, October 2020).

This last paper states that “The COVID-19 pandemic has further amplified the need for radical change in the provision of diagnostic services, but has also provided an opportunity for change.” The report identifies the following key actions which are relevant to the DTC concept:

- Acute and elective diagnostics should be separated wherever possible to increase efficiency.
- Acute diagnostic services (for A&E and inpatient care) should be improved so that patients who require CT scanning or ultrasound from A&E can be imaged without delay.
- Inpatients needing CT or MRI should be able to be scanned on the day of request.
- Community diagnostic hubs should be established away from acute hospital sites and kept as clear of COVID-19 as possible.
- Diagnostic services should be organised so that as far as possible patients only have to attend once and, where appropriate, they should be tested for COVID-19 before diagnostic tests are undertaken.

While there are clear benefits from physically separating elective activity from emergency care – particularly since the COVID-19 pandemic – it is important to emphasise that this is not about simply transferring existing activity from one location to another. Specific new patient pathways need to be developed, incorporating the following:



Further diagrammatic summaries of the potential model of care are included as Appendices A and B.

The anticipated benefits of this approach are substantial, and can be summarised as follows:

- The ability to maintain substantial elements of elective activity irrespective of unscheduled care pressures or future pandemics
- Reduced waiting lists as a result of
 - Increased efficiency and productivity with lean pathways that ‘flow’ efficiently. This can be constrained by the current North Wales hospital estates design.
 - Metrics, such as theatre utilisation and day-case rates, have been shown to be better in DTCs compared to the acute hospital model
 - Reduction of hospital initiated cancellations
- Improved clinical outcomes and patient experience
 - Consistent clinical standards
 - Safe environment to enhance patient experience. There is evidence emerging to show a higher level of patient experience in a DTC model
 - Enhanced expertise of core staff for specific clinical pathways
 - Improved compliance with 62 day single cancer pathway
- Reduced time to first appointment
 - Proactive clinical triage and ‘one stop shop’ approaches
 - Primary care direct access with diagnostics support
 - Use of virtual/telephone contact to negate unnecessary appointments.

3.3.2 National Policy Context

A Healthier Wales

The Diagnostic and Treatment Centre concept is consistent with ‘A Healthier Wales’ (2018), Welsh Government’s long term future vision of a ‘whole system approach to health and social care’, focussed on health, wellbeing and preventing illness. Specifically, it is in accord with the vision that:

“People will only go to a general hospital when that is essential. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly”.

The proposed DTC model of care also aligns with the strategic direction in ‘A Healthier Wales’ that service should be relocated from large general hospitals to regional and local centres. This shift of service provision acknowledges that routine diagnostic, outpatient services, day-case treatments and minor surgery services can all be delivered safely and to high quality in other facilities and that making this change will be a key enabler of service transformation. As is noted later in the document, it is possible that one or more of the DTCs will be located on the same site as a DGH. They would, however, be stand-alone units within a campus, in accordance with the strategic approach outlined above.

National approach to Planned Care

DTCs are also in line with the work of the National Planned Care Board to redesign the planned care system, and set out a whole system vision for the delivery of planned care. The scheme will be fully aligned with the national consideration of the DTC model, including the potential short term proposals to develop stand-alone facilities for Ophthalmology. The various elements of transformation will be incorporated into the pathways, including building on the new approaches introduced during COVID-19 to protect the general population: balancing the risk from the pandemic with the risk of harm from delaying or providing an alternative treatment to an existing condition; how to use resources prudently across traditional boundaries; and measuring the difference interactions and treatments makes to individuals.

The Equality Act, the Well-being of Future Generations Act and the Socio-Economic Duty

The proposals to create DTC[s] will be developed with full regard to the Equality Act, the Well-being of Future Generations Act and the Socio-Economic Duty. An Equality impact assessment will be undertaken guided by the research, to identify opportunities to advance equality and address adverse impact for people from protected characteristic groups. In terms of the Socio-Economic Duty, the Health Board is required, when making strategic decisions such as deciding priorities and setting objectives, to consider how our decisions might help reduce the inequalities associated with socio-economic disadvantage. It is clear that the development of DTCs is a strategic decision, given the range of services and the number of people (both patients and staff) that would be affected. In line with the Health Board's policy, the socio-economic duty will be considered and opportunities to tackle socio-economic disadvantage optimised as an integral part of the option appraisal process in the OBC/FBC. Specifically there will be a clear audit trail demonstrating consideration of the following:

- What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
- What are the voices of people and communities telling us (including those with lived experience of socio-economic disadvantage)?
- What does the evidence suggest about the decision's actual or likely impacts regarding inequalities of outcome as a result of socio-economic disadvantage?
- Are some communities of interest or communities of place more affected by disadvantage in this case than others?
- What does our impact assessment tell us about gender, race, disability and other protected characteristics that we may need to factor into our decisions alongside those suffering socio-economic disadvantage?
- What existing evidence do we have about the proposal being developed, including what could be done differently?

3.3.3 Fit with BCUHB's Service Strategy

The DTC concept is an integral part of BCUHB's overall service plans. The organisation's current high level service strategy is articulated in 'Living Healthier, Staying Well' (LHSW) (March 2018). LHSW sets out how health, wellbeing and healthcare might look in ten years' time and describes current plans along with implications for how resources are allocated and how staff prioritise their time. The strategy is based on three overlapping major programmes within the overall portfolio:

- Improving health and reducing inequalities
- Care closer to home
- Excellent hospital care

In terms of patients with more serious health needs, LHSW states that "In order to deliver services to meet future needs we will ensure that our three main hospitals at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital provide core services to meet the needs of the population.

Each hospital will continue to have:

- 24 / 7 emergency department
- Consultant-led maternity and children's services
- A wide range of medical and surgical care, both for planned care and emergencies
- Day case surgery, diagnostic tests and outpatient clinics"

The exact scope of services to be included in the DTC[s] is discussed in section 3.7, and even in the scenario with the broadest possible scope some elements of day case surgery, diagnostic tests and outpatient clinics will remain in the acute hospitals. However the development of DTC[s] does entail an evolution in strategic thinking, focusing on separating the elective elements of these services from the unscheduled elements and potentially locating many of them on a different site. This shift in thinking is driven by the range of benefits to patients of the DTC model, outlined above, and has been discussed at length in the Health Board's Planned Care Transformation Group and the Clinical Advisory Group. The Health Board is currently undertaking a refresh of LHSW, and the adoption of the DTC model will be a key plank of the refreshed clinical strategy.

In terms of stakeholder engagement, this evolution in thinking has already been the subject of preliminary discussions with the CHC. It will also form part of the approach to the co-production of the Health Board's refresh of its overall strategy.

3.3.4 Fit with BCUHB's Estates Strategy

BCUHB has an Estates Strategy, which was adopted in March 2019. The Estates Strategy responds to LHSW and provides the vision and framework for the future development and utilisation of the estate. In terms of sustainable planned care, it confirms the commitment to developing services on the three main acute sites, and the need for a high quality Estate to support acute medical and surgical care, and access and waiting times.

The development of DTC[s], which may not be on the DGH sites, represents an evolution in strategic thinking about the Estate and will be reflected in the next iteration of the Estates Strategy planned for September 2021.

The move to a Diagnostic and Treatment Centre model means that a significant amount of space in the three DGHs, where this work is currently undertaken, would be freed up for alternative use. Decisions about the specific use of this space will be made as part of the next iteration of the organisation's Estates strategy, linked to the refresh of the overall clinical strategy, and this will be reflected in the OBC/FBC for the DTC. However it is important at this stage to be clear that the space will have a valuable alternative use, and that there is not a significant risk that it will simply lie fallow. Current thinking about the possible use of this space includes the following:

- It could support an expansion of inpatient capacity, to address both emergency and elective inpatient demand.
- It could facilitate the rationalisation of acute services within each site. For example at Wrexham Maelor services could be re-located from the elderly and unsuitable EMS site and clinical services could be re-located from the North site, supporting the development of a "health campus" providing primary, community and acute services. At Glan Clwyd it could support the re-location of "outlier" wards which are not currently in the central core of the hospital, and the rationalisation of temporary accommodation. At Bangor it could provide similar opportunities for reconfiguration, and may also support the rationalisation of the Bryn-y-Neuadd site.
- It could facilitate the closure of Abergele Hospital. Depending on the scope of services which are included in the DTC, both Orthopaedics and Ophthalmology could transfer from the Abergele site. The space freed in the DGHs would allow the other, non-clinical, services to be transferred – and potentially for Ophthalmology and/or Orthopaedics to be transferred if they are not included in the DTC. The Child and Adolescent Mental Health Services facility has been designed as a stand-alone unit and would in all likelihood be retained at Abergele.

- There may be redesign requirements as a result of COVID-19. While the long-term effects of COVID-19 on hospital design are not yet clear, it is likely that the next few years will see significant changes related to infection prevention and control – for example an increase in single rooms, and greater segregation of patients. The space freed by the development of the DTCs will make this much easier to achieve.
- It could support any strategic changes in the distribution of clinical services between the 3 DGH sites as a result of the refresh of the organisation's clinical strategy.
- A period of 'double running' of elective services from the existing sites as well as the DTC may be required. As outlined in the section on supply and demand, the intention is that the backlog created by COVID-19 will be fully addressed by the time the DTC[s] are functioning. However the next few years cannot be predicted with confidence, and there may still be a substantial backlog to address.

As outlined previously, it is important to emphasise that no decisions have been made in any of the areas explored above, but they do demonstrate a range of potential benefits associated with freeing spaces on the existing DGHs. In terms of scope it is also important to be clear that the capital costs of these alternative uses are not included in this case – they will be the subject of separate cases.

As regards the relationship between this scheme and the Health Board's current major capital programme, the case for developing DTCs does not have a fundamental impact on the business continuity/compliance cases at Wrexham and Bangor, as these cases address major infrastructure issues on those sites that need resolution regardless of the specific service configuration. The detailed proposals for the business continuity schemes will be adapted at OBC stage to reflect any impact of the DTCs. For example changes to outpatient delivery could suggest later phasing of compliance work on these elements of our sites. Similarly, the Wrexham Redevelopment project will be developed alongside the proposals for the DTCs, to ensure strategic fit.

3.3.5 Fit with BCUHB's Workforce Strategy

The Health Board's 2019/22 published Workforce Strategy sets out the intention that, in moving forward with the formulation of transformation plans, it will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. This builds on the foundations set out within 'A Healthier Wales' and links with the National and Regional Workforce Strategies.

Whilst the Health Board has historically had particular challenges presented by national, local workforce and demographic trends, including significant gaps between budgeted establishment and numbers of actual staff in post (approximately 1,500 WTE across the whole organisation), there is evidence that this is, in part, influenced by the models of care delivered across the organisation and by the perceived lack of sustained improvement and innovation.

There are a number of examples where transforming and/or improving the model of care delivery using the principles of patient focussed, value and outcome based delivery, has resulted in improved recruitment, retention and engagement. The Health Board is confident that the development of this pathway approach to diagnostic and treatment for a range of conditions, together with an element of protected provision of planned care, will act as an enabler for the development or introduction of new roles into an integrated multi professional team model, improved recruitment and retention of excellent staff at all levels, an opportunity to establish clear succession and talent escalators and a model for future change across the organisation.

The model for the Diagnostic and Treatment centres is based on seamless pathways between primary, community, secondary care and a “one stop” service. This provides a number of additional opportunities and it is essential that this thinking is built into the workforce planning. These include, but are not limited to:

- i. Establishment of multi professional education and training pathways using the design and flow into and out of unscheduled and planned care (primary, community, secondary);
- ii. Development of rotational opportunities for skill enhancement as well as supporting resilience of our people
- iii. Networks for clinical delivery across centres and services (moving away from the traditional appointment to one site)
- iv. Development of clinical skills and simulation facilities within the centres to support education, research and improvement (linked to the strategic development of a Medical and Health Sciences School)
- v. Consolidation of multi professional services onto remaining sites, recognising the synergies between pathways and services using a “campus” approach.

The Workforce Strategy confirms the need for the organisation to apply clear workforce planning principles to all service improvements and new developments. Rather than the traditional “lift and shift” approach, the Health Board will deploy the “Five Rights” principles as set out below.



The workforce plan for this proposal will be developed in the light of existing challenges and opportunities, such as the ones described above. In addition it will be developed in light of, and as part of, the wider strategic workforce plan for the organisation. Therefore it is important that the work is undertaken to develop the clinical models for both the Centres and remaining services/sites is undertaken before setting in stone the workforce plan and costs for the new Centre model as the risk of then being constrained by this is high based on previous case development. Engagement with staff, as well as with patients and other stakeholders, will be key to the development of this scheme.

3.4 Investment Objectives and Benefits for the Project

Based on the benefits of implementing the DTC model, the investment objectives for this project are as follows:

- To reduce the risks from disruption to service delivery and diagnostic capacity
- To reduce harm to patients by providing early diagnostic and treatment to suspected cancers and vague symptoms
- To provide faster/same day access to diagnostic tests
- To deliver sustainable improvements in day case access and treatment times
- To provide “ring fenced” elective capacity and deliver pathways that protect patients and staff from COVID-19
- To support the development of new roles and improve recruitment and retention
- To reduce reliance on external providers and deliver socio-economic benefits to the North Wales economy.

A set of specific measurables that contribute to each of these high-level objectives, including baseline measurements, will be developed as part of the OBC.

3.5 Existing Arrangements

In terms of elective care, BCUHB provides the full range of primary, community and secondary care services. The vast majority of acute elective services are provided from the three main acute hospitals – Wrexham, Glan Clwyd and Bangor. Some tertiary services are also provided locally, with the majority of tertiary care being delivered in the North West of England. Elective Ophthalmology and Orthopaedic services in the Central area are undertaken at Abergele Hospital, and some elective work is also carried out at Llandudno Hospital. Some outpatient work is also undertaken in various community hospitals.

3.6 Business Needs – the Problems with Existing Arrangements

The Health Board’s elective care services are under severe pressure. Access time targets have not been fully achieved for several years. There is a structural imbalance between supply and demand for services, which has historically been partially rectified by a combination of non-recurring investment in internal waiting list initiatives and insourcing and outsourcing work from other NHS and private sector providers – frequently at ‘premium’ rates. This underlying problem has been exacerbated by the devastating effect of COVID-19 on the service. This section of the case:

- Describes the Health Board’s 6-point recovery plan and the place of DTCs in that plan
- Outlines the high level capacity assumptions which inform the options contained in the Economic Case
- Describes the work that will be done to develop robust demand and capacity assumptions as part of the OBC/FBC.

6-point recovery plan

The Health Board has developed a Planned Care Recovery Plan to address the immediate pressures presented by capacity constraints, historic patterns of rising demand and the challenges which will be presented in the immediate aftermath of the COVID-19 pandemic. This six-point plan utilises a range of measures, including validation, demand management, virtual clinics and use of additional capacity, such as “Once for North Wales” to reduce the waiting time backlogs. A summary of the planned approach is outlined in the following diagram:



The Health Board is working with Welsh Government on a range of measures to eliminate or reduce the elective care backlog over the next few years. This includes the use of temporary modular capacity, and potentially involves the development of a temporary Ophthalmology facility. It will also entail the development of the new pathways of care that are integral to the DTC approach, as outlined earlier. This case proposes the creation of permanent facilities that will allow the DTC approach to be fully realised and embedded.

Demand and Capacity Analysis

In-depth capacity modelling work will be required to determine the scale of the DTCs. Factors to be considered will include:

- Projections of future demand due to demographic change
- The scale of the transformational change that this development will facilitate, including:
 - a shift of activity from inpatients to day-cases, and from day-cases to outpatient procedures
 - reductions in outpatient activity through initiatives such as “see on symptoms”, patient-initiated follow-ups and virtual consultations
- Decisions about the number of sessions to run per theatre per week
- The scale of any backlog of cases that may still need to be addressed
- Any repatriation of work currently undertaken in England
- The activity levels required to address the underlying imbalance between supply and demand
- The exact range of services that are undertaken in the DTC
- The extent to which changes post-COVID may impact on productivity (e.g. number of outpatients seen in a session, and number of patients operated on per list).
- The level of efficiency that can be achieved through this project. For example, based on work undertaken by Deloitte, over 1,400 theatre sessions could be saved across BCUHB if maximum realistic efficiency can be achieved, and over 10,000 outpatient sessions.

At this stage of the project even a high level estimate of the scale the development required cannot be made with a high degree of confidence. Many of the factors outlined above could have a material impact in either direction on the size of facilities, and the Health Board will commission external consultancy support for the creation of a full demand and capacity model to inform the development

of the OBC/FBC.

For the purposes of the SOC high level assumptions have been made to give an estimated order of magnitude of the capital costs involved, in particular:

1. DTC activity is based on pre-COVID activity delivered across North Wales. It does not therefore plug any recurrent gaps between demand and supply of planned care with the exception of orthopaedics under some options.
2. No assumptions have been made about the repatriation of activity at this stage.
3. The post-COVID planned care backlog is assumed to have been cleared by 2025.
4. An elective ophthalmology treatment centre is included under some options although progress may be possible on this element before 2025.

Four elements have been approximated: outpatients; theatres; “oscopies”; and Orthopaedic inpatients. A brief summary of the key assumptions in these models are as follows:

- **Theatres:** the basis for the number of theatres is the delivery of pre-covid activity levels, assuming a three-session day, five days a week
- **Outpatients:** this is based on pre-covid levels of activity in the relevant specialties (see section on scope, below), with a 20% increase in the number of outpatient procedure rooms to reflect the transfer of more procedures to an outpatient environment.
- **“Oscopy” work:** the basis for this is the current [pre-covid] levels of activity for elective patients, with an uplift to account for the transfer of some activity from day-case theatres to scoping rooms.
- **Orthopaedics inpatient work:** the number of theatres and inpatient & HDU beds is based on projected levels of demand for 2022/23.

In terms of workforce, as is emphasised throughout the case the intention is that the DTCs will facilitate new pathways of care and the workforce as well as the activity levels will change. However to give an indication of the order of magnitude of the scheme, it is estimated that over 1,700 existing staff may be affected by this development.

3.7 Potential Scope

There are a range of services that could be included in a DTC. This is explored in full in the options appraisal in the Economic Case, and is summarised here.

The core of a DTC is the provision of diagnostics to support cancer and same day diagnostic pathways. This would include the following:

Single Cancer Pathway: Direct access to diagnostics to expedite cancer diagnosis and treatment with specific focus on:

- Colorectal
- Oesophageal
- Breast
- Urological
- Gynaecological
- Skin
- Lung

Vague Symptoms: Anaemia, tiredness and bloating can be non-specific signs of significant underlying disease and will not fall under the 2 week cancer diagnostic pathway. Studies have demonstrated that rapid diagnostic clinic pathways for vague symptoms are both cost effective and

have a higher cancer diagnostic rate than a standard cancer pathway (7.6% compared to 5%) and diagnose serious conditions in approximately 1/3 of cases. They have also demonstrated a reduction in time to diagnosis to meet the new single cancer pathway target of diagnosis and first intervention within 62 days.

Treatments: Any office-based or day case procedure can be considered. This will incorporate activities currently offered in primary care and an outpatient setting. This includes neurophysiology, skin biopsies and treatments provided by advanced practitioners and General Practitioners with Special Interests (GPwSIs). The inclusion of day-case procedures will obviously entail the provision of day-case theatres.

Orthopaedics: The Health Board has long-standing issues with Orthopaedics capacity, where there is a substantial imbalance between supply and demand. It may make sense to concentrate elements of elective inpatient work in a DTC, which would require the provision of additional Theatres as well as overnight beds.

Freed up DGH Estate: As outlined above, the scope of this business case is limited to the DTC[s] themselves. It does not include the capital cost of re-purposing the elements of the DGHs' estate that would be freed up by this scheme.

3.8 Risk, Dependencies and Constraints

As described in the earlier sections of this case, this is a major strategic change with high levels of uncertainty. This is reflected in the application of the highest appropriate level of optimism bias in the capital costings, as outlined in the financial case. These risks and dependencies will be systematically addressed as the project develops.

The project is dependent on the provision of capital from the all-Wales capital programme.

4. The Economic Case

4.1 Introduction

This section of the SOC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case. It outlines the preferred way forward at this stage in the development of the scheme.

4.2 Critical Success Factors

The critical success factors (CSFs) for the project are as follows:

- **CSF 1: Business Needs:** how well the option satisfies the existing and future business needs of the organisation.
- **CSF 2: Strategic Fit:** how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- **CSF 3: Benefits Optimisation:** how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy, efficiency and effectiveness).
- **CSF 4: Potential Achievability:** the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also the organisation's ability to engender acceptance by staff.
- **CSF 5: Supply Side Capacity and Capability:** the ability of the market place and potential suppliers to deliver the required services and deliverables.
- **CSF 6: Potential Affordability:** the organisation's ability to fund the required level of expenditure – namely, the capital and revenue consequences associated with the proposed investment.

4.3 The long-listed options

The long list of options was generated using the standard options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding. This process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice.

The options framework for this project is as follows:

Options	Finding
1.0 Scope	
1.1 ' Business as usual ' i.e. continue with current arrangements for service provision, post COVID.	Discounted: because it would not address the service challenges outlined in the strategic case or deliver any of the objectives of the scheme. Separation of scheduled and unscheduled care would not be achieved. Even if the COVID measures are lifted and there is no further interruption to planned care delivery the backlog will remain, as will the underlying imbalance between supply and demand. Business as usual will be retained as a comparator against which to assess whether other options offer value for money.

<p>1.2 Minimum: develop the diagnostic and treatment model for out-patients and diagnostics only, with a focus on cancer and “vague symptoms” patients</p>	<p>Possible: The development of a more limited approach to provide a diagnostic treatment centre model, focusing on services for out-patient and diagnostics only. This could be considered as a lower cost option. However, the significant risk with this model is that theatres become the bottleneck. Patients would be treated through to diagnostics but then could be held due to the lack of protected theatre capacity.</p> <p>Cancellations due to lack of beds and the current restrictions within the day case units due to surge and COVID peaks would still be a risk, leaving patients vulnerable at the stage 4 phase. Also, this model does not enable backlog clearance.</p>
<p>1.3 Intermediate (develop the diagnostic and treatment model for out-patients and diagnostics, with a focus on cancer and “vague symptoms” patients) plus limited, short term (modular) theatre capacity to clear long wait backlogs.</p> <p>Service transformation is undertaken to instigate COVID light Day case pathways within the current DGH’s</p>	<p>Possible: This option presents a potentially lower cost solution, and provides the organisation with ‘buffer capacity’ that could be switched on and off after clearing the backlogs, comparable to an outsourcing model.</p> <p>However, there are clear disadvantages in that recurring activity would have to be undertaken within the DGH’s. Also, it does not provide all patients with a one-stop approach and is therefore a compromise option.</p>
<p>1.4 Intermediate (develop the diagnostic and treatment model for out-patients and diagnostics, with a focus on cancer and “vague symptoms” patients) plus permanent Theatre capacity to undertake day-case activity.</p>	<p>Possible: Many organisations across the U.K. have introduced diagnostic and treatment centres. South Wales have recently adopted this approach, predominantly for cancer services. The primary objectives of the scheme would be achieved.</p> <p>There are various sub-options in terms of which specialties are included, which relate to the use of the existing capacity on the DGH sites. In particular Ophthalmology day-cases could be included, or could be undertaken in the space vacated in the DGHs.</p>
<p>1.5 Maximum (develop the diagnostic and treatment model for out-patients and diagnostics, with a focus on cancer and “vague symptoms” patients, and permanent Theatre capacity to undertake day-case activity) plus inpatient and theatre capacity to treat appropriate elective Orthopaedics Inpatients</p>	<p>Preferred: In addition to the benefits of 1.4, this option would address the existing lack of capacity to treat elective Orthopaedics inpatients.</p>
<p>2.0 Service solutions 1 – the number of DTC[s]</p>	
<p>2.1 One DTC to serve the whole of North Wales</p>	<p>Possible: this may give economies of scale. However it would also increase travel times for patients.</p>

2.2. Two DTCs	Preferred: at this stage in the development of the scheme, a two-centre solution appears to give the best balance between economies of scale and travel times for patients. However this will be considered fully at OBC/FBC stage.
2.3 Three or more DTCs	Possible: initial thoughts are that this may not be the most efficient configuration.
3.0 Service solutions 2 – the location of the DTC[s]	
3.1 The DTC[s] are developed as stand-alone facilities on new sites	Possible: this would ensure full separation of scheduled and unscheduled care. It assumes that appropriate sites are available.
3.2. One or more of the DTC[s] are located on an existing site – possibly a DGH – but as a stand-alone facility.	Possible: it may make sense to co-locate one or more of the DTCs on an existing site. This is likely to reduce capital costs, and possibly running costs. Steps would have to be taken to ensure that the separation of scheduled and unscheduled care was achieved.
4.0 Service delivery	
4.1 In-house	Preferred: in line with Welsh Government policy.
4.2 Outsource	Discounted: not in line with Welsh Government policy.
4.3 Strategic partnership	Discounted: not in line with Welsh Government policy. However the facility may provide capacity for in-sourcing of elective activity should this be required.
5.0 Implementation	
5.1 “Big bang” or single phase implementation	Preferred: the service and estates issues are interlinked, and need to be resolved as a single project.
5.2 Phased	Discounted: for the reason given above.
6.0 Funding	
6.1 Private Funding	Discounted as unaffordable from a revenue perspective.
6.2 Public Funding	Preferred

4.4 The short list of options

Based on the above analysis, all short-listed options are for a single phase implementation with funding via the all-Wales capital programme. It is also assumed that the service will be provided in-house, although as noted above there may be an opportunity for the facility to support in-sourced elective work from the private sector. While for costing purposes it has been assumed that there will be two DTCs developed on new sites, the number and location of the DTC[s] will be explored fully as part of the development of the OBC/FBC. In terms of the scope of services, the following options are short-listed:

No.	Option	Capital Cost £ Millions Excluding Optimism Bias	Capital Cost £ Millions Including 24% Optimism Bias
1	Business As Usual: continue with the current service model. Discounted, but retained as a value for money comparator		
2	Outpatients & diagnostics, focusing on patients with cancer and vague symptoms: including 90 outpatient rooms and 20 “oscopy” rooms.	124.3	154.1
3	Outpatients, diagnostics & temporary theatres: including 90 outpatient rooms, 20 “oscopy” rooms and 2 temporary modular Theatres.	134.9	167.3
4	Outpatients, diagnostics & permanent theatres: including 90 outpatient rooms, 20 “oscopy” rooms and 9 permanent theatres	171.0	212.0
5	Outpatients, diagnostics & permanent theatres, including Ophthalmology: including 90 outpatient rooms, 20 “oscopy” rooms and 13 permanent Theatres.	181.2	224.7
6	<p>Outpatients, diagnostics, permanent theatres, and inpatient Orthopaedics: excludes Ophthalmology: including 90 outpatient rooms, 20 “oscopy” rooms, 12 permanent Theatres, 31 Orthopaedic inpatient beds and 4 HDU beds.</p> <p>At the current stage in the development of the project this is the preferred way forward.</p>	193.0	239.3
7	Outpatients, diagnostics, permanent theatres including Ophthalmology, and inpatient Orthopaedics: including 90 outpatient rooms, 20 “oscopy” rooms, 16 permanent Theatres 31 Orthopaedic inpatient beds and 4 HDU beds.	203.0	251.7

5. The Commercial Case

5.1 Introduction

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a very high level, preliminary view. Detailed analysis will take place at OBC/FBC stage.

5.2 Required services

Given the estimated levels of capital expenditure the scheme is likely to be procured under the Designed for Life National Framework.

5.3 Potential for risk transfer

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk			√
2. Construction and development risk			√
3. Transition and implementation risk			√
4. Availability and performance risk			√
5. Operating risk	√		
6. Variability of revenue risks	√		
7. Termination risks	√		
8. Technology and obsolescence risks			√
9. Control risks	√		
10. Residual value risks	√		
11. Financing risks	√		
12. Legislative risks	√		
13. Other project risks	√		

5.4 Personnel implications (including TUPE)

It is anticipated that the TUPE– (Transfer of Undertakings Protection of Employment) Regulations 1981 – will not apply to this investment.

5.5 Procurement strategy and implementation timescales

It is anticipated that the project will be procured via the Welsh Government's *All Wales Capital Programme*.

In term of timelines for delivery, work has been undertaken to model a number of possible scenarios. The starting point for this analysis assumed a scenario where current guidelines and processes are followed in full (i.e., a 3-stage business case process), with appointment of contractors from the

framework.

In this instance, the estimated times for the production of business cases and construction are based on previous experience in the Health Board and elsewhere in Welsh Government. The total estimated time to completion under this scenario was estimated to be 5 years 9 months.

In view of the need for rapid progress to address the identified system pressures, this proposal sets out an accelerated timeline for approval based on a number of assumptions, including:

- Approval for production of combined OBC/FBC proposal
- Accelerated working on implementation (with implication for cost premium)

Subject to agreement of the SOC, and Welsh government approval of an accelerated timeline, it is anticipated that a combined OBC/FBC will be produced in September 2022, and the implementation of the scheme will be achieved by 2025.

6. The Financial Case

6.1 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case section). The detailed analysis of the financial case, including affordability, will be undertaken as part of the development of the OBC/FBC.

6.2 Capital Costs

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision of the scope of services and the physical solution, which will be determined as part of the OBC stage. Indicative capital costs have been calculated on the options outlined in the Economic Case. This has included the application of 24% optimism bias, as recommended in HM Treasury guidance and discussed with Welsh Government. The summary estimated capital costs for the options at PUBSEC 250 are as follows:

Option	Description	£ Millions	Optimism bias at 24%	Total Estimate
2	Outpatients & diagnostics	124.2	29.8	154.0
3	Outpatients, diagnostics & temporary Theatres	134.8	32.4	167.2
4	Outpatients, diagnostics & permanent Theatres	183.6	44.1	227.7
5	Outpatients, diagnostics & permanent Theatres, including Ophthalmology	197.5	47.4	244.9
6	Outpatients, diagnostics, permanent Theatres, and inpatient Orthopaedics	205	49.2	254.2
7	Outpatients, diagnostics, permanent Theatres including Ophthalmology, and inpatient Orthopaedics	218.8	52.5	271.3

6.3 Impact on the organisation's income and expenditure account

The Health Board has been financially challenged for a number of years posting a deficit starting in 2014/15, with a cumulative deficit of £194.6m. WG have invested in the Health Board in 2020/21 with the intention of enabling the Health Board to deliver a balanced budget this year, and this should continue for the next few years as the clinical strategy is implemented and there is focus on transformation of services.

The options have not been costed in detail at this stage as the in-depth modelling will be undertaken at OBC/FBC stage and any cost will be significantly impacted by the case mix and speciality of activity. When the activity model is complete, the costs will be built up on the following assumptions:

- This case is about the transformation of planned care pathways, and will result in a more efficient service as well as one that improves patient experience.
- There should not be increase in routine running costs of the outpatients, diagnostics and theatres as the organisation is transferring substantive staff to work in the DTC. Any additional cost will result from increasing activity levels compared to the baseline.
- Whilst total costs may increase as a consequence of undertaking additional activity, the unit cost per procedure should reduce as the service becomes more efficient, with increased theatre utilisation.

- Efficiency should also be achieved through the changes in the patient pathways, including the move from elective inpatient to day case to outpatient procedure, reducing the cost with each movement in procedure setting.
- The centralisation of services will allow best practice to foster at a greater pace than in the current acute hospitals in North Wales.
- The DTC will be protected from the impact of unscheduled care leading to significantly fewer cancellations and improved scheduling.
- It is recognised there will be a cost associated with the running costs of the DTC facility. Some of this will be offset by current running costs and backlog maintenance costs.

7. The Management Case

7.1 Introduction

This section of the SOC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

7.2 Project management arrangements

The project management arrangements for capital projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The project will be managed in accordance with PRINCE 2 project management methodology to enable a well-planned and smooth transition to the new service models. There will be a strong focus on the delivery of the objectives and benefits.

The SRO for the project is Mark Wilkinson, Executive Director of Planning and Performance.

In view of the scale and complexity of the project, a dedicated project team will be identified to develop the OBC/FBC, and co-ordinate the commissioning and input of specialist analysis. The project team will include the following components:

- Full time Project Director
- Clinical leads with dedicated sessions
- Transformation/OD lead
- Workforce planning lead
- Communications lead
- Workforce analyst
- Project Managers
- Financial analyst
- Business Intelligence lead
- Digital Healthcare lead

The workforce and OD expertise will support the development of workforce models and engagement with staff and stakeholders. The project team will also commission specialist input in a number of areas such as:

- Capacity and Demand analysis, undertaken by a specialist provider
- Socio-Economic analysis to assess implications and quantify anticipated benefits of the scheme
- Scenario modelling to assist option appraisal and preferred site selection

7.3 Use of special advisers

Special advisers will be used as required, procured via the All Wales Capital Programme framework.

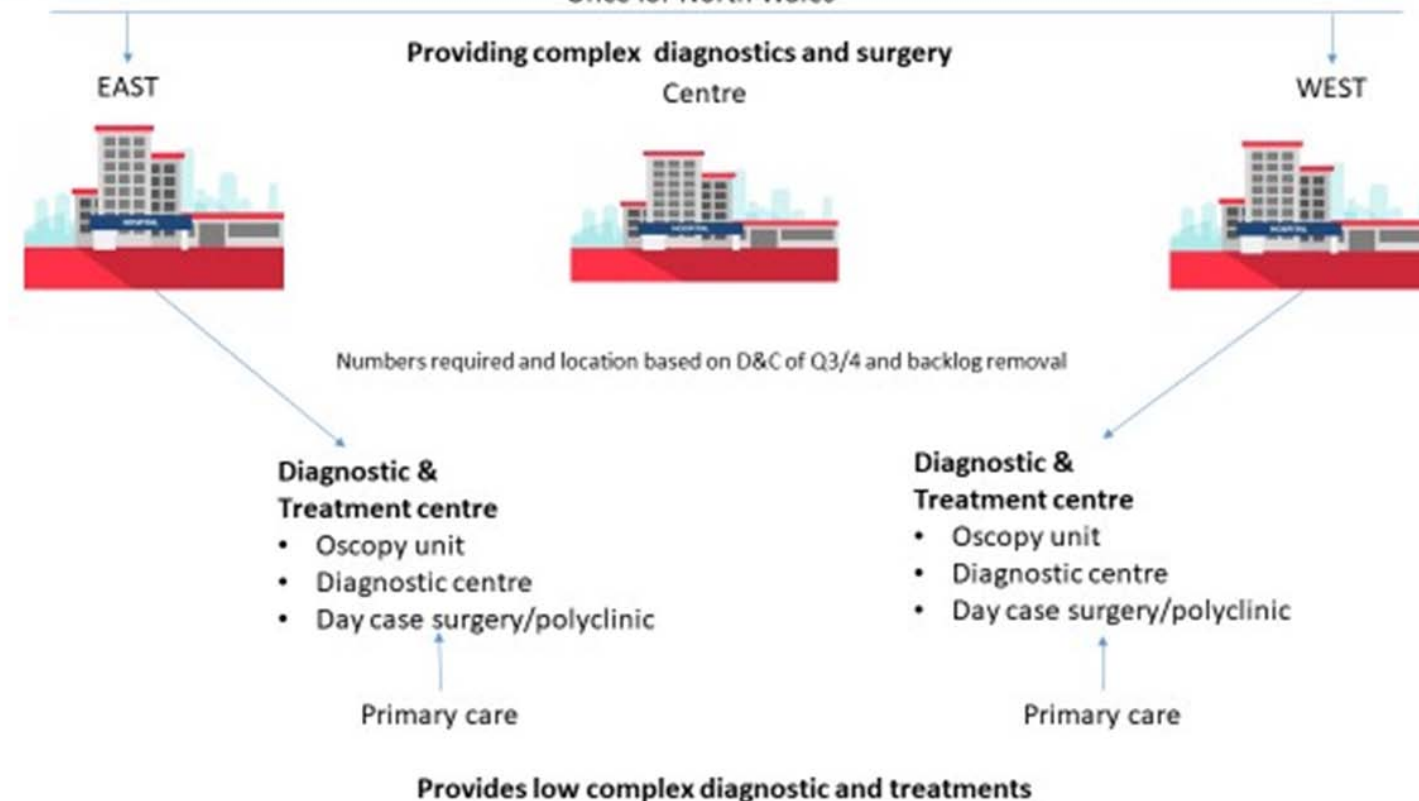
8. Conclusion and Recommendation

This Strategic Outline Business Case is recommended for approval.

List of Appendices

Appendix A	Diagnostic and Treatment Centre Model
Appendix B	Service Specification of DTC
Appendix C	Summary of Planned Care Recovery Plan
Appendix D-I	Capital Costs for Short Listed Options

Planned Care strategy-providing more capacity
Once for North Wales





ification of diagnostic treatment centre (14/9/2020)

ay approach

equire diagnostics &

1. Cancer

- Max/fax
- ENT/audiology
- Obs/gynae
- Breast
- Dermatology
- Urology
- Respiratory medicine
- Oncology

2. Non cancer services

- Orthopaedics
- Ophthalmology ARMD IVT service
- Rheumatology (TBC)
- ? Therapies (gyms) OT

Cardiology/stress echo
respiratory centre (TBC)

Oscopy suite

- Endoscopy
- Bronchoscopy
- Cystoscopy
- Hysteroscopy

Pre-operative assessment

Diagnostic

- Radiology
- Plain film
- CT
- Ultrasound
- Audiology TBC
- Neurophysiology
- Phlebotomy
- Pharmacy
- Other support CSSD (TBC)
- Near patient testing

Theatres/OPROC

- Day case all specialties described
- Ambulatory orthopaedics
- ODTC



Diagnostic and treatment Centre



**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
Option 2 - Outpatients and Diagnostics**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

CONTENTS

OPTION - 2

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 2 Outpatients and Diagnostics

Issue date: 17th March 2021

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB

SCHEME: Option 2 Outpatients and diagnostics

PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	68,558,722	13,711,744	82,270,466
2.	Fees (16%)	10,969,395	2,193,879	13,163,275
3.	Non-works Costs (2%)	1,240,000	248,000	1,488,000
4.	Equipment Costs	15,044,000	3,008,800	18,052,800
5.	Contingency (10% items 1 to 4)	9,581,212	1,916,242	11,497,454
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	105,393,329	21,078,666	126,471,995
7.	Less Recoverable VAT (OBC)		2,193,879	2,193,879
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	105,393,329	18,884,787	124,278,116

Proposed Contract Period: 30 Months

Proposed Starting Date: (m/y)

Proposed Completion Date: (m/y)

	Year Financial Year	O 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	20,567,617	34,279,361	13,711,744	68,558,722
Fees		4,387,758	2,742,349	2,742,349	1,096,940	10,969,395
Non-works Costs		99,200	558,000	434,000	148,800	1,240,000
Equipment Costs		-			15,044,000	15,044,000
Contingencies		-	2,395,303	4,790,606	2,395,303	9,581,212
VAT		897,392	5,703,974	10,856,303	3,620,997	21,078,666
Sub total		5,384,350	31,967,242	53,102,619	36,017,784	126,471,995
Recoverable VAT		877,552	548,470	548,470	219,388	2,193,879
Total		4,506,798	31,418,772	52,554,149	35,798,396	124,278,116

This form completed by : BCUHB

Telephone No :

Address :

Date : 17 March 2021

Authorised by :

Reference : Health Board - BCUHB

COST FORM SO2

CAPITAL COST : WORKS AND EQUIPMENT

[illegible]

BCUHB - SCHEDULE OF ACCOMMODATION

DTC - Option 2 - Outpatients and Diagnostics

Functional Content	Function Units/ Space Requirements (1)	Space Allowance		Cost		Equip
		m²	Total	£/m²	Total	
Outpatient						
Consulting Rooms	30	75	2,250	2,140	4,815,000	
Treatment Rooms	15	75	1,125	2,290	2,576,250	
Health Records	1	30	30	2,242	67,260	
Sub-waiting	3	20	60	1,810	108,600	
Office/Interview	3	15	45	1,810	81,450	
TOTAL			3,510		7,648,560	519000
"Oscopies"						
Oscopy suite	10	284	2,840	2,834	8,048,560	
Recovery	2	30	60	1,873	112,380	
Sub-waiting	2	15	30	1,810	54,300	
Office/Interview	2	15	30	1,810	54,300	
TOTAL			2,960		8,269,540	3181000
Diagnostics						
MRI	1	244	244	3,094	754,936	1500000
CT	1	168	168	2,453	412,104	1200000
Plain film	4	210	840	2,517	2,114,280	900000
Changing	4	10	40	1,861	74,440	
Sub-waiting	1	15	15	1,810	27,150	
Office/interview	1	15	15	1,810	27,150	
TOTAL			1,322		3,410,060	
Pathology						
Haemo and histopathology	1	300	300	2,581	774,300	105000
Pharmacy						
Outpatient dispensing	1	65	65	1,998	129,870	
Store	1	20	20	1,810	36,200	
Office	1	15	15	1,810	27,150	
TOTAL			100		193,220	35000
Support						
Main entrance	1	100	100	2,375	237,500	
Catering	1	100	100	2,594	259,400	
Staff hub	1	100	100	1,555	155,500	
Administration	1	100	100	1,519	151,900	
Facilities	1	100	100	1,782	178,200	
TOTAL			500		982,500	82000
						7522000

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 2

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	10,334,655	25.00%
	b. Lifts	350,000	
		£ 10,684,655	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 4,133,862	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 4,133,862	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	8,267,724	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 27,220,102	65.00%

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 2 Outpatients and diagnostics

PHASE : SOC

Cost/m² Basis

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	100,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,240,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: Option 2 Outpatients and diagnostics

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			20,567,617	34,279,361	13,711,744	68,558,722
Fees		4,387,758	2,742,349	2,742,349	1,096,940	10,969,395
Non-works Costs		99,200	558,000	434,000	148,800	1,240,000
Equipment Costs					15,044,000	15,044,000
Contingencies			2,395,303	4,790,606	2,395,303	9,581,212
VAT		897,392	5,252,654	8,449,263	6,479,357	21,078,666
<i>Sub-total</i>		5,384,350	31,515,922	50,695,579	38,876,144	126,471,995
Less: Reclaimable VAT		877,552	548,470	548,470	219,388	2,193,879
TOTAL		4,506,798	30,967,452	50,147,109	38,656,756	124,278,116

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: Option 2 Outpatients and diagnostics

PHASE : STAGE 0 OBC **SOC**

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			20,567,617	34,279,361	13,711,744	68,558,722
Fees		4,387,758	2,742,349	2,742,349	1,096,940	10,969,395
Non-works Costs		99,200	558,000	434,000	148,800	1,240,000
Equipment Costs					15,044,000	15,044,000
Contingencies			2,395,303	4,790,606	2,395,303	9,581,212
VAT		897,392	5,252,654	8,449,263	6,479,357	21,078,666
<i>Sub-total</i>		5,384,350	31,515,922	50,695,579	38,876,144	126,471,995
Less: Reclaimable VAT		877,552	548,470	548,470	219,388	2,193,879
TOTAL		4,506,798	30,967,452	50,147,109	38,656,756	124,278,116

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
Option 3 - Outpatients and Diagnostics plus limited theatres**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

CONTENTS

OPTION - 3

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 3 - Outpatients and diagnostics plus theatres

Issue date: 17th March 2021

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB

SCHEME: DTC - Option 3 Outpatients and diagnostic plus limited theatres

PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	74,832,434	14,966,487	89,798,921
2.	Fees (16%)	11,973,189	2,394,638	14,367,827
3.	Non-works Costs (2%)	1,190,000	238,000	1,428,000
4.	Equipment Costs	15,984,000	3,196,800	19,180,800
5.	Contingency (10% items 1 to 4)	10,397,962	2,079,592	12,477,555
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	114,377,586	22,875,517	137,253,103
7.	Less Recoverable VAT (OBC)		2,394,638	2,394,638
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	114,377,586	20,480,879	134,858,465

Proposed Contract Period: 30 Months
 Proposed Starting Date: (m/y)
 Proposed Completion Date: (m/y)

	Year Financial Year	O 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	22,449,730	37,416,217	14,966,487	74,832,434
Fees		4,789,276	2,993,297	2,993,297	1,197,319	11,973,189
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs		-			15,984,000	15,984,000
Contingencies		-	2,599,491	5,198,981	2,599,491	10,397,962
VAT		976,895	6,195,124	11,762,439	3,941,059	22,875,517
Sub total		5,861,371	34,773,142	57,787,435	38,831,156	137,253,103
Recoverable VAT		957,855	598,659	598,659	239,464	2,394,638
Total		4,903,516	34,174,482	57,188,775	38,591,692	134,858,465

This form completed by : BCUHB

Telephone No :

Address :

Date : 17th March 2021

Authorised by :

Reference : Health Board - BCUHB

COST FORM SO2

CAPITAL COST : WORKS AND EQUIPMENT

Functional Content	Function Units/ Space Requirements (1)	Cost	N/A/C (Note 2)		Cost Allowance HCI Version 2.0 (PUBSEC 250)	Equipment Cost (£)		
			N/A/C	Major / Minor				
					£			
Outpatient	2	7,648,560	N		15,297,120			
"oscopy" suite	2	8,269,540	N		16,539,080			
Diagnostics	2	3,410,060	N		6,820,120			
Pathology	2	774,300	N		1,548,600			
Pharmacy	2	243,220	N		486,440			
Support	2	982,500	N		1,965,000			
Theatres	2	1,882,100	n		3,764,200			
Less Adjustment for location factor					1,279,691			
TOTAL					45,140,869			
On Costs (excluding Fee)					29,691,565			
Less abatement for transferred Equipment if applicable - Included								Included
Departmental Costs and Equipment Costs* to Summary (Form SOC1)					£ 74,832,434	£		

BCUHB - SCHEDULE OF ACCOMMODATION

DTC - Option 3 - Outpatients and diagnostics plus limited theatres

[illegible]

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 3 Outpatients and
diagnostic plus limited theatres

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	11,285,217	25.00%
	b. Lifts	350,000	
		£ 11,635,217	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 4,514,087	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 4,514,087	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	9,028,174	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 29,691,565	65.00%

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 3

PHASE : SOC

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	50,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,190,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: DTC - Option 3

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			22,449,730	37,416,217	14,966,487	74,832,434
Fees		4,789,276	2,993,297	2,993,297	1,197,319	11,973,189
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					15,984,000	15,984,000
Contingencies			2,599,491	5,198,981	2,599,491	10,397,962
VAT		976,895	5,715,604	9,204,999	6,978,019	22,875,517
<i>Sub-total</i>		5,861,371	34,293,622	55,229,995	41,868,116	137,253,103
Less: Reclaimable VAT		957,855	598,659	598,659	239,464	2,394,638
TOTAL		4,903,516	33,694,962	54,631,335	41,628,652	134,858,465

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: DTC - Option 3 Outpatients and diagnostic plus limited theatres

PHASE : STAGE 0 OBC **SOC**

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			22,449,730	37,416,217	14,966,487	74,832,434
Fees		4,789,276	2,993,297	2,993,297	1,197,319	11,973,189
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					15,984,000	15,984,000
Contingencies			2,599,491	5,198,981	2,599,491	10,397,962
VAT		976,895	5,715,604	9,204,999	6,978,019	22,875,517
<i>Sub-total</i>		5,861,371	34,293,622	55,229,995	41,868,116	137,253,103
Less: Reclaimable VAT		957,855	598,659	598,659	239,464	2,394,638
TOTAL		4,903,516	33,694,962	54,631,335	41,628,652	134,858,465

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
Option 4 - Outpatients and Diagnostics plus theatres**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

CONTENTS

OPTION 4

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 4 - Outpatients and diagnostics plus theatres

Issue date: 17th March 2021

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB

SCHEME: DTC - Option 4 Outpatients and
diagnostic plus theatres

PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	97,584,080	19,516,816	117,100,896
2.	Fees (16%)	15,613,453	3,122,691	18,736,143
3.	Non-works Costs (2%)	1,190,000	238,000	1,428,000
4.	Equipment Costs	17,544,000	3,508,800	21,052,800
5.	Contingency (10% items 1 to 4)	13,193,153	2,638,631	15,831,784
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	145,124,686	29,024,937	174,149,623
7.	Less Recoverable VAT (OBC)		3,122,691	3,122,691
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	145,124,686	25,902,247	171,026,933

Proposed Contract Period: 36 Months

Proposed Starting Date: (m/y)

Proposed Completion Date: (m/y)

	Year Financial Year	0 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	29,275,224	48,792,040	19,516,816	97,584,080
Fees		6,245,381	3,903,363	3,903,363	1,561,345	15,613,453
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs		-			17,544,000	17,544,000
Contingencies		-	3,298,288	6,596,577	3,298,288	13,193,153
VAT		1,268,116	7,928,795	14,748,736	5,079,290	29,024,937
Sub total		7,608,697	44,941,171	74,457,216	47,142,539	174,149,623
Recoverable VAT		1,249,076	780,673	780,673	312,269	3,122,691
Total		6,359,621	44,160,498	73,676,543	46,830,270	171,026,933

This form completed by : BCUHB

Telephone No :

Address :

Date : 17th March 2021

Authorised by :

Reference : Health Board - BCUHB

COST FORM SO2

CAPITAL COST : WORKS AND EQUIPMENT

[illegible]

BCUHB - SCHEDULE OF ACCOMMODATION

DTC - Option 4 - Outpatients and diagnostics plus theatres

[illegible]

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 4 Outpatients and
diagnostic plus theatres

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	14,679,406	25.00%
	b. Lifts	700,000	
		£ 15,379,406	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 5,871,762	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 5,871,762	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	11,743,525	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 38,866,456	

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 4

PHASE : SOC

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	50,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,190,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: DTC - Option 4

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			29,275,224	48,792,040	19,516,816	97,584,080
Fees		6,245,381	3,903,363	3,903,363	1,561,345	15,613,453
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					17,544,000	17,544,000
Contingencies			3,298,288	6,596,577	3,298,288	13,193,153
VAT		1,268,116	7,402,475	11,941,696	8,412,650	29,024,937
<i>Sub-total</i>		7,608,697	44,414,851	71,650,176	50,475,899	174,149,623
Less: Reclaimable VAT		1,249,076	780,673	780,673	312,269	3,122,691
TOTAL		6,359,621	43,634,178	70,869,503	50,163,630	171,026,933

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: DTC - Option 4 Outpatients and diagnostic plus theatres

PHASE : STAGE 0 OBC **SOC**

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			29,275,224	48,792,040	19,516,816	97,584,080
Fees		6,245,381	3,903,363	3,903,363	1,561,345	15,613,453
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					17,544,000	17,544,000
Contingencies			3,298,288	6,596,577	3,298,288	13,193,153
VAT		1,268,116	7,402,475	11,941,696	8,412,650	29,024,937
<i>Sub-total</i>		7,608,697	44,414,851	71,650,176	50,475,899	174,149,623
Less: Reclaimable VAT		1,249,076	780,673	780,673	312,269	3,122,691
TOTAL		6,359,621	43,634,178	70,869,503	50,163,630	171,026,933

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
n 6 - Outpatients and Diagnostics plus theatres and orthopaedics**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

17 March 2021

CONTENTS

OPTION - 6

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 6 - Outpatients and diagnostics plus theatres and orthopaedic *Issue date: 17th March 2021*

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB
 DTC - Option 6 Outpatients and
 SCHEME: diagnostic plus theatres and
 orthopaedics
 PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	111,406,927	22,281,385	133,688,312
2.	Fees (16%)	17,825,108	3,565,022	21,390,130
3.	Non-works Costs (2%)	1,190,000	238,000	1,428,000
4.	Equipment Costs	20,324,000	4,064,800	24,388,800
5.	Contingency (10% items 1 to 4)	13,042,204	2,608,441	15,650,644
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	163,788,239	32,757,648	196,545,886
7.	Less Recoverable VAT (OBC)		3,565,022	3,565,022
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	163,788,239	29,192,626	192,980,865

Proposed Contract Period: 36 Months
 Proposed Starting Date: (m/y)
 Proposed Completion Date: (m/y)

	Year Financial Year	0 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	33,422,078	55,703,463	22,281,385	111,406,927
Fees		7,130,043	4,456,277	4,456,277	1,782,511	17,825,108
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs		-			20,744,000	20,324,000
Contingencies		-	3,260,551	6,521,102	3,260,551	13,042,204
VAT		1,445,049	8,944,601	16,671,308	5,696,689	32,757,648
Sub total		8,670,292	50,619,007	83,768,651	53,907,936	196,545,886
Recoverable VAT		1,426,009	891,255	891,255	356,502	3,565,022
Total		7,244,283	49,727,752	82,877,395	53,551,434	192,980,865

This form completed by : BCUHB

Telephone No :

Address :

Date : 17th March 2021

Authorised by :

Reference : Health Board - BCUHB

COST FORM SO2

CAPITAL COST : WORKS AND EQUIPMENT

Functional Content	Function Units/ Space Requirements (1)	Cost	N/A/C (Note 2)		Cost Allowance HCI Version 2.0 <i>(P UBSEC 250)</i>	Equipment Cost (£)		
			N/A/C	Major / Minor				
					£			
Outpatient	2	7,648,560	N		15,297,120			
"oscopy" suite	2	8,269,540	N		16,539,080			
Diagnostics	2	3,410,060	N		6,820,120			
Pathology	2	774,300	N		1,548,600			
Pharmacy	2	293,220	N		586,440			
Support	2	982,500	N		1,965,000			
Theatres	2	4,212,600	N		8,425,200			
HSSU	2	4,545,750	N		9,091,500			
Orthopaedics	1	8,196,752	N		7,264,552			
PACU	1	1,590,710	N		1,590,710			
Less Adjustment for location factor					1,821,094			
TOTAL					67,307,228			
On Costs (excluding Fee)					44,099,698			
Less abatement for transferred Equipment if applicable - Included								Included
Departmental Costs and Equipment Costs* to Summary (Form SOC1)					£ 111,406,927	£		

DTC - Option 6 - Outpatients and diagnostics plus theatres and orthopaedics

[illegible]

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 6 Outpatients and
diagnostic plus theatres and

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	16,826,807	25.00%
	b. Lifts	350,000	
		£ 17,176,807	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 6,730,723	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 6,730,723	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	13,461,446	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 44,099,698	65.00%

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 6

PHASE : SOC

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	50,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,190,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: DTC - Option 6

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			33,422,078	55,703,463	22,281,385	111,406,927
Fees		7,130,043	4,456,277	4,456,277	1,782,511	17,825,108
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					20,744,000	20,744,000
Contingencies			3,260,551	6,521,102	3,260,551	13,042,204
VAT		1,445,049	8,334,881	13,419,468	9,642,249	32,841,648
<i>Sub-total</i>		8,670,292	50,009,287	80,516,811	57,853,496	197,049,886
Less: Reclaimable VAT		1,426,009	891,255	891,255	356,502	3,565,022
TOTAL		7,244,283	49,118,032	79,625,555	57,496,994	193,484,865

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: DTC - Option 6 Outpatients and diagnostic plus theatres and orthopaedics

PHASE : STAGE 0 OBC **SOC**

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			33,422,078	55,703,463	22,281,385	111,406,927
Fees		7,130,043	4,456,277	4,456,277	1,782,511	17,825,108
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					20,744,000	20,744,000
Contingencies			3,260,551	6,521,102	3,260,551	13,042,204
VAT		1,445,049	8,334,881	13,419,468	9,642,249	32,841,648
<i>Sub-total</i>		8,670,292	50,009,287	80,516,811	57,853,496	197,049,886
Less: Reclaimable VAT		1,426,009	891,255	891,255	356,502	3,565,022
TOTAL		7,244,283	49,118,032	79,625,555	57,496,994	193,484,865

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
5 - Outpatients and Diagnostics plus theatres (incl Ophthalmology)**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

17 March 2021

CONTENTS

OPTION - 5

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 5 - Outpatients and diagnostics plus theatres

Issue date: 17th March 2021

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB
 DTC - Option 5 Outpatients and
 SCHEME: diagnostic plus theatres (incl
 Ophthalmology)
 PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	103,736,600	20,747,320	124,483,920
2.	Fees (16%)	16,597,856	3,319,571	19,917,427
3.	Non-works Costs (2%)	1,190,000	238,000	1,428,000
4.	Equipment Costs	18,244,000	3,648,800	21,892,800
5.	Contingency (10% items 1 to 4)	13,976,846	2,795,369	16,772,215
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	153,745,302	30,749,060	184,494,362
7.	Less Recoverable VAT (OBC)		3,319,571	3,319,571
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	153,745,302	27,429,489	181,174,791

Proposed Contract Period: 36 Months
 Proposed Starting Date: (m/y)
 Proposed Completion Date: (m/y)

	Year Financial Year	0 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	31,120,980	51,868,300	20,747,320	103,736,600
Fees		6,639,142	4,149,464	4,149,464	1,659,786	16,597,856
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs		-			18,244,000	18,244,000
Contingencies		-	3,494,211	6,988,423	3,494,211	13,976,846
VAT		1,346,868	8,407,351	15,603,577	5,391,263	30,749,060
Sub total		8,081,211	47,707,506	79,026,264	49,679,380	184,494,362
Recoverable VAT		1,327,828	829,893	829,893	331,957	3,319,571
Total		6,753,382	46,877,614	78,196,371	49,347,423	181,174,791

This form completed by : BCUHB

Telephone No :

Address :

Date : 17th March 2021

Authorised by :

Reference : Health Board - BCUHB

COST FORM SO2

CAPITAL COST : WORKS AND EQUIPMENT

Functional Content	Function Units/ Space Requirements (1)	Cost	N/A/C (Note 2)		Cost Allowance HCI Version 2.0 <i>(PUBSEC 250)</i>	Equipment Cost (£)		
			N/A/C	Major / Minor				
					£			
Outpatient	2	7,648,560	N		15,297,120			
"oscopy" suite	2	8,269,540	N		16,539,080			
Diagnostics	2	3,410,060	N		6,820,120			
Pathology	2	774,300	N		1,548,600			
Pharmacy	2	293,220	N		586,440			
Support	2	982,500	N		1,965,000			
Theatres	2	6,077,000	N		12,154,000			
HSSU	2	4,545,750	N		9,091,500			
Less Adjustment for location factor					1,555,436			
TOTAL					62,446,424			
On Costs (excluding Fee)					41,290,176			
Less abatement for transferred Equipment if applicable - Included								Included
Departmental Costs and Equipment Costs* to Summary (Form SOC1)					£ 103,736,600	£		

BCUHB - SCHEDULE OF ACCOMMODATION

DTC - Option 5 - Outpatients and diagnostics plus theatres (incl Ophthalmology)

[illegible]

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 5 Outpatients and
diagnostic plus theatres (incl

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	15,611,606	25.00%
	b. Lifts	700,000	
		£ 16,311,606	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 6,244,642	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 6,244,642	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	12,489,285	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 41,290,176	

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 5

PHASE : SOC

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	50,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,190,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: DTC - Option 5

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			31,120,980	51,868,300	20,747,320	103,736,600
Fees		6,639,142	4,149,464	4,149,464	1,659,786	16,597,856
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					18,244,000	18,244,000
Contingencies			3,494,211	6,988,423	3,494,211	13,976,846
VAT		1,346,868	7,860,031	12,684,537	8,857,623	30,749,060
<i>Sub-total</i>		8,081,211	47,160,186	76,107,224	53,145,740	184,494,362
Less: Reclaimable VAT		1,327,828	829,893	829,893	331,957	3,319,571
TOTAL		6,753,382	46,330,294	75,277,331	52,813,783	181,174,791

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: DTC - Option 5 Outpatients and diagnostic plus theatres (incl Ophthalmology)

PHASE : STAGE 0 OBC **SOC**

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			31,120,980	51,868,300	20,747,320	103,736,600
Fees		6,639,142	4,149,464	4,149,464	1,659,786	16,597,856
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					18,244,000	18,244,000
Contingencies			3,494,211	6,988,423	3,494,211	13,976,846
VAT		1,346,868	7,860,031	12,684,537	8,857,623	30,749,060
<i>Sub-total</i>		8,081,211	47,160,186	76,107,224	53,145,740	184,494,362
Less: Reclaimable VAT		1,327,828	829,893	829,893	331,957	3,319,571
TOTAL		6,753,382	46,330,294	75,277,331	52,813,783	181,174,791

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

**Betsi Cadwaladr University Hospital
Diagnostic and Treatment Centre
Patients and Diagnostics plus theatres (incl Ophthalmology) and orthopaedics**

Strategic Outline Case

Costs at Reporting Level of PUBSEC 250

17 March 2021

CONTENTS

OPTION - 7

NOTES

COST FORMS SO1

COST FORMS SO2

COST FORMS SO3

COST FORMS SO4

COST FORMS SO5

COST FORMS SO6

STRATEGIC BUSINESS CASE

Health Board: BCUHB

SCHEME: Option 7 - Outpatients and diagnostics plus theatres and orthopaedic *Issue date: 17th March 2021*

PHASE : **SOC**

OUTLINE BUSINESS CASE COST FORMS

NOTES

A) BASIS OF CALCULATIONS:

a) Areas:

- i) Area based upon (W)HBNs as appropriate

b) Costs :

- i) All Costs based on DCAGs with allowance for on costs.
- ii) The Provisional Location Factor Adjustment of 0.97 has been used.
- iii) Costs are at PUBSEC index 250.

c) On Costs (Form OB3)

- i) Calculation based upon build-up for abnormals

d) Equipment Costs - Based on % at this stage

e) Fees calculations based on % basis

f) Non-Works Costs based upon build up .

g) Value Added Tax calculated at a 'Standard Rate' of 20% on ALL. VAT Reclaim has been applied at 100% on Professional Fees.

h) No allowance has been made for land costs or associated fees

i) Inflation -

No allowance has been taken for inflation at this stage

STRATEGIC OUTLINE CASE

COST FORM SO1

Health Board: BCUHB
 DTC - Option 7 Outpatients and
 SCHEME: diagnostic plus theatres (incl
 Ophthalmology) and orthopaedics
 PHASE : SOC

CAPITAL COST SUMMARY

		Cost Exc. VAT £	VAT £	Cost Incl. VAT £
1.	Works Cost (OBC)	117,559,447	23,511,889	141,071,336
2.	Fees (16%)	18,809,511	3,761,902	22,571,414
3.	Non-works Costs (2%)	1,190,000	238,000	1,428,000
4.	Equipment Costs	21,024,000	4,204,800	25,228,800
5.	Contingency (10% items 1 to 4)	13,755,896	2,751,179	16,507,075
6.	Forecast Project Out-turn Cost (Pre VAT Recovery)	172,338,854	34,467,771	206,806,625
7.	Less Recoverable VAT (OBC)		3,761,902	3,761,902
8.	Forecast Project Out-turn Cost (Pre VAT Recovery)	172,338,854	30,705,869	203,044,723

Proposed Contract Period: 36 Months
 Proposed Starting Date: (m/y)
 Proposed Completion Date: (m/y)

	Year Financial Year	0 21/22	1 22/23	2 23/24	3 24/25	Total
Works Cost		-	35,267,834	58,779,723	23,511,889	117,559,447
Fees		7,523,805	4,702,378	4,702,378	1,880,951	18,809,511
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs		-			20,744,000	21,024,000
Contingencies		-	3,438,974	6,877,948	3,438,974	13,755,896
VAT		1,523,801	9,419,657	17,519,150	6,005,163	34,467,771
Sub total		9,142,806	53,364,343	88,295,699	55,723,777	206,806,625
Recoverable VAT		1,504,761	940,476	940,476	376,190	3,761,902
Total		7,638,045	52,423,867	87,355,223	55,347,587	203,044,723

This form completed by : BCUHB

Telephone No :

Address :

Date : 17th March 2021

Authorised by :

Reference : Health Board - BCUHB

STRATEGIC OUTLINE CASE

COST FORM SO2

Health Board: BCUHB
SCHEME: DTC - Option 7 Outpatients and diagnostic plus theat
PHASE : SOC

CAPITAL COST : WORKS AND EQUIPMENT

Functional Content	Function Units/ Space Requirements (1)	Cost	N/A/C (Note 2)		Cost Allowance HCI Version 2.0 (PUBSEC 250)	Equipment Cost (£)		
			N/A/C	Major / Minor				
					£			
Outpatient	2	7,648,560	N		15,297,120			
"oscopy" suite	2	8,269,540	N		16,539,080			
Diagnostics	2	3,410,060	N		6,820,120			
Pathology	2	774,300	N		1,548,600			
Pharmacy	2	293,220	N		586,440			
Support	2	982,500	N		1,965,000			
Theatres	2	6,077,000	N		12,154,000			
HSSU	2	4,545,750	N		9,091,500			
Orthopaedics	1	8,446,752	N		7,264,552			
PACU	1	1,590,710	N		1,590,710			
Less Adjustment for location factor					1,821,094			
TOTAL					71,036,028			
On Costs (excluding Fee)					46,523,418			
Less abatement for transferred Equipment if applicable - Included								Included
Departmental Costs and Equipment Costs* to Summary (Form SOC1)					£ 117,559,447	£		

DTC - Option 7 - Outpatients and diagnostics plus theatres (incl Ophthalmology) and orthopaedics

[illegible]

STRATEGIC OUTLINE CASE

COST FORM SO3

Health Board: BCUHB

SCHEME: DTC - Option 7 Outpatients and
diagnostic plus theatres (incl

PHASE : SOC

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost
1.	Communications	£	%
	a. Space	17,759,007	25.00%
	b. Lifts	350,000	
		£ 18,109,007	
2.	"External" Building Works ⁽¹⁾		
	a. Drainage		3.00%
	b. Roads, paths, parking (reduced part		5.00%
	c. Site layout, walls, fencing, gates		
	d. Builder's work for engineering services outside buildings	£ 7,103,603	2.00%
3.	"External" Engineering Works ⁽¹⁾		10.00%
	a. Steam, condensate, heating, hot water and gas supply mains		
	b. Cold water mains and storage		
	c. Electricity mains, sub-stations, stand-by generating plant		
	d. Calorifiers and associated plant		
	e. Miscellaneous services (services in the road)	£ 7,103,603	
4.	Auxiliary Buildings	£	
5.	Other on-costs and abnormals ⁽²⁾		
	a. Engineering abnormals	14,207,206	20.00%
	b. Others		
	Total On-Costs to Summary SO1	£ 46,523,418	65.00%

STRATEGIC OUTLINE CASE

COST FORM SO4

Health Board: BCUHB

SCHEME: Option 7

PHASE : SOC

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost (Net of Loc Fact Adj) %
1. Fees (including "in-house" resource costs)		
<u>Trust/Health Board:</u>		
a Project Manager		1.50%
b Health Board Cost Advisor		1.00%
c Architect		3.80%
d Civil and Structural Engineer		2.00%
e Building Services Engineer		2.50%
f Planning Supervisor		0.50%
g Director and Inhouse Sponsor		1.00%
h Supervisor		1.50%
i SCP		2.00%
Audit		0.20%
Trust/Health Board Total	£ _____	_____
	£ _____	_____
Total Fees to Summary (SO1)	£ _____	16.00%

	£	% of Works Cost
2. Non-Works Costs		
a Statutory and local authority charges	50,000	
b Planning and Building Control fees	40,000	
c Other (list and describe)		
Surveys	50,000	
Signage etc	50,000	
d IT	1,000,000	
Non-Works Costs to Summary (OB1)	£ 1,190,000	£ _____

OUTLINE BUSINESS CASE

COST FORM SO5

Health Board: BCUHB

SCHEME: DTC - Option 7

PHASE : STAGE **SOC**

Proposed start on site:

Proposed completion date:

	Year	O	1	2	3	Total
	Financial year	21/22	22/23	23/24	24/25	
Works Cost			35,267,834	58,779,723	23,511,889	117,559,447
Fees		7,523,805	4,702,378	4,702,378	1,880,951	18,809,511
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					20,744,000	20,744,000
Contingencies			3,438,974	6,877,948	3,438,974	13,755,896
VAT		1,523,801	8,788,937	14,155,310	9,943,723	34,411,771
<i>Sub-total</i>		9,142,806	52,733,623	84,931,859	59,662,337	206,470,625
Less: Reclaimable VAT		1,504,761	940,476	940,476	376,190	3,761,902
TOTAL		7,638,045	51,793,147	83,991,383	59,286,147	202,708,723

OUTLINE BUSINESS CASE

COST FORM SO6

Health Board: BCUHB

SCHEME: DTC - Option 7 Outpatients and diagnostic plus theatres (incl Ophthalmology) and orthopaedics

PHASE : STAGE 0 OBC SOC

Proposed start on site:

Proposed completion date:

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year		O	1	2	3	
Financial year		21/22	22/23	23/24	24/25	Total
Works Cost			35,267,834	58,779,723	23,511,889	117,559,447
Fees		7,523,805	4,702,378	4,702,378	1,880,951	18,809,511
Non-works Costs		95,200	535,500	416,500	142,800	1,190,000
Equipment Costs					20,744,000	20,744,000
Contingencies			3,438,974	6,877,948	3,438,974	13,755,896
VAT		1,523,801	8,788,937	14,155,310	9,943,723	34,411,771
<i>Sub-total</i>		9,142,806	52,733,623	84,931,859	59,662,337	206,470,625
Less: Reclaimable VAT		1,504,761	940,476	940,476	376,190	3,761,902
TOTAL		7,638,045	51,793,147	83,991,383	59,286,147	202,708,723

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								

Funding source:

Year		1	2	3	4	5	6	Total
Financial year		21/22	22/23	23/24	24/25			
Works Cost								
Fees								
Non-works Costs								
Equipment Costs								
Quantified Risk Contingency								
<i>Sub-total</i>								
Gross Vat								
Less: Reclaimable VAT								
<i>Sub-total</i>								
TOTAL								



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Stroke Improvement Plan Phase 1						
Cyfarwyddwr Cyfrifol: Responsible Director:	Professor Arpan Guha, Acting Executive Medical Director						
Awdur yr Adroddiad Report Author:	Judith Rees, Temporary Department General Manager Stroke						
Craffu blaenorol: Prior Scrutiny:	<p>Business Case submitted to Health Board Review Team (HBRT) 2.3.21 and the Executive Team [ET] on 10.3.21. Business Case received support to proceed to Finance and Performance Committee from the ET with confirmation that the revenue stream was in place but confirmation of capital was requested and this has now been confirmed</p> <p>Previous versions were submitted to the Executive Team, Executive Management Group, Finance and Performance Committee, Health Professional Forum, Local Professional Forum, Strategy, Partnerships and Population Health Committee, Stakeholder Reference Group, Senior Medical Dental Committees x 3</p>						
Atodiadau Appendices:	1. Business Case 2. EQIA						
Argymhelliad / Recommendation:							
The Committee is requested to approve <ul style="list-style-type: none"> implementation of the stroke pathway model improvements as identified in the Business Case, for submission to the Board. the revenue and capital stream identified in the finance sections 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
<i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i>						Y/N to indicate whether the Equality/SED duty is applicable	Y
Sefyllfa / Situation:							
It has been recognised for some time that the clinical model for the delivery of stroke care in North Wales requires improvement. Stroke services in North Wales do not consistently meet the national standards for							

clinical quality. There is a lack of specialist staff available 24 hours a day, 7 days a week and several national outcome measure cannot be met regularly.

There are no Early Supported Discharge (ESD) services or Specialist Stroke Community in-patient Rehabilitation services in North Wales. In addition to this, there is a lack of Specialist Stroke Acute In-patient Rehabilitation beds in the West.

This Phase 1 business case creates a new model where emphasis is created on prevention and early diagnosis of Atrial Fibrillation [AF - a heart rhythm disturbance, which if picked up and treated early prevents stroke from occurring] in the primary care setting and strengthens the evidence-based care models of early supported discharge and rehabilitation. The latter enhances safe, appropriate and early discharge of patients from the acute setting and speeds up their rehabilitation process.

The Business Case explains how improvements in the current stroke pathway will be made with investment and how the improvements will impact on the clinical care measures, e.g. UK SSNAP [Sentinel Stroke National Audit Programme] dataset and also reduce the length of stay in the acute setting. It describes the improvements that can be made to the prevention of strokes with greater identification and monitoring of AF, how the acute first 24 hour pathway can be improved with investment in Specialist Stroke Nurses and describes a new rehabilitation model of care for BCUHB with the introduction of 3 Early Supported Discharge Services integrated with Specialist community in-patient rehabilitation units. Some further engagement work may be needed to reaffirm the location of the ESD and specialist inpatient rehabilitation units due to the time that has elapsed since the original engagement.

Cefndir / Background:

To support the improvements in the care model, the Business Case is requesting approval of £3.1 m revenue funding over 2 years for the posts below. At the Executive Team meeting on the 10.3.21 it was confirmed that the revenue stream was available. £1m over the next 2 years has also been included in the Discretionary Capital Programme for any work required to facilitate the specialist in-patient rehabilitation units.

Year 1:

Prevention pathway: **3 Primary Care Screening Nurses**, one per Area to support the identification, of patients at risk of AF and work with Primary Care to implement the required changes to their treatment plans and reduce the risk of having a Stroke.

Acute pathway: **3 additional Stroke Specialist Nurses (SSN)** to increase the out of hours presence and reduce the variance in performance and quality of Service between in and out of hours. The appointment of **3 SSNAP data entry clerks** to give the SSNs more clinical time in hours to improve performance and quality of Service in hours.

Rehabilitation pathway: **3 new Early Supported Discharge Teams**, one per Area to discharge patients earlier and reduce length of Stay integrated with **1 specialist community in-patient rehabilitation unit** in the West to improve the frequency and level of rehabilitation patients receive, reducing disability and improving performance. Appointment of **3 Consultant Therapists** to be clinically responsible for patients in the Rehabilitation Units and lead Service development and improvement.

Governance: **Network Manager** to support implementation and monitoring of the total pathway. Day to day management of stroke services will remain with the existing Acute and Area Teams. Monitoring of implementation and ongoing performance monitoring will be done through the BCU Stroke Collaborative group led by the Network Manager

Year 2:

Rehabilitation pathway: **Further 2 specialist community in-patient rehabilitation units in Centre and East**
Phasing of costs

Timescales will depend on approval to fund posts, the ability to recruit, the extent of any refurbishment to the three Community Hospitals and adequate community based equipment. £1m has been allocated in the Discretionary capital programme over 2 years to facilitate the anticipated minimal Estate changes required for the specialist in-patient rehabilitation units. If it is discovered that further discretionary capital may be needed, there will need to be a review of the capital programme priorities or consideration of alternative funding (eg. All Wales or charitable support) or an extended phasing of the scheme.

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
ASU	154	(142)	(694)	(694)
ESD	748	1,575	1,575	1,575
Rehab	296	1,600	1,901	1,901
Prevention Screening Nurses	115	154	154	154
Stroke Network Manager B8b	50	67	67	67
Total Pay	1,363	3,253	3,002	3,002
Travel	46	115	126	126
Equipment	6	6	6	6
Total Revenue	1,415	3,374	3,134	3,134
Capital	2021/22	2022/23	2023/24	2024/25
IT	44	19		

ASU ~ Acute Stroke Unit

It has assumed that the Business Case is approved in 2020/21 to allow recruit to commence in Quarter 1 2021/22. In 2021/22 it is expected that costs will start to be incurred in Quarter 2 for the Network Manager, Screening Nurses, Specialist Nurses and SSNAP Clerks. Recruitment to the ESD will commence in Quarter 2 with an estimated 20% of the overall staffing being in post in Quarter 2, increasing to 70% in Quarter 3 and being fully staffed by Quarter 4.

The Specialist In patient Rehab in the West is expected to be fully operational in Quarter 3, 2021/22 with Centre and East by Quarter 2 2022/23. Savings from the ASU are expected to be realised once the rehab units are operational.

The modelling of the new proposal is a switch from acute to rehab services, this will require approval and buy in from both the Service and Budget Holders to allow the level of investment outlined in this Business Case.

Full costs are expected by Year 3 (2023/24) offset by the savings of £694,000 from the ASU.

Asesiad / Assessment & Analysis

Clinicians and stakeholders agree that each part of the pathway improvements are key to the other parts of the pathway. Whilst ESD and Rehabilitation are seen as a priority the Rehabilitation part of the pathway will not have optimum improvement without the investment in the Prevention and Acute part of the pathway. To deliver significant improvements will require a relatively small investment of resource that includes the extension of Clinical Nurse Specialist (CNS) roles. This would improve the timely assessment and clerking of patients and ultimately the timely transition of patients from ED. A BCUHB commitment to fund implementation of the whole stroke pathway in order to achieve service sustainability is essential. The investment priority requires the co-located ESD and Specialist In-patient Community Hubs to be fully operational, evaluated and refined prior to implementation of hyper acute stroke co-located with acute stroke services which forms Phase 2 in a separate Business Case.

The investment will have the following impact:

The Royal College of Physicians (RCP) provide a comprehensive sentinel audit to report on stroke performance against outcomes and indicators for the stroke pathway (SSNAP) in Wales. In the latest SSNAP performance table, Wales was third from bottom of the 15 UK Regions. The evidence based indicators within this tool have been adopted by WG as quality improvement indicators (QIMs). There are currently 4 Quality Improvement Measures (QIMs):

- QIM 1: 4 hour bundle of indicators assessment, diagnosis and admission to acute stroke unit
- QIM 2: CT Scanning time 1 hour
- QIM 3 : 24 hour Medical, CNS and therapy assessment
- QIM 4: 72 hour therapy interventions

In addition, national indicators consider rate, eligibility and timeline for thrombolysis. The SSNAP figures in BCU deteriorated significantly during 2020. The scores range from A - E across each of the domains measured. As having no ESD automatically results in a Level D or E in that Domain, this will improve simply by having ESD. Meeting Therapy staffing guidelines will enable consistent timely therapy interventions, which will improve the SSNAP Scores. Achievement of a Level A SSNAP score is only achievable with phase 2. The improvement in the CT Scanning times, Thrombolysis DtN times and access to the ASU times achieved with the appointment of additional specialist nurses will ensure improved SSNAP scores (additional SSNAP clerks also required to free Specialist Nurses for increased OOH presence). Improvements achieved will be:

WELSH GOVERNMENT PERFORMANCE MEASURE AND TARGET	BCU DEC 2020 PERFORMANCE AGAINST TARGET	BCU PROJECTED MARCH 2021 PERFORMANCE WITH BUSINESS CASE IMPLEMENTATION
QIM1 Access to stroke unit within 4 hours* 59%	31%	56%*
QIM 2 Access to CT scan within 1 hour 56%	48%	60%
QIM 3 Access to Consultant within 24 hours 85%	76%	Maintain performance**
QIM 3 Access to Specialist Nurse within 24 hours	91%	Maintain performance**
QIM 3 Access to Therapist within 24 hours No Target	94%	Maintain performance**
QIM 4 Access to Therapy Treatment within 72 hrs: OT 93% PHYSIOTHERAPY 96% SALT 91%	91% 98% 93%	Maintain performance**
Thrombolysis % patients seen No targets 30 mins DtN times 45 mins DtN times	13% 0% 23%	25% 16% 40%

*Barriers to target compliance which the Business Case will address include the significantly reduced stroke team support for the out of hours service with pressure on medical staff to see and clerk patients, and bed capacity pressures that require the escalation process to be instigated to occupy stroke beds with non-stroke patients. The increased number of stroke admissions and complexity of patients is also a factor in the deterioration of performance. Executive support to maintain the 65% Acute bed occupancy and 85% Rehabilitation bed occupancy is essential to achieve the projected improvements. ** These measures will be addressed in phase 2 Business Case and are already performing at a high level.

Optimising the Thrombolysis pathway will reduce the dependency and Length of Stay of more patients. The additional Specialist Nurses are essential for this to happen.

Longer Term Rehab performance against Standards has significantly poorer compliance as the Therapy time has been focussed on achieving compliance within the first 72 hour QIMs and this imbalance will be addressed with the new model with all sites achieving the required target levels:

W G MEASURES 45 mins	OT	PHYSIO	SALT
DEC 2020 PERFORMANCE	Target 100%	Target 96%	Target 64 %
Ysbyty Gwynedd (YG)	25%	84%	35%
Ysbyty Glan Clwyd (YGC)	51%	70%	65%
Wrexham Maelor (WXM)	44%	67%	31%
BCU	39%	73%	44%

Barriers to Rehabilitation target compliance lies in the lack of Therapy Workforce. The current Workforce is unable to meet the targets or improve compliance adequately and consistently without an increase in resource and establishment of ESD Service

SSNAP SCORES JULY-SEPT 2020	MARCH 2022	JUNE 2023
YG	D	C
YGC	C	B
WMH	D	C

Level A is only achievable with phase 2. There will be incremental improvements to the various Domains in the SSNAP scores leading up to a consistent level B with the full implementation of the Business Case.

Strategy Implications

The Stroke plan addresses several important strands of the Health Board strategy. It provides:

- Health Improvement for the population of North Wales
- High quality Integrated Rehabilitation services
- Excellent Hospital Care
- Care closer to home through the ESD

Legal and Compliance

There are no legal implications in the Business Case.

In line with our commitment to quality improvement and transformation of service models with the focus upon improving outcomes, we have commissioned external support to work with us in undertaking a programme of service/pathway workforce reviews. We will apply this methodology to developing the model for stroke care delivery.

The methodology we have developed for our workforce and service reviews is a simple pathway starting with data and then moving through demand and capacity, workforce and service model review, financial assessment, and production of service and workforce models. Each element has specific tasks, particularly the workforce modelling which includes extensive engagement with clinical teams exploring opportunities for deployment of new and hybrid roles, digitally supported diagnosis and care, partnership working. Making sure that we are aspiring for the best for our population drives extensive benchmarking and horizon scanning of best practice.

A critical factor in the work is then building capacity and capability within our teams to apply this methodology as part of the continuous improvement cycle at local team level.

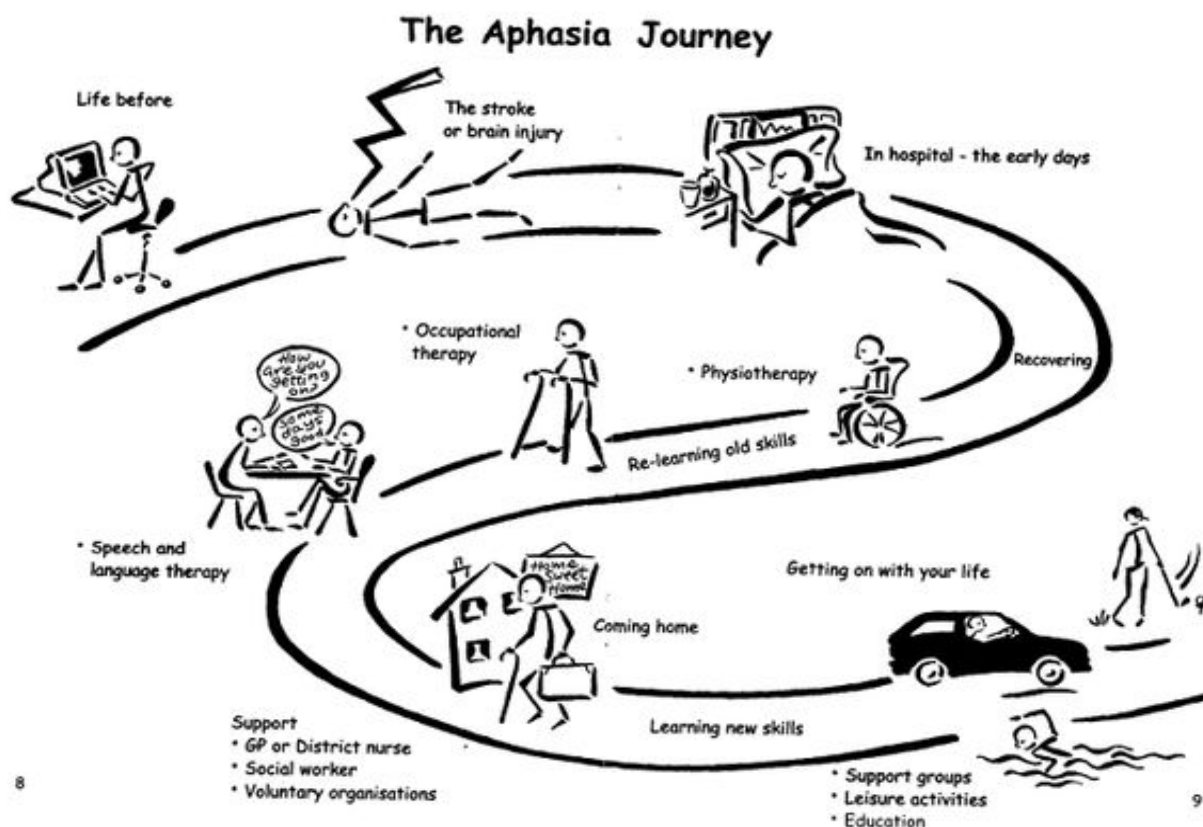
A Project Manager will be appointed to ensure the implementation of the Business Case. The management structure for Stroke Services in North Wales has been reviewed and it is proposed that the Project Manager role will become a Network Manager role following the success of a previously referred pilot of this role in 2019. This role would also support implementation and monitoring of the Primary Care monitoring prevention work. Operational day to day management of stroke services will remain with the existing Acute and Area Operational Management Teams. Monitoring of implementation and ongoing performance monitoring will be done through the BCU Stroke Collaborative group led by the Network Manager.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Division / Area / Department	East Area on behalf of Stroke across BCU
Scheme Title	Stroke Improvement Plan phase 1 <ul style="list-style-type: none"> • Prevention – reduced Strokes through improved Atrial Fibrillation (AF) management • Strengthened Services with additional Specialist Nurses to improve SSNAP scores, performance and patient flow • Early Supported discharge (ESD) to reduce time in hospital with “home first” ethos • Specialist Integrated Community inpatient Rehabilitation to reduce time in hospital and longer term disability
Author	
Executive Sponsor	Professor Arpan Guha, Executive Medical Director
Version	V12
Date	8.3.2021



STROKE FACT F.A.S.T.

CONTENTS PAGE

1.0	Executive Summary
1.1	Background
1.2	The Health Economics of Stroke Prevention
1.3	The Service Proposal in Phase 1
1.3.1	Prevention
1.3.2	The Acute Service
1.3.3	Early Supported Discharge (ESD)
1.3.4	Specialist Community In-Patient Rehabilitation
1.4	Financial Implications
2.0	The Strategic Case
2.1	Introduction
2.2	Strategic Context
2.2.1	Organisational Overview
2.2.2	Relevant National / Strategies, Standards / Guidance and Evidence
2.2.2.1	National Stroke Strategies
2.2.2.2	Evidence based Standards and Guidance
2.2.2.3	The Health Economics of Stroke Prevention
2.2.2.4	The Welsh Language
2.3	The Case for Change
2.3.1	Existing Arrangements
2.3.1.1	Prevention
2.3.1.2	Acute Stroke / Stroke Rehabilitation
2.3.1.3	Mechanical Thrombectomy
2.3.1.4	Life After Stroke
2.3.1.5	North Wales Brain Injury Service (NWBIS)
2.3.1.6	Stroke Association
2.3.1.7	Current Workforce capacity for Acute Stroke Services
2.3.1.8	Current Activity, Performance and Key Targets
2.3.1.9	Current Demand for the Service
2.3.1.10	Performance
2.3.2	Issues with Existing Arrangements
2.3.3	Scope of the Case
2.3.4	Objectives, Benefits and Outcomes
2.3.5	Constraints
2.3.6	Dependencies
3.0	The Planned Service
3.1	Prevention
3.2	Acute Pathway
3.3	Early Supported Discharge Service
3.4	Integrated Specialist Community In-patient Rehabilitation Service
3.5	Life After Stroke
4.0	Options
4.1	Financial Appraisal
5.0	Risk Appraisal
6.0	Proposed Workforce Capacity
6.1	Prevention

- 6.2 Acute / ESD / Specialist Community In-patient Rehabilitation
- 6.3 Governance
- 6.4 Impact on the Workforce
- 7.0 Phased impact of Stroke Services on Bed Days
 - 7.1 Summary of Current Bed Days
 - 7.2 Proposed future service model with ESD, Specialist Community In-patient Rehabilitation, and Acute Stroke Services
- 8.0 Impact on Estate
- 9.0 Impact on Travel and Access
 - 9.1 Access to BCUHB Stroke Services
 - 9.1.1 BCUHB Analysis
- 10.0 Other Areas affected by the Proposal / Interdependencies / Assumptions
 - 10.1 Assumptions - Bed capacity modelling
 - 10.2 Assumptions - Workforce
 - 10.2.1 Assumptions – Workforce (Specialist Stroke Rehabilitation and ESD)
 - 10.3 Assumptions - Financial
- 11.0 Impact Assessment Screening
 - 11.1 Equality Impact Assessment
 - 11.2 Quality Impact Assessment
- 12.0 The Financial Case
 - 12.1 Revenue Cost
 - 12.2 Capital Cost
 - 12.3 Affordability and source of Funding
 - 12.3.1 Do Nothing
 - 12.3.2 Three Acute site models. Specialist Community In-patient Rehabilitation beds in each Area. The establishment of an ESD service in each Area
 - 12.3.4 Value For Money Test
 - 12.3.5 Financial Risk Assessment and Sensitivity Analysis
- 13.0 Governance and Project Management
 - 13.1 Approval Route
 - 13.2 Project Management
 - 13.3 Post Implementation Review
- 14.0 Conclusions and Recommendations
- 15.0 Declarations

1.0 EXECUTIVE SUMMARY

This document sets out the first phase in improving stroke services across North Wales. Stroke is a work stream of the Health Board's Living Healthier Staying Well Strategy and this Business Case addresses that priority.

It will provide a "Once for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services.

Modern stroke services are provided across a whole pathway, from healthy lifestyles through to Specialist Acute Intervention in a Hyper Acute Stroke Unit (HASU) and Specialist Integrated Community Rehabilitation. This document sets out the plan for the **first phase** of improvement, which includes:

- Further develop stroke prevention services in North Wales with an emphasis on primary and community care
- Strengthen acute stroke services across each of the three District General Hospital sites with Specialist Nurses on site until 02.00 am to improve the out of hours compliance with clinical guidelines and performance targets
- The provision of an Early Supported Discharge (ESD) service that works in an integrated way with three specialist integrated community based in-patient hubs
- Establishment of Specialist Community In-patient Rehabilitation aligned to 'Care Closer to Home' and the principles of prudent healthcare; with "home first" achieved through ESD;

The proposal has been developed by the BCU Stroke Collaborative Group, chaired by the East Area Director and Consultant Clinical Lead and under direction of Professor Arpan Guha, Executive Medical Director (Acting) and Dr Kate Clark, Deputy Medical Director (Acting). Ongoing monitoring of the outcomes will be undertaken by this Group or its replacement.

The proposal for the development of a HASU will form **Phase 2 (not part of this proposal)**. The overall strategy has been separated in this way in order to improve the acute stroke pathway prior to investing in a HASU. It is essential that efficient, effective rehabilitation services are in place to enable the development of a successful and efficient HASU. This will also spread the investment decisions for the Health Board into different phases and ensure a modern service model is in place to improve recruitment opportunities, in particular medical workforce, for a HASU.

The model results in the implementation of **Wales Stroke Delivery Plan pathway: Wales Stroke Care Pathway and Priorities;**

Living Well

Work closely with partner organisations to support and promote initiatives that help people to understand their lifestyles and help them to live healthy and long lives.

Stroke Prevention

Promote primary and secondary prevention through the intervention of treatment and advice to manage lifestyle and provide the appropriate pre-hospital interventions.

Early Recognition and Transition Ischaemic Attack (TIA)

Provide early access to evidence based interventions.

Fast Effective Care

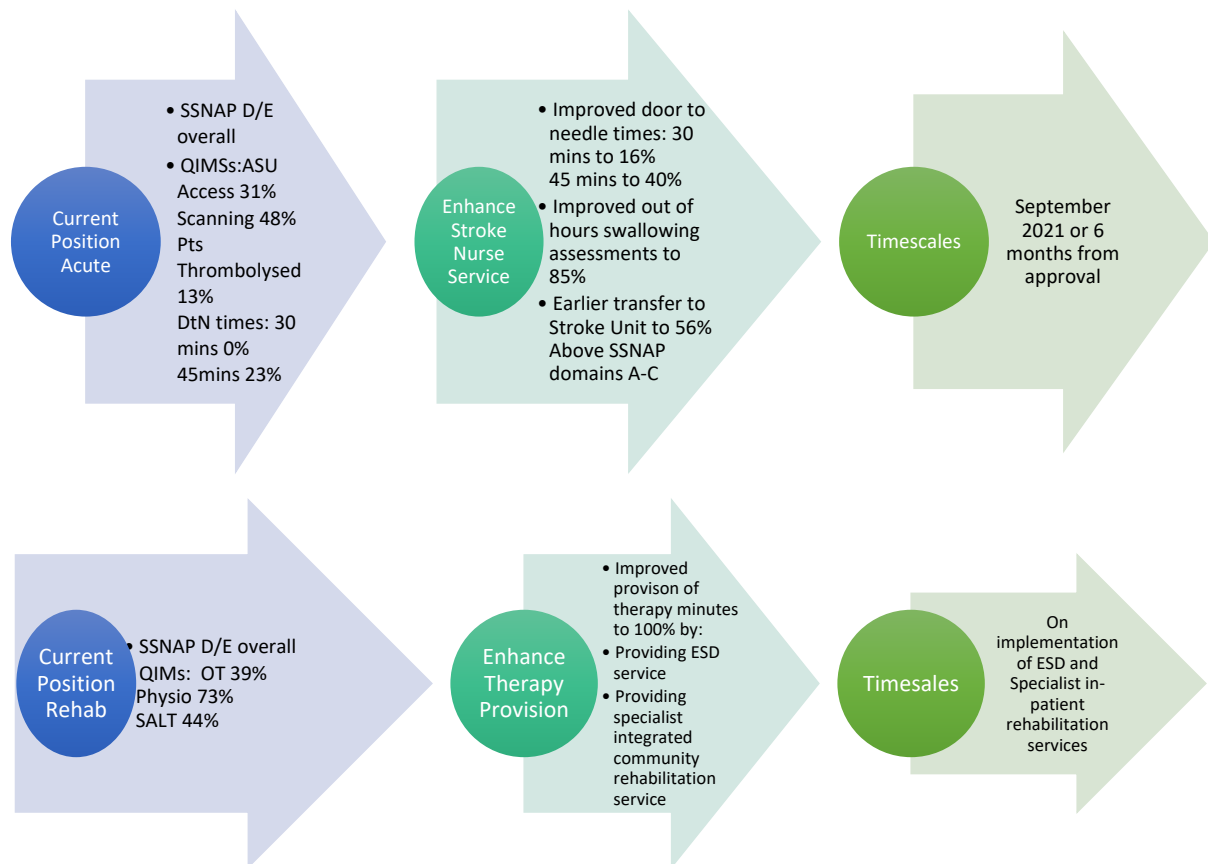
For those with confirmed stroke, rapid access to evidence based interventions, treatments and care in the most appropriate hospital and ward

Rehabilitation, Recovery and Life after Stroke

Recognising and addressing the life long affects of stroke on the patient and their family and carers and providing the right amount of therapy from the right therapists in the environment, acute hospital, community hospital or home.

End of Life Care

Recognising that stroke is a fatal event for some victims and ensuring that we provide the best palliative care for our patients and the best support to family and friends at this time.



1.1 Background

The current service provision has significant deficiencies and does not meet the standards of a modern stroke service. This has a detrimental impact on the quality of stroke services provided across North Wales. The absence of a strategy to improve the stroke service also makes this situation self-perpetuating, as recruitment to the service of specialist staff is increasingly challenging.

In 2017, the Health Board commissioned a review of the Stroke Pathway by the Royal College of Physicians (RCP). That review identified specific site and system weaknesses in the present levels of service delivery and highlighted opportunities for improvement both in relation to the Acute phase, particularly in thrombolysis rates, and in terms of therapeutic support for patients* Appendix 2.

Stroke services are provided across a whole pathway, from prevention through to recovery. The integrated structure of the Health Board provides an ideal opportunity to provide high quality integrated care across primary care, acute services and community care. This plan sets out how this opportunity can be realised to provide the population of North high quality stroke care.

1.2 The Health Economics of Stroke Prevention

Stroke prevention provides an excellent opportunity for the Health Board to invest in the future health of the population of North Wales. We have included available data to carry out some high-level health economics of stroke prevention work. The evidence suggests that the correct intervention in screening and treatment of atrial fibrillation [AF] would save approximately £1.6m in terms of mitigated future stroke costs. AF is a heart rhythm disturbance that is known to predispose to blood clot formation and increase the likelihood of a stroke.

The implementation of a systematic screening and treatment programme for AF would reduce the incidence of stroke and have a positive impact on both the health of the population and the treatment costs of stroke. Early identification and management of AF is included in a locally enhanced service option for primary care and therefore performance and outcome measures have already been identified.

This would benefit from further analysis in terms of the implications for the remainder of the investment programme and impact on future bed requirements. It is logical to assume that the upward trend in stroke incident forecast within this paper would be partly mitigated through the prevention programme. The relationship between increased prevention and annual investment in stroke would be an ongoing area of investigation.

1.3 The Service Proposal in Phase 1

1.3.1 Prevention

The proposed stroke prevention model is centred on improved AF detection, speedily initiated anticoagulation and robust monitoring. The component parts include:

- **Improved Detection** – Shift from system with significant variation in approach to a systematic process of identifying patients with AF.
- **Screening Based on common causes of AF**- screening will focus on patients with the causes of AF- hypertension, heart disease. Screening will include patients presenting with palpitations, breathlessness, dizziness, chest pain and those with increased life risks – alcohol, obesity and smoking.

- **Patients known to have AF with no anticoagulation-** We will introduce software to support the identification of patients with AF but not currently being treated and ensure intervention for AF.
- **Review of patients who are receiving treatment but with sub –optimal outcomes-** This is the final group where significant improvement is possible. We will ensure all patients are systematically reviewed to ensure optimal treatment.

The combination of the above approaches is proven to be effective in reducing stroke incidence and will reduce the number of strokes in North Wales by 78. This equates to 6% reduction against the 1265 admitted Strokes to BCU in 2019/20. There will be an increase in primary care prescribing costs as a consequence of improved identification of AF, however this is work that primary care should already be undertaking and the screening nurses will support appropriate implementation.

1.3.2 The Acute Service

Evidence tells us that the outcome for patients suffering from a stroke relates to the time taken for treatment to commence. A stroke should be treated as a medical emergency and the first 72 hours after having a stroke requires prompt assessment, diagnosis and commencement of treatment provided by expert staff. Recent research has shown that acute blood pressure lowering in patients who present within the first 6 hours improves patient reported outcomes (7th annual SSNAP report Appendix 3)). BCU performs reasonably well in the number of patients thrombolysed, although still below expected standard, the time taken to deliver thrombolysis treatment is poor. The Door to Needle (DtN) times for a patient receiving thrombolysis treatment are key in terms of reducing disability and improving recovery. The optimum DtN time is 30 mins from arrival and out of hours BCU performs poorly specifically in these clinical standards. Additionally patient safety is affected by poor compliance with swallow assessment and BCU performs poorly in this clinical standard, but most significantly out of hours. According to the Seventh SSNAP annual report (Appendix 3), early swallow screening has been seen to reduce the risk of aspiration pneumonia, a leading cause of stroke death and therefore swallow screening and assessment for all stroke patients is vital to ensure they are safely hydrated and nourished. Poor compliance with the acute pathway impacts on the success of the rehabilitation part of the pathway as it does not optimise patient recovery and results in reduced recovery and mobility. This plan will improve the out of hours pathway specifically:

Diagnosis – through better access to CT (20% improvement in the number of patients having a CT in one hour)

Treatment- through faster thrombolysis (20% improvement in the door to needle times)

Recovery- Through better access to specialist stroke beds and specialist stroke staff (25% improvement in the number of patients admitted to the Acute Stroke Unit within 4 hours of arrival)

The current variation between in hours and out of hours compliance across BCU that will be improved with the appointment of additional Specialist Nurses** is seen below:

April 2019 to March 2020	In hours 08.00-20.00	Out of hours 20.00- 08.00
Scanning within 1 hour	59%	53%
No of patients Thrombolysed	16%	18%
Thrombolysis Door to Needle times within 30 mins	11%	0%
Thrombolysis Door to Needle times within 45 mins	32%	6%
Access to the ASU within 4 hours	57%	46%
Swallow Assessment within 4 hours	82%	66%

*While time to CT scanning influences the ability to thrombolysed; thrombolysis in a timely manner is the intervention that will improve outcomes. There is a significant difference between in and out of hours

provision as well as the ability to undertake a swallow assessment to ensure safe hydration and reduce the risk of aspirated pneumonia. This is where we will experience the biggest quality improvement metric with increased investment in Specialist Nurses. **It should be noted that one Specialist Nurse per site will not provide additional presence over 7 days, the appointment of the additional SSNAP clerks are also required as the Specialist Nurses currently spend several hours a week inputting data and appointment of the Clerks will enable then to reduce times of “doubling up” and have increased OOH presence.

1.3.3 Early Supported Discharge (ESD)

There is no ESD service in North Wales. It is an evidence based community rehabilitation service that will have the following impact. Using the SSNAP Health Economics tool, it can be evidenced that the planned ESD service will:

- Provide specialist stroke recovery support at home. This follows the “Closer to Home” strategy of the Health Board.
- Reduce time spent in hospital for 37% of current Strokes patients (and all the risks to deconditioning involved in prolonged hospital stay) and 12% intended reduction in bed days. In 2019/20 this equated to 515 earlier discharges and 2,575 bed days).
- The ESD service will follow well established best practice and will lead to improved recovery and increased independence following stroke recovery.

Introduction of ESD represents a step change in the service provided to patients recovering from Stroke.

1.3.4 Specialist Community Inpatient Rehabilitation

The ESD will be the preferred approach for recovery but there will be a group of more complex patients who will continue to require an inpatient bed for the next stage of their recovery.

The plan is for Specialist Integrated Community In-patient Rehabilitation provided in a community hospital setting in each of the three BCUHB areas. Although these will be 3 separate co-located inpatient units and ESDs they will work closely as an integrated service by Area and across North Wales.

The Specialist Community Rehab beds will be supported by a full range of multidisciplinary staff in order to ensure patients have the best chance of a good recovery from their stroke. This will include a consultant therapist in each unit, responsible for developing and implementing the therapy based rehabilitation service.

1.4 Financial implications (excluding cost reduction from Prevention)

A two phased approach (approval for Phase 1 only is being requested) to implementation comprising:-

Phase 1

- The prevention of future strokes as a result of improved AF monitoring
- The Strengthening of existing Services by appointing additional Nurse Specialists on each of the three BCUHB acute hospital sites.
- The introduction of Early Supported Discharge services co-located with
- Specialist Integrated Community In-patient beds in each of the three BCUHB Areas. A feasibility study on each of the proposed community hub sites will be undertaken to determine refurbishment requirements, equipment and cost.

Phase 2 (not for approval now)

- Implementation of a Once for North Wales Hyper Acute and Acute Services (subject to a

- further Business Case).
- A 7 day per week Mechanical Thrombectomy service contracted on an All Wales basis via WHSCC.

THE STRATEGIC CASE

1.1 Introduction

Stroke is the leading cause of disability in the UK, with almost two thirds of stroke survivors leaving hospital with some form of disability, either short or long term. Best practice stroke services are proven to be effective in preventing the incidence of stroke and improving recovery.

The current services provided by the Health Board fall considerably short of recognised standards for Stroke Care. There are shortfalls in prevention, diagnosis, treatment and recovery.

The integrated structure of the Health Board provides the perfect foundation for providing high quality services across Primary care, Acute Care and community services. This document sets out how this will be achieved.

2.2 STRATEGIC CONTEXT

2.2.1 Organisational Overview

The Stroke plan addresses several important strands of the Health Board strategy. It provides:

- Health Improvement for the population of North Wales
- High quality Integrated Rehabilitation services
- Excellent Hospital Care
- Care closer to home through the ESD

The stroke plan provides an opportunity for the Health Board to demonstrate commitment to the improvement of services across a whole pathway – from prevention through to specialist care and recovery

Reducing Health Inequalities is an important aim of the Health Board. In general, people from more deprived areas have an increased risk of stroke that tend to be more severe. People in Black communities are twice as likely to have a stroke and at a younger age than people in white communities are. Investing in improving stroke care and prevention will particularly benefit these communities with a bigger impact on reducing health inequalities.

Incidence of Stroke in North Wales:

In 2019 / 2020 there were 1,265 confirmed strokes in North Wales and 411 Transient Ischaemic Strokes (TIA's). Approximately 588 of our mimic strokes proceeded to an Acute Stroke Unit (ASU) admission:-

	West	Central	East	BCUHB
Confirmed Stroke demand	332	443	490	1265
Admitted Transient Ischaemic Attacks (TIA's) – precursor to a confirmed stroke	95	103	213	411
Mimic Strokes (admitted)	186	238	164	588

The number of BCUHB confirmed strokes and mimic strokes is estimated to increase as follows:

	2025	2035
Confirmed Stroke demand	1448	1756
Mimic Strokes (admitted)	665	806

2.2.2 Relevant National Strategies, Standards / Guidance and Evidence

2.2.2.1 National Stroke Strategies

The Welsh Government (WG) **Stroke Delivery Plan – A refreshed Delivery Plan for NHS Wales and Partners (2017 – 2020 and extended to March 2021 due to COVID)** provides a framework for action by Health Boards. It sets out the expectations of all stakeholder to tackle stroke in people of all ages, wherever they live in Wales and whatever their circumstances. The Plan is designed to enable the NHS to meet the needs of people at risk of stroke or affected by a stroke. This plan follows the guidance set out in this paper.

The **National Clinical Guidelines for Stroke (2016)** and **Stroke Service Standards (2014)** provide a comprehensive examination of stroke care, encompassing the whole of the stroke pathway from acute care through to longer-term rehabilitation, including secondary prevention.

A Healthier Wales; long term plan for health and social care (2018) sets out the Welsh Government's vision for enabling people to live longer, healthier and happier lives in their own homes, for as long as possible, with support, if needed, from a whole systems approach from health and social care.

In 2017 the RCP visited the three BCUHB District General Hospitals in order to carry out a **Peer Review** of the whole stroke pathway in North Wales. The RCP identified areas of good practice and made a number of recommendations for improvement* Appendix 2.

2.2.2.2 Evidence based Standards and Guidance

In 2016, the RCP published a concise guide of 30 key recommendations identified by the Intercollegiate Stroke Working Party. This plan follows the key recommendations within this guide Appendix 1.

The **Public Health Outcomes Framework** Appendix 2 relates to the determinants of health and the delivery of these across Health, Social Care and Third Sector service provision. The common lifestyle elements of smoking cessation, exercise, healthy eating and obesity management are common across all chronic conditions and are embraced through the **Together for Health Delivery Plans** as part of preventing stroke.

Standards for prevention include the management and reduction of risk for patients with known risk factors for stroke such as blood pressure and AF management. The **NICE guideline CG 180** Appendix 3 should be met for the management and treatment of patients with known AF.

The **Quality Improvement Indicators, Royal College of Physicians SSNAP Clinical Audit** measures and **Organisational Audits** set out the service standards which organisations delivering stroke are expected to comply with.

The population of North Wales can and should expect the design of stroke care pathways to meet or exceed the evidence-based standards for good outcomes of clinical care for patients.

The Sentinel Stroke National Audit Programme (SSNAP) 7th Annual Report confirms how essential the proposed model is and the value that will be added to the Stroke pathway by implementation of the proposed model.

2.2.2.3 The Health Economics of Stroke Prevention

Stroke is the third largest cause of death in Wales and costs the NHS £340.000 million each year, yet an estimated 7,400 strokes per year are preventable. A primary intervention in preventing strokes is through optimal diagnosis, treatment and management of A F.

AF confers a 5-fold risk of stroke, and 1 in 5 of all strokes are attributed to this arrhythmia. Ischaemic strokes in association with atrial fibrillation are often fatal, and those patients who survive are left more disabled by their stroke and more likely to suffer a recurrence than patients with other causes of stroke. Therefore, the detection and appropriate treatment of AF will ultimately decrease disease burden and cardiovascular spend on AF related disease such as heart failure and stroke.

The current prevalence rate across North Wales was 2.4% in 2018 (range 1.8-4.1) 10 practices had a prevalence below 1.5% all of which are identified as poorly performing practices. The UK prevalence was 1.9% so our overall detection is quite good compared to other areas, however given the large variation between practices there is likely to still be benefit from increasing the detection rate.

Over 15,000 strokes and 5,500 patient deaths would be prevented every year if AF patients in the UK were effectively identified and treated with oral anticoagulation. In addition, earlier detection will also reduce cases of heart failure, frequently a result of long term AF. The importance of recognising and treating AF increases with age - the incidence of resulting strokes rises from 1.5% amongst people aged 50-59 to 23.5% amongst people aged 80-89. There is wide variation in detection (when compared with expected prevalence), exception reporting and choice of treatment.

In addition to the proposals contained in this business case to deliver more effective Stroke treatment and rehabilitation, a key focus will be on reducing the variation in AF treatment thereby reducing the incidence and disease burden of strokes, through:

- Improved screening and detection
- Targeting patients with long term conditions
- Treating with appropriate anticoagulation

Supported by clear guidance and defined local pathways built around:

- Education – understanding stroke prevalence, stroke and bleeding risks
- Resources to support uptake

For every 100 patients on an AF register who are not adequately treated, 5 strokes each year are estimated. Locally we have identified 4 key groups who, with improved AF treatment (anticoagulation) would contribute to much improved efficacy and a reduced number of strokes – with the added value return across the whole pathway:

1. **High Priority:** those with Warfarin allergy or inability to monitor
2. **Medium Priority (higher):** those out of therapeutic range despite warfarin compliance (<65% TTR)
3. **Medium Priority (lower):** those diagnosed AF patients currently prescribed aspirin or nothing
4. **Low Priority:** Newly diagnosed AF patients and warfarin stable patients

Group	No pts	Tx costs per pt	Total cohort costs	No stroke saved	Cost per stroke saved	Stroke Cost	Total Costs Saved	Net gain (£)
1	411	579	237,969	14	16,997	45,000	630,000	315,704
2	514	579	297,606	18	16,533	45,000	810,000	794,352
3	2800	579	1,310,277	46	28,484	45,000	2,070,000	1,397,200
	3188	579	1,845,852	78	62,014	45,000	3,510,000	1,664,148

NOAC's are in the high priority group as have increased efficacy in preventing strokes – they mitigate two key issues with Warfarin;

- The need to monitor / test
- The inability of a cohort to metabolise Warfarin

The table projects a reduction of approximately £1.6m in the cost of stroke care through intervention on the 3 cohorts. The plan to achieve these reductions will require a small investment but provides an opportunity for the Health Board to invest in Health Improvement (the time period for the reduction is unknown).

Additional cost of NOAC's are included in the above table. There is further work required on the relationship on interventions on stroke and the incidence of stroke in North Wales and this analysis will be progressed as part of this strategy. These figures have been developed at the level of analysis available within the time. The specific figures can be considered as illustrative but the overall conclusion- the investment in prevention reduces stroke costs- is well established from research. The Warfarin LES and NOAC DES are both output based with GPs receiving payment for the number of patients on anticoagulation with no outcome measures. The LES and DES do not incentivise to diagnose AF as payment is received once diagnosis is made, which is not necessarily by the GP

2.2.2.4 Welsh Language

The Welsh Language Act 1993 established the statutory principle that – in the conduct of public business in Wales – the Welsh and English languages should be treated 'on the basis of equality'.

Research has identified the link between language and care and refers to examples that imply the quality of care to vulnerable users may be compromised by the failure to communicate in their first language. The provision of Welsh language services is therefore a matter of quality in care and better outcomes, not choice alone.

The Equality Impact Assessment screening carried out to support the stroke service review has identified that there may be an impact on those patients whose language of choice is Welsh if required to use a hospital service farther away from their local community i.e. fewer Welsh speaking staff available. The lack of Welsh language provision was cited as a frustration by stroke survivors during the BCUHB programme of engagement. Appointing Welsh speaking staff, supporting existing staff to learn Welsh and the use of approved volunteers to encourage communication in the Stroke Survivors first language, and Language line translation service will help to address this frustration.

2.3 THE CASE FOR CHANGE

2.3.1 Existing Arrangements

2.3.1.1 Prevention

The current AF prevention, detection and monitoring pathway is based around:

- The population and maintenance of AF registers
- the anticoagulation DES (Warfarin) and LES (NOAC's)
- specific QAIF projects

Whilst referenced against NICE guidance there is considerable variation in approach across the Health Board. Application of the Directed Enhanced Service (DES) and Local Enhanced Service (LES) on their own will not iron out all of the following variations:

- Whilst the average AF prevalence across North Wales is 2.4%, this hides a variation across practices from 1.8% - 4.1%
- The current AF register shows 16,969 Patients recorded on it. – of which 20% appear to have no anti coagulation therapy in place
- 39% are on Warfarin therapy – of which 38% have sub optimal TTR levels (less than 65%)
- 41% are on NOAC therapy

The proposed model would supplement the work commissioned via the essential service contracts by reducing the variation across practices.

2.3.1.2 Acute Stroke / Acute Stroke Rehabilitation

Wrexham Maelor Hospital (Wrexham) and Ysbyty Glan Clwyd (YGC) provide inpatient acute and rehabilitation stroke services. The provision of specialist rehabilitation services at Ysbyty Gwynedd (YG) is very limited. YGC provides a combined stroke unit of flexible 22 beds, Wrexham provides a combined stroke unit of 6 acute stroke beds and 15 rehabilitation beds and YG has 13 acute only beds. Each of the units are supported by a stroke specialist multi-disciplinary team of Therapy staff. YG has 0.2 and YGC has 0.45 wte psychology support per week. Wrexham does not have any psychological input. For information, the current Stroke bed capacity is:

Hospital	Acute Beds	Rehabilitation beds on acute sites	Total
Ysbyty Glan Clwyd	10	12	22
Ysbyty Gwynedd	13	0	13
Wrexham Maelor Hospital	6	15	21*
Total	29	27	56

- Wrexham is currently funded as a 27 bed ward, with 21 classed as Stroke and 6 general medical

Summary of the existing services:

- Thrombolysis 24 / 7 supported by the stroke consultant physician on call rota, supporting a Network, once for North Wales, approach.
- Stroke Nurse Specialists provide a 7 day service in hours only
- Stroke specialist multidisciplinary team of therapies (weekdays with limited weekend presence only).

- Post Discharge 6 month review Stroke Clinics supported by the Stroke Association.
- Combined Inpatient acute and rehabilitation at YGC and Wrexham provided by specialist staff
- Acute management of stroke at Ysbyty Gwynedd there are no specific stroke rehabilitation inpatient beds

*Bed modelling undertaken to understand the number of beds required going forward with the new model clearly shows that additional Acute beds are required in Wrexham. The success of the new model is very dependent on maintaining the best practice and Stroke guidelines acute bed occupancy levels of 65% and rehabilitation bed occupancy levels of 85% and the Executives are asked to support this level of occupancy being maintained.

****Section 10.1 explains the bed modelling in more detail**

2.3.1.3 Mechanical Thrombectomy

Mechanical Thrombectomy is provided at the Walton Centre, Liverpool, 8am to 7pm weekdays and 8am to 3pm weekends, and is subject to the availability of Walton Centre medical team and bed availability. Potential patients require transfer to the neurological unit within a 6 hour time frame from the onset of stroke symptoms. As WAST class Stroke as an Amber Call this can cause vital delays in the transfer and receiving treatment within the required timescales.

2.3.1.4 Life After Stroke

In addition to health and social care services, more generic support is provided by the Third Sector. This includes a range of third sector services such as Red Cross (up to two weeks support from hospital discharge and wheelchair loans), Care and Repair (house repairs and adaptations), Crossroads Caring for Carers (respite for carers who need to attend medical appointments), Epilepsy Wales and the Neurotherapy Centre.

2.3.1.5 North Wales Brain Injury Service (NWBIS)

The NWBIS is a small neuropsychology led multi-disciplinary team providing multi-disciplinary clinical assessment, and longer-term rehabilitation and review of patients with acquired brain injury (ABI) primarily in the community.

General rehabilitation services for stroke survivors are provided by Care of the Elderly consultant led teams and NWBIS does not duplicate or supplement these but provides input into the three DGHs. It is widely acknowledged that a significant proportion of people who have a stroke will experience debilitating and long-term cognitive, behavioural and emotional difficulties (Nys et al.; 2007 Ayerbe et al.; 2011). Psychological problems are also associated with longer hospitalisation, institutionalisation, poorer functional outcome and mortality (House et al., 2001).

The Royal College of Physicians (2016) state that acute, rehabilitation and community services for people with stroke should have a comprehensive approach to delivering psychological care that includes specialist clinical neuropsychology/clinical psychology input as part of the multi-disciplinary team. There is currently limited stroke clinical psychology inpatient provision (Ysbyty Gwynedd, 0.2 WTE and Ysbyty Glan Clwyd 0.4 WTE, Wrexham has no Psychology input). In 2019/2020 NWBIS accepted 215 referrals for Community intervention and excludes intervention of the three District General Hospital sites.

2.3.1.6 Stroke Association

The Stroke Association has one part-time and two full-time Stroke Co-ordinators who work at each of the three District General Hospitals. The Stroke Association Co-ordinator supports the Specialist Stroke Nurses with 6 monthly review clinics at the three DGHs (The Coordinator for Gwynedd / Ynys Mon does not support the 6 month reviews for Ysbyty Gwynedd but has helped out with telephone reviews for Wrexham Maelor). Whilst COVID 19 pandemic has resulted in all 6 monthly reviews being undertaken by telephone during most of 2020, it is intended that more effective face to face reviews will be reintroduced.

Upon discharge the Stroke Coordinators visit the Stroke Survivor at home in order to carry out an initial holistic assessment introducing them to local Groups and Clubs and any local Stroke Association projects that might be taking place locally.

2.3.1.7 Current Workforce capacity for Acute Stroke Services

At all sites the level of staffing is significantly below the nationally recommended guidelines. Medical and therapy services are mostly delivered within a 5 day service provision. The current workforce numbers are set out against the requirements necessary for the delivery of a sustainable and effective stroke pathway that meets national guidelines. Medical workforce weekend cover is provided by the on-call Medical team which includes stroke trained staff on a rotational basis.

In order to better deliver the acute SSNAP targets some seven day therapy provision has been established, however this is limited to an assessment process rather than active rehabilitation.

Current therapy weekend service cover:

West	Weekend cover is provided by non stroke specialist physiotherapy and occupational therapy in support of the first therapy assessment within 24 hours SSNAP target. The stroke specialist is part of the rota to provide this cover
Centre	Weekend cover is provided by the 'On Call' Respiratory Physiotherapists with some Occupational Therapy support for initial assessment within 24 hour SSNAP target.
East	Physiotherapy offers a 7 day service however, it has resulted in a reduction in the stroke rehabilitation service Monday to Friday. O T support the 72 hour assessment over a Bank Holiday.

2.3.1.8 Current Activity, Performance and Key Targets

The RCP peer review identified specific site and system weaknesses in the present levels of service delivery and highlighted opportunities for improvement both in relation to thrombolysis rates and in terms of therapeutic support for patients. The report highlighted the opportunities to develop a comprehensive community rehabilitation service, with specialised skilled staff through a small number of community hospitals rather than through the geographically dispersed model of care. The current Therapy resource has been channelled towards the front end of the pathway, the first 72 hours following admission, and longer term rehabilitation has been compromised significantly as a result. It is essential that Rehabilitation at both ends of the pathway are improved and achieved.

2.3.1.9 Current demand for the service

The variation in presentations by site is as follows:-

Site	2016-17	2017-2018	2018- 2019	2019-2020
YG	331	293	325	346
YGC	348	424	391	442
Wrexham	448	454	431	492
Total	1127	1171	1147	1280

Total Patients Thrombolysed

2016 – 2017	2017 - 2018	2018 –2019	2019-2020
98	121	117	209

2.3.1.10 Performance

The Royal College of Physicians (RCP) provide a comprehensive sentinel audit to report on stroke performance against outcomes and indicators for the stroke pathway (SSNAP) in Wales. In the latest SSNAP performance table, Wales was third from bottom of the 15 UK Regions. The evidence based indicators within this tool have been adopted by WG as quality improvement indicators (QIMs). There are currently 4 Quality Improvement Measures (QIMs):

- QIM 1: 4 hour bundle of indicators assessment, diagnosis and admission to acute stroke unit
- QIM 2: CT Scanning time 1 hour
- QIM 3 : 24 hour Medical, CNS and therapy assessment
- QIM 4: 72 hour therapy interventions

In addition, national indicators consider rate, eligibility and timeline for thrombolysis.

Wales is currently 3rd from bottom in the UK in the latest SSNAP performance table. The SSNAP levels in BCU deteriorated significantly during 2020 and as of September 2020 are: YG – Level D, YGC – Level C and Wrexham – Level D. The scores range from A - E across each of the domains measured. As having no ESD automatically results in a Level D or E in that Domain, this will improve simply by having ESD. Meeting Therapy staffing guidelines will enable consistent timely therapy interventions, which will improve the SSNAP Scores. Achievement of a Level A SSNAP score is only achievable with phase 2. The improvement in the CT Scanning times, Thrombolysis DtN times and access to the ASU times achieved with the appointment of additional specialist nurses will ensure improved SSNAP scores (additional SSNAP clerks also required to free Specialist Nurses for increased OOH presence). Improvements achieved will be:

WELSH GOVERNMENT PERFORMANCE MEASURE AND TARGET	BCU DEC 2020 PERFORMANCE AGAINST TARGET	BCU PROJECTED MARCH 2021 PERFORMANCE WITH BUSINESS CASE IMPLEMENTATION
QIM1 Access to stroke unit within 4 hours* 59%	31%	56%*
QIM 2 Access to CT scan within 1 hour 56%	48%	60%
QIM 3 Access to Consultant within 24 hours 85%	76%	Maintain performance**
QIM 3 Access to Specialist Nurse within 24 hours	91%	Maintain performance**
QIM 3 Access to Therapist within 24 hours No Target	94%	Maintain performance**
QIM 4 Access to Therapy Treatment within 72 hrs: OT 93% PHYSIOTHERAPY 96% SALT 91%	91% 98% 93%	Maintain performance**
Thrombolysis % patients seen No targets	13%	25%

30 mins DtN times	0%	16%
45 mins DtN times	23%	40%

*Barriers to target compliance which the Business Case will address include the significantly reduced stroke team support for the out of hours service with pressure on medical staff to see and clerk patients, and bed capacity pressures that require the escalation process to be instigated to occupy stroke beds with non-stroke patients. The increased number of stroke admissions and complexity of patients is also a factor in the deterioration of performance. Executive support to maintain the 65% Acute bed occupancy and 85% Rehabilitation bed occupancy is essential to achieve the projected improvements.

** These measures will be addressed in phase 2 Business Case and are already performing at a high level.

Optimising the Thrombolysis pathway will reduce the dependency and Length of Stay of more patients. The additional Specialist Nurses are essential for this to happen.

Longer Term Rehab performance against Standards has significantly poorer compliance as the Therapy time has been focussed on achieving compliance within the first 72 hour QIMs and this imbalance will be addressed with the new model with all sites achieving the required target levels:

W G MEASURES 45 mins	OT	PHYSIO	SALT
DEC 2020 PERFORMANCE	Target 100%	Target 96%	Target 64 %
YG	25%	84%	35%
YGC	51%	70%	65%
WXM	44%	67%	31%
BCU	39%	73%	44%

Barriers to Rehabilitation target compliance lies in the lack of Therapy Workforce. The current Workforce is unable to meet the targets or improve compliance adequately and consistently without an increase in resource and establishment of ESD Service

SSNAP SCORES JULY-SEPT 2020		MARCH 2022	JUNE 2023
YG	D	C	B
YGC	C	B	B
WMH	D	C	B

Level A is only achievable with phase 2. There will be incremental improvements to the various Domains in the SSNAP scores leading up to a consistent level B with the full implementation of the Business Case.

2.3.2 Issues with existing arrangements: What is wrong with the status quo

- Quality Improvement Measures; NICE Stroke guidelines and SSNAP targets are not met.
- Current service provision and standards are unsustainable due to inadequate nursing / medical and therapy staffing and poor skill mix.
- Outdated model of stroke service delivery with no Specialist Stroke Consultant. Note: stroke services are delivered by COTE Consultants.
- Access to the stroke team is significantly reduced out of hours leading to considerable differences in how the stroke pathway is managed via EDs and the general medical intake adding unnecessary pressure.

- Poor quality outcomes and increased dependency for stroke survivors resulting from lack of timely access, lack of timely diagnostics and no specialist Early Supported Discharge services.
- Discharge process – no Early Supported Discharge Service or Specialist Community In-patient Rehabilitation in North Wales.
- Hidden financial impact resulting from deteriorating patients not receiving specialist stroke rehabilitation services, delayed assessments and diagnostics. This situation has worsened in 2020 due to the impact of the COVID 19 pandemic.
- NICE guidance is not being met. Poor monitoring and managing of AF in Primary Care increasing the risk of strokes and the consequential associated costs.

2.3.3 Scope of the Case

A comprehensive service review has been undertaken to consider the optimum model for stroke services in order to improve the quality and sustainability of current and future stroke care in North Wales.

2.3.4 Objectives, Benefits and Outcomes

The outcomes for stroke services in North Wales have been informed by a programme of engagement with stroke survivor groups from November 2017 to January 2018. Stroke Survivors told us what they wanted and this has been reflected in the proposed model. The outcomes have been adapted from the WG Stroke Delivery Plan and cover the six elements of the stroke pathway and are:

- linked to better management of AF, faster, effective acute care and Rehabilitation
- linked to better management of AF and the Health Board Health and Well Being Strategy of weight loss and smoking cessation by ensuring:
 - People understand their lifestyles and are supported to live long and healthy lives
 - People at risk of stroke can access services to help them identify and manage their risk factors
 - People experiencing a Transient Ischaemic Attack (TIA) have early access to evidence based interventions
 - People with a confirmed stroke have rapid access to evidence based interventions, treatments and care delivered in the most appropriate setting
 - People surviving a stroke, their families and carers have access to the right therapy at the right time and in the right place

This Business Case focuses on improving patient outcomes by:

- reducing the risk of stroke through the prevention pathway
- improving quality of life through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and in-patient beds
- improving quality of care through an improvement in the total pathway
- improving patient experience through an improvement in the total pathway
- reducing disability through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and in-patient beds
- improving survival rates through an improved 72 hour pathway

Measures of patient experience and outcomes will be aligned to the standards for stroke care throughout the pathway. The intention will be to work with stroke survivor groups to co-design patient experience indicators aligned to the standards.

The objectives are as follows:-

- Detection and management of AF as per agreed standards with 78 reduced strokes
- Improved stroke services using the Once for North Wales Specialist Integrated Community In-patient Rehabilitation and Early Supported Discharge Services with:
 - 37% earlier discharges of current Strokes (equates to 515 in 2019/20) and 12% reduced bed days (equates to 2,575 in 2019/20)
 - measured by reduced LOS of 5 days on each site
- Eligible patients offered thrombolysis 24 / 7 achieved within the first six months of additional Specialist nurses and SSNAP clerks in post:
 - 40% improvement in door to needle times
 - 25% improvement in 1 hour CT scanning
 - measured by improved compliance with WG targets and SSNAP level improvement to consistent B Level across all sites
 - achieved through increased presence of Specialist Nurses out of hours; reduced occupancy levels on ASU to 65% maintained which must be supported by the Executives; Consultants using technology from home out of hours to support quicker decision making
- Holistic and compassionate stroke care provided by a trained and appropriately skilled workforce
- Stroke survivors and carers supported to adopt self-management programmes and local support / third sector services
- Consequential improvements in performance measures achieved within the first twelve months of full ESD implementation , increased therapy interventions and additional specialist nurses and SSNAP clerks in post:
 - SSNAP scores and Welsh Government Quality improvement measures
 - measured by improvement to Level B SSNAP and significant % improvement in QIMs. Level A is only achievable in phase 2
 - achieved through increased and consistent therapy interventions; increased specialist nurse presence out of hours; reduced occupancy levels on ASU; operational ESD and specialist in-patient rehabilitation
 - achieved within the first twelve months of full ESD and specialist in-patient rehabilitation implementation and additional Specialist nurses in post

2.3.5 Constraints

The main constraints relate to:

- the affordability of the new service model.
- the inability to recruit and / or retain sufficient Consultant grade stroke specialists and other key clinical and therapy staff.
- The ability to maintain 65% and 85% occupancy rates
- The suitability of the Estate to provide an appropriate Rehabilitation environment

2.3.6 Dependencies

Achieving maximum benefits will be reliant upon:-

- Having fully operational co-located ESD and Specialist In-patient Community Rehabilitation prior to implementation of Hyper Acute Stroke Services. The BCUHB RCP Peer Review 2017 stated that “ESD should be delivered as an urgent priority”.

- Availability of appropriately skilled Stroke Therapy staff to support the ESD and Specialist inpatient Rehabilitation model
- The ability of the Estate to be reconfigure to provide the appropriate environment
- Having appropriate I.T. to ensure compliance with the Prevention measures

3.0 The Planned Service

3.1 Prevention

The proposed stroke prevention model is centred on improved AF detection, speedily initiated anticoagulation and robust monitoring. It will build on the work currently done in primary care.

The component parts include:

1. The availability of innovative mobile ECG devices has increased the options for AF testing in a range of healthcare and non-healthcare settings. With this comes the opportunity for different ways of working, aligned to new commissioning pathways, which may include testing for AF in high impact settings, such as community podiatry or alongside flu vaccination clinics for older people.
2. Screening will cover patients presenting with palpitations, breathlessness/dyspnoea, syncope/dizziness, chest discomfort, TIA/stroke. Patients with persistent high alcohol intake, obstructive sleep apnoea, and those who are obese are also at higher risk of AF. Other innovative ways of increasing AF detection include pulse taking at vaccination and long term condition clinics.
3. Identification of AF where no current anticoagulation therapy is present. The model includes the use of an evidence based tool such as GRASP-AF being deployed across primary care. GRASP-AF is a query and risk stratification tool which is free and available for use with all GP clinical systems across the UK. GRASP-AF provides a set of MIQUEST queries to identify, for each practice, patients with a diagnosis of AF who are not on warfarin. GRASP-AF calculates stroke risk using CHADS2 / CHA2DS2-VASc scoring system and highlights patients with a CHADS2 score of 2 or more who are not on warfarin
4. Review of those with AF with sub optimal outcomes. With a focus on the following 4 groups we will systematically work through the current cohort of patients with diagnosed AF to ensure optimal treatment.
 - a. High Priority: Warfarin allergy or inability to monitor
 - b. Medium Priority (higher): Out of range despite warfarin compliance (<65% TTR)
 - c. Medium Priority (lower): Diagnosed AF patients currently prescribed aspirin or nothing
 - d. Low Priority: Newly diagnosed AF patients and warfarin stable patients

In supporting better lifestyle management access to and the uptake of activities associated with healthier lives primary care clusters will expand its use of social prescribing. Funding for these activities will continue to be provided via the cluster allocations in line with Healthier Wales objectives. These plans are already embedded in the cluster IMTP's.

Through the deployment of GRASP-AF (or similar software) we will maximise those in treatment by using a GP / patient friendly information leaflet summarising treatment options, place in therapy and the risks vs benefit of AF treatment, those who have either declined or not been offered anticoagulation in the past can be targeted.

In ensuring the choice of treatments is evidence based and compliant with NICE Clinical Guidelines we will:

1. Use the **CHA2DS2–VASc** stroke risk score to assess stroke risk in people with:
 - symptomatic or asymptomatic paroxysmal, persistent or permanent AF
 - atrial flutter
 - a continuing risk of arrhythmia recurrence after cardioversion back to sinus rhythm.
2. Offer anticoagulation to people with a CHA2DS2–VASc **score of 2** or above, taking bleeding risk into account.
3. Consider anticoagulation for **men** with a CHA2DS2–VASc **score of 1** taking bleeding risk into account.

We propose the appointment of a specialist stroke / hypertension nurse in each of the three health board areas. The roles will:

- Support the deployment of the GRASP-AF software including it's use across general practice
- Collect and collate current activity data mapping areas of good practice and those needing improvement
- Ensure the numbers of AF detections are comparable with expected prevalence rates

Work across clusters to roll out improvements in anticoagulation therapy uptake – to include the use of point of care and patient self testing technology

- Act as a specialist resource to practices and clusters in supporting activity across the pathway

We would expect, with this proposal to achieve:

- Consistent prevalence rates of 2.4% (currently we have a range from 1.8 – 4.1%). Increased screening will increase the prevalence of AF but the cost of screening should be offset by the reduced costs in preventing strokes
- Improvement of our risk scoring from 91% to the upper decile score of 95%
- 90% of all AF patients to be appropriately anticoagulated. Achieving 90% national average equates to an additional 391 patient being anticoagulated. 95% would increase the number to and additional 848 patients with the associated Stroke costs savings

3.2 Acute pathway

Additional Stroke Specialist Nurses* will deliver the following improvements out of hours due to increased presence on site between 20.00 and 02.00:

- 20% improvement in CT Scanning within one hour
- 20% improvement in Thrombolysis Door to Needle times
- 25% improvement in Access time to the Acute Stroke Unit
- Prompt intervention of Therapy milestones
- Support Improved Stroke Sentinel Audit National Programme (SSNAP) levels to B by delivery of the above improvements through the extended hours for Specialist Nurses, ESD and Specialist community in-patient rehabilitation beds
- Improve Welsh Government Quality improvement measures (QIMs) through the above improvements

Early diagnosis of stroke and confirmation via CT scanning that there is no evidence of haemorrhage (bleeding) is important in selecting treatment pathways for patients. For some patients thrombolysis and/or thrombectomy (blood clotting and retrieval processes) may be possible. For others these treatments will be contra-indicated and therefore excellence in diagnosis and rapid treatment is essential

Following diagnosis, evidence shows admission to a dedicated stroke unit with dedicated and specialist expertise in treatment, concentrated therapy provision and clinical nurse expertise is essential in improving outcomes and reducing disability.

* It should be noted that one Specialist Nurse per site will not provide additional presence over 7 days, the appointment of the additional SSNAP clerks are also required as the Specialist Nurses currently spend several hours a week inputting data and appointment of the Clerks will enable then to reduce times of “doubling up” and have increased OOH presence.

3.3 Early Supported Discharge Service

Early supported discharge enables appropriate stroke survivors to leave hospital early through the provision of intensive rehabilitation in the home at a similar level to the care provided in hospital. The ESD service will be Stroke specific and comprise of nurses, therapists, psychologists, doctors and social care staff all working collaboratively with the patient, carer and family.

The ESD service will provide:

- “Home first” ethos discharging patients home earlier
- Intensive hospital level rehabilitation at home within 24 hours of discharge
- Rapid 7 day, stroke specific, multidisciplinary Therapy led interventions

And will have the following impact:

- Improve patients recovery and reduce disability
- Reduce time in hospital with 515 patients discharged sooner
- Reduce number of beds required with 2,575 reduced bed days
- Improve (SSNAP) levels (having no ESD results in domain level D/E)
- Improve WG QIMs performance target compliance

All patients returning home will be offered a visit within 24 hours. Patients will transition into primary, community and life after stroke services when appropriate.

It is acknowledged that ESD services may need to be modelled differently based on the whole stroke pathway configuration agreed and on the unique local needs of each of the three BCUHB areas but they will work closely in a network approach.

3.4 Integrated Specialist Community In-patient Rehabilitation

Once a patient no longer requires an acute stroke bed, and requires complex rehabilitation, they will be discharged to an integrated specialist community in-patient rehabilitation unit co located with the ESD.

The therapy led beds offer an inpatient environment for active rehabilitation of people who fall within the service criteria for admission. Each of the integrated Rehabilitation / ESD Teams will be led by a Consultant Therapist specialising in stroke care and supported by the multi-disciplinary team comprising;

- physiotherapists
- occupational therapists
- speech and language therapist,
- dietitians

- multi professional rehabilitation assistants
- psychologists.

The Consultant Therapist has overall responsibility for the admission and discharge of patients to the therapy led beds, but senior team members have the authority to admit and discharge patients in the absence of the Consultant according to protocol eg during periods of the Consultant's absence. This will ensure the Medical Consultant provides increased support to the Acute pathway resulting in better patient outcomes and reduced length of stay supporting the rehabilitation pathway.

Routine medical support will be provided by a Consultant in stroke medicine and their team. They will provide the equivalent of two sessions during the course of the week to the stroke rehabilitation ward which will include participation in the weekly MDT. In the event that the patient's condition suddenly and unexpectedly deteriorates, urgent medical review may be obtained from the acute stroke medical team or GP Out of hours (OOH) service.

Weekly multi-disciplinary team meetings will allow for the review of all in-patients and ESD, to ensure active, up-to-date care plans are in place to optimise recovery.

The integrated team will provide a single point of contact for patients, carers and families, recognising the significant contribution they make in assisting recovery.

Recognition of the need for wider collaboration is important, as helping people with stroke to integrate back into the community in the way that they want, is a key goal of healthcare. Third sector stroke services and peer support groups play an important role in helping community integration.

3.5 Life after stroke

ESD and specialist inpatient rehabilitation will ensure the person with stroke will be referred for specialist assessment if new problems are present or the person's physical, psychological condition or social environment has changed. The Reviews will be carried out by the medical, nursing, stroke specialist multidisciplinary team and with the support of the Stroke Association. The Health Board commitment to supporting the continuing role of the Stroke Association which is vital in terms of supporting the efficiency of the Stroke Specialist Nurses, identifying issues being experienced by Stroke Survivors and reducing the risk of dependency on local Stroke Services is essential.

Following discharge from hospital the life after stroke service is delivered at home, or via the telephone or clinic environments in the local DGH. Stroke survivors and carers will be supported to adopt self-management strategies such as the Bridges self-management / educational programme.

The additional specialist nurses will ensure a standardised process for 6 monthly reviews that will address the current inconsistency of approach in each of the three District General Hospitals. Stroke survivors will continue to be offered annual reviews until such time as they don't want it or are gaining no benefit from it.

4.0 OPTIONS

Option 1 - Do Nothing

The Do Nothing Option has no immediate impact, however further assessment would need to be carried out to ascertain the longer term impact

Option 2 – AF prevention; Strengthened Acute Services; Three ESDs and Three Specialist Integrated Community in-patient Rehabilitation units on existing community ward areas

This is the most cost effective deliverable option. This option would be phased in as follows:

Year 1 Q2 (dates dependent on approval date)

- AF Screening Nurses x 3 in post
- Specialist Nurses x 3 in post
- SSNAP Clerks x 3 in post
- ESD x 3 20% in post
- West specialist community in-patient unit operational

Year 1 Q3 (dates dependent on approval date)

- ESD x 3 70% in post
- Recruitment of East and Centre specialist community in-patient unit staff commenced

Year 1 Q4 (dates dependent on approval date)

- ESD x 3 100% in post
- East and Centre specialist community in-patient unit staff appointed

Year 2 Q1 (dates dependent on approval date)

- East and Centre specialist community in-patient units operational

4.1 Financial appraisal

The following is a summary of the financial impact for Stroke Improvement Plan Phase 1. There is further work to be undertaken around the staffing model for the revised number of beds in ASU

	Existing £'000	Model at Year 3 £'000	Increase/ Decrease in costs £'000
Pay costs			
ASU	5,507	4,813	(694)
ESD	0	1,575	1,575
Rehab 7 day service	161	2,062	1,901
Prevention 3 Screening Nurse B7		154	154
Stroke Network Manager B8b		67	67
Pay Total	5,668	8,670	3,002
Non Pay			
Travel		126	126
Equipment		6	6
Total Service Cost	5,668	8,802	3,134

It must be noted that the revised Ward Staffing costs are based on the assumption that there is existing resources within the Community bed capacity to accommodate the movement of Rehab patients from the

Acute sites. There is an increase in nursing ratios within the ASU which has resulted in a lower benefit being attained as a result of the reduction in overall acute beds.

Phasing of costs

Timescales will depend on approval to fund posts, the ability to recruit, the extent of any refurbishment to the three Community Hospitals and adequate community based equipment. £1m has been allocated in the discretionary capital over 2 years for the expected minimal changes required. If it is discovered that the capital requirement is larger, the priorities in the capital programme will be reviewed and if necessary for a business case to WG is required – this will extend timescales beyond the proposed dates unless an interim solution can be identified.

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
ASU	154	(244)	(694)	(694)
ESD	748	1,575	1,575	1,575
Rehab	296	1,600	1,901	1,901
Prevention Screening Nurses	115	154	154	154
Stroke Network Manager B8b	50	67	67	67
Total Pay	1,363	3,151	3,002	3,002
Travel	46	115	126	126
Recruitment and advertising	26			
Equipment	6	6	6	6
Total Revenue	1,441	3,272	3,134	3,134
Capital	2021/22	2022/23	2023/24	2024/25
IT	44	19		

It has assumed that the Business Case is approved in 2020/21 to allow recruitment to commence in Quarter 1 2021/22. In 2021/22 it is expected that costs will start to be incurred in Quarter 2 for the Network Manager, Screening Nurses, Specialist Nurses and SSNAP Clerks.

Recruitment to the ESD will commence on approval and posts are expected to come on line in Quarter 2 with an estimated 20% of the overall staffing being in post in Quarter 2, increasing to 70% in Quarter 3 and being fully staffed by Quarter 4.

The Specialist In patient Rehab in the West is expected to be fully operational in Quarter 3, 2021/22 with Centre and East by Quarter 2 2022/23. Savings from the ASU are expected to be realised once the rehab units are operational.

The modelling of the new proposal is a switch from acute to rehab services, this will require approval and buy in from both the Service and Budget Holders to allow the level of investment outlined in this Business Case.

Full costs are expected by Year 3 (2023/24) offset by the savings of £694,000 from the ASU.

5. Risk Appraisal

There has been early consideration of the key risks that could impact on the successful development and implementation of the service model. A more detailed assessment of risk will be included in any further work. A summary of the key risks is shown in the table below:

Risk Area	Mitigation	RAG
Clinical Outcomes Any potential increase in travel time arising from changes to Specialist inpatient Rehabilitation Units needs to be balanced against the benefits derived from full implementation of the integrated stroke pathway	Improved outcomes evidenced from the development of centres of excellence Earlier Discharge supported by Early Supported Discharge team or specialist Community Rehabilitation services	
Covid-19 pandemic The risk of the pandemic ongoing will delay the ability of clinical staff to support the Service model. The delayed rehabilitation for Stroke Survivors during 2020 will increase the expected volume of Rehabilitation required to support Stroke Survivors reaching optimum Rehabilitation levels	Reintroduction of Therapy interventions in appropriate ways under acceptable infection prevention measures as soon as possible. Introduction of new ways of working successfully utilised during the pandemic	
Recruitment of Staff The inability to recruit and / or retain sufficient Stroke Specialists and other key clinical staff. The risk that vacancies will be created in other Services areas from internal staff being appointed to the new Stroke posts. A delay in recruiting to these “back fill” posts may impact on the establishment of the new Stroke model	Recruitment and attraction strategy. Clear vision for the service and service model. Recent experience of specialist developments indicates an improvement in recruitment to specialist centres of excellence. Learn from the success of other service developments. Advertise for an anticipated number of non stroke posts parallel to advertising the Stroke posts	
Financial Investment The affordability of the new service model	Other than the ‘no change’ option, the option would need significant recurrent investment and would represent cost pressure. The stroke prevention benefits will mitigate some future stroke costs	
Capacity and capability of clinical leadership Inability to develop and deliver the new service model resulting in failure to realise benefits	Phased recruitment would ensure that there was appropriate clinical leadership to develop, implement and manage the new service model	
Capacity and capability of Project management and Management Leadership Inability of Operational Management Team and to support implementation of the model	Post of Project Manager included in the Business Case. Long term Management and Governance of the Stroke Service to be reviewed	
Capital funding It proves too expensive or technically complex to find a feasible estate solution	Depending upon the preferred sites, this may require refurbishment. This would be identified as part of the Business Case process and submission to Welsh Government for funding if required	
Stakeholder Support for Change	Extensive engagement has been undertaken with stakeholders and staff. On-going	

Lack of 'buy in' to new model of care from public, staff and partners	engagement will continue. Equality Impact Assessment Screening has been completed, and full assessment will be completed as the project progresses	
Interdependency – capacity and capability of others The impact of increased activity on the three sites to support the new service model	Stroke services link to a range of other clinical specialties and services. These were identified as part of the options appraisal and Quality Impact Assessment.	
Strategic Alignment Non alignment with the Health Boards Long Term Strategy Living Healthier, Staying Well (LHSW)	Review of Stroke Services is a work stream of LHSW's Programme Group 'Care for More Serious Health Needs'. Consideration has been given to the other two work programmes, Health Improvement and Health Inequalities and Care Closer to Home. The work of the supporting framework 'Ageing Well' has also been recognised The proposals for improving stroke services fit with the strategic direction outlined in LHSW, commencing with health improvement and prevention of stroke, and emphasising the importance of care closer to home via the ESD service and specialist community inpatient rehabilitation beds; to develop in line with the evidence base fits with the intention of creating centres of excellence	
Estate The options will incur increased activity levels and additional pressure Availability of Community Hospital bed capacity to accommodate new model and impact of reduced community hospital capacity	Further work is required as part of the overall secondary care strategy "Home First" and Intermediate Care Models in Community addressing increased discharges and reduced admissions to Community Hospitals	

6. Proposed Workforce capacity

6.1 Prevention

The current prevention work in primary care is undertaken by G.P.s and Practice Nurses under a L.E.S. or a D.E.S. To ensure that the prevention pathway is maximised and optimum savings are achieved, it is proposed to appoint a B7 specialist stroke / hypertension nurse in each of the three health board areas. The roles will:

- Support the deployment of the GRASP-AF software including it's use across general practice
- Collect and collate current activity data mapping areas of good practice and those needing improvement
- Ensure the numbers of AF detections are comparable with expected prevalence rates
- Work across clusters to roll out improvements in anticoagulation therapy uptake – to include the use of point of care and patient self testing technology

- Act as a specialist resource to practices and clusters in supporting activity across the pathway
- Share good practice, education and audit

Existing Staffing	Proposed staffing	Cost
0 w.t.e	3 B7 w.t.e	£153,661

6.2 Acute / E.S.D. / Specialist Community inpatient Rehabilitation Units

The provision of a well-led, appropriately trained and skilled workforce providing holistic and compassionate care to patients and their family / carers is one of the principal implications of the pivotal 2013 report produced by Robert Francis into the failings in care at Mid-Staffordshire NHS Foundation Trust (Francis, 2013). An appropriately staffed and skilled multi-disciplinary stroke unit is the cornerstone of the holistic care of people with stroke.

Cochrane review (2013) found that people with stroke who receive organised in-patient care in a stroke unit are more likely to be alive, independent, and living at home one year after their stroke (Stroke Unit Trialists' Collaboration, 2013). The benefits were only apparent in units based in a discrete ward. Increased access to stroke unit care underlies the recent improvements in stroke mortality in the NHS and remains an imperative for all in-patients with stroke.

The staffing levels for Stroke Units is recommended in the NCGS (2016). The nursing ratios set out by the NCGS (2016) are mirrored by the Chief Nursing Officer for Wales nursing workforce requirements. The RCP 'acute' staffing guidelines have been used to define staffing levels for rehabilitation beds and will support the provision of 45 minutes per day for stroke patients and to work within the integrated multi-disciplinary team. HCSWs will work closely with the MPRAs to support the ongoing and continuous rehabilitation of stroke survivors in a multi-disciplinary team approach. The staffing figures based on the RCP guidance are considered to be conservative.

- **National guidance for staffing ratios:**

Staff Group	Specialist in-patient Rehabilitation
Nursing	1.35wte per bed (65/35) CNO guidance
Medical	Cons review 5/7
Physiotherapy	0.84
Occupational Therapy	0.81
Speech and Language Therapy	0.40
Clinical Psychology	0.20
Dietetics	0.15

The current workforce numbers are set out below against the requirements necessary for the delivery of a sustainable and effective stroke pathway that meets national staffing guidelines for in-patients. ESD staffing levels have been benchmarked with other Services across the UK and reflects Stroke guidance.

Acute Staffing	Existing		New Model		Additional	
	WTE	£	WTE	£	WTE	£
Medical						
Physician	0	0	0.6	79,110	0.60	79,110
Total Medical	0	0	0.6	79,110	0.6	79,110
Nursing*						
Ward Staffing						
Band 7	3.00	159,368	3.00	159,368	0.00	0
Band 6	5.00	248,392	6.00	248,392	1.00	0
Band 5	57.58	2,414,222	37.03	1,547,958	(20.55)	(866,264)
Band 4	1.00	28,556	5.46	201,245	4.46	172,689
HCSW	33.19	983,070	28.94	921,799	(4.25)	(61,271)
Ward clerk	3.00	73,817	3.00	73,817	0.00	0
Total Nursing	102.77	3,907,425	83.43	3,152,578	(19.34)	(754,847)
Specialist Nursing						
Band 7	2.00	118,213	3.00	177,320	1.00	59,107
Band 6	7.24	356,686	9.00	443,394	1.76	86,708
Total Nursing	9.24	474,899	12.00	620,714	2.76	145,815
Therapies						
Physiotherapy						
Band 7	3.00	153,615	1.13	57,862	(1.87)	(95,753)
Band 6	2.00	82,624	4.89	202,016	2.89	119,392
Band 5	2.00	67,858	1.00	33,929	(1.00)	(33,929)
Band 4	1.30	38,678	0	-	(1.30)	(38,678)
Band 3	2.00	51,774	1.00	25,887	(1.00)	(25,887)
Occupational Therapy						
Band 7	0.60	30,723	0.78	39,940	0.18	9,217
Band 6	2.80	115,674	3.49	144,179	0.69	28,505
Band 5	2.00	67,858	2.00	67,858	0.00	0
Band 3	1.00	25,887	0.50	12,944	(0.50)	(12,944)
SALT						
Band 7	1.70	87,049	0.99	50,693	(0.71)	(36,356)
Band 6	1.20	49,574	2.02	83,450	0.82	33,876
Band 5	1.40	47,501	0.34	11,536	(1.06)	(35,965)
Band 4	1.40	41,653	0.00	-	(1.40)	(41,653)
Band 3			0.00	-	0.00	0
Dietetics						
Band 7			0.50	25,603	0.50	25,603
Band 6	0.80	33,050	0.75	30,984	(0.05)	(2,066)
Rehab Assts Ti4						
MPRA	6.00	178,512	0.00	-	(6.00)	(178,512)
Psychology						
Band 8a	0.60	34,460	1.67	95,913	1.07	61,453
Total Therapies	29.80	1,106,488	21.06	882,792	(8.74)	(223,696)
SSNAP Admin Support						
Band 3	0.70	18,121	3.00	77,661	2.30	59,540
Total Admin	0.70	18,121	3.00	77,661	2.30	59,540
Total	142.51	5,506,933	120.09	4,812,855	(22.42)	(694,077)

ESD	Existing		New Model		Additional	
	WTE	£	WTE	£	WTE	£
Nursing						
Band 5	0	0	1.5	58,221	1.5	58,221
Physiotherapy						
Band 7			3.05	181,176	3.05	181,176
Band 6			1.97	94,485	1.97	94,485
Occupational Therapy						
Band 7			4.02	238,796	4.02	238,796
Band 6			1	47,962	1	47,962
SALT						
Band 7			2.85	169,296	2.85	169,296
Band 5			0.22	8,539	0.22	8,539
Rehab Assts						
Band 4			9.8	361,208	9.8	361,208
Psychology						
Band 8a			2.28	130,947	2.28	130,947
Total			26.69	1,290,631	26.69	1,290,631
Cover @22 %				283,939		283,939
Total Pay			26.69	1,574,569	26.69	1,574,569
Non Pay						
Travel						54,000
Total			26.69	1,574,569	26.69	1,628,569

7 day Rehab Service

Staff Group	Existing		New Model		Additional	
	WTE	£	WTE	£	WTE	£
Consultant Therapist						
Band 8c	0	-	3.00	241,509	3.00	241,509
Physiotherapy						
Band 7			2.00	118,804	2.00	118,804
Band 6	1.29	53,292	7.01	336,214	5.72	282,921
Band 5	0.30	10,179	1.07	41,531	0.77	31,352
Band 4						
Band 3	0.80	20,710			(0.80)	(20,710)
Occupational Therapy						
Band 7			1.42	84,351	1.42	84,351
Band 6	1.50	61,968	5.87	281,537	4.37	219,569
Band 5			2.45	95,094	2.45	95,094
Band 3	0.26	6,731			(0.26)	(6,731)
SALT						
Band 7			1.72	102,171	1.72	102,171
Band 6	0.20	8,262	2.99	143,406	2.79	135,144
Band 5			0.55	21,348	0.55	21,348
Dietetics						
Band 7						
Band 6			1.8	86,332	1.80	86,332
Rehab Assts						
Band 4						
Psychology						
Band 8a			2.4	137,839	2.40	137,839
Sub Total Rehab	4.35	161,142	32.28	1,690,136	27.93	1,528,994
Cover @22%				371,830		371,830
Total Pay	4.35	161,142	32.28	2,061,966	27.93	1,900,824
Non Pay						
Travel						55,860
Equipment						6,000
Total Non Pay						61,860
Total						1,962,684

Assumptions

Costed at mid point of 2020/21 staff costs									
Ward staffing (ASU) costs has been based on current budget									
Enhancements are estimated at 13.9% for Band 5 to Band 7									
Enhancements are estimated at 20.4% for Band 2 to Band 4									
Cover is based at 22% for therapy staff									
Travel is based at £2,000 per person per year									
IT costs are based on £1,000 per person.									
It is expected that there is no increase to Nurse Staffing for the Community Rehab beds									
Further work needs to be undertaken to confirm the current baseline, enhancements and cover arrangements.									
It is assumed that savings for the ASU will materialise in line with the rehab units being operational, this needs to be agreed with sites.									

6.3 Governance

It is proposed to strengthen management of stroke services by introducing a Network approach. Day to day operational services will continue to be managed by local operational management teams in Secondary Care and the Areas. Co-ordination of stroke services on a BCU wide basis is the responsibility of a Directorate General Manager from Secondary Care. In 2019, a Network Manager pilot approach proved successful in making progress with improvements across BCU. It is proposed therefore to introduce a B8b Stroke Network Manager, in line with other Network Manager posts in BCU. The Network Manager role would initially project manage the operationalisation of the Business Case in addition to supporting existing primary care roles in implementing and monitoring primary care prevention outcomes.

6.4 Impact on Workforce

Impact on Activity and Performance

Impact and Benefits

There has been continued challenge and scrutiny in relation to the financial impact of the proposed service model. This development of additional Specialist Nurses, Early Supported Discharge Services and Specialist Community Inpatient Rehabilitation will take place in phase 1 and the implementation of Hyper Acute Stroke will take place in phase 2 (for later approval). In line with our commitment to quality improvement and transformation of service models with the focus upon improving outcomes, we have commissioned external support to work with us in undertaking a programme of service/pathway workforce reviews. We will apply this methodology to developing the model for stroke care delivery.

The methodology we have developed for our workforce and service reviews is a simple pathway starting with data and then moving through demand and capacity, workforce and service model review, financial assessment, and production of service and workforce models. Each element has specific tasks, particularly the workforce modelling which includes extensive engagement with clinical teams exploring opportunities for deployment of new and hybrid roles, digitally supported diagnosis and care, partnership working. Making sure that we are aspiring for the best for our population drives extensive benchmarking and horizon scanning of best practice.

A critical factor in the work is then building capacity and capability within our teams to apply this methodology as part of the continuous improvement cycle at local team level.

YEAR 1

ACTION	BY	OUTCOME	COST
Stroke Prevention – AF 3 Screening Nurses Grasp-AF I.T. system	Q2	Consistent prevalence rates of 2.4% (currently we have a range from 1.8 – 4.1%) Improvement of our risk scoring from 91% to the upper decile score of 95% 90% of all AF patients to be appropriately anticoagulated	£153,661
Strengthening of acute stroke services across each of the three DGH sites 3 Specialist Nurses 3 SSNAP clerks	Q2	25% improvement in access to ASU* 20% improvement in CT 1 hour 40% improvement in OOH thrombolysis door to needle (DTN) times % Improvement with timely therapy interventions and coordination of targets with Therapists 80% improvement in standards by discharge Improved on SSNAP domains above to B	£123,915 £59,540

Development of ESD in three BCUHB areas (PYE) 2021/22 ESD in 3 Areas	Q2 20% Q3 70% Q4 100%	37% discharges home sooner with ESD / evidence of reduced dependency (Cochrane Review 2017) 12% reduction in bed days Improved efficiency of inpatient therapists to achieve improvements in SSNAP scores Improvement in standards by discharge SSNAP Immediate improvement in SSNAP Discharge process scores as no ESD scores D/ E in that domain	
FYE ESD and Specialist Community In-patient Rehabilitation beds in three BCUHB Areas (PYE) in West 2021/22 and FYE x 3 2022/23. A consistent approach to Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay	Q2 Q1	546 discharges home sooner / evidence of reduced dependency (Cochrane Review 2017) 6,252 reduction in bed days from changes to specialist rehabilitation provision	

7.0 Phased impact of stroke services on bed days:

Baseline: bed days used = 25,685

Requirements outlined below take into account the impact of demographic growth in addition to ESD and Community Inpatient Rehabilitation service developments.

In line with the recommended stroke pathway (which at present is not being adhered to) there is no bed day saving for the West. This is due to the West being the only Area that does not currently have In-patient Rehabilitation beds. The impact of developing a Specialist Community In-patient Rehabilitation service in the West (which does not currently exist) results in a temporary increase in the overall bed day requirement. Whilst fewer patients will stay in hospital, those that do so will remain as in-patients for longer than they do currently. Note: stroke guidance recommends occupancy levels for ASU at 65% and / Rehabilitation at 85%. The bed modelling is in line with this recommendation and will only be achieved with the support from the Executives in maintaining these occupancy levels.

Assumptions - proposed model:-

- patients that receive inpatient rehabilitation without ESD will have a 28 day length of stay
- patients discharged to ESD will have their length of stay shortened by 5 days

7.1 Baseline Bed Days

	Baseline bed days 2019/20	Current stroke Beds	Acute beds Required at 65% occupancy	Rehabilitation beds Required	Total beds required
West	5,006	13	8	12	20

Centre	8,006	22	11	19	30
East	12,673	21	12	33	45
Total	25,685	56	31	64	95

Currently, there are 56 funded stroke beds across each of the 3 DGH sites; 29 acute and 27 rehabilitation (Wrexham is a 27 bed ward with 21 classed as Stroke and 6 general medical). 95 dedicated stroke beds are required across the health economy to deliver the 2019/20 levels of stroke activity at the recommended occupancy levels.

The proposed acute bed requirement when operating at the recommended bed occupancy for ASU (65%) is 31 in total, a decrease of 34 beds required in an acute setting.

The rehabilitation requirement is 64 beds; a total increase of 39 beds above the current allocation.

	Current Beds				Beds at Recommended Occ.				Change			
	W	C	E	Total	W	C	E	Total	W	C	E	Total
Acute	13	10	6	29	8	11	12	31	-5	1	6	2
Rehabilitation	0	12	15	27	12	19	33	64	12	7	18	37
Total	13	22	21	56	20	30	45	95	7	8	24	39

7.2 Proposed future service model with ESD, Specialist Community In-patient Rehabilitation, and Acute Stroke Services

ESD will have an impact on 30% of confirmed stroke patients in the West and 40% in Centre and East and will result in a 5 day reduction in length of stay for those patients. By 2025, this will result in 560 patients discharged sooner. A reduction of 2,800 bed days.

Impact of ESD (Patients Discharged Sooner)				
	West	Centre	East	Total
2021/22	61	0	0	61
2022/23	126	185	204	515
2023/24	130	198	219	546
2025	133	203	224	560
2030	148	225	249	621
2035	161	246	272	679

Developments to the specialist rehabilitation service will bring consistency across North Wales with 50% of confirmed stroke patients being in receipt of specialist rehabilitation for 21 days.

Discharges

By 2025, 560 patients will be discharged from hospital sooner. Of those that do proceed to Specialist Community In-patient Rehabilitation, 187 will have a shortened length of stay as they will be discharged to ESD 5 days earlier.

Year	Phased Services	Patients to ESD; Discharged sooner	Minimum saving (5 days per patient) from ESD	Modelled bed requirements	Difference between modelled bed days and 2019/20 baseline	Change from current beds (29 Acute, 27 Rehab., 56 Total)

Phase 1/Year 1 2021/22	ESD on one site PYE) Inpatient Rehabilitation West (PYE)	61	305 bed days	99 32 acute 67 rehab	+1,803	+43 +3 acute +40 rehab
Phase 1/Year 2 2022/23	Specialist Community Inpatient Rehabilitation West (PYE) ESD PYE 3 sites	515	2,575 bed days	73 28 acute 45 rehab	-6,105	+17 -1 acute 18 Rehab
Phase 1 / Year3 2023/24	Three areas specialist inpatient rehab ESD FYE 3 sites	546	2,730 bed days	74 28 acute 46 rehab	-5671	+18 -1 acute + 19 rehab

8 Impact on Estate

Depending on the agreed site for the Specialist Community In-patient Rehabilitation Units, the impact on the Estate will vary. Each of the possible options are likely to require some adaptation to ensure adequate Rehabilitation facilities. Eryri Community Hospital requires a significant whole site Refurbishment. However, while, this will significantly enhance the Stroke Specialist in-patient rehabilitation beds the full refurbishment is not necessary for the service to commence at Eryri. With regard to Llandudno and Wrexham sites, significant Estates is not anticipated, however more work needs to be undertaken to establish the extent and associated costs.

9 Impact on Travel and Access

9.1 Access to BCUHB Stroke Services – whole stroke pathway

In addition to the travel and access mapping an analysis of the whole stroke pathway for the 1127 confirmed strokes in 2016 / 2017 has been undertaken using SSNAP data and data kindly provided by WAST.

9.1.1 BCUHB Analysis - Access times: 80th percentiles and ranges

The analysis has considered:

- Handover time (WAST data = 13 minutes)
- Arrival to CT scan
- Arrival to thrombolysis
- Arrival to ward

Arrival to CT scan:

- When using the 80th percentile:
YG = 2 minutes to 32 hours; YGC = 2 minutes to 23 hours; Wrexham = 2 minutes to 27 hours

Arrival to thrombolysis:

- The time for 'arrival to thrombolysis' varied from 15 minutes to 3 hours 22 minutes.
- The WG target (otherwise known as door to needle time) is 45 minutes
- When using the 80th percentile:
YG = 1 hour 56 minutes; YGC = 1 hour 52 minutes; Wrexham = 1 hour 29 minutes

Arrival to ward:

- The arrival to ward varied from 0 minutes to 4 days.
- The WG target is 4 hours
- When using the 80th percentile:
YG = 7 hours 54 minutes; YGC = 7 hours 14 minutes; Wrexham = 12 hours 10 minutes

10 Other Areas affected by the Proposal / Interdependencies / Assumptions

10.1 Assumptions - Bed capacity modelling

Table 1: Current Stroke Beds

	West	Centre	East	Total
Acute	13	10	6	29
Rehabilitation	0	12	15	27
Total	13	22	21	56

There are currently 56 dedicated stroke beds across North Wales. In 2019/20 BCU provided care for 1,265 confirmed strokes, with 25,685 associated hospital beds day in acute and rehabilitation / community settings. The average length of stay was 20.3 days and this volume of activity occupied the equivalent of 83 beds at 85% occupancy. Stroke care is currently provided in general beds, stroke beds are often used to treat non- stroke patients and run at occupancy in excess of best practice levels. 4,778 of the 25,685 bed days used in 2019/20 were in community hospitals and outside of the dedicated bed pool. This is equivalent to 15 beds (at 85% occupancy).

To provide care for the same number of strokes in dedicated stroke beds at the desired occupancy levels (65% acute and 85% rehabilitation) an additional 39 beds are needed above the current bed stock as set out in table 2 below.

Table 2: Acute and Community Bed Requirement for 2019/20 equivalent activity in dedicated stroke beds

	West	Centre	East	Total
Acute	8	11	12	31
Rehabilitation	12	19	33	64
Total	20	30	45	95

Taking into account expected growth in numbers of strokes (based on demographic changes) the bed requirement would increase to 107 by 2025. This is mitigated by changes to specialist inpatient rehabilitation provision (with an estimated 50% of confirmed strokes requirement specialist inpatient rehabilitation at a 21 day length of stay) and the implementation of Early Supported Discharge (ESD). The calculated bed requirement by 2025 is 76 beds as outlined in table 3.

Table 3: 2025 Acute and Rehabilitation bed requirements

	West	Centre	East	Total
Acute	7	10	11	28
Rehabilitation	13	17	18	48
Total	20	27	29	76

Table 4 shows the changes to stroke bed requirements by health economy as proposed services changes take place. Bed requirements initially increase beyond the current complement as acute and rehabilitation beds are ring fenced. The number of rehabilitation beds required shifts as the service is standardised across the three areas, and bed requirements reduce as ESD is implemented.

Table 4: Change in Stroke bed requirements from current position to 2025 requirements

		Current	2021/22	2022/23	2023/24	2024/25
West	Acute	13	7	7	7	7
	Rehabilitation	0	12	12	12	13
	Total	13	19	19	19	20

Centre	Acute	10	12	10	10	10
	Rehabilitation	12	20	16	16	17
	Total	22	32	26	26	27
East	Acute	6	13	11	11	11
	Rehabilitation	15	35	17	18	18
	Total	21	48	28	29	29
Total	Acute	29	32	28	28	28
	Rehabilitation	27	67	45	46	48
	Total	56	99	73	74	76

The increase between existing bed stock and the 2021/22 requirements take into account the use current use of non-designated stroke beds and high levels of occupancy.

The East has a longer length of stay than West and Centre and the increase in rehabilitation beds in 2021/22 is based on continuing to work as at present. Bed requirements are reduced in 2022/23 as the bed calculations take into account assumptions made around volumes of patients expected to receive specialist inpatient rehabilitation and their subsequent length of stay. By 2022/23 it is assumed that 50% of all confirmed stroke patients will receive specialist inpatient rehabilitation with an expected length of stay of 21 days, across all areas.

Further demographic change has been considered through to 2035 and bed requirements are outlined in table 5. It should be noted that these calculations do not take into account the impact of prevention initiatives but do include the impact of specialist rehabilitation and continued ESD.

Table 5: Future Demand

		West	Centre	East	Total
2025	Acute	7	10	11	28
	Rehabilitation	13	17	18	48
	Total	20	27	29	76
2030	Acute	8	11	12	31
	Rehabilitation	14	18	20	52
	Total	22	29	32	83
2035	Acute	8	12	13	33
	Rehabilitation	15	20	22	57
	Total	23	32	35	90

10.2 Assumptions - Workforce

10.2.1 Assumptions – Workforce (Specialist Stroke Rehabilitation and ESD)

The following workforce assumptions have been made in developing the options for specialist stroke rehabilitation and ESD:

- The specialist integrated rehabilitation and ESD service will comprise of nursing staff, Consultant Therapist, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Stroke Physicians, Rehabilitation Assistants, Clinical Psychology, Dietetics and Social Worker(s)
- Health Care Support Workers will work as part of the multi-disciplinary team in providing continuous rehabilitation alongside the rehabilitation assistants

- The Consultant Therapists will have overall responsibility for the specialist in-patient community rehabilitation beds. Routine medical support will be provided by a Consultant trained in Stroke
- Staff will have the specialist knowledge, skills and behaviour to provide stroke care
- Specialist In-patient Community Rehabilitation and Early Supported Discharge will operate as one service and one point of contact
- The ESD service will be 7 days per week and extended hours, 8am to 6pm
- Weekly ward round specialist in-patient community rehabilitation beds by a Consultant Therapist
- The service will support the transition into life after stroke and core community services. These do not meet the criteria to be identified as 'specialist' stroke services but will meet ongoing needs following discharge from specialist stroke services with development of 'stroke care packages'
- Travel costs for the ESD service have been estimated using an assumed mileage per individual and is provided on current levels of spend for District Nurses. Travel time has also been factored into the WTE required
- If the 65% occupancy on the acute beds and the 85% occupancy rates on the specialist rehabilitation beds are maintained by each Hospital site, there will no negative impact on Emergency Departments in Phase 1. If the additional Specialist Nurses are approved, this will reduce the length of time for Stroke patients in ED and support improvement in the ED 4 hour target by ensuring the Stroke patients are discharged from ED within 4 hours and create capacity to improve patient flow for other ED patients to be discharged within 4 hours.
- Nursing staff on the current ASUs and rehabilitation wards will be redeployed within the new ASU and Specialist Community Stroke rehabilitation wards or transferred to existing vacancies

10.3 Assumptions - Financial

The following financial assumptions have been made in costing the options:

- The baseline is current assumed budget. Payscales are in line with 2020 / 2021 AfC rates
- Consultant Therapist posts have been introduced into the workforce. There will be a medical workforce requirement of 2 sessions per week for each rehabilitation site
- An increase in the requirement of thrombolysis drugs has been assumed due to the improvements in the service
- Travel costs for the ESD service have been estimated using an assumed mileage per individual and is provided on current levels of spend for District Nurses. Travel time has also been factored into the WTE required
- Travel costs for medical staffing have been estimated based on travel to the rehabilitation units twice per week and has been factored into the WTE required
- The revenue impact for capital monies will be determined

- 7 day Rehabilitation in-patient operation with appropriate cover costs

11.0 Impact Assessment Screening

11.1 Equality Impact Assessment

An Equality Impact Assessment (EQIA) Screening document has been completed to inform proposals to develop the co-location of Early Supported Discharge Services with Specialist Community In-patient Rehabilitation in North Wales. A full Equality Impact Assessment and supporting action plan will be developed (if appropriate) to inform any public consultation that may take place.

11.2 Quality Impact Assessment

An initial Quality Impact Assessment (QIA) has been undertaken to help identify where proposals to develop future stroke services might impact on other services or areas – with a particular focus on safety, clinical outcomes and patient experience.

12.0 THE FINANCIAL CASE

12.1 Revenue Cost

This section concentrates on the financial costs and impact for the stroke service review - in particular anticipated levels of capital and revenue to fund the proposed options, costs and overall affordability.

Acute Stroke services are not currently a separate speciality. As such baseline costs have been extracted from generic workforce data.

An assumption has been made that the specialist in-patient community rehabilitation services will be co-located in community hospital settings. As a result, the additional resource requirement is for therapy services only as the current Therapy workforce does not meet the required clinical guidelines and additional resource is required to meet these clinical guidelines. There is no additional nursing requirement as the overall number of beds does not increase and staff will be redeployed from the existing workforce to ensure appropriate skill mix.

Assumptions

Costed at mid point of 2020/21 staff costs

Enhancements are estimated at 13.9% for Band 5 to Band 7

Enhancements are estimated at 20.4% for Band 2 to Band 4

Cover is based at 22% for therapy staff

Travel is based at £2,000 per person per year

IT costs are based on £1,000 per person.

Nursing costs are assumed cost neutral.

Further work needs to be undertaken to confirm the current baseline, enhancements and cover arrangements.

12.2 Capital Cost (if any)

It is assumed that there will be minimal Estates changes required based on the option appraisals undertaken to determine the preferred sites for the Specialist in-patient rehabilitation units and co-located ESD Services. It will require high level capital to facilitate minimal changes and £1m has been incorporated into the discretionary capital programme over two years. If it is discovered that further discretionary capital may be needed, there will need to be a review of the capital programme priorities

or consideration of alternative funding (eg. All Wales or charitable support) or an extended phasing of the scheme.

12.3 Affordability and source of Funding

Options to deliver the plan will result in significant increased costs:

12.3.1 Option 1 Do nothing option

Do nothing remains an option for comparison purposes but not favourable from the perspective of quality, performance and sustainability challenges.

12.3.2 Option 2 Three Acute site models. Specialist Community In-patient Rehabilitation beds in each Area. The establishment of an ESD service in each Area

The rehabilitation beds in each of the three areas will be small in number. The staffing requirement is based on the assumption that they are co-located units in a specialist community hospital setting with nursing staffing levels reflective of the recommended minimum staffing levels and therapy support in line with RCP guidance, although some small investment will be required. There will be 3 WTE Consultant Therapist posts (one in each Area) who will have overall responsibility for the admission and discharge of patients to the therapy-led beds. They will also have overall responsibility for the Early Supported Discharge service and the Specialist Community In-patient Rehabilitation beds.

12.3.4 Value for Money Test

All options are likely to require additional investment (revenue and capital) in stroke services, which will need to either be funded through savings elsewhere or by additional investment

Financial affordability

Options to implement Phase 1 will result in increased costs.

Option 1 – Do nothing

The do nothing option has been discounted on the basis of current quality, performance and sustainability challenges

Option 2 – Investment into AF prevention; strengthened Acute Services, established three ESD's and three Specialists Integrated Community in-patient rehabilitation units on existing community ward areas.

This option plans that there will be a reduction of 26 beds across the three main sites, which will result in a saving of £694,000 , this will be reinvested into the new proposal.

There will be the requirement for 44 rehab beds which is already part of the community funded establishment. There is further investment required in Therapy staff only and not nursing for these beds, however it is recognised that other pathways such as Home First need to be embedded within the organisation so that these beds are released for the stroke rehab bed requirement.

	Acute Current bed base	Acute New Model	New Rehab
East	21	12	17
Central	22	11	15
West	13	7	12
Total	56	30	44

The requirement of staffing for these is on the assumption that these are stand- alone units, with the staffing levels for nursing reflective of the recommended minimum staffing levels and the therapy support in line with RCP recommended staffing levels.

BCU is required to deliver significant cost savings, and this investment may prove to be prohibitive to the achievement of the financial targets set for the organisation.

12.3.5 Financial Risk Assessment and Sensitivity Analysis

Throughout the evaluation process, a set of agreed assumptions have been used that have driven the activity, beds and finance modelling. Sensitivities need to be assessed for the following areas:

- The level of activity at each site and associated capacity in number of beds needed has been run through a model to ascertain the variation in the number of beds required under different assumptions for the percentage of patients suitable for transfer to the ESD service. The impact of these variations was not significant enough to change the resultant costs. An assessment would need to be carried out of the impact of growth in demand for Stroke services in the future for the HASU/ASU beds, Rehabilitation beds and ESD service.
- The ability to recruit to the workforce required and levels of bank and agency staff needed as the new model is implemented. Substantive workforce costs may need to be evaluated at different points of scale for each group of staff to assess the variation in financial impact. This will be derived from the Workforce assessment.
- Capital funding requirements and alternates sources and impact on revenue have still to be determined. However, changes are expected to be minimal and £1m has been allocated in the discretionary capital over two years.
- Impact on Welsh Ambulance costs and service delivery have yet to be assessed but increased costs for WAST relate additional transfer costs of transfer from the ASUs to the specialist community in-patient units with more significant costs in phase 2 HASU development
- Impact on longer term health economy – Care Home Beds, Patients ability to carry on working etc
- The modelling of the new proposal is a switch from acute to rehab services, this will require approval and buy in from both the Service and Budget Holders to allow the level of investment outlined in this Business Case.

13.0 Governance and Project Management

The review of stroke services was established as a work-stream within the Acute Hospital Care Programme of the Living Healthier, Staying Well Strategy under the Executive Lead of the Medical Director.

The Stroke Collaborative Group (chaired by the East Area Director) was developed in response to recommendations in the Peer Review (2016) which highlighted areas of commendation and concerns including the need for improved clinical governance arrangements on acute sites and pan-BCU. Stroke teams in each of the three areas are actively working to address recommendations reporting on progress to the Stroke Collaborative. The Stroke Collaborative also has responsibility for overseeing the stroke service review.

A Project Manager will be appointed to ensure the implementation of the Business Case. The management structure for Stroke Services in North Wales has been reviewed and it is proposed that the Project Manager role will become a Network Manager following the success of a previously referred pilot of this role in 2019. This role would also support implementation and monitoring of the Primary Care monitoring prevention work. Operational day to day management of stroke services will remain with the existing Acute and Area Operational Management Teams

13.1 Approval Route

The Stroke Business Case will be presented to the Health Board Review Team chaired by the Executive Director of Planning and Performance and the Executive Team prior to the Finance and Performance Committee for sign-off and approval.

13.2 Project Management

A Project Manager will be appointed to ensure the implementation of the Service model in the Business Case

13.3 Post Implementation Review

Post Implementation Review will be carried out in line with the Health Board's policy. The post project review covers the achievement of benefits (both expected and unexpected), problems, user reaction, contractor and consultant review (for any building works), issues / areas for improvement and overall project performance.

14.0 Conclusions and Recommendations

Conclusions

There is a very clear case for change in developing a comprehensive stroke care pathway for North Wales which shows that stroke services must be reconfigured to improve clinical quality. Stakeholders consider that do nothing is not an option.

Clinicians have agreed a stroke patient pathway for the whole population of North Wales which will provide care 24 hours a day, 7 days a week utilising a multi-disciplinary team and incorporating national guidance and best practice. This will be supported by the development of key enablers such as workforce, informatics and estates.

In evaluating the outcome from the non-financial options appraisal and financial appraisal, the Stroke Collaborative Group has given consideration to the feedback received from an extensive programme of stakeholder engagement, an evidence / literature review, evidence based standards, the BCUHB peer review, the risks, impacts and benefits, workforce modelling and bed capacity modelling. The work to-date has led the Stroke Collaborative to draw the following conclusions and recommendations that there should be a two phased approach. This Business Case addresses phase 1:-

- There will be a four core programmes required to deliver phase 1 of a comprehensive stroke service and ensure continuous improvement in existing pathways. A two year phased approach to implementation is proposed:
 - Improve and develop stroke prevention services in North Wales – in particular Anticoagulation monitoring in Primary Care and Anticoagulation self-testing in Primary Care
 - The strengthening of existing acute stroke services across each of the three District General Hospital sites
 - The introduction of Early Supported Discharge services in each of the three BCUHB Areas
 - The establishment of Integrated Specialist Community In-patient Units in each of the three BCUHB Areas
- This model will deliver:
 - evidence based stroke care leading to an improvement in patient outcomes and reduction in disability following a stroke
 - a reduction in the number of Strokes per year
 - improved patient flow and patient pathways – particularly in relation to specialist community rehabilitation and early supported discharge services
 - a 'B' SSNAP rating across all domains for both the acute and rehabilitation phase
 - improved compliance with Welsh Government Quality Improvement measures
 - better ability to recruit and retain specialist staff
 - stroke care in an environment suitable for specialist care

15.0 Declarations

- ☐ The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs
- ☐ Where third parties have provided information this is in writing/e-mail format and they have confirmed it is correct to the best of their knowledge
- ☐ Where the business case has an impact on another Area / Division / Department the impact has been agreed with that Area / Division / Department in writing and the relevant Managers have signed below to confirm

Signed by:

.....
**Area/Corporate/Secondary
Care Director**

.....
**Area/Secondary Care
Nurse Director**

.....
**Area/Secondary Care
Medical Director**

.....
Chief Finance Officer

.....
**Director / Asst. Director
(Other Area/Corporate
if required)**

.....
**Director / Asst. Director
(Other Area/Corporate
if required)**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

EQUALITY IMPACT ASSESSMENT FORM

PART A : SCREENING REPORT

STROKE SERVICE REVIEW



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Proposals to improve Stroke Serves in North Wales with particular emphasis on Rehabilitation, Prevention and small investment in the Acute pathway. The model is based on health needs, research evidence and improved patient outcomes.
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>Across north Wales, around 1300 people will have a stroke each year. In general, survival rates for stroke and the quality of life after a stroke are improving. We know that the risk of a stroke can be reduced significantly through adopting healthy lifestyle choices and many more people are now aware of the need for prompt action when symptoms of a stroke occur (using the FAST checklist for symptoms).</p> <p>Our vision is that:</p> <ul style="list-style-type: none">• people of all ages are supported to reduce the risk of stroke• when a stroke does occur, people have an excellent chance of survival and return to independence as quickly as possible <p>Together with clinicians, partner organisations and representatives of survivors of stroke, we have been considering what would be the best approach for North Wales. We want to achieve the best chances of survival and avoid or reduce disability after stroke for the population as a whole. This includes a range of care from prevention, through acute hospital care, to ongoing rehabilitation and support at home.</p> <p>Survival after stroke can initially depend on the acute phase of specialist hospital care; however the greatest impact on patient health and well-being is from the long term consequences faced when stroke survivors leave hospital. Despite improvements in mortality and morbidity, people with stroke need access to effective rehabilitation services not only in</p>

		<p>the early stages but also usually many months after the stroke.</p> <p>Essential to improving the quality and deliverability of the stroke service pathway is the provision of specialist in-patient rehabilitation and early supported discharge services. It is proposed therefore that rehabilitation is aligned to 'Care Closer to Home' and the principles of prudent healthcare; with home first achieved through the provision of an early supported discharge service that works in an integrated way with three community based in-patient hubs.</p> <p>Proposals for the development of community based ESD and in-patient rehabilitation services are currently being further refined. Representatives of the Stroke Collaborative Group, the Area Teams, Operational Estates, Stroke Consultant Physicians and the MDT Rehabilitation Group have worked to design a set of criteria against which a community hub supporting ESD and in-patient rehabilitation would be judged as suitable in each of the three Areas. The criteria has been used to undertake an initial sift against all the available sites in North Wales with a view to moving from a long list of possible locations to a short list of feasible locations.</p> <p>Five stakeholder events have taken place from May 2017 to January 2018 where the proposed service model for ESD and Specialist Community In-patient Rehabilitation has been considered. The shortlist of feasible locations for each of the Areas will be further reviewed in April 2021 due to the time lapse since the initial appraisals were undertaken.</p>	
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	The work is being undertaken as part of the Acute Hospital Care Programme led by the Executive Medical Director, and forms part of the BCU Living Healthier Staying Well Strategy. Accountability is to the Programme Executive Group and ultimately to BCU Health Board.	
4.	Who is Involved in undertaking this EqIA? Include the names of all the people in your sub-group.	Name	Title/Role
		Wendy Hooson	Senior Health Planning Manager
		Gareth Evans	Director of Clinical Services Therapies
		Mike Townson	Senior Equalities Manager
		Marie Lewis Smith	Stroke Programme Manager
		Jamy Ashton	Occupational Therapist
		Janet Lloyd Jones	Ward Sister, Stroke Unit, Ysbyty Glan Clwyd

		Judith Rees	Directorate General Manager Stroke
		<p>Contributions from all attendees at the:</p> <ul style="list-style-type: none"> Stroke Stakeholder Events held on 23rd May 2017, 6th July 2017, 18th August 2017 and 25th September 2017. A further stakeholder event will take place on 25th January 2018 Stroke Survivor Groups: The Vale of Clwyd Stroke Group held on 14th November 2017, the Rhuddlan Group held on 29th November 2017, the Porthmadog Group held on 5th December 2017, two meetings of the Mon and Arfon Group on 13th December 2017 and 10th January 2018 and the Wrexham Group held on 6th December 2017. A meeting with the Buckley Group will take place on the 29th January 2018. 	
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	<p>The proposals are related to the system wide Living Healthier Staying Wide strategy, in particular the:</p> <ul style="list-style-type: none"> Health Improvement, Health Inequalities programme - promoting healthy lifestyles, primary and secondary prevention The Care Closer to Home Programme – providing earlier intervention, care and support closer to home as potential alternatives to hospital based care Framework for Delivery for Older People <p>The proposals are influenced by other guidance and legislation:</p> <ul style="list-style-type: none"> The Social Services and Well-being (Wales) Act (2014) – development of plans to meet the care and support needs of individuals and carers The Well-being of Future Generations (Wales) Act (2015) – adopting the sustainable development principle; meeting the needs of future generations without compromising current needs Stroke Delivery Plan 2017 - 2020, WG (2017) – provides a framework for action for Health Boards working with their partners. It sets out the expectations of all stakeholders to tackle stroke in people of all ages, wherever they live in north Wales and whatever their circumstances National Clinical Guidelines for Stroke, Royal College of Physicians (2016). The guidelines encompass the whole of the stroke pathway – from acute care through to longer term rehabilitation including secondary prevention. It also describes what should be delivered to stroke patients and how this should be organised with the aim of improving the quality of care for everyone who has a stroke regardless of age, gender, type of stroke or location. ESC European Guidelines for the management of Atrial Fibrillation (AF) developed in 	

		<p>collaboration with EACTS (2016) provide guidelines to help deliver good care to all patients with AF based on current evidence</p> <ul style="list-style-type: none"> • Stroke Peer Review. At the request of BCUHB a Peer Review visit took place in January 2017. The Peer Review Team visited Ysbyty Glan Clwyd, Wrexham Maelor and Ysbyty Gwynedd and subsequently produced reports highlighting areas of commendation and concern. Stroke Teams in each of the areas are actively working to address recommendations, reporting on progress to the North Wales Stroke Collaborative Group. Pan BCUHB weekly meetings have also been re-established to monitor SSNAP performance and progress. • Welsh Language Act (1993) • Welsh Language Standards Regulations (2015) • Human Rights Act (1998)
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	<p>The key stakeholders affected by these proposals will be:</p> <ul style="list-style-type: none"> • Residents of north Wales who are current or potential users of stroke services (and surrounding populations for whom BCUHB provides services) • Countess of Chester Hospital (120 north Wales patients per annum who are admitted to the Countess of Chester with a confirmed stroke) • Approx. 40 Shropshire patients per annum who are admitted to the Wrexham Maelor Hospital with a confirmed stroke • Approx. 70 South Gwynedd patients were admitted to Bronglais with a confirmed stroke • Carers and families of people using stroke services • Staff of the BCU Health Board who may be affected by the proposals • Partner agencies who might be affected, including the Welsh Ambulance Services Trust, Local Authority Social Services, Stroke Association and third sector organisations providing support, community groups representing people who use stroke services and external providers • North Wales Community Health Council • GPs and primary care

7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	<p>There are a number of factors that could hinder the success of the option(s) including:</p> <ul style="list-style-type: none"> • Sufficient capital and revenue funding to deliver Early Supported Discharge / Specialist Community In-patient Rehabilitation, however the Health Board has confirmed the revenue stream is in place and an allocation has been confirmed in the discretionary capital programme • Recruitment of additional staff to deliver the option(s) • Any capital enabling works that might be required but mitigation is in place • Effective project management • Clinical and operational leadership • Effective stakeholder engagement and communication • Key stakeholders not accepting the process or recommendations • Willingness of the population to embrace the prevention programme by adopting healthy lifestyles • Local and national political endorsement • Some patients can be hesitant about taking drugs when AF has been diagnosed
----	--	---

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left:-</u> (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	+ve	High positive - the development of specialist ESD services in the patient's own home	<p>North Wales Local Authority Summary Equality Profiles (PHW) 2017 State of the Nation, Stroke Association, January 2017 Childhood Stroke Project Progress Report, Stroke Association 2017 BCUHB 2016 – 2017 SSNAP data</p> <p>North Wales has an ageing population. The number of north Wales residents aged 65 years and over is set to rise from 160,000 in 2017 to 210,000 in 2036 – an increase of about 31%. The number of residents aged 75 years and above is set to rise from 73,000 in 2017 to 116,000 in 2036 – an increase of 58%. Those aged 85 years and above will increase by 123% in the same period (North Wales Public Health Team 2016). The highest proportion of people aged 85yrs+ live in Conwy and the lowest proportions live in North East Wales (Public Health Wales 2012). Assuming no change in their level of fitness, the growing numbers of older people will lead to an increase in the incidence of stroke.</p> <p>Older people are some of the most frequent users of health care, with hospital admissions rising with age. Furthermore, lengths of stay are longer for older people, due to their fragility and co-morbidity. This will have a significant impact on demand for stroke services in north Wales.</p> <ul style="list-style-type: none"> • In England, Wales and Northern Ireland the average age for men to have a stroke is 74 and the average age for women to have a stroke is 80 • Around a quarter of strokes happen in people of working age • The average age of stroke has decreased in recent years • People are most likely to have a stroke over the age of 55
	+ve	High positive - the development of specialist community in-patient rehabilitation in a Community Hospital setting in each of the three Areas	

		<p>Medium positive - there may be an impact on travel time for some families and carers when visiting stroke survivors in one of the three Community Hospitals</p>	<p>Currently all stroke rehabilitation in North Wales is provided through a bed model as there are no community Early Supported Discharge services. Some patients are discharged for follow-up care to a community hospital setting, all of which provide generic care, without any specialist stroke therapy input. Some patients receive a very limited therapy service at home when they're discharged from hospital whilst others might be discharged to care facilities, or to their home, without any ongoing rehabilitation programme. No ESD or Specialist Community In-patient Rehabilitation service exists at this time across North Wales.</p> <p>In addition to attendance at Stroke Survivor Groups in North Wales (refer to Section 4), meetings have also taken place with Older People's Forums in Abergele (2/10/18) and in Llandudno (4/12/18). Attendees requested clarity on recognising the signs of stroke and expressed concern about having a stroke at home when they had no-one to help them to ring for an ambulance.</p> <p>The proposals therefore to develop ESD / Specialist Community In-patient Rehabilitation services are intended to improve the quality of care for stroke patients, a large number of whom are older people.</p> <p>Stroke survivors (older people):</p> <ul style="list-style-type: none"> • will benefit from intensive rehabilitation in their own home at a similar level to the care provided in hospital • will benefit from active rehabilitation for those that fall within the service criteria for admission to a community stroke rehabilitation bed • will avoid extended stays on an acute hospital ward for any longer than necessary • will receive rehabilitation in the familiarity of their own living environment / kitchen rather than a hospital facility • will transition into primary, community and life after stroke services, where appropriate • younger stroke survivors will benefit from being at home and able to participate in family life <p>Where possible ESD services will be aligned to the local Community Resource Teams, including Local Authority and Third Sector partners, offering a range of advice, assessment and treatment. Stroke survivors will benefit from access to specialist knowledge of local services, clubs and groups as well as support with community navigation.</p>
--	--	--	---

			The three Community Hubs must be geographically located in a way that maximises the number of patients seen within their own homes by ESD staff on a daily basis whilst also considering the impact on travel time for families and carers to visit patients who are within community in-patient facilities.
Disability	+ve	High positive - the development of specialist ESD services in the patient's own home	<p>State of the Nation, Stroke Association, January 2017 High blood pressure and stroke, Stroke Association, September 2017 How to reduce your risk of stroke, Stroke Association, June 2017 Atrial Fibrillation (AF) and stroke, Stroke Association, September 2017</p> <ul style="list-style-type: none"> Stroke is a leading cause of disability in the UK – almost two thirds of stroke survivors in England, Wales and Northern Ireland leave hospital with a disability Stroke causes a greater range of disabilities than any other condition In a survey of over 1000 stroke survivors last year, 4 in 10 said that the physical impact of stroke was the hardest to deal with It is estimated that 60% of stroke survivors have visual problems immediately after their stroke and this reduces to about 20% by three months after stroke Around a third of stroke survivors experience some level of aphasia (sometimes called dysphasia). Aphasia is a complex disorder of language and communication caused by damage to the language centres of the brain. People with aphasia may have difficulty speaking, reading, writing or understanding language Limb weakness is common after stroke Over three quarters of stroke survivors report arm weakness, which can make it difficult for people to carry out daily living activities Almost three quarters of stroke survivors report leg weakness which can cause difficulty walking and balancing 60% (1 in 3) of stroke survivors have visual problems immediately after their stroke <p>In additional to attendance at Stroke Survivor Groups in North Wales (refer to Section 4), a meeting has also taken place with the Sight, Sound and Deaf Forum (02/05/18). Specific issues related to potential difficulties in dialling for an ambulance, support when arriving in ED and recognising the symptoms of stroke.</p> <p>After experiencing a stroke many people also experience barriers to care and support because of problems with communication, memory and thinking (cognitive impairment) and concentration. It is important that the needs of people with a learning disability or dementia, which may be more</p>
	+ve	High positive - the development of specialist community in-patient rehabilitation in a Community Hospital setting in each of the three Areas	
		Medium positive - there may be an impact on travel time for some	

		families and carers when visiting stroke survivors in one of the three Community Hospitals	<p>complex, are also addressed.</p> <p>Stroke survivors :</p> <ul style="list-style-type: none"> • will benefit from the provision of specialist ESD in their own home / community (as opposed to the disorientation that can be caused on a busy District General Hospital ward) • will benefit from family / normal support levels at home. For example, friends or family can help stroke survivors in learning new ways to communicate by including them as much as possible in conversations and supporting them. • will benefit from improved psychology services • will have improved access to therapy assessment and rehabilitation resulting in reduced disability and improved mobility following a stroke (stroke is the leading cause of disability in the UK) <p>The provision of specialist rehabilitation services in the home or in a community setting will reduce re-admission into hospital for stroke related problems resulting in increased independence and quality of life.</p> <p>Access, travel distance and transport must be borne in mind however and the barriers that these might present for disabled people and their families. The three Community Hubs should be geographically located in a way that maximises the number of patients seen within their own homes by ESD staff on a daily basis whilst also considering the impact on travel time for families and carers to visit stroke survivors who are within community in-patient facilities. As above, a number of maps have been produced to inform the options appraisal process in this respect (refer to Appendix One).</p>
Gender Reassignment	Neutral	No impact	<p>North Wales Local Authority Summary Equality Profiles (PHW) 2017 census profiles for north Wales</p> <p>There is no direct correlation recorded between gender reassignment and the provision of stroke services. There may be wider issues about how transgender people access healthcare which will however be further explored.</p> <p>The guide for NHS staff 'It's just good care: A guide for health staff caring for people who are trans' provides guidance and support to ensure people are treated with dignity and respect and individual needs and wishes are addressed.</p>

Marriage & Civil Partnership	Neutral	No impact	No direct relevance identified
Pregnancy & Maternity	Neutral	No impact	No direct relevance identified
Race / Ethnicity	Neutral	Low to medium	<p>State of the Nation, Stroke Association, January 2017</p> <p>Variation is observed in the prevalence of stroke amongst different ethnic groups. For instance, risk factors for stroke increase with age, male sex, African or Caribbean ethnicity and family history, and South Asians are more likely to suffer a stroke at a younger age than other ethnicities.</p> <p>Ethnicity</p> <ul style="list-style-type: none"> • White people are more likely to have an irregular heartbeat (such as atrial fibrillation), smoke and drink alcohol than black people. These are all factors that increase the risk of stroke. • Black people are twice as likely to have a stroke and at a younger age than white people • Black people are more likely to have high blood pressure and diabetes than white people. This may contribute to higher stroke risk in black people • Black people are also more likely to have sickle cell disease, which increases the risk of a stroke • People with their origins in South Asian countries like India, Pakistan, Nepal, Sri Lanka and Bangladesh, are more likely to have a stroke at a younger age than white people • People with South Asian origins are more likely to have high blood pressure, high cholesterol and diabetes than white people. These are all factors that increase the risk of stroke <p>In addition to attendance at Stroke Survivor Groups in North Wales (refer to Section 4), a meeting has also taken place with Refugee and Asylum seekers (09/08/18). Specific issues related to potential difficulties in communicating with the ambulance service if the first language isn't English and the potential to use smart phones to alert hospital staff that an interpreter is needed.</p> <p>Stroke survivors:</p> <ul style="list-style-type: none"> • Will benefit from intensive rehabilitation in their own home / community at a similar level to the care provided in hospital - including the provision of translation facilities.

			<ul style="list-style-type: none"> Language / communication issues and specific dietary requirements will be lessened for some people as a result of the increased support at home.
Religion or Belief	Neutral	No impact	<p>North Wales Local Authority Summary Equality Profiles (PHW) 2017 census profiles for north Wales</p> <p>There is no specific impact anticipated from the proposals. Appropriate support is in place as needed for religious or belief requirements. In general, staff will be more familiar with specific local needs and requirements.</p> <p>The model for ESD / Specialist Community In-patient Rehabilitation will work to provide holistic services that understand and address the specific needs of the population.</p>
Sex	Neutral	No impact	<p>North Wales Local Authority Summary Equality Profiles (PHW) 2017 census profiles for north Wales</p> <p>Women and Stroke, Stroke Association, 2017</p> <p>No direct relevance has been identified. It is considered that the option(s) would have no impact on either sex when compared with existing arrangements. Whilst anyone can have a stroke at any age there are some risk factors specifically linked to stroke in younger women such as taking hormone contraceptives, using hormone replacement therapy and having health problems more common in women, including migraines and lupus. There are a greater number of stroke related deaths in women. This is because women live longer than men and women tend to have their strokes when they are older. Men however are at a higher risk of having a stroke at a younger age than women.</p>
Sexual Orientation	Neutral	No impact	<p>No direct relevance from the proposed changes has been identified in relation to sexual orientation however there may be wider issues about how LGBT people access healthcare which will require further exploration. All staff should be aware of the need to respond to the requirements of same sex couples in relation to identifying next of kin and avoiding assumed heterosexuality.</p> <p>The proposals to develop ESD / Specialist Community In-patient Rehabilitation are intended to improve stroke services for all patients regardless of sexual orientation.</p> <p>As a matter of good practice we will continue to raise awareness amongst staff.</p>

Welsh Language	-ve	Low	<p>Research has identified the link between language and care and refers to examples which imply that the quality of care to vulnerable users may be compromised by the failure to communicate in peoples' first language / language of choice.</p> <p>It is not uncommon for patients to revert back to their first language immediately following a stroke. Lack of Welsh language provision was cited as a current frustration and concern by stroke survivors during the recent BCUHB programme of engagement.</p> <p>There may be an impact on those patients whose language of choice is Welsh if required to use a community hospital service further away from their local community i.e. the availability of fewer Welsh speaking staff.</p> <p>The Welsh language standards will bring strengthened requirements for Welsh language provision, such as recruitment of Welsh speaking staff, and will be addressed in any future service model. It is intended that a proportion of the staff recruited to the new ESD service will be appointed as Welsh speakers</p> <p>BCUHB staff are expected to complete mandatory equality training to ensure awareness of the language and cultural needs of all community groups.</p>
Human rights	-ve	Low	<p>The proposals will be developed in line with local and national policy and adopt a rights based approach that places the person at the centre of his / her own care. It aims to actively eliminate inequalities where they may exist and improve access to high quality, safe and sustainable health care.</p>

All the above risk factors are preventable and BCUHB, Public Health Wales and the third sector have an important role to play in helping people to understand more about the risks of stroke in order that they can take active steps in helping people to reduce their risk i.e. educating people in relation to the link between high blood pressure and stroke. The importance of having regular blood pressure checks and pulse checks to detect high blood pressure and AF is essential.

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Table A

High negative	Note: It is important to understand that we will be required to demonstrate what we have considered and/or done in order to mitigate or eliminate any negative impact on protected groups identified within the assessment. Details should be recorded in sections 3a/3b in the Action Plan in Form 4.
Medium negative	
Low negative	
Neutral	
Low positive	
Medium positive	
High positive	
No impact/Not applicable	

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-	
<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups 	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	1. By undertaking this screening the potential negative impact on the characteristic groups in relation to equality and human rights have been identified.

2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	2. Improved the quality of stroke care for the residents of north Wales.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	3. By ensuring an inclusive approach to developing the proposals and continuing to build upon the good working relationships already in place between the Health Board and wider partners.

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
---------------	---

1. What is being assessed? (Copy from Form 1)	Proposals to improve Stroke Serves in North Wales with particular emphasis on Rehabilitation, Prevention and small investment in the Acute pathway. The model is based on health needs, research evidence and improved patient outcomes.
---	--

2. Brief Aims and Objectives: (Copy from Form 1)	<p>Across North Wales, around 1200 people will have a stroke each year. In general, survival rates for stroke and the quality of life after a stroke are improving. We know that the risk of a stroke can be reduced significantly through adopting healthy lifestyle choices and many more people are now aware of the need for prompt action when symptoms of a stroke occur (using the FAST checklist for symptoms).</p> <p>Our vision is that:</p> <ul style="list-style-type: none">• people of all ages are supported to reduce the risk of stroke• when a stroke does occur, people have an excellent chance of survival and return to independence as quickly as possible <p>Together with clinicians, partner organisations and representatives of survivors of stroke, we have been considering what would be the best approach for North Wales. We want to achieve the best chances of survival and avoid or reduce disability after stroke for the population as a whole. This includes the whole range of care from prevention, through acute hospital care, to ongoing rehabilitation and support at home.</p> <p>Survival after stroke can initially depend on the acute phase of specialist hospital care; however the greatest impact on patient health and well-being is from the long term consequences faced when stroke survivors leave hospital. Despite improvements in mortality and morbidity, people with stroke need access to effective rehabilitation services not only in the early stages but also usually many months after the stroke.</p> <p>Essential to improving the quality and deliverability of the stroke service pathway is the provision of specialist in-patient rehabilitation and early supported discharge services. It is proposed therefore that rehabilitation is aligned to 'Care Closer to Home' and the principles of prudent healthcare; with home first achieved through the provision of an early supported discharge service that works in an integrated way with three community based</p>
---	---

	<p>in-patient hubs.</p> <p>Proposals for the development of community based ESD and in-patient rehabilitation services are currently being further refined. Representatives of the Stroke Collaborative Group, the Area Teams, Operational Estates, Stroke Consultant Physicians and the MDT Rehabilitation Group have worked to design a set of criteria against which a community hub supporting ESD and in-patient rehabilitation would be judged as suitable in each of the three Areas. The criteria has been used to undertake an initial sift against all the available sites in North Wales with a view to moving from a long list of possible locations to a short list of feasible locations.</p> <p>Five stakeholder events have taken place from May 2017 to January 2018 where the proposed service model for ESD and Specialist Community In-patient Rehabilitation has been considered. The shortlist of feasible locations for each of the Areas will be further tested and a more formal options appraisal undertaken at a Stakeholder Event on 9th January 2019.</p>
--	---

3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

4. Did the decision scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Record Reasons for Decision i.e. what did the Form 3 scale assessment indicate in terms of positive and negative impact for each characteristic?	
5. If you answered 'no'	N/A <input type="checkbox"/>	<input type="checkbox"/>

above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	<p>Record Details:</p> <p>The three Community Hospital Hubs must be geographically located in a way that maximises the number of patients seen within their own homes by ESD staff on a daily basis whilst also considering the impact on travel time for families and carers to visit patients who are within community in-patient facilities.</p>	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
	How is it being monitored?	The Stroke Collaborative Group oversees the stroke service review. The findings from the Equality Impact Assessment Screening will be shared with the Group who will have responsibility for implementing the Action Plan to be developed as part of the full Equality Impact Assessment.
	Who is responsible?	Executive Lead – Senior Responsible Officer Programme Director
	What information is being used?	BCUHB bed capacity modelling Review of the pathway from onset to acute stroke care for BCUHB 2016 / 2017 confirmed stroke patients BCUHB workforce modelling for ASU, Specialist In-patient Rehabilitation and Early Supported Discharge BCUHB financial modelling for ASU, Specialist In-patient Rehabilitation and Early Supported Discharge National Clinical Guidelines for Stroke, RCP (2016)
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	Frequency of the review will be agreed as part of the Stroke Services Review – subject to BCU Board approval
7. Where will your decision or policy be forwarded for approval?		Stroke Collaborative Group and BCU Health Board Executive and Finance and Performance meetings

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	<p>All stakeholder events have identified issues for consideration in completing the EQIA and will inform the Health Impact Assessment.</p> <p>As part of Living Healthier Staying Well a range of engagement sessions have been held which include:</p> <ul style="list-style-type: none"> Acute Hospital Care Care Closer to Home Older Persons Stroke Survivor Groups Specific Equalities Groups
--	--

9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Wendy Hooson	Senior Health Planning Manager
	Gareth Evans	Director of Clinical Services Therapies
	Mike Townson	Senior Equalities Manager
	Marie Lewis Smith	Stroke Programme Manager
	Marie Lewis Smith	Stroke Programme Manager
	Jamy Ashton	Occupational Therapist
	Janet Lloyd Jones	Ward Sister, Stroke Unit, Ysbyty Glan Clwyd
	Judith Rees	Directorate General manager, Stroke
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:			
2. What changes are you proposing to make to your document or proposal as a result of the EqIA?			
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?			
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.			
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			

Version Control:

EQIA 04022018 Amendments made following comments received at Stroke Collaborative Group on 26 / 01 / 2018

EQIA 16022018 Amendments made following comments received by SB 16 / 02 / 2018

EQIA 16 / 02 / 2018



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson – Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	Rod Taylor – Director of Estates and Facilities					
Craffu blaenorol: Prior Scrutiny:	<ul style="list-style-type: none"> • Executive Team – 17th March 2021 • Capital Improvement Group - 9th March 2021 • Ysbyty Gwynedd – Hospital Management Team • BCUHB – Fire Safety Group • Previous report to the Strategic Occupational Health and Safety Group and escalation to QSE on Fire Safety Compliance at Ysbyty Gwynedd Hospital 					
Atodiadau Appendices:	<p>Appendix 1 – Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case v07.</p> <p>Appendix 2 – Independent Review of Fire Precautions at Ysbyty Gwynedd by NHS Wales Shared Services Partnership – Specialist Estates Services (May 2020).</p> <p>Appendix 3 – Independent Review of Fire Precautions (Action Tracker Rev 1.1)</p> <p>Appendix 4 – Concordat meeting between BCUHB and North Wales Fire and Rescue Service (October 2020).</p>					
Argymhelliad / Recommendation:						
The Finance and Performance Committee is asked to approve the Fire Safety and Infrastructure Compliance Programme Business Case, which will then be submitted to the Health Board for approval for submission to Welsh Government.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	X	Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information

Sefyllfa / Situation:

This report presents the Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case for consideration, approval and agreeing a pipeline of fire safety and infrastructure compliance programmes.

The purpose of the programme is to substantially reduce the risks from fire safety non-compliance and infrastructure failure at Ysbyty Gwynedd hospital over the next decade, and so avoid the consequential impact on patient care and reduce the potential for enforcement action by regulatory bodies.

Cefndir / Background:

The purpose of this Programme Business Case is to substantially reduce the risk of fire safety non-compliance and infrastructure obsolescence and failure at the Ysbyty Gwynedd Hospital over the next decade, and so avoid the consequential impact on patient care and reduce the potential for enforcement action by regulatory bodies.

The Programme Business Case proposes the achievement of this objective through a framework of targeted investment programmes based on risk reduction and completing in 2027, at a total capital cost of £181 million exclusive of VAT.

There is a clear short and long-term requirement to address fire safety containment and ensure clinical service continuity on the Ysbyty Gwynedd site. Ysbyty Gwynedd is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function through enforcement action and infrastructure failure.

Ysbyty Gwynedd is operating with significant risk relating to fire containment and evacuation facilities specifically, with an array of secondary risks also requiring investment. This Business Case proposes investment in a series of targeted programmes in the period 2022-2027, at a total capital cost estimated at £181 million exclusive of VAT.

The projects outlined in this Programme Business Case based on risk stratification will be described and substantiated in further detail within individual Outline or Business Justification Cases as they are sequenced. Each will draw down funds from the in-principle envelope of £181million exclusive of VAT, as set out in the Programme Business Case. The Case recommends an initial scoping exercise to plan remediation works in their optimal risk sequence, beginning with surveys and investigations that will inform the plan and overall phasing of works in more detail than is currently possible with the condition information available.

There are immediate concerns relating to fire safety, with many facets of the hospital identified as being non-compliant and indeed in breach of current guidance on standards, running the risk of site wide enforcement notice. The Specialist Estates Service report on fire titled “NHS Wales Shared Services Partnership – Specialist Estates Services - Independent Review of Fire Precautions at Ysbyty Gwynedd – Stage 1 Report: Prior to Agreement of Action Plan” and the Mott MacDonald Phase 2 Fire Summary Report has informed this Business Case, the latter noting: “significant deficiencies were identified in relation to the fire protection measures”. This raises a real concern of Fire and Rescue Service imposing enforcement action.

Of all the risks identified, fire safety is the most pressing and requiring urgent attention to reduce the risks to hospital users and enforcement action by the Fire and Rescue Service.

Further fire safety investigation surveys and inspections have been commissioned and findings have added further detail to the Shared Services report and the budget estimates are included in this Case.

Externally appointed, Fire Safety Consultants are currently (Q1 2021) assisting BCUHB to implement an interim revised evacuation procedure plan, whilst funding is sought to undertake the full remediation works programmes detailed within this Case.

This Programme Business Case recommends that individual programmes through Outline or Business Justification Cases appropriate to the level of investment follow on from the approval of this Programme Business Case. This approach and the potential for works packages will be discussed with Welsh Government further to in-principle agreement for significant investment in Ysbyty Gwynedd. It is proposed that projects are phased to address the highest risks first while taking opportunities for symbiotic projects (e.g. when exposing roof voids undertake all roof void activity) explored with the benefit of intrusive survey work outlined in this Business Case.

The outcome of this programme of investment will see the Health Board with a functionally safe, compliant and resilient acute hospital, capable of maintaining clinical service for the next thirty years.

Asesiad / Assessment & Analysis

Strategy Implications

The Health Board has previously given commitment to retaining three major acute hospitals in North Wales, and through Living Healthier, Staying Well (LHSW) is developing strategic plans to transform and integrate services with a commitment to the continued provision of service from Ysbyty Gwynedd hospital.

In line with the Estates Strategy to develop longer term investment programmes for estate infrastructure and fabric, which are beyond the financial scope of the Health Boards discretionary capital allocation, the Programme Business Case seeks approval for a pipeline of risk-reducing programmes to address fire safety non-compliance and replacement of essential infrastructure and fabric over a seven-year period through All Wales capital funding.

A programme of target investment will therefore ensure that the hospital is safe, compliant and resilient for operational activity for the next thirty years to support the delivery of excellent patient care. This programme of investment will seek to address risks under the Health Boards Health and Safety Policy.

Following learning from the Covid-19 pandemic, this investment programme will support the introduction of latest nosocomial thinking and solutions, which will contribute significantly towards reductions in healthcare associated infections by providing high quality clinical environments for safe patient care.

The case through risk based investment will contribute to significant improvements in Welsh Government KPI's for Estate performance (Ysbyty Gwynedd Hospital) by improving the following key performance indicators :

- Physical Condition

- Statutory Compliance
- Fire Safety Compliance
- Energy Performance
- Space Utilisation

Impact and improvement on estate performance indicators will be considered further within each business case.

The programme seeks to reduce high, significant, moderate and low levels of backlog maintenance currently recorded on the 2019-20 Estates and Facilities Performance Management System (EFPMS) at £35.7m, through new infrastructure and fabric technologies which will reduce the overall carbon footprint for the site by between 15% to 20%.

Options considered

The Programme Business Case has considered options as set out in the economic case. The preferred option on balance is to mitigate all risks listed within the programme and commence with the highest risks first taking account of the opportunity for symbiotic projects, starting with fire safety.

Financial Implications

A total capital cost of £181 million (exclusive of VAT) is contained in the Programme Business Case. This is a coherent professional estimate based on a specific set of assumptions and drawing on benchmark costs per square metre of equivalent schemes. However, as is appropriate at Programme Business Case stage, it is not yet possible to give a more precise figure with a high level of confidence.

The significant level of capital investment required is unaffordable within the Health Board annual discretionary allocation at £14m (2021-22) and therefore All Wales capital is the preferred option.

In advance of approval, the Health Board has submitted a short-term (twelve-month) capital bid for completion in 2021-22 against the recently announced All Wales – National Programmes for Fire Safety. If supported the bids will assist with short term improvements in site fire safety management in 2021-22, by introducing two new dry risers and converting one passenger lift into a fire evacuation lift.

It is proposed as part of the next stage of developing business cases for the individual programmes, that further intrusive survey work is required to give greater cost certainty.

From a high level revenue perspective, the programme is broadly revenue-neutral as it is mainly like-for-like replacement. There will be a small revenue saving, and a positive environmental impact from the programme, which seeks to replace and refurbish infrastructure and fabric components.

Risk Analysis

In line with the Health Board, Board Assurance Framework and Corporate Risk Register, the Programme Business Case seeks to reduce risks associated with the following strategic priorities and recorded risks :-

- Strategic Priority 4: Safe and Secure Environments. BAF20-21 Infection Prevention and Control.
- Strategic Priority 4: Safe and Secure Environment.BAF20-15 Health and Safety.
- Strategic Priority 4: Safe and Secure Environment.BAF20-16 Pandemic Exposure.
- Strategic Priority 5: Effective Use of Resources.BAF20-19 Estates and Assets.
- CRR20-01 Asbestos Management and Control.
- CRR20-03 Legionella Management and Control.
- CRR20-04 Non-Compliance of Fire Safety Systems.

Fire safety and infrastructure compliance is recorded on the corporate risk register at Tier 1 with a current score of 20. This Programme Business Case seeks to reduce the score to 6 (which is within the Health Boards risk appetite) through a programme of risk-based investment.

The risks associated with fire safety management at Ysbyty Gwynedd hospital are recorded at Tier 2 at 20. A programme of fire management mitigations are currently being developed through work undertaken by specialist fire safety consultants, which will strengthen the current fire safety management procedures for the hospital.

Legal and Compliance

There is a significant risk that the Health Board could receive Enforcement Action from North Wales Fire and Rescue due to the risks associated with fire safety non-compliance at Ysbyty Gwynedd hospital.

There is a risk that the Health Board could receive HSE Enforcement Action and/or Improvement Notices due to non-compliance in infrastructure and fabric components.

There would be organisational reputational damage should enforcement action be taken by the Health Boards external regulators.

The Programme Business Case has been developed to secure a significant programme of targeted investment over seven years to ensure the hospital is functionally safe, compliant and capable of maintaining clinical service for the next thirty years.

Impact Assessment

The Health Board is required to undertake Impact Assessments this will be addressed within each subsequent business case submission as part of the pipeline of agreed programmes.



Ysbyty Gwynedd Hospital

Fire Safety and Infrastructure Compliance Programme Business Case

February 2021

Version History

Version	Date	Purpose	Change	Originator
0.1	September	Draft for initial discussion of scope, options to appraise, categories	Amended risk table following consideration of categories	P Fisher
0.2	October	2 nd draft for Estates team discussion	Renamed and use of BCUHB risk assessment of Sept.	P Fisher
0.3	November	3 rd draft for Estates team review	Incorporates more BCUHB data	P Fisher
0.4	December	For distribution within BCUHB	Minor adjustments	P Fisher
0.5	February	For Estates review	Certain cost elements removed & programme recast	P Fisher
0.6	February	For BCUHB review	'Works packages' replaced by risk tier stratification. Some re-ordering / rewording	P Fisher
0.7	February	For BCUHB CIG	Changes to appendices C and D	P Fisher

Contents

1.	Executive Summary	5
2	Case Structure.....	6
▪	The Strategic Case.....	6
▪	The Economic Case	6
▪	The Commercial Case.....	6
▪	The Financial Case	6
▪	The Management Case.....	6
3	The Strategic Case	7
	Introduction	7
3.1	Organisational overview.....	7
3.2	Strategic Commitment to three main hospitals in North Wales.....	8
3.3	Rationale for investment	9
3.4	Business Needs – the Case for Change	10
3.5	Investment Objectives.....	10
3.6	Scope of the Programme	11
3.7	Constraints to the Programme	12
3.8	Risk to Programme Delivery	12
4	The Economic Case.....	13
	Introduction	13
4.1	Critical success factors	13
4.2	Risk Matrix.....	13
4.3	Risk Workshop.....	14
4.4	Risk Tiers.....	14
4.4.1	Tier 1: 25 and 20pt risks.	14
4.4.2	Tier 2: 16pt risks.	15
4.4.3	Tier 3: 15pt risks.	15
4.4.3	Tier 4: 'Orange zone' risks, and below.	15
4.5	Risks in Tier 1: 20pt+ risks.....	15
4.6	Risks in Tier 2: 16pt risks.....	16
4.7	Risks in Tier 3: 15pts Risks.....	17
4.8	Risks in Tier 4: Risks Below 15pts –	17
4.9	Risk Tiers Base Cost Assessment Summary	18
4.10	On Costs.....	18
4.10.1	Decant	18
4.10.2	Advisers	18
4.10.3	Inflation	18
4.10.4	Contingency	19
4.10.5	Surveys and Investigations	19

4.10.5 Summation of On-Costs	19
4.11 Programme Cost Estimate	19
4.11 Options Framework	20
4.12 Short-listed options	20
4.12.1 Scope.....	21
4.12.2 Service Delivery	21
4.12.3 Implementation	21
4.12.4 Funding.....	21
4.13 Recommended Option	22
5 The Commercial Case	22
Introduction	23
5.1 Procurement Strategy	23
5.2 Risk Allocation	23
5. Personnel implications (including TUPE)	23
6 The Financial Case	24
Introduction	24
6.1 Capital Cost Expenditure Profile	24
6.2 Revenue consequences	24
7 The Management Case	25
Introduction	25
7.1 Programme management arrangements.....	25
7.2 Pipeline of Projects	25
7.3 Phasing.....	26
7.4 Target Milestones	26
7.5 Use of special advisers	26
8 Conclusion and Recommendation	26
Appendix A: BCUHB 3 Year Outlook:.....	28
Appendix B: BCUHB Estates Strategy:	29
Appendix C: “NHS Wales Shared Services Partnership – Specialist Estates Services - Independent Review of Fire Precautions at Ysbyty Gwynedd	30
Appendix D: Risk Register	31

Aerial photograph of Ysbyty Gwynedd Bangor

© Image GOOGLE



1. Executive Summary

The purpose of this Programme Business Case is to secure in principle agreement to a funding envelope of **£181M** (+VAT) to be invested in significant risk reduction activities at Ysbyty Gwynedd Hospital, Bangor. This investment will secure continuity of patient care at this location to required standards and removing intolerable risks, relating principally to fire safety.

The nature and severity of the risks are such that to maintain Ysbyty Gwynedd as the principal regional healthcare facility, as is the Board's strategy, requires urgent planning of a sequence of works with fire risk reduction a priority. Other infrastructure risks will be reduced in the process.

Ysbyty Gwynedd is one of three major acute hospitals in North Wales providing critical clinical activities to the catchment population. It is an ageing and increasingly outdated asset, with the majority of the structure built in the early 1980s, 40 years ago.

Healthcare provision from Ysbyty Gwynedd is a long-term expectation of the Board, therefore investment proportionate to the longevity of the facility to assure continuity of service in the order of 30 years is required.

There are immediate concerns relating to fire safety, with many facets of the hospital identified as non-compliant and indeed in breach of current guidance on standards, running the risk of site wide enforcement notice. Recent condition reports identified significant deficiencies in relation to fire protection measures. This raises a real concern of Fire and Rescue Service imposing a enforcement notice. Although aspects of the fire risks are being addressed now, this Programme Business Case seeks to secure significant investment in a series of targeted projects, outside of the scope of the Health Board's capital programme.

The scope of works outlined in this Programme Business Case is necessarily at a high level, as little survey / investigation information is currently available. Works described in outline here will be substantiated in detail in project specific Outline or Business Justification Cases, informed by investigation / survey data that is funded from this application as a first phase of works.

Each project specific Business Case will draw down funds from the in-principle envelope of £181M set out in this Programme Business Case. This Case recommends an initial scoping exercise to plan remediation works in their optimal sequence, beginning with surveys and investigations that will inform the plan of works in more detail than is currently possible with the condition information available.

The Case also indicates that the works programme is an opportunity for modernization / application of new "digital first" technologies, aligning Ysbyty Gwynedd with the Board's digital aspirations.

There are no current plans for wholesale hospital replacement at Ysbyty Gwynedd, therefore the scale of investment is commensurate with life extension for 30 years.

This Programme Business Case has been prepared by a Programme Development team consisting of representatives of the Estates team, fire safety officer and external advisers over the period 2020-21.

2 Case Structure

This Programme Business Case (PBC) proposes a series of inter-related risk reduction projects. Once approved, detailed programming will ensure that these projects are properly scoped, phased and cost-justified from the outset, to optimize the efficiency of the programme.

This PBC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance¹. This format is the *Five Case Model*, and comprises the following:

- **The Strategic Case** – section 3 - this chapter sets out the strategic rationale, the case for change and investment objectives;
- **The Economic Case** – section 4 - this chapter explores different ways forward – including what project level business cases will be developed to deliver the programme;
- **The Commercial Case** – section 5 - this assesses the ability of the marketplace to deliver the required goods and services, and summarises the programme commercial strategy;
- **The Financial Case** – section 6 - this chapter gives outline estimates of the capital and revenue implications of the scheme, and provides a view of affordability.
- **The Management Case** – section 7 - this chapter outlines how the programme will be administered and governed, including programme, risks and subsequent evaluation of the benefits of the investment.

¹ Guide to Developing the Programme Business Case – Better Business Cases: for better outcomes HM Treasury, Welsh Government 2018

3 The Strategic Case

Introduction

The purposes of this section are:

- to explain how the scope of the proposed scheme fits within the existing strategies of the Health Board; and
- to provide a compelling case for change, in terms of the existing and future operational needs of the service.

3.1 Organisational overview

Betsi Cadwaladr University Health Board (BCUHB) provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across Central / North Wales. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and 3 acute hospitals, of which Ysbyty Gwynedd is one. BCUHB employs close to 17,000 staff and has an annual revenue budget of approximately £1.6 billion.

Ysbyty Gwynedd is a 468 bed District General Hospital sited outside of Bangor. It provides a comprehensive range of services to the population of Gwynedd, Anglesey and parts of Conwy in the region of North West Wales shown above, serving a resident population in excess of quarter of a million people.



Ysbyty Gwynedd provides all the disciplines in General Medicine and Surgery in addition to all subspecialties, including Emergency Medicine, and has an Intensive Care Unit, Surgical High Dependency Unit and Coronary Care Unit. Patient attendances are currently 45,000 pa, and a high proportion of both major and minor trauma patients are seen, although like elsewhere in the UK there is a rising proportion of elderly patients with medical problems.

Ysbyty Gwynedd Hospital is one of three acute hospitals in North Wales, and primarily serves the Health Board's Western catchment population. It has a full 24/7 Emergency Department, and a comprehensive range of inpatient, day case and outpatient services. It also houses an acute inpatient mental health unit, and various rehabilitation facilities.

The following table gives a sense of the scale of the hospital via presenting one months, October 2020, admissions:

ADMISSIONS	Inpatient				Inpatient Total	Day case Total	Reg day/night Total	Grand Total
	Elective	Emergency	Transfer	Maternity				
October 2020	221	1672	159	168	2220	1260	502	3982

3.2 Strategic Commitment to three main hospitals in North Wales

The configuration of Acute services has been reviewed several times in recent years - including the 2009/10 North Wales Clinical Strategy, 2012/13's Healthcare in North Wales is Changing, and 2017/18's Living Healthier Staying Well (LHSW). These reviews entailed in-depth explorations of the evidence base for the best configuration of acute hospitals, and various alternative models have been evaluated - including reducing the number of Acute hospitals and having a differentiated emergency take for some or all of the sites. The conclusion reached on each occasion has been in line with the one articulated in "Living Healthier, Staying Well: Our Strategy for the Future, LHSW² , in 2018, as follows:

"In order to deliver services to meet future needs we will ensure that our three main hospitals at Ysbyty Gwynedd Hospital in Bangor, Ysbyty Glan Clwyd Hospital in Bodelwyddan and Ysbyty Wrexham Maelor Hospital provide core services to meet the needs of the population. Each hospital will continue to have:

- *A 24 / 7 emergency department*
- *Consultant-led maternity and children's services*
- *A wide range of medical and surgical care, both for planned care and emergencies*
- *Day case surgery, diagnostic tests and outpatient clinics"*

Across North Wales the same direction of travel is described in LHSW:

"Where clinics (and some diagnostic services) do not need to be at one of the main hospital sites, we will increasingly provide them more locally in our communities.

- *When people need emergency care, they will be able to be assessed at any of our Emergency Departments and most will be treated at the hospital they go to. Some might need to be transferred to another hospital for more specialised care.*
- *We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our aspiration is that we will widen the range of specialist care we provide in North Wales so that in ten years' time people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals. We are already working to develop some services like this – such as the new Sub-regional Neonatal Intensive Care Centre, and robotic assisted surgery.*
- *Sometimes people will still have to travel outside North Wales to get very specialised care which is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue to do so in the future."*

² The Living Healthier Staying Well strategy: www.wales.nhs.uk/sitesplus/documents/861/BCU%20HW%20Plan2%20En.pdf

As part of the next stage of progressing the Health Board's services strategy the organisation will develop specific plans which describe and quantify the shape of services across North Wales. Within the context of the strategic decision to retain 3 major acute hospitals, the Health Board will work with partners to transform services in line with Welsh Government's 'A Healthier Wales: our Plan for Health and Social Care'.³ This will entail both a shift in emphasis towards community-based services and a greater specialisation of services between the Acute hospitals. This is articulated in "A Healthier Wales" as follows:

"Over the next decade we will see a shift of services from large general hospitals to regional and local centres. Routine diagnostics, outpatient services, day-case treatments, minor surgery and injury services can all be delivered safely and to high quality in smaller centres. Clinical expertise and specialisation can be shared through hub and spoke models. These changes will help to modernise services, allowing them to use new technologies and share good practice nationally, so that services are equally high quality across the whole of Wales."

3.3 Rationale for investment

The purpose of this section is to demonstrate why investment at Ysbyty Gwynedd is a priority for BCUHB. The Strategic Case for investment is predicated on four key elements:

- Ysbyty Gwynedd is ageing and in need of significant investment to continue to comply with modern standards and to avoid enforcement notices effectively closing the facility
- Ysbyty Gwynedd is a committed core component of BCUHB future strategy
- The scale and range of clinical activity undertaken at Ysbyty Gwynedd means that the Health Board would not be able to meet the health care needs of the population if Ysbyty Gwynedd was significantly compromised in its current ability to cater for the catchment populace;
- There is no local substitute to Ysbyty Gwynedd for acute services for its 250,000 catchment population and there are no plans held for a replacement hospital in this region: Ysbyty Gwynedd is the long-term hospital for this region.

This Programme Business Case outlines at a high level the proposed areas of work, the nature of the risk and anticipates the reduction in the severity of the risk. The Programme is predicated on a requirement for the Board to ensure safe working for its staff, patients, visitors and clinical service continuity at Ysbyty Gwynedd, achieved by reducing excessive risk exposure, particularly and most pressingly relating to fire safety.

Of all the risks, risks to fire safety are the most pressing and dangerous issue requiring urgent attention to reduce the risk to life of hospital users and enforcement action by the Fire and Rescue Service. The Board are actively addressing this fire risk with a range of interim measures, such as fire door replacements, however the fundamental compartmentalization hazard will only be addressed by a major investment project, initiated by this Programme⁴.

Further fire safety investigation surveys and inspections have been undertaken. Findings added further detail to the Shared Services report and cost estimates included in this PBC. External specialist consultants assisted BCUHB and Fire Officers to implement an interim revised evacuation procedure plan, whilst funding is sought to undertake further remediation works.

The need for this investment is articulated in the Health Board's 3 Year Outlook and Operational Plan, and its Estates Strategy (both published in March 2019, 3 Year Outlook enclosed as Appendix A and the Estates Strategy enclosed as Appendix B).

³ A Healthier Wales: our Plan for Health and Social Care – Welsh Government [2018]

⁴The Health Board receives a capital allocation of approximately £14 million per annum to address routine estates maintenance, equipment replacement and investment in IT.

Risk assessment work has been undertaken - supported by NHS Wales Shared Services Partnership and Mott MacDonald - to identify, prioritise and cost the work needed to reduce infrastructure risks to an acceptable level. This has resulted in a proposal to undertake work in multiple areas to address the most severe infrastructure risks on the site.

Cost estimates within this Programme Business Case exclude significant technology investments, as will be seen the budget is very much focused on risk reduction by replacement of the failing fabric of Ysbyty Gwynedd.

The Case includes estimates of capital costs. These are based on comparative exercises and are indicative. The first activity in this programme, once approved, is to undertake surveys, planning and investigations necessary to improve upon the accuracy of the cost estimates and determine the most cost effective sequence of delivery.

The capital investment required and sought is a coherent professional estimate provided by qualified Quantity Surveyors based on a specific set of assumptions. In due course, each activity will be priced more accurately by contractors as the programme is rolled out, with firm costs being provided in the Outline Business /Justification Case for each individual project.

It is proposed that projects are phased to address the highest risks first while taking opportunities for symbiotic projects (e.g. when exposing roof voids undertake all roof void activity).

3.4 Business Needs – the Case for Change

This section of the case outlines what the problems are with the current situation, and why investment is required to resolve or mitigate these problems.

Fundamentally this case seeks to address unacceptable risks at Ysbyty Gwynedd. There is a high and increasing risk of physical infrastructure failure and legislative non-compliance at the Ysbyty Gwynedd Hospital with significant potential for adverse impact on the Trust's duty of care for patients and staff.

The underlying cause of this risk is the age and condition of the Estate. The hospital has major derogations from current fire standards and non-compliant protection systems.

The Health Board's Estates and Facilities Division has in place extensive 24/7 business continuity arrangements to ensure that clinical services, patients and staff are safe should a major incident occur. The Estates and Facilities teamwork with all utilities suppliers when dealing with business continuity issues to ensure service failures are managed safely. The Health Board spends approximately £700,000 (possibly reduced this year due to COVID-19 expenditure) per annum on maintaining the campus from its discretionary capital allocation. However, the risks associated with these failures are growing and cannot be mitigated through discretionary capital.

The Health Board's risk register has Ysbyty Gwynedd infrastructure risks amongst the "Tier 1" corporate risks:

"There is a risk that the Health Board fails to provide a safe and compliant built environment. This may be due to insufficient financial investment and estates rationalisation. This could result in avoidable harm to patient, staff, public, reputational damage and litigation."

This is supplemented by a Tier 2 (Directorate level) risk, specifically addressing Ysbyty Gwynedd fire safety compliance and infrastructure obsolescence.

As time passes the likelihood of more, and more significant, failures will only increase without substantial investment.

3.5 Investment Objectives

The proposed investment will significantly reduce risk exposure and increase the resilience of

the Hospital. It will improve the level of statutory compliance on the site. There will also, by virtue of modernisation, be benefits in terms of sustainability and enhanced staff and patient experience: reduction in energy consumption, carbon emissions, greater efficiencies / generally improved environments for staff, for patients and visitors.

Each project's specific, measurable targets and benefits realization plan will be developed in the project level business cases that follow on from this overarching programme business case.

As with all significant infrastructure investment, remediation brings with it the opportunity for modernisation and application of new 'digital first' approaches to healthcare. This investment will not bring about like-for-like replacement. Ysbyty Gwynedd will soon be 40 years old, with the exception of recent additions / replacements such as A&E. Healthcare provision, and expectation, has significantly moved on in the intervening 40 years, arguably with the greatest change in opportunity. requirement and expectation happening right now. The remediation programme will scope all applicable new healthcare innovations to build on nascent NHS best practice, to secure Ysbyty Gwynedd as fit for purpose and a fit for the future hospital, putting into action NHS Betsi Cadwaladr's digital strategy.

Investment at Ysbyty Gwynedd is an opportunity to apply the potential of technological advances that can bring about revenue savings and positive environmental impact, such as through increasingly efficient use of heating, ventilation, lighting and equipment use, use of occupancy and motion sensors for instance as well as modern materials for the fabric of the hospital with better thermodynamic properties and more power efficient systems. These will be explored as the programme develops.

3.6 Scope of the Programme

The primary objective – i.e. to reduce unacceptable risk and make the hospital compliant with current standards, HTMs etc. - is what determines the scope of this case. Which specific risks should be mitigated, and to what extent, are essentially value-for-money questions addressed in the options appraisal in the following Economic chapter.

In addition to fire, there are other infrastructure concerns at the hospital that require varying urgency of attention:

- replacement of non-compliant medical gas supply systems throughout,
- electrical and lighting infrastructure needing a complete upgrade,
- upgrading or replacing water distribution systems,
- upgrade or replacement of passenger and goods lifts,
- building fabric issues such as asphalt roofs, replacement of single glazing, external envelope and insulation considerations,
- ventilation/air handling systems at the end of / surpassed product life expectancy,
- replacement of inefficient heating boilers and radiators,
- telecoms upgrade from 'red-phone' system in use
- nurse call and CCTV systems require replacement,
- drainage, road and car park surfacing require upgrades,

Without intervention on an adequate scale, a piecemeal approach to addressing the above issues via backlog maintenance budget and planned maintenance system would take a very long time to resolve, during which time the infrastructure will continue to deteriorate and high or catastrophic grade risks may be realised, as well as increasing the threat of enforcement of non-compliance notices from internal and external inspections.

The entire hospital requires a space utilization review to take account of the way the hospital and

departments have changed over the past forty years to organically, rather than strategically, meet iterations of Building Regulations and HBN's.

3.7 Constraints to the Programme

The Programme will need to be delivered under operational constraints. Ysbyty Gwynedd Hospital is a fully operational hospital campus, with no vacant spaces of significant size. Remediation works will therefore need to be sensitive to ongoing functions, minimize disruption to services, to recognise the Board's land ownership curtilage and the potential impact of works on the Board's neighbours.

3.8 Risk to Programme Delivery

The Programme itself inevitably carries risk, as with all significant programmes of work. These risks are however manageable and are proportionate to the expected benefits of operational risk reduction. The Programme will be set up to manage its risks from the outset, including the principal risks of:

- Budget over-runs
- Ineffective interventions
- Insufficient intervention
- Missed opportunities for symbiotic work packages
- Care standard slippage during transitional arrangements

Active Risk Management will operate at Programme and Project levels. The Programme will report risk exposure monthly.

4 The Economic Case

Introduction

The purpose of the Economic Case is to identify and appraise options that can achieve the Programme objectives and then to recommend the option which is likely to offer the best Value for Money (VfM). The Economic Case concludes by recommending a pipeline of individual business cases through which the programme can be developed and delivered.

4.1 Critical success factors

The critical success factors for the project, used for option appraisal are as follows:

- CSF1: business needs – how well an option satisfies the existing and future business needs of the organisation.
- CSF2: strategic fit – how well an option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- CSF3: benefits optimisation – how well an option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy, efficiency and effectiveness).
- CSF4: potential achievability – the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also, the organisation's ability to engender acceptance by staff.
- CSF5: supply side capacity and capability – the ability of the marketplace and potential suppliers to deliver the required services and deliverables.
- CSF6: potential affordability – the organisation's ability to fund the required level of expenditure – namely, the capital and revenue consequences associated with the proposed investment.

4.2 Risk Matrix

This Business Case is predicated on risks and the Board's risk tolerance. The option appraisal that determines the quantum of investment refers to tiers of risks, such as 'red risks', which is explained here.

The Health Board has adopted a risk-based approach to determining the scope of the project. Risks are scored in the Health Board using a scale of 1 to 5 for probability and impact, the risk score being the product of these two numbers, between 1 (1x1) and 25 (5x5).

PROBABILITY	IMPACT	RATING
Rare	Negligible	1
Unlikely	Minor	2
Possible	Moderate	3
Likely	Major	4
Almost certain or certain (issue)	Catastrophic	5

The product of the likelihood and impact ratings combine into the following 5x5 matrix of risk levels, with risk scores between 1 and 25 points.

	Impact				
Probability	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain or Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5

The risk matrix above has four zones. As can be seen above, the highest scoring risks, 15 points and above are in the 'red zone'. The lowest risks, scoring 1, 2 or 3 points are in the 'green zone'. Between these extremes are the 'yellow' and 'orange zones', with yellow covering scores 4 to 6 and orange scores 8 to 12. 'Red risks' therefore present the greatest hazard, a combination of at least moderate consequences with a view that the hazard is at least likely to occur, if not very likely or inevitable.

4.3 Risk Workshop

A risk workshop was undertaken in 2020 to assess the risks to the Ysbyty Gwynedd Estate. This included participation from BCUHB's Estates and Fire Officers, Mott MacDonald as Engineers, QS and risk facilitators. The outcome has been validated by the site's management and the Programme Board. The exercise:

- identified risks
- scored the identified risks using the scales above;
- estimated the cost of risk reduction - based on local knowledge and the view of Mott Macdonald's Chartered Quantity Surveyors, informed by experience of work undertaken elsewhere and healthcare cost databases. Note that without detailed surveys / investigations, costs are of necessity budget approximations at this time.
- estimated the risk scores after mitigation;

Risks were identified in many different aspects of Ysbyty Gwynedd's infrastructure. Fire safety. Non-compliances. Obsolete equipment. Failing fabric. Over 20 works areas were identified and have been used to structure the following assessment. The full results of this exercise can be found in the workbook in Appendix D.

4.4 Risk Tiers

For the purposes of risk prioritisation for this Programme Business Case, the red zone has been further subdivided into 3 tiers. A fourth tier represents all other risks that are not in the above red zone. The higher the risk score: the greater the imperative to address the risk. .

4.4.1 Tier 1: 25 and 20pt risks.

The two highest scores, 20 and 25pts represent risks and issues (issues being an

unacceptable current situation) that are both unacceptable to the Board due to their catastrophic consequences / likelihood and must be addressed as a priority.

4.4.2 Tier 2:16pt risks.

The second tier of risks score 16 points and represent hazards that are 'very likely' to occur /re-occur, with 'major' consequence. This includes, for example, risk of lift-failure with all its consequences. The differentiation from the top tier is either reduced likelihood or the scale of the consequence (e.g. a lift compared to a ward).

4.4.3 Tier 3:15pt risks.

15pt risks can come in two types: 'moderate' hazards considered inevitable, and catastrophes that are 'likely' to occur. Only the former type arose in scoring. An example is the failing fabric of the building, admitting damp and condensation.

4.4.3 Tier 4:'Orange zone' risks, and below.

Below the red risks are the orange, yellow and green risks which are more manageable to the Health Board from both a tolerance and an investment perspective. Highest amongst these are the 12pt risks, which represent both 'very likely' moderate risks and 'likely' major risks. Both types arose in scoring.

4.5 Risks in Tier 1: 20pt+ risks

This table shows the risks to be addressed within the Programme that scored 20 points (no risks scored 25 points).

The first column describes the type of work, such as fire compartmentation, the second and third columns give definition to the particular work element addressed. This is followed by the base-budget in £millions (i.e. without on-costs or contingency) and the final column is the development team's estimate of residual risk exposure, after works are complete, is shown in the 'mitigated score' column. It can be seen the assessment, by Estates and independent risk advisor during 2020, reduces the risk to no higher than 5.

Risk reduction is primarily a result of reduced likelihood of occurrence.

Note over £14M of works for fire compartmentation / alarms at this highest tier and the base-cost of addressing these risks, with replacement equipment and associated builder work, is £42M.

Works type	SUB-REF	ELEMENT	Base Budget £M	Mitigated Score
1 - Fire Compartmentation	1a	Compartmentation - fire walls/floors	£2.2	4
1 - Fire Compartmentation	1a	Fire stopping	£2.5	4
1 - Fire Compartmentation	1b	Fire doors	£3.0	4
1 - Fire Compartmentation	1c	Fire dampers	£3.3	4
2 - Fire Alarm System	2a	Fire alarm system	£3.3	4
8 - Medical Gases	8a	Oxygen	£0.2	5
8 - Medical Gases	8c	Medical Air	£0.7	5
8 - Medical Gases	8e	Medical Vac	£0.2	4
8 - Medical Gases	8f	AGSS	£0.7	4
8 - Medical Gases	8g	MGPS	£0.7	5

8 - Medical Gases	8h	AVSU's	£0.7	4
8 - Medical Gases	8k	Cylinder storage	£0.1	5
10 - Electrical Infrastructure	10a	HV and Main LV systems	£1.6	5
11 - Electrical System	11a	Nurse call (including emergency/panic alarm and WC alarm)	£3.0	4
11 - Electrical System	11b	CCTV	£1.2	4
16 - Ventilation	16a	Air Handling Units	£7.4	5
16 - Ventilation	16b	Distribution Ductwork	£4.4	5
16 - Ventilation	16c	Local Extract/Exhaust Ventilation	£1.6	5
21 - Catering Dept.	21a	Catering Dept	£5.5	3
			£42M	

4.6 Risks in Tier 2: 16pt risks

Tier 2 are the 16pts risks – meaning 'very likely risks with major consequences'.

Note over £10M of building fabric works at this second tier (final item).

Works type	SUB-REF	ELEMENT	Base Budget £M	Mitigated Score
3 - Fire Fighting Equipment	3a	Dry Risers/Wet Risers	£0.2	4
4 - Emergency Lighting	4a	Emergency lighting	£3.1	4
5 - Way Finding	5a	Fire signage	£0.1	4
6 - Escape Lifts	6a	Escape Lifts	£0.6	4
7 - Heating Systems	7a	Boilers	£3.3	4
7 - Heating Systems	7b	Distribution Systems	£4.1	4
7 - Heating Systems	7c	Pressurisation Unit	£0.5	4
8 - Medical Gases	8b	Nitrous oxide	£0.7	4
8 - Medical Gases	8d	Entonox	£0.7	4
8 - Medical Gases	8i	Terminal Units including pendants	£1.4	4
8 - Medical Gases	8j	Medical gas alarm systems	£0.5	4
9 - Lifts	9a	Main Electric Traction (H+T block)	£2.3	4
9 - Lifts	9b	Other lifts	£0.9	4
10 - Electrical Infrastructure	10b	UPS Systems	£1.4	5
10 - Electrical Infrastructure	10c	IPS Systems	£1.4	5
10 - Electrical Infrastructure	10d	Distribution Boards and Final Circuits	£3.8	5
12 - Domestic Hot and Cold Water	12a	Plate Heat Exchangers	£0.1	4
12 - Domestic Hot and Cold Water	12b	Pipework Distribution System	£8.2	4
13 - Steam Systems	13a	Pipework distribution systems	£1.9	4
15 - Fuel Supplies	15a	Dual Fuel	£0.3	4
16 - Ventilation	16d	Ultra Clean Ventilation Systems	£1.7	4

17 - Water Chillers and DX	17b	DX Systems	£1.4	4
18 - BMS	18a	BMS	£2.2	4
20 - Building Fabric and Structure	20g	Space Utilisation	£10.5	4
			£51M	

4.7 Risks in Tier 3: 15pts Risks

The third tier are the 15pt risks – moderate issues (hazards that are or will occur). This tier includes replacement of the buildings windows which are a consistent cause of heating, ventilation and patient comfort concerns.

Work Type	SUB-REF	ELEMENT	Base Cost £M	Mitigated Score
20 - Building Fabric and Structure	20a	Roofing	£4.4	5
20 - Building Fabric and Structure	20b	Windows	£12.3	3
20 - Building Fabric and Structure	20c	External envelope	£4.1	3
			£21M	

4.8 Risks in Tier 4: Risks Below 15pts –

There are an array of less urgent risks which will be beneficial to the hospital to address as part of the Programme. There are economies of scale to be gained from addressing these risks while having occupancy of the various wards.

Work Type	SUB-REF	ELEMENT	Base Cost £M	Current Score	Mitigated Score
3 - Fire Fighting Equipment	3d	Sprinklers + Other suppression systems	£3M	<15	4
10 - Electrical Infrastructure	10e	Lighting	£6M	12	3
15 - Fuel Supplies	15b	Oil storage and distribution	£0.5M	12	4
17 - Water Chillers and DX	17a	Water Chillers	£0.5M	12	3
19 - Combined Heat and Power	19a	CHP	£0.5M	12	3
20 - Building Fabric and Structure	20d	Drainage	£1M	12	4
			£12M		

4.9 Risk Tiers Base Cost Assessment Summary

To summarise the above, the provisional pre-survey estimate of cost of risk reduction for each tier is as follows.

Risk tier addressed:→	20 points+	16 points	15 points	Risks below 15pts
Base Cost Estimate	£42M	£51M	£21M	£12M
BASE COST CUMULATIVE	£42M	£93M	£114M	£126M
TOTAL exc VAT				

Base cost estimates of works excludes the costs of design, of inflation (works will be carried out over many years), decant and a contingency reflecting the uncertainty in all cost estimates at this early stage.

4.10 On Costs

The Base Costs above are predicated on established rates in quantity surveying databases and a measurement of areas or an inventory of numbers provided by the Estates team.

To this 'on-costs' must be added to be more representative of the realistic forecast of the cost of the works programme.

The 'on-costs' added here are in four categories, described below.

4.10.1 Decant

As Ysbyty Gwynedd is and will remain a live hospital during the programme of works, it will be necessary to carefully plan a sequence of ward occupancies, during which time the ward will need to be decanted to an alternative space, which may be temporary facilities in the grounds of Ysbyty Gwynedd or at a nearby location. This has yet to be explored. For estimating purposes, a series of 5 decants are forecast, each with a cost of £3M and spread over 5 years in the cost profiling of section 6.1. The extent of decant will be proportionate to the scale of works undertaken. At the lower end of the range, reducing the 20pt risks, decant costs are budgeted at £10M. For more comprehensive risk reduction, in more areas of Ysbyty Gwynedd, this decant allowance rises to £15M, quantum which can be compared with recent small scale facility conversion for covid care and vaccination purposes.

4.10.2 Advisers

This programme of works will require a wide range of adviser support. Designers in various disciplines, such as fire safety, CDM, ventilation, planning and structural engineering, will be required. Procurement, technical and legal advice may be needed. An allowance of 12.5% of Base-Costs is provided for current estimating purposes.

4.10.3 Inflation

The works are expected to be undertaken over several years, beginning in earnest in 2022. The financial website [statista.com](https://www.statista.com) makes the following predictions of inflation over the next few years:

2022	1.6%
2023	1.7%
2024	1.9%
2025	2.0%

2025 is the mid-point of our preliminary programme of works and therefore compound inflation from now until 2025 is used for the estimate of inflation: 7.5%.

4.10.4 Contingency

All aspects of this cost estimating exercise carry uncertainty, not least of which is the consequence of the pandemic on the construction market and materials costs. Other uncertainties are in the areas requiring works, uncovered fabric failures, changes in health and building regulations and VAT. For current purposes, 10% of base-cost is added to the budget.

4.10.5 Surveys and Investigations

In order to plan the Programme in detail, and devise a way of working that economises on decants and reinstatements, much more information is needed from physical surveys and inspections. These would be amongst the first activities undertaken, with activity specific investigations undertaken throughout the Programme/

£2M is allocated to covering these activities, the first £1M of which is set for the first year of the Programme.

4.10.5 Summation of On-Costs

For this Programme Business Case therefore, the following allowances are made on top of the Base Costs above:

- Decant £10-£15M
- Advisers + 12.5%
- Inflation: +7.5%
- Contingency: + 10%
- Surveys / Investigations £2M

4.11 Programme Cost Estimate

The cost estimates for addressing the individual tiers of risk are shown below. Example: addressing the 16 point risks in isolation has a cost estimate of £80M.

	Risk tier addressed:→	20 points+	16 points	15 points	Risks below 15pts
A	Base Cost	£42M	£51M	£21M	£12M
B	3Advisers, Inflation, Contingency: +30%	£13M	£15M	£6M	£4M
C	Sub-Totals	£55M	£66M	£27M	£16M
D	Decant	£10M	£12M	£15M	£15M
E	Surveys / Investigations	£2M	£2M	£2M	£2M
F	Tier Total	£67M	£80M	£44M	£31M

The cumulative total of the above, i.e. addressing increasing tiers of risk, starting from the highest, is as follows.

Note Decant costs and Surveys are largely accounted for under the first tier.

Risk tier addressed:→	20 points+	16 points+	15 point+s	All risks
Cumulative Tier Sub-Total from (C) above	£55M	67+66 = £133M	135+27 = £162M	165+16 = £181M
Increase in Decant (D)	£10M	£2M	£3M	0
Increase in Surveys (E)	£2M	0	0	0
CUMULATIVE TOTAL exc VAT	£67M	£135M	£165M	£181M
+ VAT @20%	£80M	£162M	£198M	£217M

4.11 Options Framework

The long list of options of 'what could be done' is generated using the Treasury's options framework, which systematically works through available choices for what (scope), who (service delivery), when (implementation) and funding. This process results in options being discounted, carried forward for further consideration in the short list or identified as a preferred choice. The Treasury options framework looks sequentially, via four frameworks, at different levels of scope, from narrow to wide, different means of acquiring the service, different sequences of roll-out and fourthly different approaches to funding.

For this project the Options Framework is developed as follows:

Option
Framework 1 – Scope
1.1 Business As Usual
i.e. continue with current arrangements, incurring current, & increasing, investment and degree of derogation from compliance standards
1.2 Minimum Remediation
Address only the most pressing, imperative risks – i.e. tier 1 risks of 20pts and above,
1.3 Intermediate Remediation
Address all 'red' risks on the register -i.e. risks of 15 points and above
1.4 Maximum Remediation
Comprehensive risk reduction attending to nearly all risks on the register
1.5 Rebuild
Comprehensive risk reduction by reducing YG to its concrete core and rebuilding the hospital
1.6 Relocate
Comprehensive risk reduction by new build at new location – coupled with current YG maintenance programme
Framework 2 – Service delivery
2.1 in-house
2.2 Extant national NHS frameworks for individual elements of work
2.3 Single supplier, appointed via competitive tender
Framework 3 – Implementation
3.1 Single phase implementation – 'big- bang'
3.2 Phased
Framework 4 – Funding
4.1 Private Funding
4.2 Public funding

4.12 Short-listed options

The following discusses the above long-listed options. Significantly, and the area subject to most consideration, is where to 'draw the line' in terms of risk reduction via this programme. The development team's appraisal of the above long-listing resulted in the following recommendations.

4.12.1 Scope

The recommendation of scope is predicated on

- risk appetite
- continuing deterioration in the fabric of Ysbyty Gwynedd
- availability of discretionary funds to address backlog maintenance

NHS Betsi Cadwaladr's operating standards do not extend to accommodating fire related risks to staff and patients. Similarly the Board has very low risk appetite for conditions that give rise to improvement notices or negatively impact the standards of care at Ysbyty Gwynedd. The Board also recognise that the fabric of the hospital deteriorates with age, and that components that are currently at an intermediate risk level will across the coming years increase to unacceptable hazards.

Works in a live hospital environment are best minimised. Construction creates noise, dust, non-clinical labour movements, heavy plant and materials need to be moved across the campus.

The perspective taken by the development team therefore is to do as much as is practical at the same time to address the majority of identified estate risks. To utilise each opportunity to remove further risks of failure and non-compliance. With the added benefit of economies of scale, such as one contractor mobilisation / compound only, the development team recommendation is to address all listed risks (with two principal exceptions) while undertaking the highest priority works. It should be noted that addressing the non-red risks, tier 4, is only adding 20% to the total. Whereas undertaking these works at a later stage will both cost more and repeat disruption to the hospital environment.

Options 1.5 and 1.6, rebuild and relocate, have been subject to budget level cost estimating for comparison purposes, with an estimate of at least £400M being applicable for rebuilding of the same provision at the same site. Land costs for acquisition of another site for the North-West Wales hospital to relocate to have not been included. This indicative figure is however useful for comparison against budgets for addressing different levels of risk

4.12.2 Service Delivery

In-house delivery can be ruled out due to capacity issues. Use of extant national frameworks matches well against a certain level of investment, but if addressing most or all risks and issues with Ysbyty Gwynedd, then a bespoke procurement competition may be required.

4.12.3 Implementation

Clear preference for a phased approach given this is a live hospital. This phasing needs careful planning proposed as a specific study following on from in-principle approval of this investment.

4.12.4 Funding

The preferred option is not 'business as usual' and is very much expected to be funded from public capital, in line with current national healthcare policy.

4.13 Recommended Option

Further to the appraisal, wide consultation and review over the course of 2020, 2021, the recommended option from the Programme Development Team is to mitigate all the identified costed risks. The cost estimate for the Programme, including decant, inflation, adviser fees and a contingency of 10% is £179M + £2M for programme planning (surveys, investigations etc): **Provisional Programme Total Investment £181M + VAT.**

Publicly funded and with construction works procured through the All Wales framework.

In view of the above assessments, the long-list option framework is completed as follows:

Framework 1 – Scope	Assessment
1.1 Business As Usual	
i.e. continue with current arrangements, incurring current, & increasing, investment and degree of derogation from compliance standards	Retained only as a comparator against which to assess value for money. Is not a credible option in itself, as it incorporates unacceptable risk of YG closure.
1.2 Minimum Remediation	
Address only the most pressing, imperative risks – i.e. tier 1 20pts and above,	Discounted as neglecting the lower risks is of short-term expediency only & inefficient in the long-run
1.3 Intermediate Remediation	
Address all 'red' risks on the register -i.e. risks of 15 points and above	Discounted as neglecting the lower risks is of short-term expediency only & inefficient in the long-run
1.4 Maximum Remediation	
Comprehensive risk reduction attending to all risks on the register	Preferred – recognises lower level risks will exacerbate with time. Retained for short-list
1.5 Rebuild	
Rebuilding the hospital at current location	Discounted for reasons of affordability
1.6 Relocate	
New build at new location – coupled with current YG maintenance programme	Discounted for reasons of affordability and Board strategy to retain YG.

Framework 2 – Service delivery	
2.1 in-house	Discount – the in-house Estates team is of insufficient scale to implement more than Business As Usual.
2.2 Extant national NHS frameworks for individual elements of work	Preferred for options 1.2 to 1.4. Retained for these options.
2.3 Single supplier Appointed via competitive tender	Would be applicable for options 1.5, 1.6. Possible for other options.

Framework 3 – Implementation	
3.1 Single phase implementation – 'big- bang'	Would apply for option 1.6. Discounted for other options.
3.2 Phased	Preferred for options 1.2, 1.3, 1.4 and 1.5

Framework 4 – Funding	
4.1 Private Funding	Discounted as unaffordable / not current NHS policy
4.2 Public funding	Preferred for all options

5 The Commercial Case

Introduction

The Commercial Case outlines how the preferred way forward can be purchased.

5.1 Procurement Strategy

How to package the works is a study that will follow on from the agreement in principle to Ysbyty Gwynedd's remediation. At an estimated £181M provisional budget for risk reduction work and with at least nine discrete types of work involved in the remediation, the packaging of works requires detailed planning and analysis to ensure expediency, practicality, efficiency and optimal value for money. With capital costs in the millions for each work-type, procurement is likely to be through a combination of national and local frameworks, with the possibility of a bespoke tender package for the largest building fabric components.

The specific procurement route will be determined as part of the development of each individual project business case.

5.2 Risk Allocation

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VfM).

The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk			✓
3. Transition and implementation risk			✓
4. Availability and performance risk			✓
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks	✓		
8. Technology and obsolescence risks		✓	
9. Control risks	✓		
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓		

5. Personnel implications (including TUPE)

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 – will not apply to this investment.

6 The Financial Case

Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section).

The detailed analysis of the financial case will be undertaken as part of the individual business cases that make up the programme.

6.1 Capital Cost Expenditure Profile

As outlined in the Economic Case, the estimated cost of the preferred option is **£181M**. While financial profiling is yet to be undertaken in detail, an indicative annual spend over seven years of the remediation programme could be broadly as follows.

	Financial Year							
	21/22	22/23	23/24	24/25	25/26	26/27	27/28	TOTAL
SPEND	£1M	£18M	£36M	£44M	£36M	£30M	£16M	£181M

As noted earlier, and as is appropriate at the Programme Business Case state, this is a high-level estimate. It is based on local knowledge of the infrastructure, recent remediation costs at Glan Clwyd and the view of Mott Macdonald's Quantity Surveyors.

As part of the business case, funding of £1M is being sought to undertake initial survey work in year 2021/22 to inform scoping sequencing and more accurate pricing for individual business cases that follow. These budget costs are of necessity based on a range of assumptions and exclude any potential for VAT recovery.

6.2 Revenue consequences

From a revenue perspective, the programme is broadly revenue-neutral as it is mainly like-for-like replacement. A small revenue saving should result from new building fabrics, as should a positive environmental impact, from the programme to replace and refurbish infrastructure and material components.

7 The Management Case

Introduction

This section of the PBC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

7.1 Programme management arrangements

The management arrangements for capital programmes and projects are outlined in the Procedure Manual for Managing Capital Projects, adopted by the Health Board in May 2015.

The programme will be managed in accordance with PRINCE 2 programme management methodology. The Senior Responsible Owners for the programme will be the Executive Director of Planning and Performance. The Director of Estates and Facilities will be the Project Lead.

7.2 Pipeline of Projects

Phasing of the projects is a pivotal task in the Remediation Programme, with careful planning fundamental to efficiency and success of the Programme. Planning will need to balance the urgent reduction of the highest risks, with operational requirements, decant arrangements, access and synergies with other workstreams.

This economic case concludes that the preferred option is a programme of work addressing the infrastructure identified risks on the Ysbyty Gwynedd site.

It may be appropriate to have different procurement / approval approaches to different projects, depending on their value and complexity.

A detailed planning exercise should follow on from approval in principle to this investment, to propose the most expedient methodology that prioritises risk reduction while maximizing opportunities for cost efficiency.

In due course, discussions will be held with Welsh Government to present and agree the approach.

Detailed programming, including scoping of information requirements sourced by building inspection / surveys, is an early priority task that will be triggered by approval in principle to this Remediation Programme.

The principal complexity of the Programme will be construction in a live hospital environment. This will be front and central as the core consideration of the Programme's design. Advisers with experience of construction in live healthcare environments will support the Programme design.

For indicative purposes as to what pipeline projects will be prepared under this Programme, the following 9 packages are the initial proposal:

Phase	Package
0	Surveys
1	Fire Compliance
2	Evacuation Package
3	Electrics
4	Building Fabric
5	Heating & Ventilation
6	Medical Gases
7	Water works
8	Catering

7.3 Phasing

Phasing of the projects will be prioritised on addressing the highest risks first.

The most pressing risks relate to fire-safety.

The early planning exercise that follows approval in principle to this application will look at what other work packages can be expedited simultaneously with fire risk reduction works, to maximise efficiency and minimize disruption.

An indicative year-by-year spend profile, predicated on a front-loaded “S” curve of expenditure once the programme is up and running, is provided in the financial case at section 6.1.

7.4 Target Milestones

Detailed planning, initially in the form of information requirements – gap analysis- will follow an initial approval in principle to this works programme.

7.5 Use of special advisers

Specialist advisers will be used as required. Those services within the scope of the Designed for Life / Welsh national frameworks will be drawn from those frameworks, other services by individual arrangements.

8 Conclusion and Recommendation

This Programme Business Case is recommended for approval.

Appendices	
A	BCUHB 3 Year Outlook and 2019/20 Operational Plan [copy available on request]
B	BCUHB Estates Strategy [copy available on request]
C	Independent Review of Fire Precautions
D	Programme costed Risk Register November 2021

Appendix A: BCUHB 3 Year Outlook:

copy available on request

Appendix B: BCUHB Estates Strategy:

The NHS BCUHB 2019 Estates strategy is available here:

<https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/estates-strategy/>



Estates Strategy

Enabling everyone to deliver excellent care



February 2019 version 6

Appendix C: “NHS Wales Shared Services Partnership – Specialist Estates Services - Independent Review of Fire Precautions at Ysbyty Gwynedd

Copy available on request

Appendix D: Risk Register



YG PBC v07 22
February.xlsx

Embedded excel workbook (in word: right click icon, select “worksheet object”)
Prints available as .pdf

Independent Review of Fire Precautions at Ysbyty Gwynedd

Penrhosgarnedd, Bangor, Gwynedd
LL57 2PW

Stage 1 Report: Prior to Agreement of Action Plan

May 2020

NWSSP - SPECIALIST ESTATES SERVICES

INDEPENDENT REVIEW OF

FIRE PRECAUTIONS

AT

**YSBYTY GWYNEDD,
Penrhosgarnedd, Bangor,
Gwynedd LL57 2PW**

**Stage 1 Report:
Prior to Agreement of Action Plan**

JOB NO: BCU/FI/011 - IFR

REPORT DATE: May 2020

ORIGINATOR: **A Pitcher** (Signed)
Senior Fire Safety Advisor



AUTHORISED: **S Douglas** (Signed)
Head of Estate Development



CONTENT

1.0	Introduction	1
2.0	Executive Summary	2
3.0	Building Description	3
4.0	Managerial Arrangements, Fire Documentation and Risk Assessments	4
5.0	Detection and Alarm	8
6.0	Fire Precautions	12
7.0	Evacuation and Response Procedures	18
8.0	Guidance on Prioritising the Recommendations	24

Appendix A Site and Floor Plans

Appendix B Prioritised Risk Rating

Appendix C Cause and Effect Template

1.0 INTRODUCTION

During February 2020, on behalf of the Welsh Government, NWSSP¹ – Specialist Estates Services (NWSSP-SES) completed an independent review of the fire precautions at Ysbyty Gwynedd (YG), in accordance with the monitoring procedures outlined in Facilities Services Notification FSN12/10².

This report sets out the overall findings of that review, which have been established following a combination of a desktop review, site survey and discussions with the fire management team and estates personnel.

The review primarily focuses on the standard of construction and the main passive and active fire precautions. It is not intended to be a risk assessment, however, the observations and recommendations made may support or influence the Board's fire risk assessment and related 'significant findings' as required by the Regulatory Reform (Fire Safety) Order (FSO). Details of signage, measured travel distances, dead end and inner room situations, etc. are not specifically addressed in this report. These are elements that should be considered through the fire risk assessment process.

Each of the chapters 4 through to 7 are set out in the form of a brief commentary setting out generic context and background information, followed by detailed observations and a series of recommendations considered necessary to further enhance fire safety.

Following examination of the review by the Health Board, it has been agreed that the Board will provide NWSSP SES with an action plan and programme for addressing each of the recommendations.

¹ NHS Wales Shared Services Partnership

² Independent Reviews of Fire Safety

2.0 EXECUTIVE SUMMARY

- 2.1 The findings of this report undertaken by NWSSP-SES for Betsi Cadwaladr University Health Board identify a number of measures necessary to improve fire safety standards at Ysbyty Gwynedd.
- 2.2 Notwithstanding the Board's proactive approach to fire safety management at this site, the report identifies many deficiencies in the built form and associated engineering services relating to fire safety.
- 2.3 There are significant and numerous deficiencies in the standard of the passive and active fire precautions throughout the main building. Recommendations are made to review the fire strategy and location of designated fire walls, following which a compartmentation survey (including fire doors) should be undertaken and a remedial action plan implemented.
- 2.4 The report identifies that the interface between the ventilation systems and the fire strategy are far from compliant with current standards. Therefore, in conjunction with the compartmentation survey and associated remedial works, a significant number of additional fire dampers will need to be installed.
- 2.5 The fire response procedures are influenced and instigated upon activation of the fire alarm. Therefore, recommendations are made to enhance the effectiveness of the fire alarm and detection system, particularly regarding the zoning arrangements, C&E and provision of additional repeater panels.
- 2.6 The report also makes recommendations to improve the facilities for horizontal and vertical evacuation; including escape lighting, the provision of refuge areas and reviewing the suitability of the existing evacuation equipment.
- 2.7 Firefighting facilities are addressed with recommendations made to enhance these fire safety features.
- 2.8 The report acknowledges the development of site specific documentation, response procedures and fire risk assessments but recommends elements where these can be further refined.
- 2.9 NWSSP-SES supports the earliest possible implementation of the recommendations, prioritised according to risk. The Board should develop a prioritised action plan for implementing these remedial measures, in addition to addressing the significant findings identified through the Board's fire risk assessment, in an acceptable timeframe agreed with the Fire and Rescue Service (FRS). The agreed action plan programme will be incorporated to the final stage edition of this report.

3.0 BUILDING DESCRIPTION

3.1 Building Description

The Ysbyty Gwynedd site provides accommodation for approximately 450 inpatients and a series of outpatient services. The four storey District General Hospital was constructed in the late 1970's, however over the years there have been numerous extensions and alterations to the original building, particularly to the ground and first floor.

The main building is a concrete frame structure with flat roofs, internal partitions comprising a mixture of brick and lightweight stud form. The upper levels form an 'H' and 'T' block configuration, which accommodate the majority of inpatient beds.

A single service tunnel extends in a straight line from the detached boiler house to the 'H' block central core. This contains a multitude of services including; natural gas, oxygen, nitrous oxide, heating pipes and electrical distribution cabling.

Mechanical ventilation is typically located in rooftop plant rooms with the distribution ducting dropping in vertical service shafts and through the ceiling voids above the suspended ceilings.

Floor plans are contained in Appendix A.

This report only addresses the main building. Within the curtilage of the site there are numerous other buildings including the Staff Residential Blocks, Hergest Mental Health Unit and Management/Finance Building, these are excluded from this report.

4.0 MANAGERIAL ARRANGEMENTS, FIRE DOCUMENTATION AND RISK ASSESSMENTS

4.1 Commentary

To comply with the mandatory requirements of Welsh Health Circular WHC(2006)74 all NHS organisations must:

- *have a clearly defined fire safety policy covering all buildings they occupy;*
- *nominate a Board Level Director accountable to the Chief Executive for fire safety;*
- *nominate a Fire Safety Manager to take the lead on all fire safety activities;*
- *have an effective fire safety management strategy.*

Firecode also recommends that site-specific fire safety manuals are developed, this is an essential tool for managing the fire safety of an occupied building.

BS 9999:2017 'Code of practice for fire safety in the design, management and use of buildings' states:

"The fire safety manual should:

- *provide a full description of the assumptions and philosophies that led to the fire safety design, including explicit assumptions regarding the management of the building, housekeeping and other management functions;*
- *explain the nature of fire safety planning, construction and systems designed into the building and their relationship to the overall safety and evacuation management;*
- *draw on documentation produced at design stage to describe the use of various protection systems in each type of potential incident;*
- *set out the responsibilities of management and staff with regards to fire safety;*
- *provide a continuously updated record of all aspects of the building and the building users that affect its fire safety."*

The fire safety manual should support the Board's overall fire strategy and form part of the information package that contributes to the fire risk assessment to support and justify the significant findings.

With regards to Fire Risk Assessments, the Regulatory Reform (Fire Safety) Order 2005 (FSO), requires the responsible person to put in place general fire precautions as deemed necessary to safeguard relevant persons in case of fire. The fire risk assessment is the mechanism for determining an acceptable level of fire safety.

Recognising the enhanced emphasis on fire risk assessments, Firecode, HTM 05-03 Part K 'Guidance on fire risk assessment in complex healthcare premises' was published replacing the former HTM 86. This has been supplemented by an online fire risk assessment module (refer to WHEN 09/08³), which is

³ Welsh Health Estates Notification 09/08 - Web-based Fire Risk Assessment Module

supported by the Chief Fire Officers Association (Wales), and provides a consistent approach to fire risk assessments across the NHS in Wales.

4.2 Observations

4.2.1 Policy Documentation and Management Structure

The following comments are based on the Board's Corporate Fire Policy 'Policy for the management of fire safety' (Ref. ES04 - Version 0.4) dated January 2019.

The fire policy documentation details management's fire safety responsibilities, including their duties, and also outlines monitoring arrangements, legislation and details regarding the training needs analysis.

The Board's fire management structure follows the exemplar outlined in Firecode WHTM 05-01, the Fire Safety Manager reports directly to the Board Level Director with responsibility for fire. In addition, the management structure also details the fire managerial roles for regional and site level control, including reference to Deputy Fire Safety Managers and Designated Responsible Persons at specific sites.

For operational estates functions, the Board's estate is split into three regions East, Central and West. Ysbyty Gwynedd sits in the West region. The regional operational estates managers fulfil the role of Deputy Fire Safety Managers for the properties under their control. The duties are detailed in Section 4.7 of the policy.

Section 4.11 of the fire policy details the role of the Designated Responsible Person for Acute & Multi Occupancy hospitals, citing that the Local Hospital Director fulfils this role.

To support a co-ordinated approach to fire safety management, the policy references a Fire Safety Management Group. This group, which is typically chaired by the Fire Safety Manager, includes representation from those cited in the fire management structure. The forum has a standing agenda, meets on a quarterly basis and reports to the Board's Health and Safety Committee.

The Board's policy promotes the appointment of fire wardens in all wards and departments. The fire policy details the fire warden duties which are also addressed in specific fire warden training sessions.

4.2.2 Fire Manual Documentation

Section 7 of the Board's fire policy (ES04) recognises the importance of fire manuals, stating '*A Site Specific Guidance & Documentation Manual will be held at each of the Health Board sites*', which should follow the guidance promoted in WHEN 09/16⁴.

Accordingly, the Board have compiled a comprehensive site specific fire folder which is retained in the fire information box adjacent to the reception desk at the

⁴ Welsh Health Estates Notification 09/16 - Guide to the production of site-specific fire safety manuals

main entrance. This also contains the Response Procedures document 'Site Operational Fire Strategy - Procedural Arrangements at Ysbyty Gwynedd' which was last reviewed in August 2019, noting the Board acknowledge that the content needs to be further refined.

The provision of accurate drawings is also an essential element of a robust fire manual as cited in the fire policy. Whilst plans are available illustrating some fire safety provisions, such as; the alarm system and schematic ventilation layouts, all of these plans require updating to accurately reflect the 'as installed' systems and layout. The Board acknowledge the need to collate and refine fire drawings and are aiming develop their MiCAD drawing database. More specific recommendations regarding the drawings are made in subsequent sections of this report.

As well as supporting the FRS, this documentation will support more robust fire management arrangements in the future.

In addition to the Site specific documentation, in accordance with WHTM05/01, the Board have also introduced department specific fire folders. Again this approach is considered best practice in supporting a proactive fire management system.

4.2.3 Fire Risk Assessments

Utilising the online format, the Board have conducted a series of seventy fire risk assessments across the site. Whilst the risk assessments generally reflect the standards evident during this review, anomalies were noted where certain aspects should be strengthened. These anomalies are discussed in later sections of this report. Accordingly, it is recommended that the risk assessments are reviewed and updated where necessary to address the anomalies and reflect the findings of this report.

It is a requirement of the FSO that fire risk assessments are periodically reviewed and maintained up-to-date. Accordingly, the Board have stipulated a review frequency of between 12 and 36 months, generally reflecting the risk profile encountered in the specific area. The Board's endeavours to adhere to the review frequencies is noted. At the time of this review the majority of risk assessments were in date.

Recent correspondence from Welsh Government to the Health Boards, stresses the importance of ensuring up-to-date, suitable and sufficient fire risk assessments are conducted for all parts of the estate and, more importantly, arrangements are implemented to address the significant findings identified.

This report reiterates that message highlighting the necessity to ensure the significant findings are prioritised for action accordingly.

4.3 Recommendations

- 4.3.1 The Board should ensure the roles and responsibilities and related management arrangements detailed in the Fire Policy continue to be implemented.
- 4.3.2 The Board should continue to refine and update the content of the fire manual to reflect the fire safety measures and procedures at this hospital.
- 4.3.3 The Board should ensure an accurate up-to-date set of 'as installed' drawings are available and retained with the fire manual.
- 4.3.4 The Board should continue to review the risk assessments to address the anomalies and reflect the findings of this report.
- 4.3.5 The Board should ensure the fire risk assessment recommendations are prioritised and addressed as necessary within the agreed timescale.

5.0 DETECTION AND ALARM

5.1 Commentary

In healthcare buildings, analogue addressable fire alarm and detection systems should be provided to an L1 standard (total coverage with a few exceptions) in accordance with Firecode HTM 05-03 Part B⁵ which supplements BS 5839:1.

The purpose of the alarm system is to provide the earliest possible warning of an incident to enable emergency response procedures to be implemented as necessary.

Fire alarm systems are often interfaced with other 'active' fire precautions/devices to maintain fire safety through the 'cause and effect (C&E)'. As the hospital fire alarms are intended to alert staff, Firecode permits reduced audibility of sounders in patient areas.

5.2 Observations

5.2.1 General Description

Ysbyty Gwynedd has a Static addressable fire alarm system with over 3500 actuation devices. A high standard of coverage was noted, although not to an L1 standard⁶.

Responsibility for the fire alarm system rests with the Operations Manager (West). Weekly tests are conducted by in-house estates staff, the system is also maintained and serviced under contract with Static Systems. It is recommended that consideration be given to the full list of the duties and responsibilities contained in the current edition of BS 5839:1 Section 7 Users responsibilities; this includes responsibility for maintaining appropriate documentation, plans, servicing records, and rectification of faults/UwFS, etc.

5.2.2 Zoning Arrangements and Addresses

Zone plans are retained on site in the fire manual, zone lists were also evident adjacent to some of the fire alarm panels. A graphical user interface is also located in the main reception area.

The current configuration of the alarm zoning arrangements is far from optimal. Zone boundaries do not reflect the existing departmental boundaries and, in several areas, are considered too large. This presents unnecessary challenges in terms of managing a response to an alarm activation. Furthermore, not all alarm zones are bounded by appropriate fire resistant construction.

⁵ Firecode HTM05-03 Part B Fire detection and alarm systems.

⁶ BS5839 L1 - Category L systems are intended for the protection of life. L1 systems are installed throughout all areas of the building. The objective of a category L1 system is to offer the earliest possible warning of fire, so as to achieve the longest available time for escape.

The alarm zone boundaries should ideally follow departmental boundaries which in turn should be bounded either by compartment or sub-compartment walls.

The pending review of compartmentation and sub-compartmentation arrangements will necessitate reconfiguration of the zone boundaries.

In conjunction with the zoning reconfiguration, the device addressing should be reviewed and updated to accurately reflect the new zoning and room designation.

5.2.3 Cause and Effect (C&E)

In addition to the sounders, there are a significant number of active fire protection devices installed throughout the hospital that are triggered by the fire alarm system. This includes equipment such as; magnetic locks, détentes, fire/smoke dampers and gas valves. The lifts are also interfaced with the fire alarm. The correct sequence of operation of these devices is critical to the effectiveness of the fire response procedures.

The Board have a C&E matrix which highlights the various output groups. This is presented in the form of an extensive spread sheet which is not considered to be a user-friendly format. Furthermore, the output group descriptions are not concise enough to identify the full extent of associated devices.

The 'as-installed' drawings illustrate the location of interface units albeit not specifically what ancillary device the interface unit controls. Ideally, the CAD drawings should be enhanced to illustrate all interface units and their associated ancillary devices. It should also be noted that many more interface units will be required to control the additional fire smoke dampers referenced later in this report.

In conjunction with the reconfiguration of the zoning arrangements, it will be necessary to review the full C&E. Accordingly, it is recommended that the C&E information be reformatted following the template contained in Appendix C. This will support the response procedures and future maintenance regime, noting the C&E should be validated annually.

Reconfiguration of the zoning arrangements will also improve the cause and effect arrangements. For example, the current C&E states that all five lifts within the 'H' block core are disabled for any activations originating in the Pathology or Orthodontic Departments. This will have a considerable negative impact on vertical movement through the H block until such times as the alarm is reset.

5.2.4 Sounders

In hospital premises utilising Progressive Horizontal Evacuation (PHE), fire alarm sounders are usually configured to emit a continuous signal in the affected area and an intermittent alert in immediately adjoining areas, above and below, noting that the sounders should have distinctive yet similar sound characteristics. For example, bells and electronic sounders should not be mixed.

The Ysbyty Gwynedd fire alarm sounders are configured on this basis, however additionally a site wide alert is broadcast across the whole hospital regardless of where the activation occurs. This site wide alert is primarily intended to summon staff from remote areas to support the response procedures. Modern approaches to facilitate this action utilise paging systems or telephones.

SES would not normally endorse this site-wide alert approach in a major acute hospital due to the unnecessary disruption caused to patients remote from an incident. However, recognising the existing compartmentation deficiencies and zoning arrangements, it is recommended that this approach be retained until such times as the compartmentation and zoning issues are addressed.

5.2.5 Extent of Coverage

The 'as-installed' fire alarm drawings illustrate a high standard of coverage, which is broadly to an L1 standard throughout the main building. However, the fire risk assessments have identified a few rooms where additional detection is required, noting this is primarily attributed to a change of use of the room where typically a bathroom is now being used for storage.

With regard to the fire alarm equipment, the review of the zone boundaries and compartmentation will necessitate the provision of additional call points to reflect the zoning arrangements/boundaries.

It should also be noted that actuation devices have a limited service life. As detectors age they can become less sensitive and potentially more prone to causing false alarms. Therefore, consideration should be given to a replacement programme for older detectors.

5.2.6 Repeater Panels

In addition to the Graphical User Interface within the main entrance, repeater panels are strategically located around the hospital, including at each level within the 'T' and 'H' block cores. This provides reasonable access to fire alarm information albeit not to the standard promoted in Firecode, which recommends repeater panels should be located at all staff bases.

The recommended provision of additional panels, in accordance with Firecode, will not only facilitate earlier identification of the incident location, but can also supplement the arrangements to summon staff negating the need for the site-wide alert.

It is also recommended that up-to-date zone plans are displayed adjacent to all fire alarm and repeater panels.

5.3 Recommendations

5.3.1 The Board should reconfigure the fire alarm zone boundaries to reflect the departmental boundaries and compartmentation arrangements.

- 5.3.2 The Board should review the fire alarm device addresses and update where necessary to accurately reflect room designations and reconfigured zoning arrangements.
- 5.3.3 The Board should update the 'as installed' drawings upon completion of the zoning reconfiguration and also enhance the drawings to illustrate all devices interfaced with the fire alarm.
- 5.3.4 The Board should review the cause and effect matrix to reflect the reconfigured zoning. This should detail the operation of all devices interfaced with the fire alarm system, following the format contained in Appendix C.
- 5.3.5 The Board should provide repeater panels to staff bases in accordance with Firecode.
- 5.3.6 The Board should ensure fire alarm zone plans are displayed in proximity to the fire panels.
- 5.3.7 The Board should ensure the fire risk assessment recommendations for additional detection are addressed and also consider the need for a replacement programme for the ageing detectors.
- 5.3.8 The Board should ensure the complete fire alarm system is maintained in accordance with BS 5839:1, including annual verification of the C&E; reference should also be made to the 'Users responsibilities' as defined in the above standard.

6.0 FIRE PRECAUTIONS

6.1 Commentary

Means of escape in healthcare premises is based on the concept of Progressive Horizontal Evacuation (PHE). PHE is reliant on the provision of 60 minute compartmentation and 30 minute sub-compartmentation to limit the spread of fire and smoke and also reduce travel distances. Compartmentation should also provide separation between high life risk areas and high fire hazard areas.

In addition, Firecode recommends that localised fire hazards such as store rooms and ward pantries are enclosed in 30 minute fire resisting construction to contain any fire and further enhance the means of escape. 60 minute protected shafts are recommended where vertical movement through the building is required and/or where essential services penetrate compartment floors to maintain the fire resisting integrity of the hospital.

Firecode recommends that elements of structure for hospitals with floors up to 12m above ground attain a 60 minute period of fire resistance. Firecode also stipulates maximum travel distances and requirements for adequate illumination.

6.2 Observations

6.2.1 Fire Compartmentation and Hazard Rooms

The existing fire strategy (i.e. location of fire walls) is far from optimal. In particular, considering the use/layout of the wards, the location of the designated 60minute compartments and 30minute sub-compartments in proximity to the lift cores and stem approach to the wards are not logically configured.

During this review, ceiling void inspections were conducted in selected areas. Numerous and significant deficiencies were noted, typically including:

- Single sided plaster board partitions above ceiling with exposed metal studding. This form of construction will not achieve the required fire rated properties.
- Numerous fire wall penetrations were evident with inadequate or inappropriate fire stopping solutions to service penetrations.
- Various types of polyurethane foam (PU foam) have been used extensively as a fire stopping product. PU foam is only certified for certain limited applications. At this site its use is far beyond its tested application and is considered unacceptable.
- Inadequate fixing or missing fire collars to the pneumatic tube transfer system.
- Inadequate sealing of expansion joints through the floor slab.

It would appear that many of these aspects relate back to the original construction although it was evident that some of the more recent works are also not up to the required standard.

The findings of the sample inspection demonstrate the necessity for a full compartmentation survey. The survey should assess the integrity of fire walls that are required; these are not necessarily the fire walls currently illustrated on the fire drawings. Therefore, it will be necessary to review the existing fire strategy redefining the fire compartmentation and sub-compartmentation arrangements to reflect departmental boundaries and evacuation strategy. This exercise should also identify the enclosure of hazard rooms.

Following the survey, a prioritised action plan should be implemented to rectify the deficiencies identified.

Firecode also details requirements intended to protect against external fire spread. This includes space separation and tower and podium protection. Tower and podium protection aims to reduce the potential for vertical fire spread from low level roof abutments impacting on higher adjacent elevations.

There are a number of tower and podium situations at this hospital that should be identified and addressed through the risk assessment process and pending compartmentation survey.

6.2.2 Mechanical Ventilation

Fire dampers are a critical component for preventing fire/smoke spread through ductwork installations, particularly where progressive horizontal evacuation is utilised.

The Board have a reasonable set of schematic drawings indicating the majority of ducted ventilation systems (noting these require a degree of updating). That said, the current provision of fire dampers is far from code compliant. The majority of dampers observed are thermally actuated fire dampers.

	Fire and smoke damper activated by AFD	Fire damper (Thermal activation)	Air transfer grille – cold smoke (activated by AFD)	Air transfer grille (thermal activation)
Compartment floor	✓	X	X	X
Compartment wall	✓	X	X	X
Protected shaft	✓	X	X	X
Sub-compartment wall	✓	X	X	X
Cavity barrier	✓	✓	N/A	N/A
Fire hazard room	✓	✓	✓	X
Door to fire hazard rooms	N/A	N/A	✓	X
Doors in sub-compartment walls	N/A	N/A	✓	X
Doors in compartment walls	N/A	N/A	X	X
Doors to protected shafts	N/A	N/A	X	X
Notes: Fire smoke dampers and air transfer grilles activated by the fire alarm provide more responsive containment than thermally activated devices and are considered preferable. All dampers should be provided with suitable access panels for maintenance and servicing. Air transfer grilles should not be fitted in fire doors unless accompanied by a test certificate provided by the door manufacturer.				

Table 7 Permissible locations of transfer grilles, fire dampers, and fire and smoke dampers

As indicated in the table above (WHTM05/02 table 7), current codes require fire smoke dampers (motorised/triggered by the fire alarm) to compartment walls and floors as well as sub-compartments, whereas thermal fire dampers should only be used for hazard room enclosures and cavity barriers.

From a review of the schematic ventilation drawings and existing fire drawings for the 3rd floor alone, it is estimated that there are 44 fire dampers currently installed. However, based on the current layout there should be approximately 140 dampers at least 60 of which should be fire smoke dampers interfaced with the fire alarm.

Thermally activated fire dampers are not as responsive as fire smoke dampers interfaced with the fire alarm, neither do they achieve the same level of smoke containment.

Furthermore, the majority of air handling units (AHU's) are not currently interfaced with the fire alarm. Therefore, on activation of an alarm the supply and extract will continue to serve the affected area. This potentially creates a route for smoke spread throughout other areas and floors served by the same ventilation system. Conversely, if the AHU were to be interfaced with the fire alarm to switch off, this would create a neutral pressure within the related ducts which again would contribute to potential uncontrolled smoke spread. Appropriately located fire and smoke dampers are the only solution in this regard, noting these should be installed as a priority.

This situation primarily relates to the AHU's located in the plantrooms above the 3rd floor as these central AHU's serve multiple floors below.

Accordingly, in conjunction with the compartmentation survey, it is recommended that 'as-installed' CAD drawings are updated to illustrate the complete mechanical ventilation installation. Coordinating the duct routing arrangements with the defined fire walls and compartment floors will identify the damper omissions or defective installations, noting that any such omissions or defects should be prioritised for rectification as necessary.

With regard to testing and maintenance, the Board acknowledge that fire dampers are not universally addressed through the planned preventative maintenance (PPM) system due to resource pressures.

Current guidance recommends that fire dampers should be subject to an annual PPM and testing regime as a minimum, noting that dampers in dust laden areas may require more frequent attention. Therefore, the Board should review their current PPM arrangements ensuring compliance with BS 9999 annex W and the manufacturers' recommendations.

6.2.3 Fire Doors

Effective fire doors are vital for maintaining the integrity of compartmentation.

The Board's fire risk assessment process has identified numerous fire door issues, primarily relating to defective seals and omission of door closers.

Notwithstanding these issues, from a visual inspection, overall the majority of fire doors appeared to be of fair condition albeit not necessarily coordinated with the fire strategy.

During the review it was noted that some fire doors have individual door reference numbers whilst others have room numbers or a combination of both. Unique door numbers and the development of related fire door schedules can support more effective maintenance arrangements. Accordingly, it is recommended that the previously cited compartmentation survey should also address the condition of fire doors including a unique identification system and the preparation of a fire door schedule.

In accordance with BS 8214:2016⁷, there is an expectation that all fire doors are subject to a risk based PPM and inspection regime. The frequency of inspections will be influenced by such issues as; frequency of use, propensity for damage and location of the door. Accordingly, it is recommended that the fire door maintenance regime be reviewed.

6.2.4 Emergency Escape Lighting

No drawings are available indicating the location of emergency escape lighting fittings. Whilst this review has not scrutinised the provision and location of emergency escape light fittings, from discussion with estate staff supported by a brief visual inspection, it appears that the escape lighting provisions again fall well short of what is expected under current standards.

BS 5266-1:2016⁸, the latest British Standard for emergency escape lighting, has increased the level of illumination and the locations where lights are expected. Therefore, it is recommended that the emergency lighting provisions are assessed for compliance with the latest standard including the provision of external escape route lighting.

It is also recommended that future upgrades utilise a networked self-testing system.

The deficiencies with the emergency escape lighting should also be detailed in the fire risk assessment.

6.2.5 Fire Fighting Facilities

Internally, the hospital has a wet riser in the 'H' block central core supplemented by three dry risers located in each of the stairs 2, 3 and 7.

⁷ BS 8214:2016 Timber-based fire door assemblies – Code of practice

⁸ BS 5266-1:2016 Emergency lighting – Part 1 Code of practice for the emergency lighting of premises

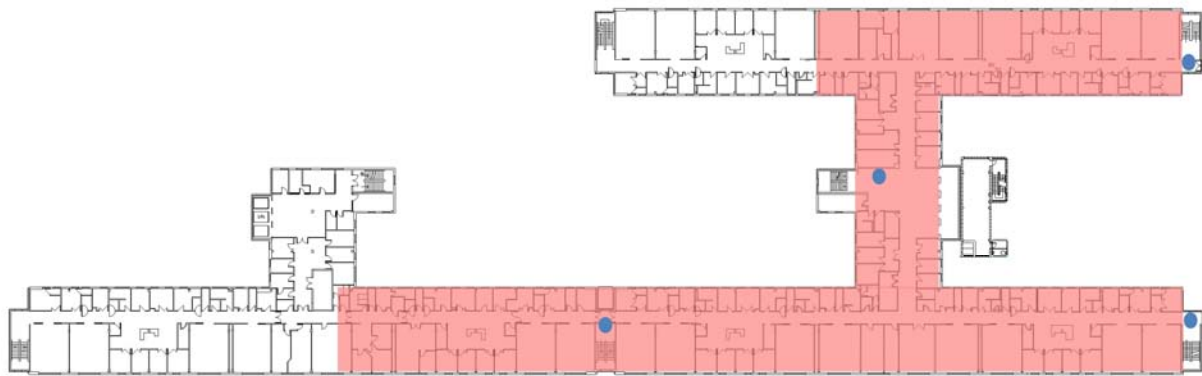


Figure 1 – approximate hose coverage (45m)

The figure above illustrates the approximate location of the wet/dry risers (blue circles) and the approximate area of coverage based on the 45m hose laying distance as required by Firecode (pink shading). The areas with no shading fall outside the hose reach and therefore are non-compliant.

This plan is indicative of the 2nd and 3rd floor only. It should also be noted that there are extensive areas to the deep-plan ground and first floors as well as roof top plant areas well beyond the standard hose reach distances.

Based on the floor area of the upper level, in accordance with Firecode (WHTM05-02 table 11), at least five fire-fighting shafts should be provided. Each of these fire-fighting shafts should have a dry riser. However, in order to comply with the hose laying distance requirements additional risers will be needed.

Furthermore, whilst the hospital has a fire main encircling the site with a number of hydrants (as illustrated in appendix A), it is noted that due to the location of the Oncology Unit extension, the inlet valve serving the Stairway 2 riser is approximately 125m away from the nearest hydrant. This is in excess of the 90m code compliant distance.

Whilst the dry riser inlets and their respective riser outlets are labelled, it is noted that the inlet feeding the stairway 7 riser is located within a padlocked compound. The FRS are apparently aware of this situation.

With regard to the existing 'fire-fighting shafts', a number of anomalies are noted, for example; protected routes from the base of the stairways are not evident, and stairway 3 doesn't provide access to the first floor.

The height of the building does not require the provision of fire-fighting lifts, albeit lifts 3 and 8 in each of the core blocks are provided with a fireman's override switch. It is unclear whether these switches and over-ride function are operational.

It is noted that the fire risk assessments do not fully identify the riser anomalies noted above.

In the short term, it is recommended that the suitability of the current provisions be discussed with the Fire and Rescue Service, this may result in amendments to their tactical fire-fighting plans for the site. In the longer term, it is recommended that the riser provisions be improved as necessary.

6.3 Recommendations

- 6.3.1 The Board should review and redefine the required fire compartmentation arrangements reflecting the departmental boundaries and evacuation strategy.
- 6.3.2 The Board should conduct a compartmentation survey utilising the redefined fire strategy drawings. The survey should also address the fire integrity of compartment floors, hazard room enclosures and external fire spread risks.
- 6.3.3 The Board should implement a prioritised action plan to address the compartmentation deficiencies.
- 6.3.4 The Board should review the ventilation arrangements in line with the redefined fire strategy. This will identify all required fire damper locations; any fire damper omissions should be prioritised for action as necessary, in particular noting the requirement for dampers in the main vertical risers.
- 6.3.5 The Board should ensure all fire dampers are tested in accordance with BS9999.
- 6.3.6 The Board should conduct a fire door survey in line with the redefined fire strategy. This should also include the introduction of a unique identification system and preparation of a fire door schedule.
- 6.3.7 The Board should review the fire door maintenance and inspection regime to ensure that all fire doors are maintained in accordance with BS8214 and address any fire door failings as necessary.
- 6.3.8 The Board should assess the emergency escape lighting provisions for compliance with the latest standard including the provision of external escape route lighting.
- 6.3.9 The Board should ensure that future emergency escape lighting upgrades utilise networked self-testing facilities, and that the testing regime follows the recommendations contained in BS5266.
- 6.3.10 The Board should discuss the suitability of the current riser provisions with the FRS. In the longer term, the Board should improve the riser provisions as necessary.

7.0 EVACUATION AND RESPONSE PROCEDURES

7.1 Commentary

The concept for means of escape in healthcare premises is based upon Progressive Horizontal Evacuation (PHE). This is achieved by moving patients on their beds or in wheelchairs from the affected fire area through fire resisting compartments and sub-compartments to an adjoining area on the same level. Only if absolutely necessary would vertical or external evacuation be considered.

Firecode currently promotes mattress evacuation; however, within the NHS there is a vast array of evacuation aids available, many specifically intended for vertical evacuation, and consequently there is no one standard approach. For example, some Boards adopt the concept of mattress evacuation utilising evac-sheets permanently located under every bed, whilst other Boards consider the evac-sheets to be an infection control problem thereby adopting an alternative approach.

Whatever evacuation strategy is adopted the Board should ensure and be able to demonstrate that all patients are able to be evacuated safely within a 'reasonable time', without reliance on support from external agencies.

Furthermore, a well-rehearsed and co-ordinated response to a fire emergency is a key element to safeguard the occupants and fabric of the building and is a requirement of Firecode. All staff should know what their specific responsibilities are during a fire incident and should be competent to fulfil those duties accordingly.

7.2 Observations

7.2.1 Occupants and Staff Levels

Patients

Firecode classifies patients as *independent*, *dependent* or *very high dependency* based on their mobility and alertness. The degree of dependency can be further sub-divided by assessing the age profile and the number of ambulant and non-ambulant patients that can be present at any one time.

Visitors

With the exception of protected mealtimes, the majority of wards operate open visiting.

Staffing Levels (Inpatient areas)

The wards generally have three 'staffing' shifts; early, late and night. Typically, staffing levels are at their lowest during the 'night' shift.

The following table provides data on the patient/staff ratios and an indication of the degree of non-ambulant patients typically present in the ward.

Inpatient Occupant/Staff Profile Data

Location	Floor	24/7	Inpatients	Staff Days	Staff Late	Staff Night	Dependency
AG/13 & 14 Dewi/Minffordd Wards	Grd	24/7	28	15 - 20	7	4	
AG/16 Alaw Unit	Grd	24/7	19	35	10	4	
A1/04 Cybi Ward & HDU	1st	24/7	8	16	0	11	High Dependency
A1/05 Enlli Ward	1st	24/7	16	6	6	4	
A1/09 Ffrancon Ward	1st	24/7	21	5	0	3	Varying Dependency
A1/10 LLifon Ward	1st	24/7	42	5	5	4	Pre/Post Natal Care
A1/11 Special Care Baby Unit	1st	24/7	10	4 - 5	3	3	High Dependency
A1/11A Labour Ward	1st	24/7	8	11	11	4	Varying Dependency
A1/13 Ty Celyn MLU	1st	24/7	2	10	5	3	
A2/01 Tegid Ward	2nd	24/7	28	13	0	6	Dependent & Very High Dependency
A2/02 Dulas Ward	2nd	24/7	31	20	8	5	Dependent & Very High Dependency
A2/03 Ogwen Ward	2nd	24/7	26	14	0	5	
A2/04 Conwy Ward	2nd	24/7	30	10	10	5	
A2/05 Prysor Ward	2nd	24/7	12	5	0	3	
A2/06 Glaslyn Ward	2nd	24/7	26	9 - 10	0	5	High Dependency
A3/01 Aran Ward	3rd	24/7	31	13	0	5	Dependent & Independent
A3/02 Gogarth Ward	3rd	24/7	28	16	0	7	Varying Dependency
A3/03 Glyder Ward	3rd	24/7	18	12	0	3	
A3/03a Coronary Care Unit	3rd	24/7	6	3	0	2	Very High Dependency
A3/04 Tryfan Ward	3rd	24/7	28	10 - 15	0	4 - 6	
A3/05 Hebog Ward	3rd	24/7	28	14	0	5	Dependent
A3/06 Moelwyn Ward	3rd	24/7	29	18	0	5	Dependent & Independent

Other non-inpatient departments are excluded from the above table.

It is acknowledged that the patient profile can change from day to day; however, the above figures have been extracted from the current fire risk assessments and are therefore considered typical for the purpose of this review.

Fire legislation requires that an organisation's fire procedures for safe evacuation of occupants must not be reliant on support from external agencies such as the FRS. Therefore, any strategy for evacuation will be reliant on adequate numbers of staff being present. This is even more so where patients

may need to be transferred from beds, baths, etc. to wheel chairs or other evacuation aids where applicable.

7.2.2 Means of Escape - Horizontal Movement

Firecode guidance for means of escape is based on the concept of PHE, only considering one fire at any one time. The provision of robust compartmentation and sub-compartmentation is intended to restrict fire spread and reduce the distance for the occupants to reach safer areas within the building, which as noted previously requires significant remedial works.

In the first instance, horizontal evacuation would be undertaken utilising beds, wheelchairs or staff-assisted walking to safer areas on the same level. The Site Operational Fire Strategy broadly discusses the evacuation strategy, however the departmental procedures provide greater detail indicating the preferred refuge areas or assembly areas for the respective department.

Whilst the local departmental folders contain fire drawings, the development of departmental emergency evacuation fire plans in accordance with BS ISO 23601⁹, strategically displayed throughout the site, will further support these procedures.

7.2.3 Vertical Movement

The Board utilises Albac-mats as the sole means for vertical evacuation of mobility impaired patients. These are located within the wards in proximity of the internal stairways.

It is understood that the decision to use Albac-mats was influenced by the need to simplify the training regime, however it is questionable whether the Albac-mat is suitable for all categories of patient.

With regard to bariatric patients, Section 10b of the Site Operational Fire Strategy document encourages for patients to be located in areas where there is potential for progressive horizontal evacuation in alternative directions albeit this is not specifically detailed in the Bariatric admissions process. Therefore, currently there are no suitable evacuation procedures or equipment to cater for bariatric vertical evacuation.

Whilst the layout of the inpatient areas provide scope for progressive horizontal evacuation within the building, the footprint of the 2nd and 3rd floors form a 'T' block and 'H' block, therefore subject to the location of a fire, vertical evacuation via the stairways (1, 3, 6 and 7) may become necessary in the early stages of an incident. The preparation of patients for vertical evacuation (i.e. transfer of patients from beds to evacuation aids) can be a time-consuming process, accordingly it is recommended that 'holding bays/refuge areas' are created at the extremities of the wards. These should be constructed to sub-compartment standards.

⁹ BS ISO 23601 Safety identification – Escape and evacuation plan signs



Figure 2 – recommended location of holding bays/refuge areas

During the review a number of other issues were evident with regard to means of escape, including: -

- Numerous self-closing fire doors were wedged open. Where door closers may impede the day to day use of the area, consideration should be given to the provision of free-swing closers interfaced with the fire alarm system to close on activation. This will reduce the management burden and risk associated with wedging fire doors open.
- A number of fire doors and fire exits are fitted with magnetic locks interfaced with the fire alarm. These should failsafe open and be fitted with green override release facilities.
- The alternative escape route from HDU leads through the Anaesthetics administration offices. Consideration needs to be given to the magnetic locks and direction of door swings through this area.
- Escape stairways should have protected routes from the base of the stairway to a final exit.
- There is no subdivision along the length of the service tunnel resulting in excessive travel distances within the tunnel.
- There is limited separation along the main plant room above theatres.
- The exit signage from the H block rooftop plant room directs occupants on to the flat roof from where there is no escape.
- There are a number of external stairways serving as a means of escape. In the absence of physical weather protection, the Board should ensure procedures are implemented for clearing snow or ice during inclement conditions.

These issues should be addressed through the fire risk assessment process.

7.2.4 Evacuation Exercises

In risk assessment terms, the criteria for assessing whether the means of escape is acceptable are no longer judged solely on travel distance. It now includes the concept that escape must be achieved within a 'reasonable time', although 'reasonable time' is not actually defined.

Various factors will impact upon the time for evacuation, i.e.

- the dependency, age profile and number of ambulant and non-ambulant patients to be evacuated;
- the time taken to transfer patients to evacuation aids and the number of aids available;
- the time of the fire incident which influences the number of staff present; and,
- fatigue, which can have a considerable impact on staff undertaking repeated evacuation.

The effectiveness of the evacuation procedures can only be demonstrated through practical exercises. To this end, the fire policy promotes that training exercises should be conducted on an annual basis. The Site Operational Fire Strategy document (section 4.4) amplifies this stating '*Fire drills should be conducted by each ward and department at least once in every period of twelve months*'.

It is acknowledged that this requires extensive resource to achieve, therefore the Board currently adopt a 'walk and talk' approach to drills supplemented with desktop exercises. The response to false alarms is also utilised to test the response procedures. Whilst these approaches are generally supported, it is recommended that more comprehensive exercises are periodically conducted. In particular, these should test the vertical evacuation procedures and the response procedures for departments treating very high dependency patients.

7.2.5 Response Procedures

As noted previously, the response procedures are referenced in the Site Operational Fire Strategy document, which are further supplemented by the departmental specific procedures.

In brief, the Board operate a well-rehearsed fire response team whereby the following key members have specific roles to fulfil: -

- Deputy fire safety manager (bleep 100)
- Assembly point officer (bleep 021)
- Portering staff
- Estates operational engineer

The 3rd stage site wide alarm prompts wards to release a member of staff to the assembly point to further support the response procedures.

As noted previously, the existing compartmentation and zoning arrangements are far from optimal, therefore, reconfiguration of the zoning will enhance the existing procedures by providing a more focussed area of operations.

As noted above, evacuation exercises will influence the development and refinement of the response procedures. Therefore, the Board's fire procedures should be continually reviewed to reflect the outcomes of future exercises as necessary.

7.2.6 Fire and Rescue Service

The FRS are summoned via a 999 call made by the hospital telephonists. The FRS initial attendance is to the main entrance where, upon arrival, they are met and directed to the incident by the porters.

At the scene of the incident, the FRS will assume control of the incident from the Deputy Fire Safety Manager (Bleep 100 holder).

To support the FRS's operational procedures, the previously referenced fire manual (held on reception at the main entrance) details information about the building and associated fire precautions installed. Section 6 of this report details the existing and proposed firefighting facilities for the FRS.

The Board's procedures should also reflect the operational procedures of the FRS. Therefore, it is recommended that the FRS are invited to participate in future exercises / familiarisation visits to ensure effective coordination.

7.3 Recommendations

- 7.3.1 The Board should re-assess the suitability of the Albac-mat as the sole means for vertical evacuation with consideration also given to provisions for bariatric vertical evacuation.
- 7.3.2 The Board should enhance the protection of patients potentially facing vertical evacuation with the provision of 'holding bays/refuge areas' adjacent to the stairways.
- 7.3.3 The Board should ensure means of escape aspects are cited in the fire risk assessments and actioned accordingly.
- 7.3.4 The Board should supplement the response procedures with the development of departmental fire plans following the principles of BS ISO 23601.
- 7.3.5 The Board should continue to review the response procedures in the light of any learning outcomes following future exercises, which should ideally include interaction with the Fire and Rescue Service where possible.

8.0 GUIDANCE ON PRIORITISING THE RECOMMENDATIONS

To accord with the ethos of the FSO, the Board should develop a prioritised action plan for implementing the recommendations identified in this report in an acceptable timeframe agreed with the FRS.

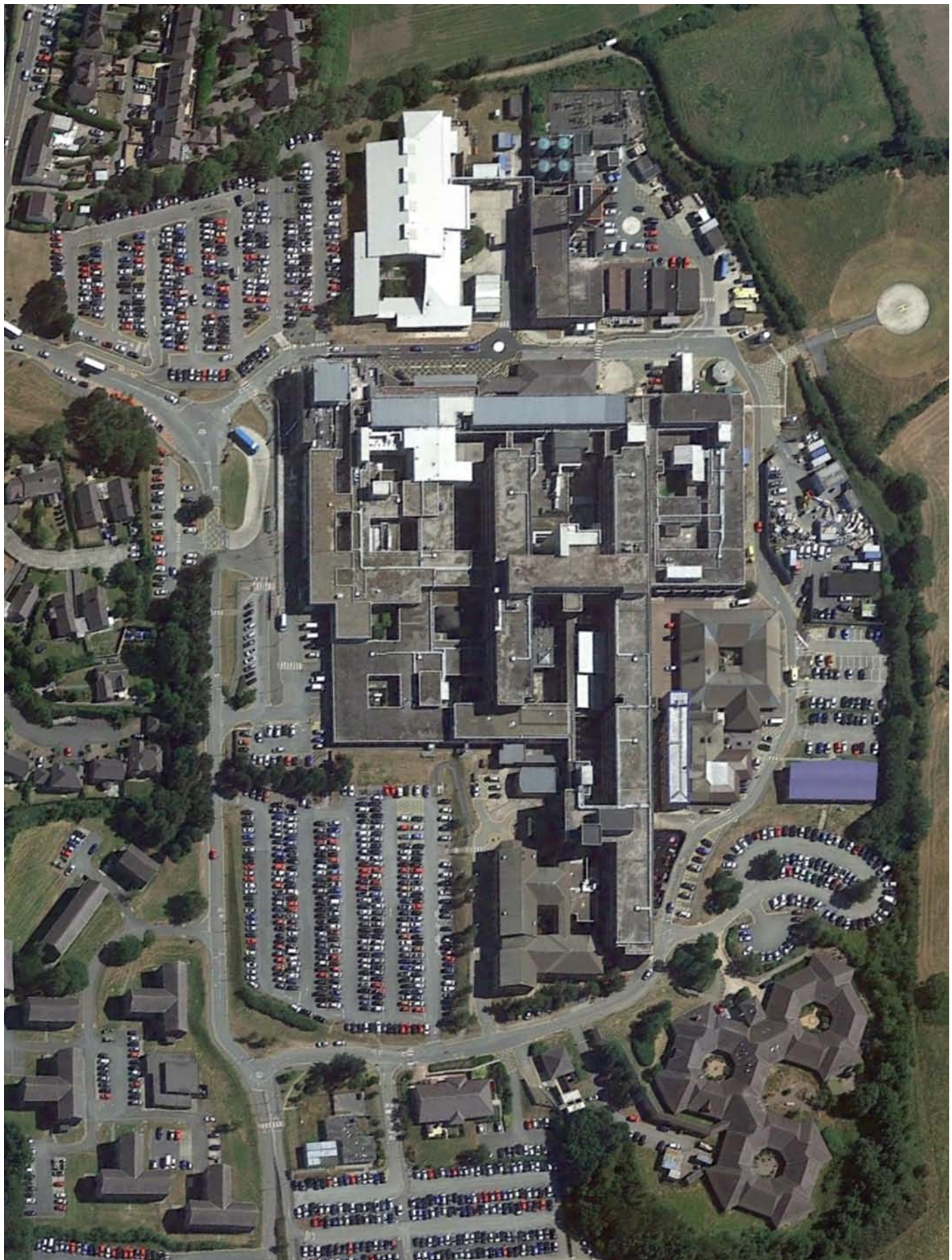
Whilst it is suggested that all of the recommendations made in this report should, where possible, be addressed as soon as possible, it is recognised that this will be particularly challenging to achieve in a working hospital environment. Accordingly, the programme of remedial works is likely to extend over many years. However, it will still be necessary to prioritise the following as soon as possible: -

- Reassess the fire strategy and ensure the integrity of primary 60 minute compartment lines.
- Install fire/smoke dampers to the ventilation ducts in the main vertical risers.
- Reconfigure the fire alarm zone boundaries to reflect the primary compartmentation and ensure the new fire smoke dampers are interfaced with the alarm and C&E.
- Create holding bays/refuge areas to adjacent to the ward stairways.
- Review the suitability of vertical evacuation aids including facilities for bariatric evacuation.
- Enhance the dry riser facilities for the FRS.

Appendix B details the suggested prioritisation of the recommendations made in this report.

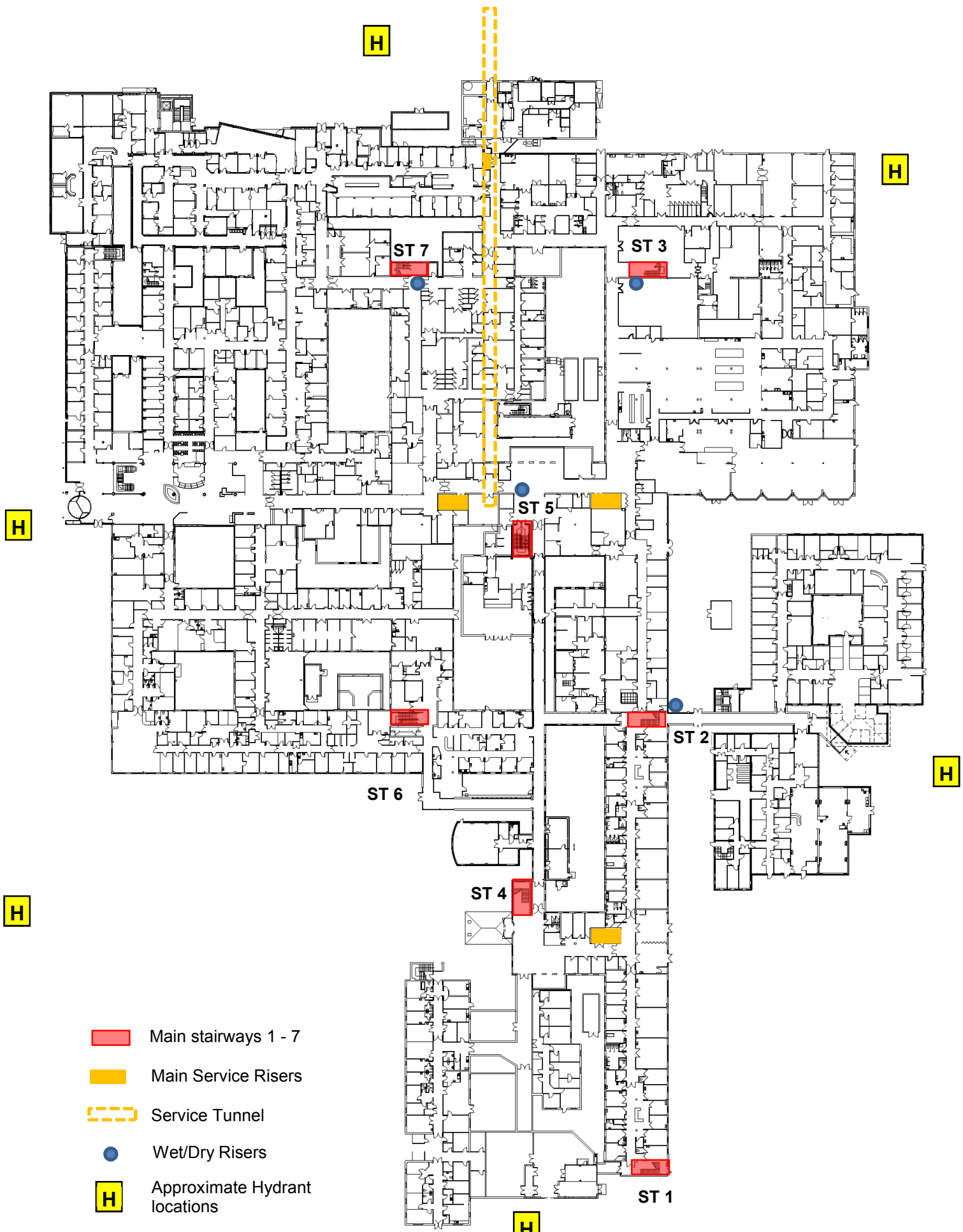
Appendix A

Site & Floor Plans

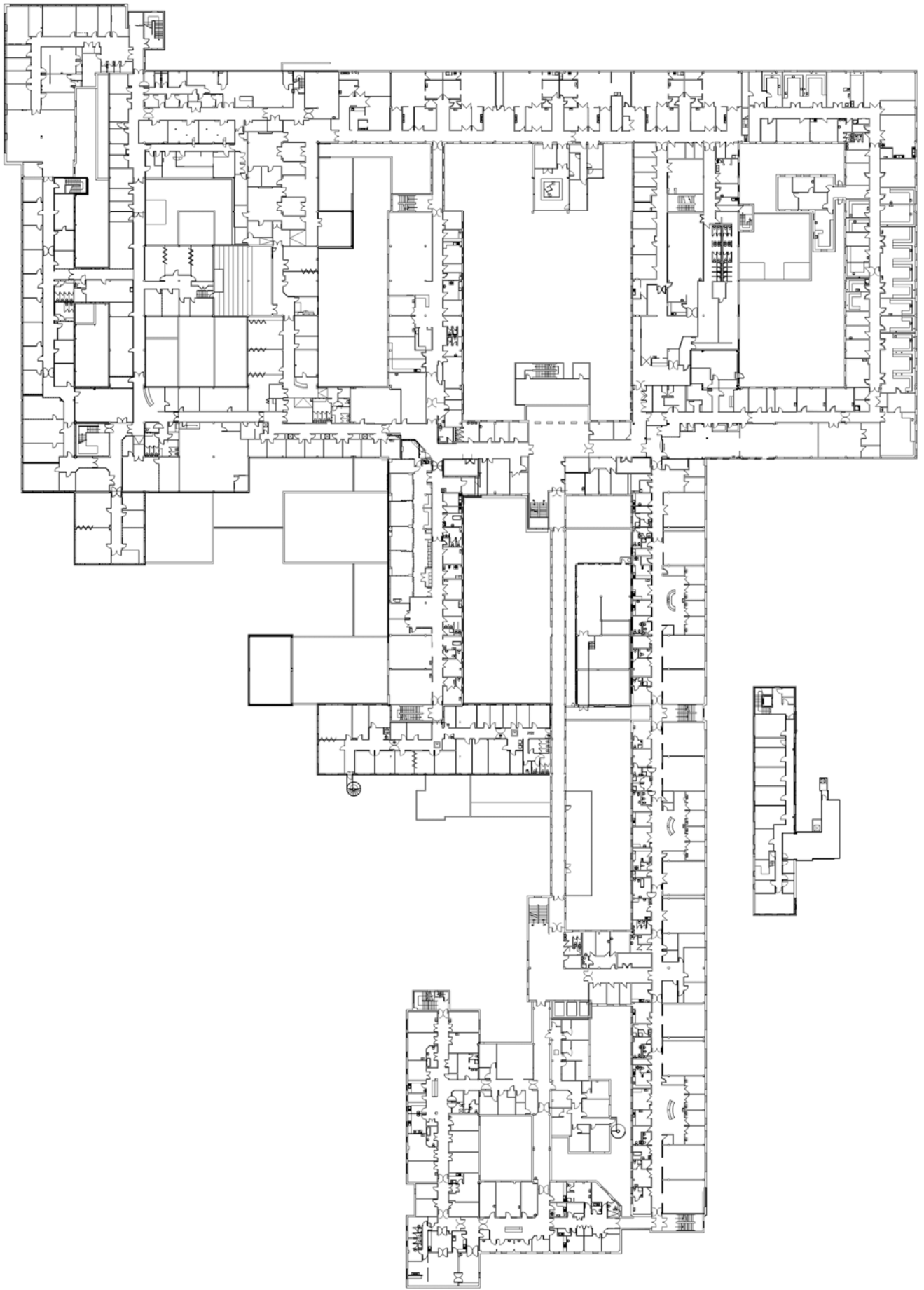


Site Plan

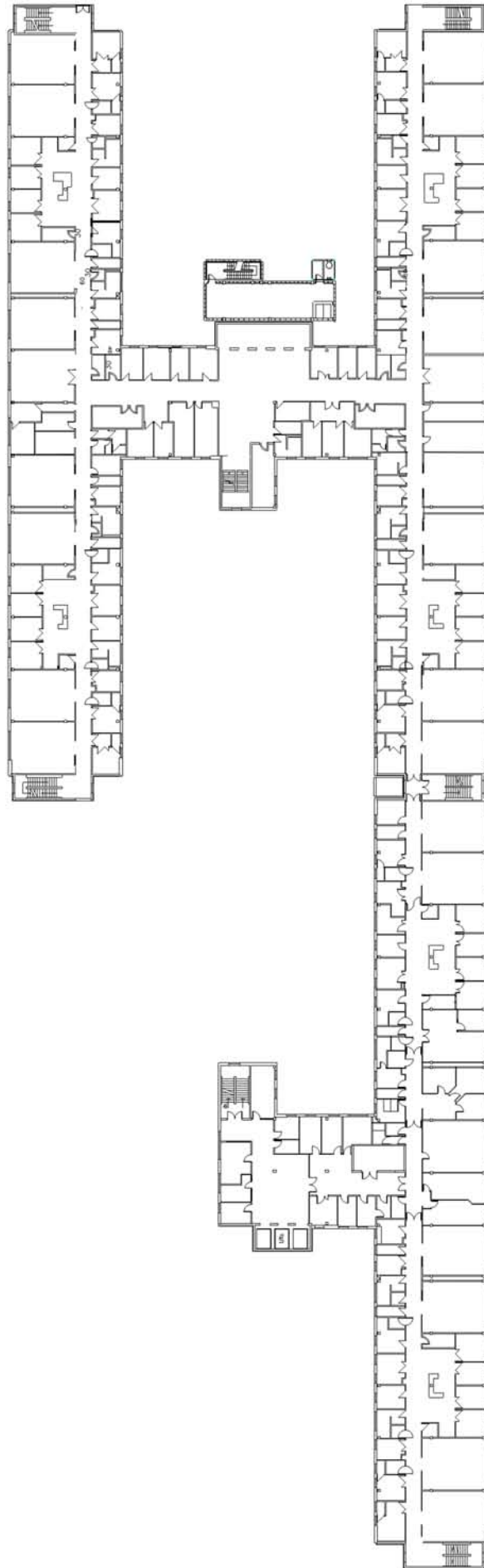
[illegible][illegible]



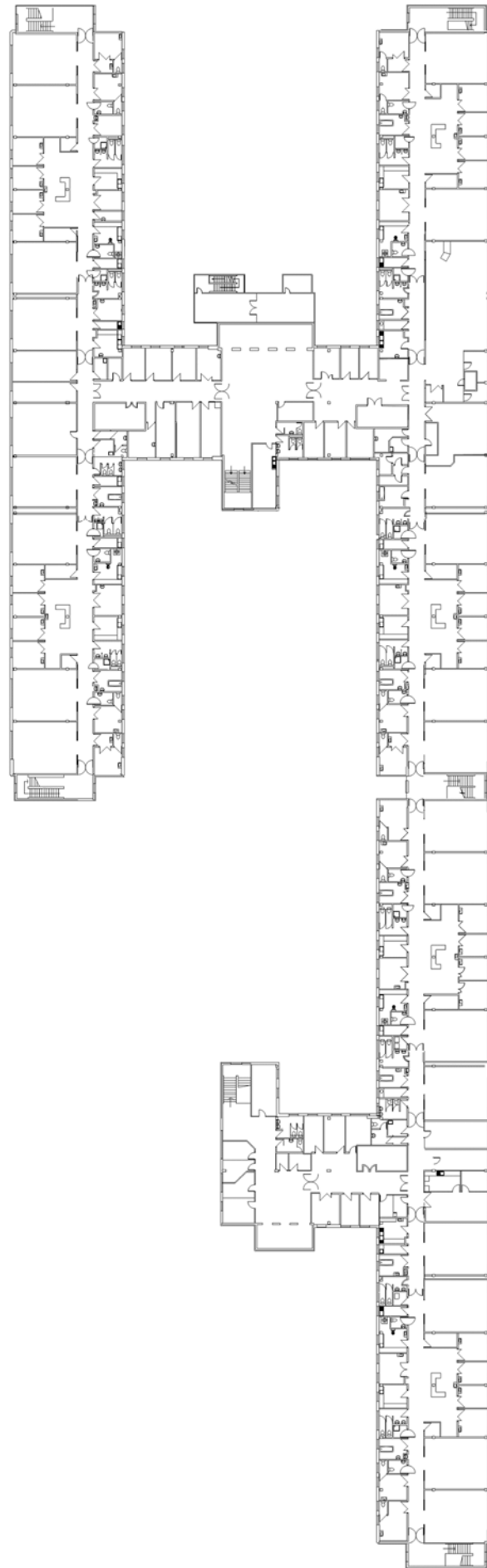
Ground Floor Plan



1st Floor Plan



2nd Floor Plan



3rd Floor Plan

APPENDIX B

PRIORITISED RISK RATING

Ref. No.	Recommendation	Risk Rating
4.3.1	The Board should ensure the roles and responsibilities and related management arrangements detailed in the Fire Policy continue to be implemented.	L
4.3.2	The Board should continue to refine and update the content of the fire manual to reflect the fire safety measures and procedures at this hospital.	L
4.3.3	The Board should ensure an accurate up-to-date set of 'as installed' drawings are available and retained with the fire manual.	L
4.3.4	The Board should continue to review the risk assessments to address the anomalies and reflect the findings of this report.	M
4.3.5	The Board should ensure the fire risk assessment recommendations are prioritised and addressed as necessary within the agreed timescale.	M
5.3.1	The Board should reconfigure the fire alarm zone boundaries to reflect the departmental boundaries and compartmentation arrangements.	H
5.3.2	The Board should review the fire alarm device addresses and update where necessary to accurately reflect room designations and reconfigured zoning arrangements.	H
5.3.3	The Board should update the 'as installed' drawings upon completion of the zoning reconfiguration and also enhance the drawings to illustrate all devices interfaced with the fire alarm.	L
5.3.4	The Board should review the cause and effect matrix to reflect the reconfigured zoning. This should detail the operation of all devices interfaced with the fire alarm system, following the format contained in Appendix C.	H
5.3.5	The Board should provide repeater panels to staff bases in accordance with Firecode.	M
5.3.6	The Board should ensure fire alarm zone plans are displayed in proximity to the fire panels.	L
5.3.7	The Board should ensure the fire risk assessment recommendations for additional detection are addressed and also consider the need for a replacement programme for the ageing detectors.	L
5.3.8	The Board should ensure the complete fire alarm system is maintained in accordance with BS 5839:1, including annual verification of the C&E; reference should also be made to the 'Users responsibilities' as defined in the above standard.	M

Ref. No.	Recommendation	Risk Rating
6.3.1	The Board should review and redefine the required fire compartmentation arrangements reflecting the departmental boundaries and evacuation strategy.	H
6.3.2	The Board should conduct a compartmentation survey utilising the redefined fire strategy drawings. The survey should also address the fire integrity of compartment floors, hazard room enclosures and external fire spread risks.	H
6.3.3	The Board should implement a prioritised action plan to address the compartmentation deficiencies.	H
6.3.4	The Board should review the ventilation arrangements in line with the redefined fire strategy. This will identify all required fire damper locations; any fire damper omissions should be prioritised for action as necessary, in particular noting the requirement for dampers in the main vertical risers.	H
6.3.5	The Board should ensure all fire dampers are tested in accordance with BS9999.	M
6.3.6	The Board should conduct a fire door survey in line with the redefined fire strategy. This should also include the introduction of a unique identification system and preparation of a fire door schedule.	H
6.3.7	The Board should review the fire door maintenance and inspection regime to ensure that all fire doors are maintained in accordance with BS8214 and address any fire door failings as necessary.	M
6.3.8	The Board should assess the emergency escape lighting provisions for compliance with the latest standard including the provision of external escape route lighting.	H
6.3.9	The Board should ensure that future emergency escape lighting upgrades utilise networked self-testing facilities, and that the testing regime follows the recommendations contained in BS5266.	L
6.3.10	The Board should discuss the suitability of the current riser provisions with the FRS. In the longer term, the Board should improve the riser provisions as necessary.	H
7.3.1	The Board should re-assess the suitability of the Albac-mat as the sole means for vertical evacuation with consideration also given to provisions for bariatric vertical evacuation.	H
7.3.2	The Board should enhance the protection of patients potentially facing vertical evacuation with the provision of 'holding bays/refuge areas' adjacent to the stairways.	H
7.3.3	The Board should ensure means of escape aspects are cited in the fire risk assessments and actioned accordingly.	H
7.3.4	The Board should supplement the response procedures with the development of departmental fire plans following the principles of BS ISO 23601.	L

Ref. No.	Recommendation	Risk Rating
7.3.5	The Board should continue to review the response procedures in the light of any learning outcomes following future exercises, which should ideally include interaction with the Fire and Rescue Service where possible.	M

APPENDIX C

CAUSE AND EFFECT TEMPLATE

FIRE ALARM SOUNDERS			ACCESS CONTROL DOORS TO RELEASE	FIRE DOORS DETENTES TO RELEASE	FIRE/SMOKE DAMPERS TO CLOSE	MECHANICAL PLANT TO ISOLATE	LIFTS TO OPERATE	ADDITIONAL ANCILLARY DEVICES TO OPERATE	Remarks
Zone Of Activation - Evacuate (Continuous Tone)	Zones To Alert (Intermittent Tone)	Additional Sounders To Evacuate (Continuous Tone)	Door Ref No.	Door Ref No.	Damper Ref No:	AHU Ref.	Lift Ref. and function	Function And Location Of Ancillary Device (Gas valves, roller shutters etc)	
Zone 1 (OPD)									
Zone 2 (X-Ray)									
Zone 3 (Ward 1)									
Zone 4 (Ward 2)									
Zone 5									
Zone 6									
Zone 7									
Zone 8									

Notes.

Independent Review of Fire Precautions at Ysbyty Gwynedd (May 2020)

Action Tracker Rev 1.1(10-03-2021)

Site Area inspected: Main Hospital and Operational Estates buildings	Date: 12.05.2020.
Inspection carried out by Anthony Pitcher Senior Fire Safety Advisor NWSSP-SES (February to May 2020)	Executive Lead: Mark Wilkinson – Exec Dir of Planning and Performance. Programme Director: Rod Taylor – Director of Estates and Facilities Site Director : Alyson Constantine
Hospital Managing Director: Alyson Constantine	Hospital Type: District General Hospital.
Number of Inpatients : 450	Rev 1.1 10-03-2021

Summary Action Plan

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
COMPARTMENTATION				
6.3.1	The board should review and redefine the required fire compartmentation arrangements reflecting the departmental boundaries and evacuation strategy.	Carry out desktop review of hospital drawings and highlight current department boundaries. Review the evacuation strategy for each department against the PHE methodology.	25/03/2020 Mott McDonald have been commissioned to review the fire strategy for YG considering the current compartmentation and departmental boundaries and to recommend improvements.	The scope and costings for this action are contained within the YG PBC.
	High	Action required by 30/09/2020	Operational Estates Manager West	YG - PBC to be submitted to CIG /ET and F&P 2021 for submission to WG

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
6.3.2	The Board should conduct a compartmentation survey utilising the redefined fire strategy drawings. The survey should also address the fire integrity of compartment floors, hazard room enclosures and external fire spread risks.	A compartmentation survey of the hospital to be carried out by a suitably qualified fire engineer to ascertain that the level of protection provided is in accordance with the current HTM guidance. An action plan will be developed to address any deficiencies identified during the survey. These actions will be prioritised based on risk.	18/09/2020 IMS who are a third party accredited company (FIRAS) have conducted a fire stopping survey on numerous compartments across the hospital. The results are being analysed prior to development of an action plan.	The scope and costings for this action are contained within the YG PBC.
	High	Action required by 31/08/2020	Operational Estates Manager West	YG - PBC to be submitted to CIG /ET and F&P 2021 for submission to WG
6.3.6	The Board should conduct a fire door survey in line with the redefined fire strategy. This should also include the introduction of a unique identification system and preparation of a fire door schedule.	A fire door survey to be carried out in conjunction with the compartmentation survey to ensure that they conform to the relevant HTM and British Standards to ensure the integrity of the relevant compartment or hazard room. An action plan will be developed to address any deficiencies identified during the survey. These actions will be prioritised based on risk.	18/09/2020 IMS who are a third party accredited company (FIRAS) have conducted a fire door survey utilising the principles of the fire door inspection scheme (FDIS) they have tested a sample of 68 doors. The results are being analysed prior to development of an action plan.	The scope and costings for this action are contained within the YG PBC.
	High	Action required by 31/08/2020	Operational Estates Manager West	YG - PBC to be submitted to CIG /ET and F&P 2021 for submission to WG

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
6.3.7	The Board should review the fire door maintenance and inspection regime to ensure that all fire doors are maintained in accordance with BS8214 and address any fire door failings as necessary.	Carry out a review of the current fire door maintenance and inspection regime to ensure they are maintained in accordance with BS8214. Introduce a unique identification system for the fire door schedule.	18/09/2020 A review is currently being undertaken within the Operational Estates department to standardise the PPM programme across the 3 areas using the FDIS model. This will include the training and development of staff to inspect and repair fire doors.	Funding included in the discretionary capital programme for 2021-22
	Medium	Action required by 01/09/2021	SEO: Legislation Assurance	Completion date 01-09-21
7.3.2	The Board should enhance the protection of patients potentially facing vertical evacuation with the provision of 'holding bays/refuge areas' adjacent to the stairways.	As part of the review of the compartmentation of the hospital introduce plans for holding bays adjacent to stairways where there is no alternative to vertical evacuation. An action plan will be developed to address any deficiencies identified during the survey. These actions will be prioritised based on risk.	05/07/2020 Mott McDonald have been commissioned to review the fire strategy for YG. This includes the arrangements for vertical evacuation.	The scope and costings for this action are contained within the YG PBC.
	High	Action required by 31/10/2021	Operational Estates Manager West	YG - PBC to be submitted to CIG /ET and F&P 2021 for submission to WG
7.3.3	The Board should ensure means of escape aspects are cited in the fire risk assessments and actioned accordingly.	Review the existing fire risk assessments to ensure the means of escape issues are recorded and reflect the contents of this action plan.	18/09/2020 Hospital fire advisor to review the fire risk assessments for each area in line with the re-inspection programme and ensure the contents of the action plan are captured and recorded.	Included in the fire risk assessment review programme for 2021-22

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
	High	Action required by 31/08/2021	Fire Safety Advisor - West	Completion date by 31-08-21
7.3.1	The Board should re-assess the suitability of the Albac-mat as the sole means for vertical evacuation with consideration also given to provisions for bariatric vertical evacuation.	Conduct a review of the existing vertical evacuation strategy for the hospital to ensure appropriate resources are available for safe evacuation in a timely manner.	18/09/2020 No progress to date. Albac mats located on wards above ground floor level. Training as per BCUHB policy.	To be included as part of the review of policies and procedures
	High	Action required by 31/08/2021	SEO: Legislation Assurance	Completion by 31-08-21
VENTILATION				
6.3.4	The Board should review the ventilation arrangements in line with the redefined fire strategy. This will identify all required fire damper locations; any fire damper omissions should be prioritised for action as necessary, in particular noting the requirement for dampers in the main vertical risers.	Conduct a fire damper survey of the hospital. Ensure that appropriate fire dampers are installed in accordance with HTM 03-01. The siting of these fire dampers must be aligned with the compartment walls and hazard rooms. The installation should be prioritised based on risk.	18/09/2020 Damper maintenance contract awarded to Premier Clean. As part of the contract a survey is being undertaken in the first year to ascertain the location, type and condition of the damper together with the condition of the fire stopping. An action plan will be collated to upgrade the dampers on a priority basis.	The scope and costings following the survey will be contained within the YG PBC.
	High	Action required by 31/03/2021	Operational Estates Manager West	Completion date for survey 31-03-21
6.3.5	The Board should ensure all fire dampers are tested in accordance with BS9999.	Pan BCUHB fire damper testing and maintenance contract is currently out to tender.	21/09/2020 contract awarded and testing to commence within one month	Funding allocated

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
				within the E&F R&M budget
	Medium	Action required by 30/09/2020	Operational Estates Manager West	Completion by 30-09-21
EMERGENCY LIGHTING				
6.3.8	The Board should assess the emergency escape lighting provisions for compliance with the latest standard including the provision of external escape route lighting.	An emergency lighting survey to be carried out to ascertain compliance against HTM 05-03 and the latest edition of BS5266. On completion an action plan is prepared to install additional lighting prioritised based on risk.	05/10/2020 Mott MacDonald have been commissioned to undertake an emergency lighting survey and to produce recommendations.	Survey and recommendations to be addressed through the E&F R&M programme for 2021-22
	High	Action required by 30/09/2021	Operational Estates Manager West	Completion by 30-09-2021
6.3.9	The Board should ensure that future emergency escape lighting upgrades utilise networked self-testing facilities, and that the testing regime follows the recommendations contained in BS5266.	All current upgrades of the emergency escape lighting systems utilise networked self-testing facilities in accordance with the recommendations contained in BS5266.	All new capital development and operational estates managed schemes involving the installation of escape lighting are designed and installed in accordance with the current BS 5266 and utilise networked self-testing facilities.	To be included as part of the PBC
	Low	Action required by 30/09/2021	Operational Estates Manager West Estates Senior Project Manager	Completion by the 30-09-21
FIRE ALARM SYSTEM				
5.3.1	The Board should reconfigure the fire alarm zone boundaries to reflect the departmental boundaries and	The fire alarm zoning will be reconfigured to coincide with any changes introduced following the compartmentation survey. These	25/03/2020 Mott McDonald have been commissioned to review the fire strategy for YG considering the current compartmentation and	To be included as part of the PBC

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
	compartmentation arrangements.	changes will be carried out in accordance with the recommendations within HTM05-03 and BS 5839 Pt1.	departmental boundaries and compare with the fire alarm zoning. Recommendations will be made for improvements to the zoning arrangements in accordance with the relevant guidance.	
	High	Action required by 30/09/2020	Operational Estates Manager West	Completion by 30-03-21
5.3.2	The Board should review the fire alarm device addresses and update where necessary to accurately reflect room designations and reconfigured zoning arrangements.	A review of the fire alarm addresses to be carried out to accurately reflect room designations. This will be completed as part of the commissioning and on-going testing arrangements for the fire alarm system.	25/03/2020 The current testing arrangements include the reviewing the accuracy of the information provided on activation of the fire alarm. This will continue on commissioning of amendments to the zoning arrangements and on-going PPM's.	To be included as part of the PBC
	High	Action required by 30/09/2021	Operational Estates Manager West	Completion by 30-09-21
5.3.4	The Board should review the cause and effect matrix to reflect the reconfigured zoning. This should detail the operation of all devices interfaced with the fire alarm system, following the format contained in Appendix C.	A review of the cause and effect matrix will be undertaken to ensure all devices interfaced with the fire alarm system are recorded and allocated in accordance with the reconfigured matrix. The format of the documentation will be in accordance with best practice.	25/03/2020 Any changes to the fire alarm system must be recorded on the cause and effect matrix in accordance with the appropriate guidance.	To be included as part of the PBC
	High	Action required by 30/09/2021	Operational Estates Manager West	Completion by 31-09-21

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
5.3.5	The Board should provide repeater panels to staff bases in accordance with Firecode.	A review of the fire alarm repeater panels will be undertaken to ensure they are located in accordance with the recommendations of HTM05-03.	25/03/2020 As capital development schemes progress across the hospital proposals will be produced to extend the provision of repeater panels to nursing stations.	To be included as part of the PBC
	Medium	Action required by 31/03/2022	Operational Estates Manager West	Completion by 31-03-2021
5.3.3	The Board should update the 'as installed' drawings upon completion of the zoning reconfiguration and also enhance the drawings to illustrate all devices interfaced with the fire alarm.	As part of the reconfiguration project of the fire alarm system, 'as installed' drawings will be completed to capture all devices and within the amended zoning configuration. This will be carried out on a regular basis throughout the project.	25/03/2020 Mott McDonald have been commissioned to review the fire strategy for YG considering the current compartmentation and departmental boundaries and compare with the fire alarm zoning. Recommendations will be made for improvements to the zoning arrangements in accordance with the relevant guidance any changes will require amending the as installed drawings and dated.	To be included as part of the PBC
	Low	Action required by 30/09/2021	Operational Estates Manager West	Completion by the 30-09-21
5.3.6	The Board should ensure fire alarm zone plans are displayed in proximity to the fire panels.	Appropriate fire alarm zone plans will be displayed adjacent to all fire alarm panels.	29/09/2020 following receipt of the Mott Macdonald report and amendments have been made the fire alarm zone arrangements a request will be made to Static Systems for the production of fire alarm zone plans to be located adjacent to all fire alarm panels.	To be included in the discretionary capital programme
	Low	Action required by 30/09/2021	Operational Estates Manager West	Completion by 30-09-2021

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
5.3.8	The Board should ensure the complete fire alarm system is maintained in accordance with BS 5839:1, including annual verification of the C&E; reference should also be made to the 'Users responsibilities' as defined in the above standard.	A review of the existing fire alarm testing regime will be undertaken to ensure compliance with BS5839:Pt1.	25/03/2020 Any changes to the fire alarm system must be recorded on the cause and effect matrix, this will be tested on commissioning and any resulting testing arrangements will be reviewed to ensure they are carried out in accordance with the appropriate guidance.	To be included in the PPM programme
	Medium	Action required by 31/03/2021	Operational Estates Manager West	Completion by the 31-03-21
5.3.7	The Board should ensure the fire risk assessment recommendations for additional detection are addressed and also consider the need for a replacement programme for the ageing detectors.	A review of the existing fire alarm system to ensure compliance with HTM05-03 and BS 5839. L1. A review of all systems within BCUHB is being conducted as part of a project to ascertain the age profile of all our systems to support the development of a replacement programme.	29/09/2020 Fire advisor to review the FRA's to ascertain the number of required additional detectors to comply with current guidance. Recommendations to made on a priority bases and built into the discretionary revenue programme. 29/09/2020 A new testing regime has been introduced following a tender process. As part of that award the successful provider must carry out a survey of all the systems and the information collated will be built into the discretionary capital development programme for the coming years to allow for the replacement of obsolete hardware.	Actions and funding have been identified within the Disc Capital programme 2021-22
	Low	Action required by 31/03/2022	Fire Safety Advisor West	Completion by 31-03-21

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
DRY RISERS				
6.3.10	The Board should discuss the suitability of the current riser provisions with the FRS. In the longer term, the Board should improve the riser provisions as necessary.	A survey of the existing dry riser provision to be undertaken and additional dry risers installed to ensure compliance with WHTM05-02. A review of the existing hydrant provision to satisfy the distance requirements for the new risers. The riser locations will be designed to the satisfaction of the operational requirements of the FRS.	25/03/2020 Mott McDonald have been commissioned to review the fire strategy for YG. This includes an assessment of the current riser provision and recommendations for increasing the number to ensure suitable coverage for the building.	An EFAB bid has been submitted to WG March 2021
	High	Action required by 31/12/2021	Operational Estates Manager West	Awaiting feedback from WG regarding bids
FIRE RISK ASSESSMENTS				
4.3.4	The Board should continue to review the risk assessments to address the anomalies and reflect the findings of this report.	A review of the risk assessments will be undertaken to address the anomalies and reflect the findings of this report.	18/09/2020 Hospital fire advisor to review the fire risk assessments for each area in line with the re-inspection programme and ensure the contents of the action plan are captured and recorded. 09/10/2020 FRA amendments to reflect the findings of the compartmentation surveys.	Included in the fire risk assessment review programme
	Medium	Action required by 31/08/2021	Fire Safety Advisor West	Completion by 31-08-21
4.3.5	The Board should ensure the fire risk assessment recommendations are prioritised and addressed as necessary within the agreed timescale.	A review of the FRA action plan will be undertaken and actioned on a prioritised basis.	18/09/2020 Hospital fire advisor to review the fire risk assessments for each area in line with the re-inspection programme and ensure the contents of the action plan are captured and recorded. Actions	Included in the fire risk assessment review programme

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
			incorporated into the capital development programme.	
	Medium	Action required by 31/08/2021	Fire Safety Advisor West	Completion by 31-08-21
7.3.3	The Board should ensure means of escape aspects are cited in the fire risk assessments and actioned accordingly.	A review of the means of escape elements of the FRA action plan will be undertaken and actioned on a prioritised basis.	18/09/2020 Hospital fire advisor to review the fire risk assessments for each area in line with the re-inspection programme and ensure the contents of the action plan are captured and recorded.	Included in the fire risk assessment review programme
	High	Action required by 31/08/2021	Fire Safety Advisor West	Completion by 30-09-21
DRAWINGS				
4.3.3	The Board should ensure an accurate up-to-date set of 'as installed' drawings are available and retained with the fire manual.	BCUHB are currently in the process of purchasing the MICAD system which will result in a set of up to date set of 'as installed' drawings being kept in the fire manual.	05/07/2020 Mott Macdonald have been commissioned to produce up to date compartment drawings. Target date 30/09/2020.	Action currently in progress
	Low	Action required by 30/09/2021	Operational Estates Manager West	Completion by the 30-09-21
7.3.4	The Board should supplement the response procedures with the development of departmental fire plans following the principles of BS ISO 23601.	Review the current departmental plans following the principles of BS ISO 23601	29/09/2020 Proposal to be made at the next FSMG meeting (December) to conduct an annual review of the contents of the fire manual to ensure consistency and follow the principles of BS ISO 23601.	To be included as part of the review of policies and procedures
	Low	Action required by 31/12/2021	SEO: Legislation Assurance	Completion by 31-12-21

Ref No.	Identified Issue	Action Required	Action Taken (Owner)	Status
POLICIES AND PROCEDURES				
4.3.1	The Board should ensure the roles and responsibilities and related management arrangements detailed in the Fire Policy continue to be implemented.	A review of the current management arrangements to ensure that the roles and responsibilities of staff are in accordance with the Fire Safety Policy and appropriate training provided.	29/09/2020 Proposal to be made at the next FSMG meeting (December) to conduct an annual review of the contents of the fire manual to ensure roles and responsibilities are in accordance with the fire policy.	To be included as part of the review of policies and procedures
	Low	Action required by 31/12/2021	SEO: Legislation Assurance	Completion by 31-12-21
4.3.2	The Board should continue to refine and update the content of the fire manual to reflect the fire safety measures and procedures at this hospital.	A regular review process to be introduced to ensure that the fire manual contains up to date relevant information taking into account any changes to legislation, guidance, policies and procedures.	29/09/2020 Proposal to be made at the next FSMG meeting (December) to conduct an annual review of the contents of the fire manual to ensure consistency and account for any changes that have taken place in the preceding 12 months.	To be included as part of the review of policies and procedures
	Low	Action required by 31/12/2021	SEO: Legislation Assurance	Completion by 31-12-21
7.3.5	The Board should continue to review the response procedures in the light of any learning outcomes following future exercises, which should ideally include interaction with the Fire and Rescue Service where possible.	A review process to be introduced to ensure that the learning outcomes of drills and exercises are recorded and reviewed and amendments to plans and procedures introduced as a result of the findings	25/03/2020 Mott McDonald have been commissioned to review the fire strategy for YG, this will include a review of the evacuation strategy and if necessary the response procedures will be amended as appropriate.	To be included as part of the review of policies and procedures
	Medium	Action required by 31/12/2021	Operational Estates Manager West	Completion by 31-12-21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Paul.Scott@nwales-fireservice.org.uk

Ein cyf/Our ref: KRT/JE

Eich cyf/Your ref:PS/OCT 2020

☎:01745 - 448788 Ext 7473

E-bost/Email: Rod.Taylor@wales.nhs.uk

Dyddiad / Date: 13/10/2020

Dear Paul,

Working Together in Partnership - Concordat meeting between BCUHB and NWFRS
(6th October 2020)

Thank you and your staff for taking time to attend the latest concordat meeting and as agreed I am writing to confirm the matters discussed.

Fire and Rescue Service audits.

During the period of covid restrictions, the majority of audits are being completed remotely. As both parties recognise the need to avoid unnecessary attendance at our sites, fire safety advisors will provide all necessary information and support to ensure FRS can carry out their enforcement responsibilities safely.

Field Hospitals.

BCUHB intend to keep all three field hospitals in a state of readiness until at least April 2021. A discussion was had over our response to the letters received following audits by fire safety enforcement officers at the three premises. Although the FRS are still reviewing the contents, it was clear that there is greater level of concern over Venue Cymru. As this is the only site with potential for patient care on upper floors, both sides are conscious of the challenges posed in achieving vertical evacuation of patients in a safe and timely manner within the constraints of the current design of the building. As previously agreed if there was a requirement to use Venue Cymru it would be limited to the ground floor in the first instance. Any potential use of upper floors would require further discussion on matters including but not exclusive to, patient profiles, staffing and vertical evacuation arrangements.

NHS Wales Shared Services Partnership Independent review of Ysbyty Gwynedd.

As you are aware BCUHB have recognized the importance of fire safety within our premises and have taken decisive action to ensure patient safety over many years, examples include, Ysbyty Maelor, Ysbyty Glan Clwyd, Prestatyn, Blaenau Ffestiniog, Mold and Denbigh Community Hospitals. The Board are also sighted on the potential implications from the reports emerging from the Grenfell enquiry.

On an annual basis Specialist Estates Services carry out an independent review of fire safety within one of the hospitals within each health board in Wales, this year Ysbyty Gwynedd was selected. The review focuses on many aspects of fire safety including,



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

policy, management, compartmentation, fire alarms, emergency lighting, ventilation and dry riser provision.

Ysbyty Gwynedd was constructed in the early 1980's and although it has seen some investment in fire safety over recent years such as replacement fire doors and fire alarm system the passive and active systems within the premises do not comply with current WHTM standards. The report highlighted a number of concerns, mainly around compartmentation and a ventilation system with non-compliant fire dampers and although the fire alarm system is comprehensive it as a result of changes undertaken within the hospital no longer providing the expected L1 coverage.

As the number and types of deficiencies is extensive we have commissioned specialist consultants Mott MacDonald to progress a fire safety and compliance - programme business case (PBC) to raise awareness and secure funding from Welsh Government to invest in activities to substantially reduce the risk of physical infrastructure failure at YG and thereby secure continuity of patient care to present day standards with fire safety being the focus of this project.

With the overall level of investment required to achieve compliance with current WHTM standards and fire safety order exceeding the level of funding available within our current discretionary capital programme we have also commissioned the fire engineering consultants at Mott MacDonald to develop a fire safety solution and an interim fire safety strategy to mitigate existing deficiencies. To complement the fire safety risk assessments for the premises we have developed an action plan based on the independent review to address the matters highlighted within the report. I append a number of these documents for your perusal including the independent review with supporting action plan, report to the Quality and Safety Committee and Mott MacDonald phase two fire summary report.

As agreed at our meeting our fire safety advisor will work closely with your fire safety enforcement officer to ensure the board work towards compliance with our fire safety obligations.

Unwanted Fire Signals

BCUHB appreciate the importance of reducing the number of UwFS to minimize the number of attendances made by the FRS and to prevent impact on hospital service delivery. We are currently undertaking a number of activities to support this aim including carrying out a survey of all our systems across community sites which will be completed as part of the contract arrangements for testing fire alarms and emergency lighting. A new system is being installed in Llandudno Hospital.

We are grateful for the information sharing that takes place on a monthly basis and are keen for this to continue to ensure any spikes are addressed in a timely manner.

Once again, I wish to thank you for your help and support especially over recent months it is much appreciated. It has also highlighted the value of working under the umbrella of this concordat.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

If you require any other information, then please do not hesitate to contact me.

Yours Sincerely,

A handwritten signature in black ink, reading "K. Rodney Telford".

Cyfarwyddwr Ystadau a Chyfleusterau
Director of Estates and Facilities

Attachments:

- Independent review of Ysbyty Gwynedd.
- Action Plan.
- Report to the Executive Team and Quality and Safety Committee.
- Mott MacDonald Fire Summary Report.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Quarters 3 and 4 Operational Plan Monitoring Report to 28 February 2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance						
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance						
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.						
Atodiadau Appendices:	None						
Argymhelliaid / Recommendation:							
The Finance & Performance Committee is asked to note the report.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarters 3 & 4.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during Quarters 3 and 4 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete, this is RAG rated purple. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery was not achieved. For red and amber actions a short narrative is provided. Where, in the previous month, there was a red action and this is now rated purple a short narrative will also be provided.							
Asesiad / Assessment & Analysis							

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Board's strategy

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

The RAG-rating reflects the risk to delivery of key actions

Legal and Compliance

This report will be available to the public once published for the Finance & Performance Committee

Impact Assessment

The Operational Plan has been Equality Impact Assessed.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

Plan Monitoring Report Quarters 3 and 4 2020/21

Position as at 28 February 2021

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

About this Report

- The Quarter 3 and 4 Plan has been agreed by the Health Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons
- The Quarter 3 and 4 plan relates to the need to maintain essential non COVID-19 services to minimise risk of harm for life-saving or life-impacting treatments, whilst meeting the additional demands of winter pressures
- This report details the assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31 March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the position as at 28 February 2021.
- Work is underway in developing the plan for 2021/22 which will reflect the shift in phasing of response to the pandemic, from mobilisation towards parallel running of the pandemic, and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.

RAG	Every month end	by expected delivery date	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: A concise narrative explaining the level of risk to successful delivery of the Action within the agreed timescale is provided.
Purple	Achieved	Achieved	Where RAG is Purple: Evidence that the Action has been achieved may be requested

Table of Contents

Front Cover	1	Chapter 7: Mental Health & Learning Disabilities	19 & 20
About this Report	2	Chapter 8: COVID-19 Oversight	21
Table of Contents	3	Chapter 9: Digital Health	22 & 23
Chapter 1: Test, Trace & Protect	4	Chapter 10: Estates/ Capital	24 & 25
Chapter 2: Promoting Health & Well-being	4	Chapter 11: Workforce & Organisational Development	26 to 28
Chapter 3: Planned Care	5 to 11	Chapter 12: Performance & Accountability	29
Chapter 4: Unscheduled Care	12 & 13	Chapter 13: Finance	29 & 30
Chapter 5: Primary & Community Care	14 & 15	Further Information	31
Chapter 6: Children's Services (inc CAMHS)	16 to 18		

Chapter 1: Test, Trace and Protect

Test, Trace, Protect											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P					
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P					
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P					
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	P			

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P					

Continuation of Restart

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.3	Essential services & safe planned care	F&P	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P				

DEMAND AND CAPACITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.4	Essential services & safe planned care	F&P	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.	Chief Operating Officer	31/10/20	P					
2.5	Essential services & safe planned care	F&P	Identify specialties where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P					
2.6	Essential services & safe planned care	F&P	Review of external capacity for key providers			R	R	P			
2.7	Essential services & safe planned care	F&P	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	R	R	R	

RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.8	Essential services & safe planned care	F&P	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P					
2.9	Essential services & safe planned care	F&P	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R	P			

OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/03/21	A	A	G	G	G	
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.		31/12/20	A	A	P			
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G	P			

PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	P				

PATHWAY DEVELOPMENT											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A	P			
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A	A	A	G	
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A	A	A	A	

PLANNED CARE SPECIALTY SPECIFIC PLANS											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	R	R	R	R	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	P				
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	R	P		
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	P			
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	P			
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	P			
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P					
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	P			

SERVICE SUSTAINABILITY											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	R	R	P		
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G	G	G	G	

MANAGING CAPACITY – WINTER/COVID											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.60	Essential services & safe planned care	F&P	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P				

Action 2.70: Develop and Implement plans to support patients to actively manage symptoms/optmise their health while waiting for treatment:

- Proposals for digital applications in (initially orthopaedics) are being delayed due to IT capacity, discussions are on-going on how this can be taken forward with IT and clinical leads are to agree and implement plans for their respective specialties
- Work with the IT department is ongoing to ensure that the review processes/flags are in place for patients on the waiting list
- This work aligns to the 6 point plan for planned care which focusses on effective clinical risk stratification, care pathway development and the interface with value based healthcare
- Work on the overall planning for planned care is progressing and it is expected that this specific action will be completed by 31 March 2021

Action 4.30: Develop the process to arrive at a Digitally Enabled Clinical Services Strategy:

- This is not being described as the digitally enabled clinical strategy any longer. The digital strategy is progressing to the May Board for approval. The Clinical Strategy implementation plan itself is to be discussed further with the Executive Team with the Chief Executive Officer's leadership. It will feature in the 2021/22 plan alongside the refresh of Living Healthier Staying Well.

Action 4.40: Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

- The business case to support the delivery of this action has been reviewed internally and feedback provided (engaging the relevant leads and clinical support)
- The case will be presented to the Executive Team in April 2021 subject to sufficient progress being made on the case.
- Progress to date has been delayed due to the pressures on the services
- Action to date was reviewed at the Planned Care Performance Review Meeting held on 23 February 2021

Unscheduled Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	P				

Surge Plans

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	P				
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	P				
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	P				
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	P				

Phone First												
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	P				
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P					

Emergency Department Quality Delivery Framework (EDQDF)											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/03/21	G	G	P			

Primary Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/03/21	G	G	G	G	G	

Capture and embed proven technologies in primary care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/03/21	P					
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P					
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P					
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P					

Efficient and effective immunisation and screening activities											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
11.10	Safe unscheduled care	F&P	Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates.	Executive Director Primary & Community Care	31/12/20	G	G	P			

Implement General Medical Services Recovery Plan											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P					

Implement Dental Services Recovery Plan											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	G	G	G	

Implement Community Optometry Recovery Plan											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P				

Community Health & Social Care											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	A	R	R	

Support Care Homes and reintroduce CHC											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	P			
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	R	R	R	

Action 13.70: Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation:

- The Business Case has received HBRT feedback and was reviewed and supported by the Executive Team on 10 March 2021 and will be considered at the March Finance and Performance Committee.

Action 14.00: BCU wide Continuing Health Care (CHC) Recovery Plan in operation:

- We are unable to fully implement plan due to ongoing pressures within care homes due to COVID-19. Due to the decrease in the number of care home outbreaks in February, the Area teams have re-based their recovery plans and agreed 'stretch' targets to achieve completion by end of March 2021
- The Care home resident and staff vaccination programme and enhanced testing programme, alongside wider public measures and lockdown effectiveness is anticipated to result in the realignment of wider care home plans in Quarter 2 2021

Deliver Safe & Effective CAMHS Services											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	P			
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	P			

Neuro-Development											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	R	R	R	

Chapter 6: Children's Services including CAMHS - Page 2 of 2 Narrative

Action 16.00: Work towards providing Assessments and improve performance against the 26 week target:

- An external provider commenced in January 2021 and the first review indicates delivery meets the activity levels commissioned. However, discussions have commenced to increase the level of activity delivered
- Internal capacity is below projected levels due to delays in delivery of training and equipment to support remote assessments; orders are being followed up but the delay is due to high demand. School closures also contribute to some operational issues. New projection plans assume that capacity should return to pre-COVID-19 levels in by 30 June 2021, with the need for additional activity to meet the approx. 100 assessments lost
- A tender for an additional provider has been submitted to procurement in Qtr4 2020/21, with a target commencement date of September 21. Costs to recover the backlog of activity have been submitted to finance as part of the BCUHB planning process for 2021/22; a decision is awaited as part of the 2021/22 planning process.

Mental Health & Learning Disabilities						Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date						
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.	Executive Director of Public Health	31/03/21	G	G	G	G	G	
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A	G	G	G	
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.			A	A	G	G	G	
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A	A	A	G	
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A	A	A	A	

17.10: Improvement of Mental Health Services:

- Funding has been secured, recruitment is progressing but it has proven difficult to recruit Community Psychiatric Nurses (given the national demand for this role). Options to redesign services are currently being explored including the alignment of home treatment services for older people and the potential close working with GP Clusters (learning from the pilot in the East). Links with Glyndwr University are also being explored to address recruitment issues in the medium and longer term.

Chapter 8: COVID-19 Oversight

Covid 19 Oversight											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	09/10/20	P					
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R	P			
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		09/10/20	P					
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		01/11/20	A	R	P			

Digital Health											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/06/21	R	R	R	R	A	
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	R	P		
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G	G	G	G	
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G	R	P		
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	R	R	G	
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P				
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G	P			

Action 17.70: Phase 3 of Welsh Patient Administration System (WPAS) re-focus on West implementation:

Agreed plan in place with NHS Wales Informatics Service (NWIS) and scoping of services is near completion (Phase 3). The expected 'go live' of West Area is May 2022, including adding this version to the Central Area, creating one unified WPAS across West and Central. This approach is subject to an integration assessment which will be undertaken to assess the likely impact of any issues with other systems that WPAS has to integrate with. An integration specialist is currently being recruited to undertake this work.

Estates/ Capital											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A	A	R	R	
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	P			
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P				
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	R	R	R	
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G	R	R	R	

18.40:Ablett Mental Health Unit Outline Business Case:

- The Executive Team have supported the Project Board's recommendation regarding another location on the YGC site and to seek Welsh Government support to submit a full planning application as part of the full business case. Discussions have been undertaken and will continue with Welsh Government who have offered additional support to progress.

18.70: Ysbyty Gwynedd compliance

- The final draft business case was presented and noted by the Capital Investment Group in January 2021 and now with Executive Team support, it will reach the Finance and Performance Committee in March 2021.

18.80: Wrexham Maelor Hospital

- The project team have reviewed timescales for an outline business case; the firm timescale is end of June 2021.
- Further delays have been encountered in appointing a supply chain partner, project manager and cost advisor; although all are now in place. COVID-19 has also created problems in undertaking the surveys due to access restrictions and operational imperatives; the surveys have now been completed.
- As progress has now been made means we remain confident in the delivery of the revised timescale (June 2021)

Chapter 11: Workforce & Organisational Development

- Page 1 of 3

Workforce and Organisational Development - Part 1											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P			
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G	P			
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.		31/12/20	A	A	R	R	A	
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/03/21	A	A	A	A	A	

Workforce and Organisational Development - Part 2											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/3/21	A	A	R	A	A	
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose		31/03/21	A	A	A	G	G	
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/01/21	A	G	G	G	G	
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/21	A	A	G	G	G	

20.00: Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.

- Original Action achieved. Further enhancement of guidance with learning from 3rd wave being incorporated. A wider piece of work on the infrastructure Estates/Facilities strategy is required longer term solutions to agile work practices being embedded across BCUHB

20.20: Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including Black, Asian and Minority Ethnic groups (BAME), older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with.

- Key elements of the Health & Safety (H&S) Strategy have been undertaken in Year 2, specific risks being investigated include Water Safety through additional resources. The findings of the audit will be escalated through the governance structure, which includes the Water Safety Group, SOSH and Quality, Safety & Experience (QSE).
- Further pro-active work has been undertaken on COVID-19 safety which has included 76 social distancing reviews undertaken in the past 6 weeks. Internal audit have reviewed Security and Violence & Aggression, comprehensive action plans will be instigated to mitigate risks identified. Further work is required on the initial BAME RA and Fit Testing of night workers to comply with recent Health & Safety Executive (HSE) correspondents

20.30: Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff

- Staff Wellbeing and Support model under development for which SBAR and business case for investment will be prepared by mid March. In the interim, contract with external company being developed to provide short term (3 month) remote and some face to face support on 3 acute sites (with potential to extend to community sites) - with the aim to have commenced this interim service by 29 March 2021.
- An option to provide some additional clinical psychology support for next 3 months across 3 acute sites also being explored pending wider service model, both will compliment and extend existing support that is available

Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Nursing & Midwifery	31/12/20	G	G	P			

Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/21	G	G	G	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/21	G	G	G	G	G	
22.03	Effective use of resources	F&P	Value Based Healthcare Commissioning (VBHC) implementation		31/03/21	G	A	A	R	R	

22.03: Effective Use Of Resource:

- Work on the Value Based Healthcare (VBHC) Plan has been delayed whilst arrangements for the Health Board's overall transformation and improvement programme are finalised. This is necessary to ensure that VBHC is fully aligned with this approach. Implementation will now progress in Quarter 1 of 2021/22.

Further Information

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

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

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Planned Care Update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Gavin McDonald - Interim Chief Operating Officer Gill Harris - Deputy Chief Executive				
Awdur yr Adroddiad Report Author:	Andrew Kent - Interim Head of Planned Care				
Craffu blaenorol: Prior Scrutiny:	Gill Harris - Deputy Chief Executive				
Atodiadau Appendices:	Appendix 1- The Six Point Plan				
Argymhelliad / Recommendation:					
Finance and Performance Committee are asked :					
<ol style="list-style-type: none"> 1. To note the potential year-end forecast of 20/21 2. To note the work on going to recover and improve planned care including the modular theatre and wards including the strategic direction of the diagnostic and treatment centre 3. To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme. 4. To note the processes in place to mitigate risks of delayed surgery 					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information x
Sefyllfa / Situation:					
The paper continues to update the Finance and Performance Committee of the continued disruption to planned care activity during the Covid pandemic and contributing winter pressures. It also describes the recovery programme based around the six-point plan and the steps being taken to implement the proposal.					
Cefndir / Background:					
The Covid pandemic has significantly disrupted planned care activity in 20/21, with a significant increase in over 36-week waits and 52 week waits for the public awaiting treatments. We are continuing to deliver essential services, all P4/routine activity remains paused.					
Asesiad / Assessment & Analysis					
Executive summary:					

The paper describes the on-going issues regarding planned care in the Covid/post Covid environment.

The planned care transformation group, led by the Interim Head of Planned Care are building recovery plans, as part of the annual plan, to find a sustainable solution to reduce the backlog of planned care cases associated with the reduction of activity due to the Covid pandemic. We are seeking to finalise over the coming weeks the deliverability, cost and timescales of this work. The already complex work is challenging due to the changing context of the Covid pandemic and movement of key operational leads. However, we have completed the demand and capacity modelling for planned care both for Out Patients Department (OPD), theatre and beds. The planned care transformation group is meeting fortnightly, with weekly operational meetings to maintain the strong focus on this activity.

Following discussions and critical review of this paper the lead executive has asked the Committee to agree the recommendations and support the work to date.

Introduction

The paper continues to update the Finance and Performance Committee of the continued disruption to planned care activity during the Covid pandemic and contributing winter pressures. As the organisation moves towards year-end, the paper describes the activities to recover planned care and to reduce the backlog of long waiters caused by the pandemic. This paper supplements the performance quadruple aim presentation and should be read as an addition to that content.

Context

The current waiting list size as of 15th March is detailed below:

BCUHB	Weeks Waiting					Total Waiting List
	0-25	26-31	32-35	36-51	52+	
	58,986	5,784	3,291	8,520	42,918	119,499

From the same point last month, the overall waiting list size has increased by 2,918 and whilst the over 36 week waiters has reduced the committee need to appreciate that this group of patients have moved from the 36 week cohort to the over 52 week waiters. The performance report provides details of patients waiting longer than 52 weeks as requested by the Committee at the previous meeting. This is tabled below:

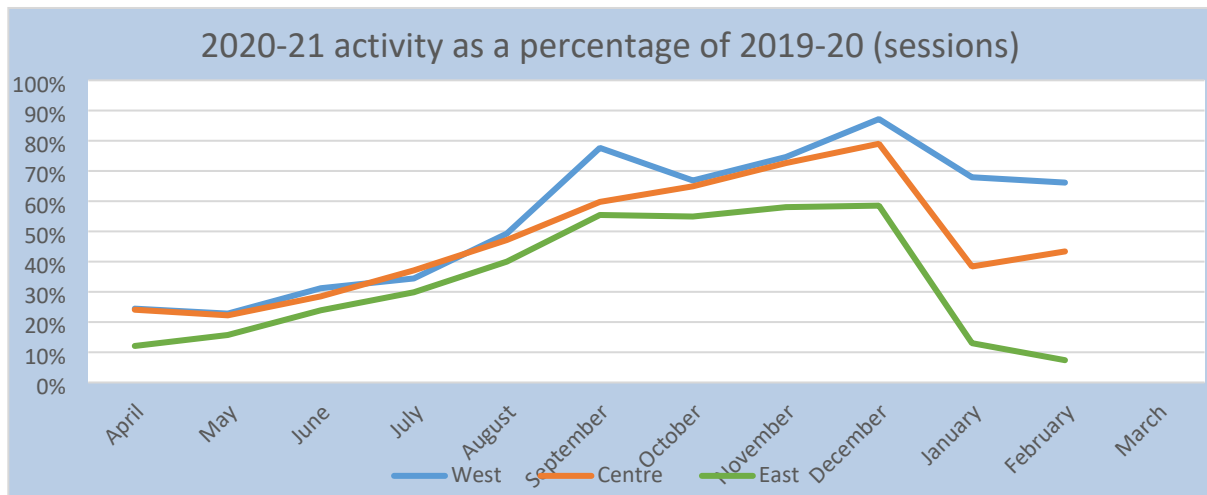
	53-64 weeks	65-80 weeks	81-100 weeks	104+ weeks	Total
ENT	234	337	397	111	1079
Ophthalmology	574	555	492	12	1633
T&O	622	803	712	314	2451
Urology	164	207	233	157	761
Total	1594	1902	1834	594	5924

We have also requested further benchmarking data from Welsh Government for a comparison of our position and this will be included in future papers when received.

The end of year forecast shows a slight improvement from last month's reported position (46,702) to 45,368 across all stages; this is driven by desktop clinically led validation of the longest waiters by sites and area teams.

Outpatient and Theatre Activity

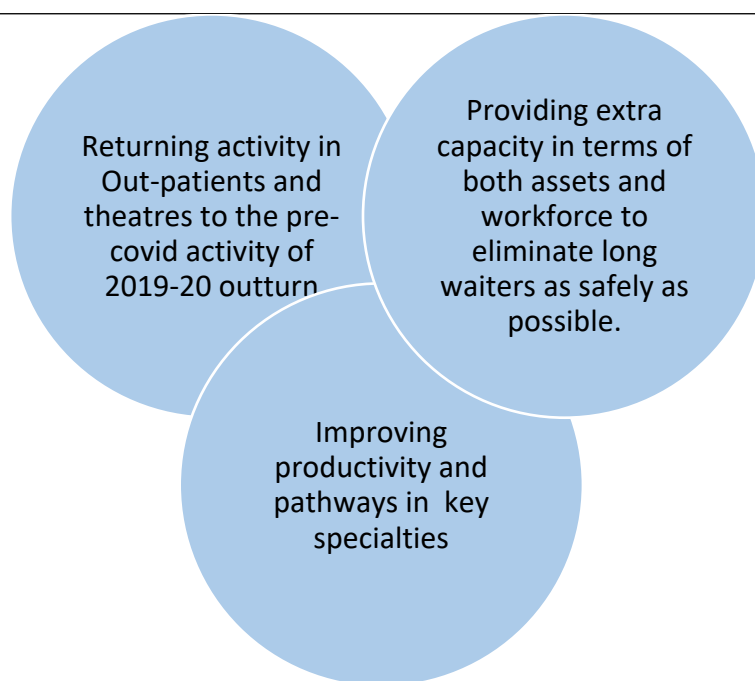
The performance report, presented to this committee details both theatre and out-patient activity levels. In addition the planned care group monitor weekly to provide support to de-escalate areas to provide more activity. Our aim is to achieve the levels delivered in 2019/20 and work with the site teams to understand how this can be achieved safely.



Theatre activity has shown an increase at the Centre site in February, with West still limiting activity due to the Covid situation and East beginning to de-escalate areas. All sites continue to deliver urgent services such as trauma and urgent vascular services at the Centre site. East is still supporting West cancer activity under the once for north Wales approach. Our current planning is that we will be able to increase day case and in-patient activity from late March at the East site, mid-April at the Centre site and West is still being discussed and monitored. Conversation with clinical leads are being held at site level to identify specialties we may need to work with to support their return to operating following the pandemic. However most surgeons have been undertaking emergency and urgent work. The disruption at West will have the potential to affect our cancer waiting times, due to the lowered capacity overall. The cancer activity is reported in the quadruple aim performance report presented to this committee.

Recovery

The recovery plan for planned care is widely publicised as the six-point plan (Appendix 1). Nevertheless, all components are a Venn diagram and the key building blocks of the recovery plan are illustrated below:



Whilst undertaking backlog clearance, which will include a number of initiatives, including Insourcing, waiting list initiatives and the scoping of providing extra capacity through modular theatres and wards for orthopaedics. We are also planning to re-establish activity to the pre-covid baseline by late April/May. We will need to address areas of long-term capacity shortfalls and reduce the backlogs across all stages. The planned care transformation group intend, through the six-point plan, to commence addressing these components. Much focus has been spent on realising the insourcing contracts, as these have the significant lead times and address some of the quality and safety concerns of treating long waiters as soon as possible.

The scale of the challenge is shown below:

Speciality	Stage 4 sessions required to reduce back log below 36 weeks (across BCU)	stage 4 sessions required to reduce back log below 52 weeks (Across BCU)
General surgery	1448	1239
Urology	418	371
Trauma and orthopaedics	2576	2340
ENT	642	611
Ophthalmology	328	348
Max/Fax	215	191
Total	5627	5100

The table above covers most of the specialties across all sites and illustrates to clear the backlog of over 52 week waiters at stage 4 (operative procedures) we would require 5,100 extra theatre sessions and 5,627 to reduce to 36-weeks. The backlog clearance of other specialties has also been reviewed but are not part of this table, Work is ongoing on these backlogs on how they will be reduced but is currently not thought to be as such a significant issue as those listed above.

Therefore, other options such as waiting list initiatives and pathway changes are being reviewed.

Following this capacity exercise, the top three specialties listed in the table have a capacity gap. The Trauma and Orthopaedic business case has been recently reviewed and presented to F&P as a component of the DTC ambition. An earlier iteration of the business case has resulted in funding support and recruitment of additional Orthopaedic consultants. However, this remains an area of significant backlog, which has increased during Covid. This will need to be addressed by utilising modular theatres and wards and would provide a ring fenced facility to support elective work, minimising the risk of patient cancellation and ensuring a super clean environment. The Orthopaedic network delivery manager is currently working on the specification and tendering process, recognising the lead-time is approximately 26 weeks.

Orthopaedic clinical leads have been identified to commence a major pathway re-design programme for the main six sub specialty pathways. This has the potential to improve productivity and the delivery of alternative pathways of care to support demand management. The Orthopaedic team are developing a prehabilitation programme. The purpose of this is to support patients during their wait and optimise their mobility and general wellbeing to ensure they are maximising best outcomes from their surgery.

Ophthalmology activity continues at the Abergele site and using the insourcing company in the West at YG, this will extend to the Wrexham Maelor now that the incidence of Covid has reduced on the site. This is allowing substantive staff to continue the Intravitreal Injections (IVT) to prevent sight loss for patients with macular degeneration, which is regarded as the highest clinical risk. The ophthalmology business case is currently being presented to the planned care transformation group and positive discussions are ongoing with the Welsh Government regarding the possibility of providing a Cataract centre(s) within North Wales.

The strategic direction – the movement to the Diagnostic and Treatment Centre concept would also provide extra capacity to support this underlying deficit to deliver low waiting times.

Conclusion

The planned care transformation group continues to move at pace to build credible plans given the significant enormity and complexity of the recovery. This piece of work is recognised as one of the major opportunities and challenges the organisation will face during the recovery programme and will require significant clinical leadership and patient engagement.

Recommendations:

1. To note the potential year-end forecast of 20/21
2. To note the work on going to recover and improve planned care including the modular theatre and wards including the strategic direction of the diagnostic and treatment centre
3. To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme.
4. To note the processes in place to mitigate risks of delayed surgery

Appendix 1- The six point recovery plan



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Unscheduled Care Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Gavin MacDonald Interim Chief Operating Officer (COO)					
Awdur yr Adroddiad Report Author:	Meinir Williams, Director of Unscheduled Care Claire Brennan, Head of Office, Executive Director of Nursing					
Craffu blaenorol: Prior Scrutiny:	Review by Interim COO					
Atodiadau Appendices:	Appendix 1: NCCU programme of support ToRs					
Argymhelliaid / Recommendation:						
The Committee note the Unscheduled Care performance for February 2021 across BCUHB and the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>This report is provided to the Health Board's Finance and Performance Committee on key Unscheduled Care performance for the month of February 2021. The narrative in this report describes the position against the key performance standards for February, for which the actual data is set out in the performance report. The graph at figure 1 below depicts the data for 4 hour, attendances and arrivals from April 2019 to February 2021.</p> <p>The paper will describe the key drivers that influence the Health Board's performance reflecting 3 areas – pre-hospital demand; demand and capacity in ED; flow and discharge.</p> <p>The report will also provide an update to the Committee on the proposed programme of support from the National Collaborative Commissioning Unit (NCCU).</p>						

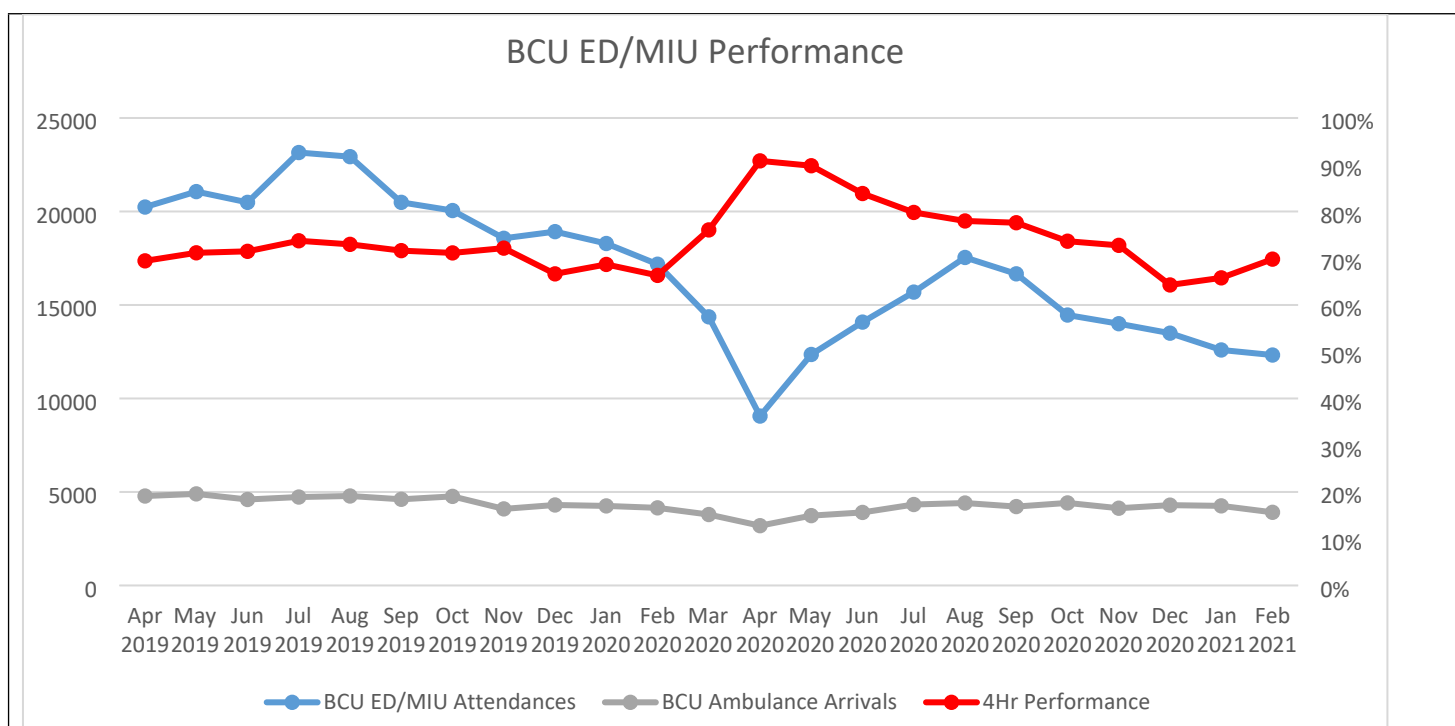


Figure 1: ED / MIU performance

Cefndir / Background:

1. Pre-hospital demand

Ambulance conveyance rates across North Wales (adjusted to per 100,000 population) remains high when compared to other HBs. This means that our EDs experience:

1. Disproportionate demand of patients arriving by ambulance
2. Protracted length and number of ambulances delayed at handover
3. Increased risk to our communities due to limited availability of ambulances to respond to calls.

The pre-hospital pressures experienced by WAST in recent weeks and months is reflected in both the ambulance handover performance and inpatient acuity.

The number of ambulances presenting to the doors of the EDs in February 2021 was less than in January 2021 and also slightly lower than the same month last year. (It is noted that February 2020 had 29 days due to it being a leap year compared to 28 days this year).

It is important to note that the acuity of those patients that are conveyed by ambulance to our EDs has remained higher over recent months. High acuity limits the options to offload into lower acuity patient clinical spaces such as the waiting room or minors area. This means that those patients delayed in ambulances tend to be more frail, sicker and/or have complex care needs. The added pressure of patients requiring 'red' and 'green' pathway separation further compounds safe, timely offload.

There were fewer number of patients delayed for >60 minutes at ambulance handover during February 2021 than last month but more than during February 2020 (660).

2. Demand and Capacity in ED–

Whilst the rate of new Covid infections is beginning to show signs of reducing, the EDs are still experiencing challenges in the unpredictable shifts in green v's red patients who are still presenting to the departments. Often hourly variances provides a challenge to sustain flow through both pathways. This results in:

- Delays in ambulance handover
- Lengthy waits for patients in our EDs
- Poor patient experience and outcomes

Despite ongoing Covid pathway challenges, the combined **4 hour ED/MIU** performance for February 2021 improved slightly compared to both January 2021 and February 2020. However, performance continues to remain a significant shortfall against the current National 95% combined 4hr ED performance target and sites are focusing on unblocking EDs as a priority.

There were fewer number of patients who waited in the Health Board's EDs for **more than 12 hours** in February 2021 compared to January 2021 and also compared to February 2020. All sites are continuing to focus on actions to reduce unacceptable patient delays within our EDs.

When we consider our patient outcomes and experience it's important that we monitor not just the number of patients delayed, but the length of time they were delayed for. There remains an unacceptable number of exceptionally long delays at both Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor over recent months. February saw a lower number of patients **delayed for 24 hours** or more in our EDs compared to January 2021, however, this remains a key focus for the sites to continue to improve this position in line with the Health Board's zero tolerance.

3. Flow and discharge –

ED overcrowding has been on the increase since November 2020. Periods where our EDs have been full due to high ambulance conveyance, failing direct access pathways and upstream capacity challenges, impacted further by red v's green capacity results in:

- Risk of nosocomial transmission
- Increased stress and anxiety to staff
- Long waiting times to be seen by an ED doctor
- Poor patient experience and outcomes

Though demand has not yet returned to pre Covid levels – and this is reflected in the fewer numbers of patients attending EDs and MIUs across the Health Board during February 2021 compared to January 2021; as a result of the reduced capacity in our EDs to ensure adherence to social distancing and a separation of red and green pathways, overcrowding in ED is more acutely felt.

The need to adopt robust infection prevention measures is of no doubt, and the Health Board continues to be cognisant of the impact this has on the number and speed by which the teams can process patients through their care. The impact of these constraints is reflected in the performance against some of the key Unscheduled Care measures.

Asesiad / Assessment & Analysis:

1. Pre-hospital demand – Actions being taken to reduce the conveyance rate across North Wales:

- Increase the capacity in the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance – this also supports the wider rollout of Phone First.
- Pathways group established with speciality involvement to increase ambulatory pathways and rapid access to specialties.
- Whole system rollout of Same Day Emergency Care (SDEC) services and acute medical model of care
- Working in partnership with WAST and EASC to identify opportunities to safely reduce deployment and conveyance of ambulances to our EDs
- Rollout of 111 with phase 1 delivered by June 2021

2. Demand and Capacity in ED – Actions being taken to improve:

- Forward planning introduced in early February with revised data based on the Swansea model. Projections adjusted to BCUHB with the support of Matthew Bluck. This supports sites to pre-plan the capacity needed for Covid and non-Covid demand through our EDs.
- Increased rapid swabbing capacity to 2 of the 3 sites and cross Health Board working which offers available swabbing capacity for sites with greatest demand.
- 'Focus on' approach to reduce ambulance handover delays (number and length of time)
- Work continues to review and map the workforce recommendations set out in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs.

3. Flow and discharge – Actions being taken to improve:

- Use of revised capacity and demand data from in-patient bed modelling linked to Health Board surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability.
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients 'waiting' to return to Care Homes or needing packages of care.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulty as a result of Covid.
- Further develop integrated discharge hubs and Discharge to Recover and Assess (D2R&A) across the three regions following approval of business case.
- Further develop and embed Same Day Emergency Care (SDEC) at all three acute sites to provide direct access pathways to see, treat and discharge relevant patients seeking urgent care on the same day.

NCCU Support for development of BCUHB Unscheduled Care Improvement Programme

Following agreement between the NCCU and BCUHB a proposed programme of support will commence in March which follows on from initial discussions with clinical teams during the end of last year and beginning of this year. The NCCU team, led by Stephen Harrhy the Director for National Programme for Unscheduled Care, will work with staff and stakeholders over the next 2 months to develop a vision and agree an improvement programme of support for the whole unscheduled care system across North Wales and will continue to provide leadership and support to staff to help deliver

change. Appendix 1 sets out a broad outline of the terms of reference for the proposed programme of work.

National Collaborative Commissioning Unit (NCCU) programme of support to BCUHB for Unscheduled Care

Terms of Reference

March 2021

Background

Unscheduled care has been a challenge to healthcare systems for many years. The following key elements have been identified in tackling the problems posed by unscheduled care, which have been accepted by the leadership team in BCU:

- Leadership and trust across systems
- Ability to align goals across health and social care
- A whole system approach

During 2020–21 short term funding was allocated for hospital front door (SDEC = Same Day Emergency Care) and early supported discharge (D2RA = Discharge to Recover and Assess) however agreed outcomes remain unclear. Longer term or invest to save funding will depend on being able to demonstrate good patient and system outcomes.

There are some areas of excellent practice in BCUHB but the Board have recognised the need to sustain, embed and disseminate this practice. Teams need to be supported to describe a vision for their services and to define what good looks like for staff and patients.

The NCCU programme team can provide support to the board, executive and leadership teams to frame the programme and provide ongoing support and challenge to help the clinical and managerial teams own the developments.

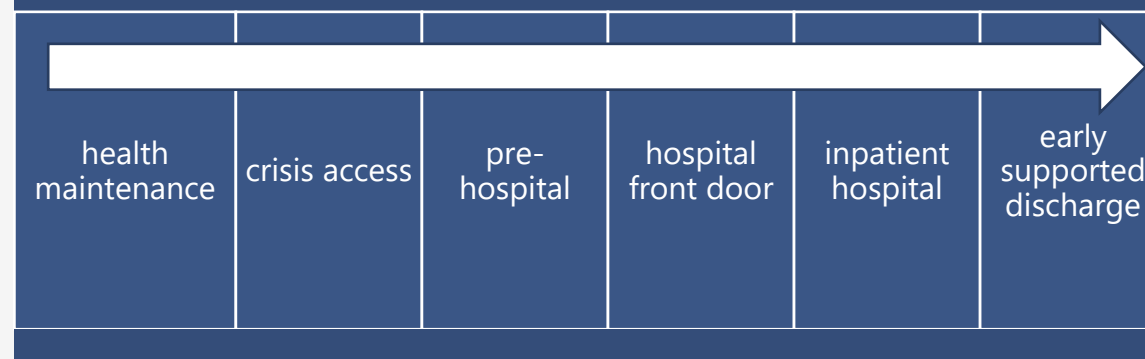
Background

The USC system can be mapped in a number of ways to break it down into manageable parts whilst not losing sight of the connectivity that is required to make services work effectively together. An effective service should lead to good patient outcomes and good patient and staff experience in each of the domains.

A Whole System Framework to focus on people across the whole system



Quality* in all service domains



* 6 domains of quality: safety, timeliness, effectiveness, efficiency, equitable, patient centred

Overview of the Programme

- The proposed programme of support between NCCU and BCUHB sets out to support teams in the design and delivery of the unscheduled care agenda for North Wales with the following identified objectives;
 - Work with the Board to provide the relevant background to the work
 - Support the development of a vision for the unscheduled care system in Betsi Cadwaladr UHB
 - Support leadership development in these areas
 - Propose a forward plan of work in the 3 key areas
 - Support the team to agree an outcome framework, including process, experience and outcome measures for individual services and for the unscheduled care system as a whole
 - Provide support to the teams as they implement change
 - Provide assurance to the Board through the SRO using the agreed outcomes framework

Workstreams

The programme of support focuses initially on 3 key areas of the health and social care system and specifically outlines where the NCCU expertise could provide support to clinical and managerial leadership teams

- 1) Step up my care (hospital front door):** maximising the use of same day emergency care when care requires input from a hospital based specialty (i.e. not solely primary care based)
- 2) Good care when not at home (inpatient hospital care):** focussing on how to run a patient centred ward with an emphasis on the balance of risk from being in hospital against the benefits. In order to improve quality of care therefore 7 day working and co-ordinated care backed by good information flows and predictive analytics must be used alongside excellent clinical acumen and holistic care.
- 3) Get me home safely (early supported discharge):** maximising discharge to recover and assess pathways in partnership with social care and third sector as well as medical and surgical pathway remodelling to enable specialised care to be accessed on a day case/ambulatory basis or remotely using digital enablers.

A planned timetable of activity for the 3 workstreams will take place over 9 weeks, prior to a launch of the BCUHB USC improvement programme that has been developed with staff.

Outcome measures including quality metrics to be agreed with teams

1) Step up my care – Scope of Project

To work with local emergency admitting teams and other key stakeholders to map the current availability of SDEC services to;

- identify gaps in provision
- consider how current services could be reconfigured
- what investment is required to make services sustainable.

SDEC is reliant on community services to enable community support to those that can be treated on an ambulatory basis. The scope will need to include review of emergency support services in the community.

Baseline data will be required to assist the teams to identify where the biggest gains could be achieved. SDEC 12 point maturity matrix will need to be updated post COVID.

An assessment of whether interventions funded to date have been able to deliver against outcomes, which included

- % of patients managed on an adult ambulatory pathway split by medical and surgical pathways,
- % conversion from ambulatory to admission

2) Good care when not at home – Scope of Project

To review ward based processes and formulate, with teams, a programme of work that improves the quality of care for our patients that is sustainable over time. Working with local wards to develop the programme which may include all or some of the following;

- Key components of the programme
- Daily Board rounds with identified core team:
- Senior clinical decision makers
- SAFER bundle
- Local authority / trusted assessors
- Tracker – this will be required during the initial programme and until such time there is an electronic patient flow system to aid the tracking.
- Engagement with diagnostic teams to support timely investigations and results
- Engagement with LA/ 3rd sector to look at fast track packages of care/ improved referral and response times
- Ability to link front door and ward – emergency waiting list system and predictive analytics

3) Get me Home Safely – Scope of Project

To work with current teams working on D2RA as well as other key stakeholders to;

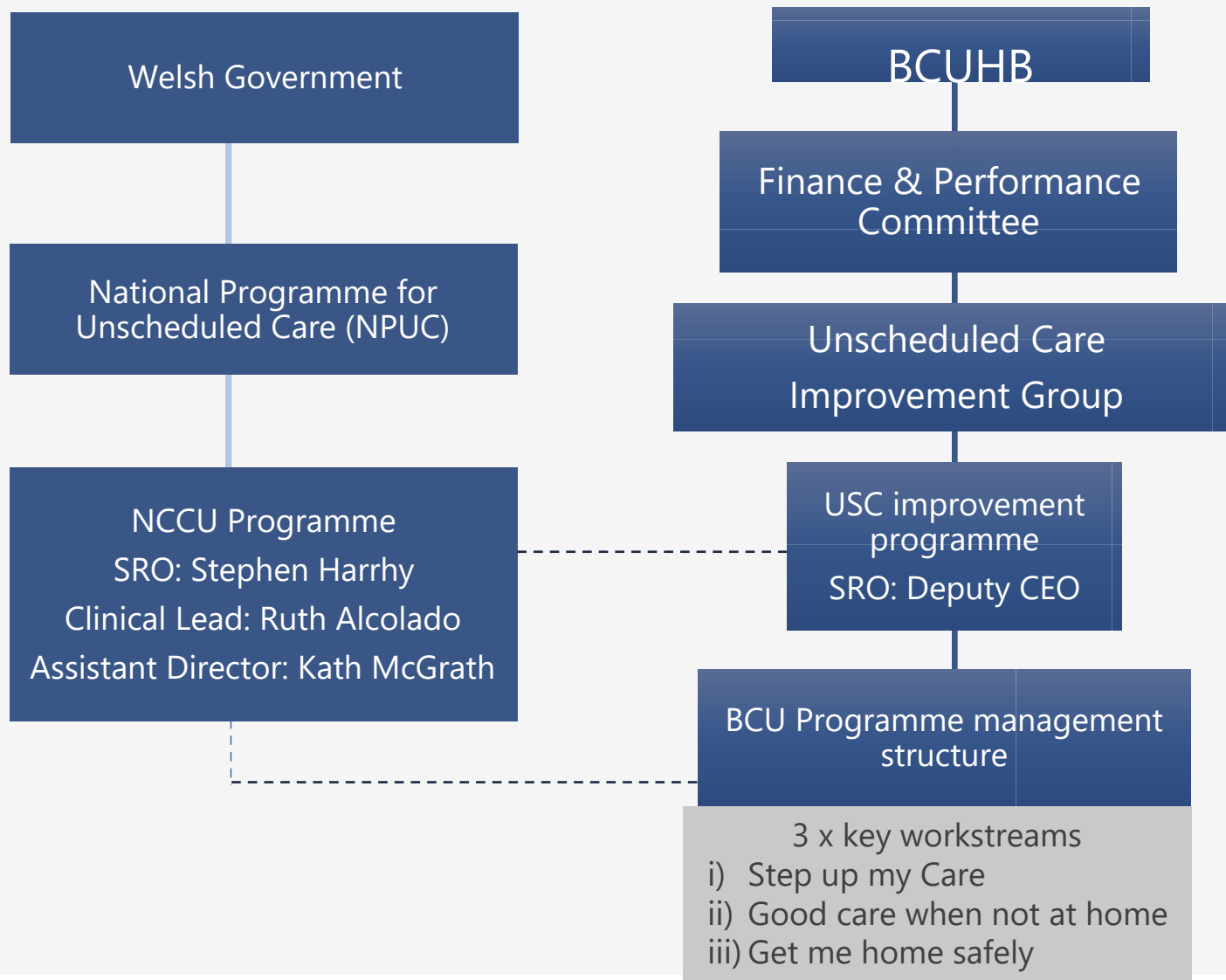
- Review existing work in this area and the potential for 7-day working and short term interim packages of care and provide support to the teams to review the use of step up / step down facilities.
- Identify any gaps/ process blockages.
- Work with specialty clinical teams to review options for ambulatory and virtual treatment monitoring options once patients are stabilised.
- Primary care input

Discharge to recover and assess model – The Delivery Unit has been working with the HB to develop and embed the D2RA pathways. The partnerships across health and social care have been developing along with these pathways and work will continue with teams to develop a vision for an comprehensive 'early supported discharge' service for all patients who need it.

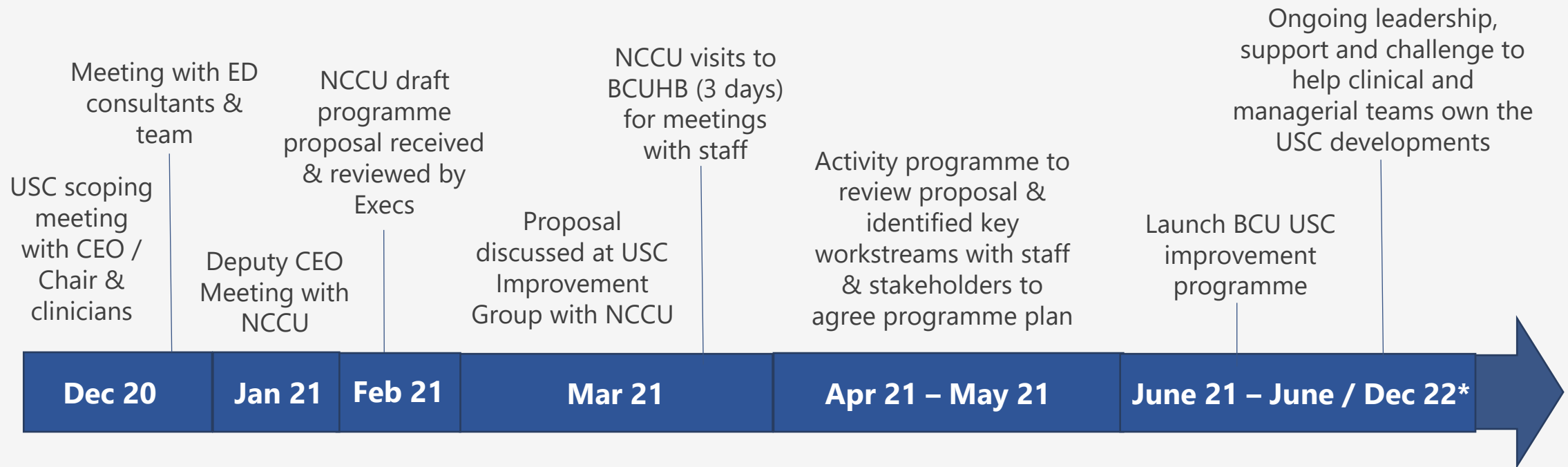
This aspect of the project is a key component supporting SDEC and the ward based model. Supporting the step up and step down model of care in the community, to both avoid admission and to support early discharge for medically stable patients.

- Discharge to recover and assess
- Early supported discharge
- Specialty medical/surgical support

USC Governance & Reporting Structure



Timeline



* NCCU have proposed a 12 – 18 months programme of support following initial phase of agreeing priority workstreams and outcome measures



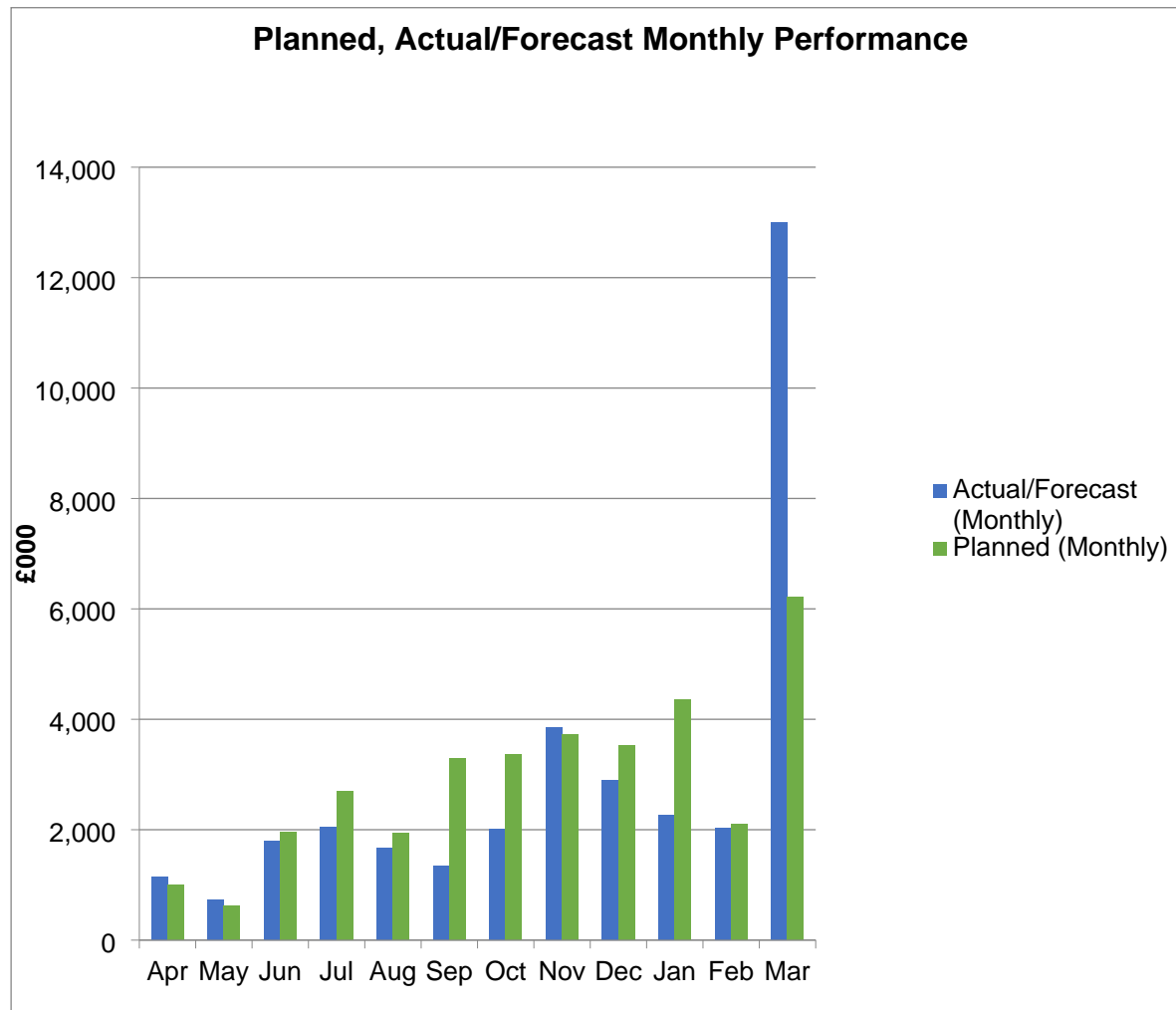
GIG
CYMRU
NHS
WALES

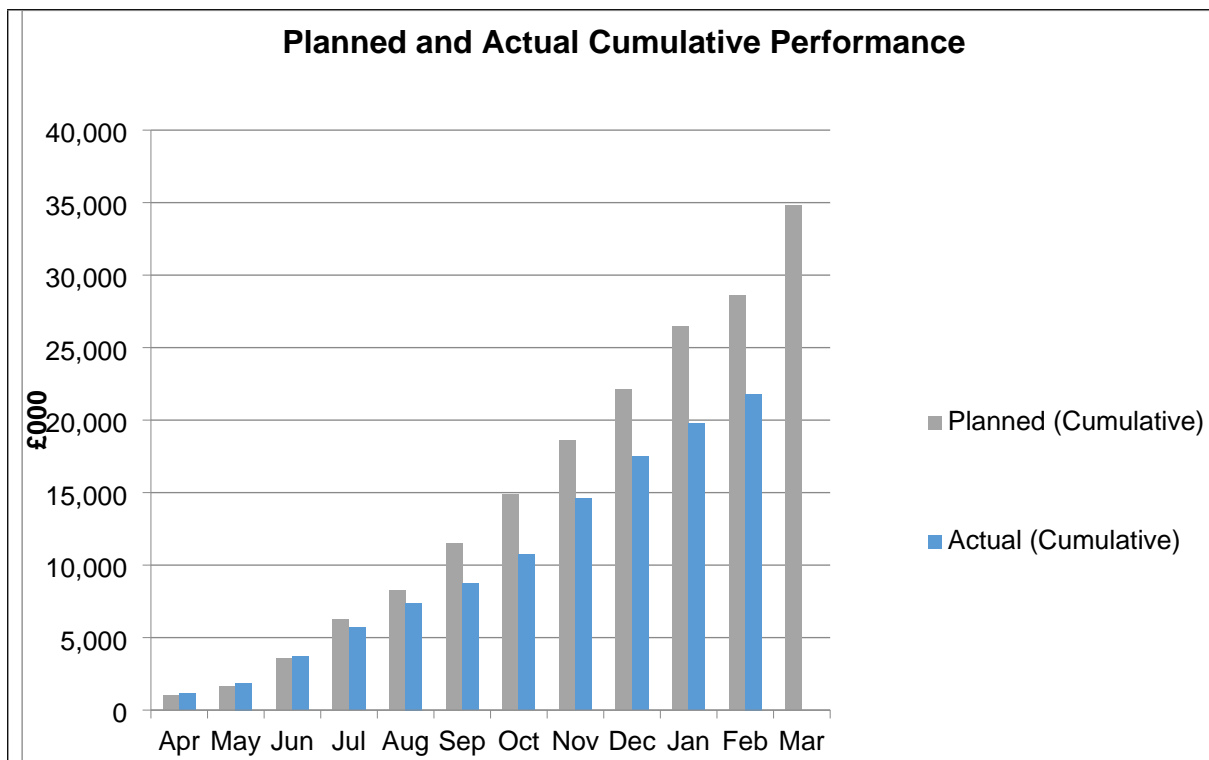
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21																			
Cyhoeddus neu Breifat: Public or Private:	Public																			
Teitl yr Adroddiad Report Title:	Capital Programme Report - Month 11																			
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance																			
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital																			
Craffu blaenorol: Prior Scrutiny:	Capital Programme Management Team (CPMT) Capital Investment Group Executive Team																			
Atodiadau Appendices:	1																			
Argymhelliad / Recommendation:																				
The Committee is asked to receive and scrutinise this report.																				
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*	X	Ar gyfer sicrwydd For Assurance*	X	Er gwybodaeth For Information*														
Sefyllfa / Situation:																				
<p>The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes.</p> <p>The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).</p>																				
Cefndir / Background:																				
The agreed capital funding from all sources may be summarised as follows:																				
<table border="1"> <thead> <tr> <th>Capital Programme</th> <th>£ '000</th> </tr> </thead> <tbody> <tr> <td>All Wales Capital Programme</td> <td>20.997</td> </tr> <tr> <td>Discretionary Capital</td> <td>12,921</td> </tr> <tr> <td>Total Welsh Government CRL</td> <td>33.918</td> </tr> <tr> <td>Capital Receipts</td> <td>65</td> </tr> <tr> <td>Donated Funding</td> <td>818</td> </tr> <tr> <td>TOTAL</td> <td>34.801</td> </tr> </tbody> </table>						Capital Programme	£ '000	All Wales Capital Programme	20.997	Discretionary Capital	12,921	Total Welsh Government CRL	33.918	Capital Receipts	65	Donated Funding	818	TOTAL	34.801	
Capital Programme	£ '000																			
All Wales Capital Programme	20.997																			
Discretionary Capital	12,921																			
Total Welsh Government CRL	33.918																			
Capital Receipts	65																			
Donated Funding	818																			
TOTAL	34.801																			

Asesiad / Assessment**Expenditure Planned/Actual (Projected from November)**

The graphs shown below sets out the planned expenditure profile for the year and the actual expenditure to date and projected to year end. Together with cumulative expenditure.





Expenditure to date (end Month 11) is 22.303m leaving 12.498m planned in Month 12. All purchase orders are placed and work has commenced. The CPMT expect to the Health Board to meet it's CRL although risks remain in respect of the impact of the pandemic.

Appendix 1 provides details of all schemes supported by the Executive Team. The following provides reports, by exception, where schemes are at variance with the planned programme.

Major Capital Schemes (>£1m)

Royal Alexandra Hospital

Following support by the Executive Team and subsequent Chairs action the updated Full Business Case has been submitted to Welsh Government (WG) together with associated responses to their initial scrutiny. We hope to have a decision from WG before the end of this month.

Ablett Redevelopment, Ysbyty Glan Clwyd (YGC)

Following refusal of the outline planning application the design team have estimated that it would take between 14-20 weeks to prepare revised design information in support of the OBC and a further 17-23 weeks to submit and consider a revised outline planning application. The cost to develop a revised design is estimated to be £350k.

Consideration is being given to the available options to progress the Outline Business Case and to determine the preferred option that minimises the impact of the potential delay.

Discretionary Capital Programmes (Individual schemes <£1m)

As indicated previously programme leads have confirmed that all purchase orders are in place and work has commenced to ensure that the Health Board meets its CRL. However, due to the localised pandemic outbreak at Ysbyty Gwynedd work has stopped on all projects within the hospital and is unlikely to recommence before the end of the financial year.

This has resulted in further slippage however the CPMT have been able to identify a number of additional medical devices priorities that can be brought forward from next year to compensate. The CPMT confirm that we expect to achieve our CRL.

Financial Implications

The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.

Risk Analysis

There is a risk that failure to implement the agreed projects and discretionary programme may result in the Health Board being unable to meet its defined operational objectives. Furthermore, if the additional schemes identified are not implemented to address the slippage in expenditure there is a risk that the Health Board will not meet its CRL.

Legal Compliance

The planned projects and discretionary programme assist the Health Board in meeting its statutory and mandatory requirements.

TODAY'S DATE:

[illegible]

[illegible]

RAG Status measured for:

- Q** Quality of the project in relation to meeting the agreed design brief
- T** Time, implementation of the project in accordance with the agreed programme
- C** Assessment of the expected outturn cost compared to the agreed budget
- R** Overall assessment of risk
- B** Expectation of realisation of key project benefits

Enter R, A or G

RAG Rating	Definitions	
RED	R	There are significant issues with the project. The project requires corrective action to meet business objectives. The issue cannot be handled solely by the project manager or project team. One or more aspects of project viability — time, cost, scope — exceed tolerances set by the project board.
AMBER	A	A problem has a negative effect on project performance but can be dealt with by the project manager or project delivery team. Action is taken to resolve the problem or a decision made to watch the situation. One or more aspect of project viability — time, cost, scope — is at risk. However, the deviation from plan is within tolerances assigned to the project manager.
GREEN	G	The project is performing to plan. All aspects of project viability are within tolerance.

For Planned Programme

- Enter B - Business Case Characters aren't case sensitive
- Enter X - Welsh Government Decision
- Enter D - Design
- Enter P - Procurement
- Enter I - Implementation
- Enter C - Project Close

For Actual Programme reporting

Enter R (Red) / A (Amber) or G (Green)

Use the DELETE key to clear entries.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Monthly Monitoring Report – Month 11				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Hill, Executive Director of Finance				
Awdur yr Adroddiad Report Author:	Eric Gardiner, Finance Director - Provider Services				
Craffu blaenorol: Prior Scrutiny:	The submission made to Welsh Government required Chief Executive and Director of Finance sign off.				
Atodiadau Appendices:	<u>Appendix 1</u> : Month 11 Monitoring Return Narrative Report				
Argymhelliad / Recommendation:					
Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 11 of 2020/21.					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
					✓
Sefyllfa / Situation:					
To report to the Committee the completion of monthly reporting to Welsh Government for Month 11 of 2020/21.					
Cefndir / Background:					
<ul style="list-style-type: none"> The financial plan for 2020/21, approved by the Board, was to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance. The Health Board's consolidated plan for the second half of the financial year was submitted in October and focused on increasing planned care and dealing with winter escalation plans. 					
Asesiad / Assessment & Analysis					

Strategy Implications:

This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.

Options considered

Not applicable – report is for information only.

Financial Implications:

- The sustained high level of COVID-19 infection rates across our population over the winter months has affected delivery of the plan, with associated impact on activity and costs. At various times, planned care activity has either been completely suspended or significantly curtailed, as staff were redeployed to increase the ICU capacity in order to cope with the most recent and ongoing surge in COVID-19 cases in North Wales. This has understandably impacted on the delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government.
- Following discussions with Welsh Government, the Health Board has reviewed its COVID-19 response and recovery plans, transformation programme and the known capability shortfall. Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board.
- Through the adoption of an agile clinical and operating model, the Health Board has endeavoured to bring forward plans in order to prepare for the challenges of the new financial year. However, a residual risk remains around BCU's ability to fully utilise the full amount of funding, given the COVID-19 outbreaks across North Wales between October 2020 and February 2021

Financial position

- The in-month position is a £0.1m deficit, which is £3.3m under the plan for Month 11. This gives a cumulative year to date surplus of £0.1m, which is a favourable variance of £36.8m against the planned deficit of £36.7m.
- The impact of COVID-19 in February is a cost of £8.2m, with a year to date cost of £96.5m.

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
COVID-19 spend (incl. Field Hospitals)	28.8	3.7	7.3	7.1	6.1	4.8	7.1	(2.5)	6.5	8.5	9.5	86.9	140.1
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	(1.4)	10.0	10.8
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	1.8	25.4	27.1
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(1.5)	(20.9)	(22.9)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(0.2)	(4.1)	(4.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	0.0	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total COVID-19 costs	30.8	5.1	7.5	9.2	7.9	7.3	6.3	(1.1)	5.9	9.4	8.2	96.5	150.1
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.3)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.7)
GMS (DES)	0.0	0.0	0.0	(0.1)	0.0	0.0	0.0	0.0	(0.1)	0.0	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(8.1)	(93.3)	(146.7)
Total COVID-19 income	(30.8)	(5.1)	(7.5)	(9.2)	19.7	(34.9)	(6.3)	1.1	(5.9)	(9.4)	(8.2)	(96.5)	(150.1)
Impact on position	0.0	0.0	0.0	0.0	27.6	(27.6)	0.0	0.0	0.0	0.0	0.0	0.0	0.0

- Cumulatively, specific funding sources totalling £3.2m have been redirected to COVID-19 to cover some of these costs. £93.3m of additional Welsh Government income has been received or notified

to cover the remaining costs to date. Therefore, overall the costs of COVID-19 are not impacting on the year to date position or the forecast position. Total forecast cost of COVID-19 is £150.1m.

- Forecasts for COVID-19 have been further refined this month and delivery of savings has performed better than expected, resulting in a decrease of £1.3m in the overall cost. There have been movements in several of the funding streams and the table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 10 £m	Forecast at Month 11 £m	Movement £m
COVID-19 spend	87.9	90.0	2.1
Field Hospitals	29.9	29.9	0.0
Annual leave accrual	20.2	20.2	0.0
Lost income	13.4	10.8	(2.6)
Non delivery of savings	27.7	27.1	(0.6)
Elective underspend	(22.2)	(22.9)	(0.7)
Slippage on planned investments	(4.7)	(4.2)	0.5
Cluster funding	(0.8)	(0.8)	0.0
Total	151.4	150.1	(1.3)

Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.

Risk Analysis:

- There are three risks to the financial position, but the value of these cannot be currently quantified. Risks and opportunities are detailed in Section 3 of the attached report.

Legal and Compliance:

Not applicable.

Impact Assessment:

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 11 2020/21

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The financial plan for 2020/21, approved by the Board, was to deliver a deficit of £40m, based on delivering savings of £45m.
- The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance. The Health Board's consolidated plan for the second half of the financial year was submitted in October and focused on increasing planned care and dealing with winter escalation plans.
- The sustained high level of COVID-19 infection rates across our population over the winter months has affected delivery of the plan, with associated impact on activity and costs. At various times, planned care activity has either been completely suspended or significantly curtailed, as staff were redeployed to increase the ICU capacity in order to cope with the most recent and ongoing surge in COVID-19 cases in North Wales. This has understandably impacted on the delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government.
- Following discussions with Welsh Government, the Health Board has reviewed its COVID-19 response and recovery plans, transformation programme and the known capability shortfall. Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board.
- Through the adoption of an agile clinical and operating model, the Health Board has endeavoured to bring forward plans in order to prepare for the challenges of the new financial year. However, a residual risk remains around BCU's ability to fully utilise the full amount of funding, given the COVID-19 outbreaks across North Wales between October 2020 and February 2021

1.2 Financial Position

- The in-month position is a £0.1m deficit, which is £3.3m under the plan for Month 11. This gives a cumulative year to date surplus of £0.1m, which is a favourable variance of £36.8m against the planned deficit of £36.7m.
 - The impact of COVID-19 in February is a cost of £8.2m, with a year to date cost of £96.5m.
-

1. FINANCIAL POSITION & FORECAST

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	YTD	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
COVID-19 spend (incl. Field Hospitals)	28.8	3.7	7.3	7.1	6.1	4.8	7.1	(2.5)	6.5	8.5	9.5	86.9	140.1
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	(1.4)	10.0	10.8
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	1.8	25.4	27.1
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(1.5)	(20.9)	(22.9)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(0.2)	(4.1)	(4.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	0.0	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total COVID-19 costs	30.8	5.1	7.5	9.2	7.9	7.3	6.3	(1.1)	5.9	9.4	8.2	96.5	150.1
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.3)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.7)
GMS (DES)	0.0	0.0	0.0	(0.1)	0.0	0.0	0.0	0.0	(0.1)	0.0	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(8.1)	(93.3)	(146.7)
Total COVID-19 income	(30.8)	(5.1)	(7.5)	(9.2)	19.7	(34.9)	(6.3)	1.1	(5.9)	(9.4)	(8.2)	(96.5)	(150.1)
Impact on position	0.0	0.0	0.0	0.0	27.6	(27.6)	0.0	0.0	0.0	0.0	0.0	0.0	0.0

- Cumulatively, specific funding sources totalling £3.2m have been redirected to COVID-19 to cover some of these costs. £93.3m of additional Welsh Government income has been received or notified to cover the remaining costs to date. Therefore, overall the costs of COVID-19 are not impacting on the year to date position or the forecast position. Total forecast cost of COVID-19 is £150.1m.
- Forecasts for COVID-19 have been further refined this month and delivery of savings has performed better than expected, resulting in a decrease of £1.3m in the overall cost. There have been movements in several of the funding streams and the detail of this is included in section 4.1. The table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 10 £m	Forecast at Month 11 £m	Movement £m
COVID-19 spend	87.9	90.0	2.1
Field Hospitals	29.9	29.9	0.0
Annual leave accrual	20.2	20.2	0.0
Lost income	13.4	10.8	(2.6)
Non delivery of savings	27.7	27.1	(0.6)
Elective underspend	(22.2)	(22.9)	(0.7)
Slippage on planned investments	(4.7)	(4.2)	0.5
Cluster funding	(0.8)	(0.8)	0.0
Total	151.4	150.1	(1.3)

- The forecast for lost income has been reduced this month, following a review of Non-Contracted Activity (NCAs) income. This identified that NCA income lost had not been as low as previously reported and so an adjustment to increase this by £1.8m has been recorded this month. This has also reduced forecast lost income for the year.

1. FINANCIAL POSITION & FORECAST

1.3 Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.
-

2. UNDERLYING POSITION

2.1 Movement from Financial Plan (Table A)

- The underlying position brought forward from 2019/20 was a deficit of £57.7m, with an opening plan of £40m deficit.
-

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2020/21.

	£m	Level	Explanation
Risks			
Savings Programme			There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.
Additional funding			There is a risk that the Health Board will not be able to fully utilise the additional funding provided by Welsh Government due to the impact of the Covid outbreaks on the planned care programme for Q3-4.
Hallett v Derby Hospitals NHS Foundation Trust			Health Board systems have been amended to comply with the outcomes of the case. However it has not yet been determined if there will be any claims made against the Health Board and what the financial implications of those may be. Further investigations have been delayed due to COVID-19, but it is hoped that this will be resolved in the next few months.

4. INCOME & EXPENDITURE

4.1 Income (Table B)

- Income totals £158.3m for February.
- Confirmed allocations to date are £1,731.5m, with further anticipated allocations in year of £21.0m, a total forecast Revenue Resource Limit (RRL) of £1,752.5m for the year.
- £145.8m of the RRL has been profiled into February, which is £4.1m more than in January. This primarily reflects the movement in AME Capital (£3.6m).
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

	M11 £m
RRL (Table E)	1,752.5
Less COVID-19 funding (Table A, line 22)	(150.1)
Less funding for specific purposes, e.g. drug treatment fund	(21.4)
Adjusted RRL	1,581.0
Equal 12ths phasing	1,449.3
Add YTD COVID-19 costs	96.5
Phased YTD RRL	1,545.8
Actual YTD RRL (Table B)	1,545.7
Variance	0.0

- Total Welsh Government COVID-19 income is forecast at £150.1m for the year, of which £96.5m has been included in the year to date financial position. The split of expenditure against this forecast is shown below.

4. INCOME & EXPENDITURE

	Total Forecast Expenditure £m	Actual Expenditure to M11 £m	Forecast Expenditure M12 £m
Additional COVID-19 support	60.1	51.1	9.0
Annual leave accrual	27.4	0.0	27.4
Field Hospital commissioning costs	14.1	14.1	0.0
Field Hospital decommissioning cost	7.9	0.0	7.9
Trace element of TTP (including IT)	6.3	4.4	1.9
Support for adult social care providers	5.7	4.3	1.4
Quarter 1 Pay	5.4	5.4	0.0
COVID-19 vaccination programme	5.3	2.6	2.7
PPE	4.9	4.5	0.4
Discharge to Recover and Assess	2.9	1.5	1.4
Optimise Flow & Outcomes (ICF)	2.4	2.3	0.1
Consequential losses	1.8	1.4	0.4
COVID-19 testing	1.2	0.9	0.3
Extended flu vaccination programme	1.1	1.0	0.1
Pharmacy allocation	1.0	0.9	0.1
Mental Health Improvement Fund	0.7	0.7	0.0
Additional cross border costs 0.8%	0.5	0.5	0.0
Ambulatory care (Same Day Emergency Care)	0.4	0.3	0.1
Primary Care Centre Pathfinders	0.3	0.2	0.1
Voluntary Sector Mental Health Service Provision	0.2	0.0	0.2
GMS (DES)	0.2	0.2	0.0
MH Helpline	0.1	0.1	0.0
Dental allocation	0.1	0.0	0.1
Bank Holiday DES	0.1	0.1	0.0
Total Welsh Government Funding	150.1	96.5	53.6

- As estimates of COVID-19 expenditure are progressed and plans are further developed, forecast costs change. In Month 10, many of the COVID-19 funding streams have been fixed and so new plans have been required when existing schemes forecast an under spend.
- Where the level of funding has not yet been finalised, this has been amended in line with the changes to forecast expenditure. In addition, there has been one new funding stream notified to the Health Board in Month 11, totalling £0.1m. The following movements in the allocation of COVID-19 income have been made during Month 11:

4. INCOME & EXPENDITURE

	Total Forecast at M10 £m	Total Forecast at M11 £m	Movement £m
Forecast movements from M10			
Additional COVID-19 support	66.8	60.1	(6.7)
Annual leave accrual	20.2	27.4	7.2
Field Hospital commissioning costs	14.0	14.1	0.1
Trace element of TTP (including IT)	7.9	6.3	(1.6)
COVID-19 vaccination programme	6.1	5.3	(0.8)
PPE	5.2	4.9	(0.3)
Support for adult social care providers	5.0	5.7	0.7
Discharge to Recover and Assess	2.2	2.9	0.7
Extended flu vaccination programme	1.6	1.1	(0.5)
Ambulatory care (Same Day Emergency Care)	0.5	0.4	(0.1)
Ambulatory care	0.1	0.0	(0.1)
Sub-total	129.6	128.2	(1.4)
New funding in M11			
Bank Holiday DES	0.0	0.1	0.1
Unchanged schemes	21.8	21.8	0.0
Total Forecast	151.4	150.1	(1.3)

- The impact of COVID-19 has resulted in negative lost income of £1.4m during February. Whilst there has been £0.4m of General Dental Services (GDS) patient income that has not been received due to COVID-19, this has been offset by a reassessment of Non-Contracted Activity (NCAs) income. As a result of this review, the impact of COVID-19 on this income stream has been reduced by £1.8m.

Loss of Income	M11 £m
Dental Patient Charge Revenue	0.4
Non-contracted activity (NCAs)	(1.8)
Total Income	(1.4)

4.2 Expenditure (Table B)

4. INCOME & EXPENDITURE

- Expenditure totals £158.3m for Month 11, £5.6m more than in Month 10. Of this increase, £3.7m relates to a movement in AME capital costs. Other significant movements include increases in Primary Care (£1.0m) and Non-Pay (£1.5m) and reduction in Losses (£2.0m).
- Expenditure of £9.5m is directly related to COVID-19 this month, of which £4.1m is included in pay and £5.4m across non-pay expenditure categories. This is £1.0m more than in January.
- The impact of COVID-19 on the savings programme has resulted in planned savings of £1.8m not being achieved this month and this shortfall is included within non-pay. Elective care activity during February remains significantly below usual levels, with much planned care stopped due to COVID-19, giving a reduction in spend of £1.5m. In addition, there is slippage on investments of £0.2m offsetting costs.

Primary Care	<ul style="list-style-type: none"> – Expenditure in February is £1.0m higher than last month and £2.1m above the average for the year. – Pressures in General Medical Services (GMS) remain from increased costs of drugs reported through GMS Dispensing and GP Prescribing. – In addition, costs related to COVID-19 are £0.7m higher in Month 11 than last month, totalling £1.0m. This increase relates to costs of the COVID-19 vaccination programme.
Primary Care Drugs	<ul style="list-style-type: none"> – Spend has reduced by £0.5m (5%) this month, to £9.0m, which is just below the average for the year to date. – The data for December, received this month, showed an increase in the rolling average cost per prescribing day and in volume of prescriptions, with average cost per item being slightly reduced. The year to date over spend at Month 11 is £4.9m, with a forecast overspend of £5.5m for the year.
Provided Services - Pay	<ul style="list-style-type: none"> – Details are provided in Section 5.
Provider Services Non-Pay	<ul style="list-style-type: none"> – There has been an increase of £1.5m in expenditure compared to Month 10, of which £0.7m relates to COVID-19 (£5.4m COVID-19 non-pay in Month 10 versus £4.7m in Month 10). – COVID-19 non-pay costs last month were reduced by £1.1m due to an adjustment to the set-up costs of the Field Hospitals. There has been no equivalent adjustment in Month 11. – Non-pay costs not related to COVID-19 have increased by £0.8m. This includes increases in Intermediate Care Fund (ICF) costs (£0.5m) and staff recruitment (£0.1m).

4. INCOME & EXPENDITURE

Secondary Care Drugs	<ul style="list-style-type: none"> Costs have increased by £0.3m from last month and are £0.7m higher than the average for the year to date. This movement is made up of increases across a range of specialities.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> There has been a £0.5m (equivalent to 2%) increase in spend compared to Month 10. The position and forecast is still assuming that the Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust will fall below the 75% activity value for the period, giving a 10% clawback on the contract (£1.1m). In addition, we are forecasting a clawback on The Royal Liverpool and Broadgreen University Hospitals NHS Trust contract of £0.4m.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> Expenditure in February has decreased by £0.6m to £10.7m, which is £1.4m above the monthly average for the year so far. Of this decrease, £0.5m relates to Mental Health CHC. An additional accrual to reflect the potential risk of disputed CHC packages was included last month, which inflated Month 10 spend.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> Expenditure relates to a variety of providers, including hospices and Mental Health organisations. Costs have increased by £0.7m this month arising from private and third sector organisations supporting Public Health projects (£0.3m), CAMHS (£0.1m) and Mental Health relating to COVID-19 (£0.1m).
Joint Financing	<ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property. There was a decrease in spend of £2.0m this month, which related to a movement in the Clinical Negligence Welsh Risk Pool (WRP) provision.
Capital	<ul style="list-style-type: none"> Includes depreciation and impairment costs, which are fully funded.

4.3 Forecast (Table B)

4. INCOME & EXPENDITURE

- Following discussions with Welsh Government and across NHS Wales, the Health Board has reviewed its COVID-19 response and recovery plans, transformation programme and the known capability shortfall. Opportunities to accelerate plans and progress on performance improvement have been identified, to help drive the optimum return on the additional funding that has been provided to the Health Board.
- Through the adoption of an agile clinical and operating model, the Health Board has endeavoured to prepare for the challenges of the new financial year. However, a risk remains around BCU's ability to fully utilise the full amount of funding, given the COVID-19 outbreaks across North Wales during the last six months of the year.
- Pay costs in Month 12 include the £27.4m annual leave accrual, as detailed in section 6.3.2. In addition, £4.0m has been accrued for study leave to recognise the liability owed to junior doctors who have been unable to take their contracted study leave days.
- Non-pay costs forecast for Month 12 include a significant number of items that are related to COVID-19, as follows:

Increase from M12	£m
Field Hospital Decommissioning	7.9
Lost income movement	2.2
TTP	1.0
COVID-19 CHC	0.9
COVID-19 PPE stock	0.8
Adult Social Care	0.7
Early Prevention	0.6
COVID-19 Vaccinations	0.6
Field Hospital Rent	0.6
	15.3

4.4 Accountancy Gains (Table B)

- The Health Board is not reporting any accountancy gains this month.
-

5. PAY EXPENDITURE

5.1 Pay (Table B2)

- Total pay costs in February are £71.3m. Provided Services pay costs are £69.6m, which is £0.8m higher than in January. Primary Care pay costs at £1.7m are £0.3m lower than last month.
- A total of £4.1m of pay costs were directly related to COVID-19, which is £0.2m higher than in Month 10.
- The main changes by staff group have been as follows:
 - Medical & Dental: Decrease of £1.0m from Month 10, with £0.3m relating to COVID-19. This reflects the lower costs being seen across divisions for all grades of medical staff, but particularly for consultants where spend is down by £0.7m.
 - Nursing & Midwifery: Increase of £0.7m in total, with £0.5m of this increase relating to COVID-19 related pay. COVID-19 pressures have continued during February, requiring additional nursing staff to manage patients. In addition, the vaccination programme continues to increase, contributing £0.2m of these increased costs. The additional costs for enhanced overtime rates, which have been agreed by the Health Board for a defined period to support service demands, have continued to be paid in Month 11.
 - Additional Clinical Services: Increase of £0.4m, of which £0.2m relates to an increase in COVID-19 related pay. This staff group is also eligible for the enhanced overtime rates as a response to increased demand.
 - Allied Health Professionals: Increase of £0.5m in pay costs this month, of which £0.4m relates to agency costs for Neurodevelopmental Assessments (Childrens Services) to reduce the waiting lists within the service.

5.2 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 11 are £3.6m, representing 4.8% of total pay, £0.2m higher than last month. Agency spend related to COVID-19 in February was £0.9m, £0.3m lower than last month.
 - Medical agency costs have decreased by £0.1m to an in-month spend of £1.5m. Of this, £0.3m related to COVID-19 work, £0.1m lower than in January.
 - Nurse agency costs totalled £0.9m for the month, the same as last month. This cost includes £0.3m relating to COVID-19.
-

5. PAY EXPENDITURE

- Other agency costs total £1.1m this month, £0.2m higher than last month. £0.3m relates to COVID-19, primarily Admin and Clerical.

6. COVID-19 ANALYSIS

6.1 COVID-19 Actual Costs (Table B3)

- The total impact of COVID-19, including the Field Hospitals and TTP for February is a cost of £8.2m. A total of £0.1m of specific funding has been redirected and used to offset the costs of COVID-19. Therefore, the Welsh Government funding required to offset the impact of COVID-19 this month is £8.1m.
- Included in Field Hospital costs are consequential losses totalling £1.5m for the year to date. The current assessment of consequential losses is estimated at £1.8m, which is the same as at Month 10.

6.2 COVID-19 Forecast Costs (Table B3)

- The forecast expenditure relating to COVID-19 is reviewed and revised on a monthly basis, as the Health Board develops and adjusts plans. The current total cost of COVID-19 is forecast to be £150.1m. This is £1.3m lower than the forecast in Month 10.
- Savings delivery for the year will be reduced against the plan of £45.0m and it is estimated that this will be £17.9m.
- Costs for decommissioning the field hospitals are currently estimated at £7.9m, to be incurred in March. This is split across the three hospitals as follows:

	£m
Ysbyty Enfy Bangor	2.0
Ysbyty Enfy Llandudno	2.5
Ysbyty Enfy Deeside	3.4
Total	7.9

- Elective under spends will continue for the rest of the year. It is expected that full capacity will not be reached in 2020/21 due to the requirements of social distancing for staff and patients, and the continued number of COVID-19 patients in hospital beds. The forecast elective under spend for the year is £22.9m.

6.3 Key Areas (Table B3)

6.3.1 COVID-19 and extended flu vaccination programmes

- Actual and forecast costs for the COVID-19 vaccination programme and the extended flu programme have been included in Table B3 as follows.
-

6. COVID-19 ANALYSIS

COVID-19 Vaccination Programme	Table B3	M07	M08	M09	M10	M11	M12	YTD	Total
	Row	£000	£000	£000	£000	£000	£000	£000	£000
<u>Pay</u>									
Establishment: Administrative & Clerical	3	0	7	30	30	150	150	217	367
Establishment: Medical & Dental	4	0	0	0	0	4	0	4	4
Establishment: Nursing & Midwifery	5	0	2	26	21	211	210	260	470
Agency: Administrative & Clerical	13	58	21	40	40	107	80	266	346
Agency: Medical & Dental	14	0	0	0	0	53	50	53	103
Agency: Additional Clinical Services	17	0	0	0	0	18	20	18	38
Total Pay		58	30	96	91	543	510	818	1,328
<u>Non-Pay</u>									
Additional costs in Primary Care	59	0	0	0	0	1,454	2,095	1,454	3,549
Catering costs	62	0	0	0	0	1	1	1	2
Cleaning costs	64	0	0	0	15	1	5	16	21
Equipment costs - other	73	0	0	34	0	0	0	34	34
Estates\Security costs	74	0	0	24	0	35	20	59	79
IT Costs	77	13	6	0	10	0	0	29	29
Laundry costs	78	0	0	1	0	0	0	1	1
M&SE - consumables	80	0	0	0	25	0	25	25	50
PPE	82	0	0	8	0	6	5	14	19
Rent	84	0	0	0	0	12	0	12	12
Telephony	86	0	0	0	10	33	5	43	48
Transportation	89	0	0	4	10	1	2	15	17
Other costs	91	0	0	2	30	17	15	49	64
Total Non-Pay		13	6	73	100	1,560	2,173	1,752	3,925
Total		71	36	169	191	2,103	2,683	2,570	5,253

Extended Flu Vaccination Programme	Table B3	M07	M08	M09	M10	M11	M12	YTD	Total
	Row	£000	£000	£000	£000	£000	£000	£000	£000
<u>Pay</u>									
Establishment: Nursing & Midwifery	5	0	47	11	0	0	0	58	58
Total Pay		0	47	11	0	0	0	58	58
<u>Non-Pay</u>									
Additional costs in Primary Care	59	0	614	108	64	146	53	932	985
Drugs inc Medical Gases	70	0	54	0	0	0	0	54	54
Total Non-Pay		0	668	108	64	146	53	986	1,039
Total		0	715	119	64	146	53	1,044	1,097

- There has been a £0.8m decrease in the forecast cost of the COVID-19 vaccination programme this month, as it progresses further and plans crystallise. The extended flu programme forecast has also reduced by £0.5m.

6. COVID-19 ANALYSIS

6.3.2 Annual leave liability

- The Health Board is has further reviewed the annual leave accrual this month, in light of the sustained high level of COVID-19 infection rates limiting the leave that staff can take. As a result, the Health Board has increased the liability by £7.2m to £27.4m. This reflects expectations that Medical staff will be carrying forward up to 14 days leave, with other staff carrying forward up to 10 days leave but a higher rate than previously expected.
 - This forecast has been included in Table B3 on line 52. The original resource allocation of £20.2m was included on a resource only basis, on the assumption that required cash support will be requested through working capital movements during 2021/22, when annual leave is taken and any additional costs are incurred to cover roles during periods of absence. The increase in cost of £7.2m has been funded from additional COVID-19 support monies.
-

7. SAVINGS

7.1 Savings (Tables C – C3)

- Delivery of savings continues to improve. Savings of £2.2m (including income generation and accountancy gains) are reported in Month 11, increasing the year to date delivery to £15.9m. Schemes currently in delivery have a forecast in-year value in Table A of £17.9m, an increase of £0.6m from the Month 10 position. Savings forecast delivery has been enhanced as a result of an improving forecast for existing schemes.
 - The total in-year forecast for savings (including income generation and accountancy gains) stands at £17.9m, including schemes that remain in the 2020/21 pipeline of £0.018m. The forecast full year effect of recurring schemes is £12.2m. The reduction of £0.3m from Month 10 relates to schemes withdrawn from 2020/21 due to zero forecast delivery, which will be included as new schemes for 2021/22 rather than full year effect.
 - The Health Board is currently considering options and capacity requirements for the savings delivery and PMO function to be re-established. This will enable dedicated capacity to be re-instated with a particular focus upon developing opportunities for the 2021/22 programme.
-

8. WELSH NHS ASSUMPTIONS

8.1 Income/Expenditure Assumptions (Table D)

- All Welsh NHS contracts have now been agreed and signed.
-

9. RESOURCE LIMITS

9.1 Resource Limits (Table E)

- Income for COVID-19 costs has only been anticipated from Welsh Government where it has been notified to the Health Board. This totals £20.5m for 2020/21, identified as follows:

WG Anticipated COVID-19 Income	£m
Field Hospital decommissioning costs	7.9
COVID-19 vaccination programme	5.3
Discharge to Recover and Assess	2.9
Field Hospital commissioning costs	1.9
Consequential losses	1.8
Extended flu vaccination programme	1.2
Primary Care Centre Pathfinders	0.3
Ambulatory care (Same Day Emergency Care)	0.6
Ambulatory care	0.2
Test Trace Protect (TTP)	(1.6)
Total	20.5

10. STATEMENT OF FINANCIAL POSITION

10.1 Statement of Financial Position (Table F)

- Key movements in the SoFP during Month 11 are:
 - Fixed assets decrease of £0.9m due to newly capitalised assets in year less non-cash adjustments.
 - Inventories increase of £0.6m due to early year end stock takes.
 - Trade and other receivables decrease of £19.5m, which primarily relates to the £9.4m decrease in the RRL receivables and £9.7m decrease in Welsh Risk Pool relating to provisions.
 - Cash increase of £16.0m due to change in phasing of expenditure forecasts.
 - Provisions decrease of £9.8m relating to a reduction in the Clinical Negligence provision.
 - General Fund increase of £4.9m due to £5.0m CRL drawn offset by £0.1m in month deficit.
-

11. CASH

11.1 Cash Flow Forecast (Table G)

- The closing cash balance was £23.7m, which included £20.9m cash held for revenue expenditure and £2.8m for capital projects. This balance is significantly higher than usual due to re-profiling of forecast expenditure since the FIS submission date in January. The Health Board's Treasury Accountant contacted Welsh Government on 17th and 24th February advising of this slippage and the forecast closing cash balance.
 - Table G currently forecasts a 2020/21 closing revenue cash balance of £1.5m with a nil value for capital cash after receipt of £2.1m for movements in working balances.
 - The Health Board is forecasting significant increases in payables balances at the end of 2020/21, largely due to the timing of payments against COVID-19 resource allocations, including the decommissioning of field hospitals and associated consequential losses. Current forecasts are that no further cash drawdown will be required after 1st March, leaving a balance of £40.3m cash available not required during the year. Requirements for this cash will be considered and discussed with Welsh Government during 2021/22.
 - Current forecasts are that the Health Board will also not need to draw £3.9m of Capital Resource Limit cash in 2020/21 and requests for this cash will be considered as part of movements in working capital balances in future years.
 - The differences between cash available for both revenue and capital on Table E – Resource Limits and forecast requirements on Table G Cashflows detailed above have resulted in two validations on the Month 11 Monitoring Return submission.
-

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 PSPP (Table H)

- This table is not required in Month 11.

13. CAPITAL

13.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2020/21 is £33.9m. Actual expenditure to the end of February was £21.0m, against a plan of £24.2m. The year to date slippage of £3.2m will be recovered during March and it is forecast that the CRL will be achieved. Each strategic group has provided assurances that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet its CRL.

13.2 Capital Programme (Table J)

- The Capital Programme update is reported in Table J and an updated by scheme provided below.
-

13. CAPITAL

All Wales Schemes	CRL/Planned YTD £000	Expenditure M11 £000	YTD Planned £000	Narrative
Capital Projects Approved Funding				
PAS System	423	360	405	The WPAS project expenditure is on track this financial year and Phase 3 of the revised programme will Go-live in May 2021. Planning to commence Phase 4 will start in 2021.
Substance Misuse - Holyhead, Anglesey	497	474	568	The project has an agreed revised programme due to delays as a result of COVID-19. The completion date of the scheme is projected for the end of June 2021. The CRL has been reduced to reflect the delays.
Substance Misuse - Shotton, Flintshire	1,635	1,291	1,635	The project has an agreed revised programme due to delays as a result of COVID-19. The completion date of the scheme is projected for the end of May 2021. The CRL has been reduced to reflect the delays.
North Denbighshire Community Hospital	1,823	1,613	1,642	The scheme is currently in design stage and fees will be due this financial year.
Ablett SOC - OBC	435	509	509	The scheme is currently in design stage and fees will be due this financial year.
Emergency Department Systems	366	322	332	The Health Board is in the process of implementing a single instance standalone BCU Symphony system across all sites. BCU went live in the West area on the 2nd December. The forecast spend will achieve in the financial year.
Slippage from 2019/20 (Replacement CT Scanner - YGC) into 2020/21	340	597	597	The scheme is complete.
Ruthin	1,431	1,109	1,442	The scheme is progressing and there has been delays reported on a number of phases due to COVID-19. However the spend profile and CRL has been revised to reflect the delays. The project is set to complete mid February 2022.
COVID - 19	8,162	8,162	8,162	All schemes are complete and equipment has been received.
COVID - 19 Digital Devices	842	0	842	The tender has been awarded and the project will completed by year end.
ICF	1,376	889	1,389	The Bryn Beryl and Prestatyn project are due to complete by year end. The forecast spend will be achieved by March 2021.
NDR Funding	30	0	30	The scheme is due to complete by the 31st March 2021.
Eye Care Funding	274	0	274	The scheme is managed by Cardiff and Vale Health Board. The costs for the software will be recharged in Month 11 to BCU in Month 12.
Covid 19 - Ventilators	492	0	492	The ventilators are being recharged from NWSSP. BCU has already received delivery is awaiting the invoice in Month 12.
Digital Eyecare Equipment	1,328	0	1,328	The scheme is managed by Cardiff and Vale Health Board. The costs for the software will be recharged in Month 11 to BCU in Month 12.
Devices for Community Nursing Groups	284	0	284	The tender has been awarded and the project will completed by year end.
Imaging Upgrades & Ultrasound machines	1,259	0	1,259	All orders have been raised and delivery of the equipment is due in March 2021.
All Wales Total	20,997	15,326	21,190	
Discretionary Total	12,921	5,680	12,728	Programme leads have confirmed that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Overall Total	33,918	21,006	33,918	

14. WELSH NHS DEBTORS

14.1 Welsh NHS Debtors (Table M)

- The Health Board had fourteen outstanding NHS Wales invoices over eleven weeks old at the end of Month 11, eight of which were paid before the Monitoring Return submission date.
 - These invoices have all been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales and included on the Month 11 Agreement of Balances exercise.
-

15. GMS & GDS

15.1 GMS (Table N)

- This table is not required in Month 11.

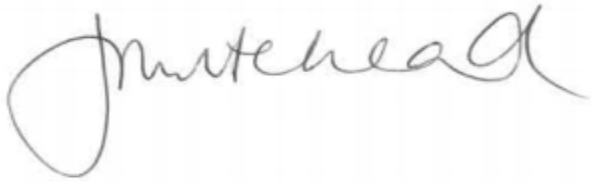
15.2 GDS (Table O)

- This table is not required in Month 11.
-

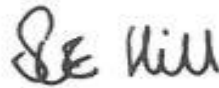
16. SUMMARY

16.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 11 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the March meeting.

A handwritten signature in dark ink, appearing to read 'Whitehead', written in a cursive style.

Jo Whitehead
Chief Executive

A handwritten signature in dark ink, appearing to read 'Sue Hill', written in a cursive style.

Sue Hill
Executive Director of Finance

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Month 10 Monitoring Return Responses

Overview – Action Point 10.1

The forecast breakeven outturn position follows the return of £17m of Covid Sustainability Funding. It is noted however, that this position is based on a significant level of spend for which your plans are still to be finalised. This is described as relating to Planned Care and Diagnostic Performance funding of £6.023m (previously £4.4m) and Covid Sustainability funding of £3.070m. Given where we are now at the end of February, clarity is urgently required on the Health Board's plans and utilisation of this funding as this presents a significant risk.

Response

Strategic Performance funding

In relation to the funding for performance improvement in Quarter 3 and 4, plans were on track to deliver the activity associated with this funding, until we saw higher than anticipated numbers of COVID-19 cases in hospitals, with serious outbreaks at all three of our acute sites including a current outbreak at Ysbyty Gwynedd.

At various times, planned care activity has either been completely suspended or substantially curtailed, as staff were redeployed to significantly increase the ICU capacity in order to cope with the most recent and ongoing surge in COVID-19 cases in North Wales:

- Ysbyty Glan Clwyd and Centre Area – October to November
- Ysbyty Maelor Wrexham and East Area – November ongoing (we suspended Planned Care)
- Ysbyty Gwynedd and West Area – February ongoing (we suspended Planned Care)

This has understandably affected the delivery of the planned care activity set out in the Health Board's Quarter 3 and 4 submission to Welsh Government.

However, I understand the potential scrutiny around the strategic support and we have been progressing additional initiatives, which will be completed and costs incurred over the remainder of the year. In addition to these new developments, we have also reviewed operational expenditure in the second half of the year and have identified a number of planned care schemes that have been aligned to other funding sources, which it would be appropriate to align to the performance strategic support funding (£10.3m) and would commit the full value of the allocation notified in the Minister's announcement in November.

COVID-19 funding

In relation to the COVID-19 plans, the £3m underspend is the residual element of the additional COVID-19 funding allocation which the Health Board proposed to return in Month 9; of the £20m proposed return value, £17m was agreed by Welsh Government. As you will be aware, a proposal was put forward that Health Board could fund the additional £3.038m (identified in the Month 10 Monitoring Return) for the vaccination programme, as this would maximise the use of the COVID-19 sustainability funding. Thank you for your quick response to advise that this was not an option.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Overview - Action Point 10.2

The forecast position is also after managing surpluses on COVID-19 programme items of £0.457m for PPE and £0.363m for Testing. It is not clear if this forms part of your 'plans under development' or is additional.

Response

The surplus generated by reduced PPE and Testing costs are included within the value badged as 'plans under development'.

Overview – Action Point 10.3

COVID-19 Pay costs were forecast to be £5.8m in January, the actual costs are materially lower at £3.9m. The forecast for February is £5.7m and March is £5.2m (excluding provision for the costs of annual leave). There are also concerns, but to a lesser extent of c £0.700m, in relation to increases in Operational Pay. Clarity is required on the robustness of the Health Board's expenditure forecasts.

Response

The forecast pay increase over the winter period relates to the additional COVID-19 capacity planned to support the vaccination programme and Tracing project which is estimated at £0.78m, plus the Winter Schemes of £1.02m, see table below:

	Jan £m	Feb £m	March £m
M10 Return	3.9	5.7	5.2
Total increase over previous month		1.8	1.3
COVID-19 Capacity			
Covid Vaccination	0.09	0.34	0.35
TTP	0.34	0.60	0.60
FH	0.26	0.28	0.29
Impact of Enhanced overtime policy		0.25	0.25
Total forecast for COVID-19 Capacity	0.69	1.47	1.49
COVID-19 Capacity increase over previous month	0.00	.78	0.80
Total Forecast for Winter Schemes		1.02	0.50
Total		1.8	1.3

Overview – Action Point 10.4

The separate Mass COVID-19 Vaccination programme template forecasts expenditure will significantly increase in the last final two months compared to £0.191m to January 2021 (M11

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

£2.530m and M12 £3.059m - although these are reported as M11 £3.573m and M12 2.016m in Table B3). Whilst we would anticipate an increase in expenditure in line with the rapid increase in programme delivery, this is a material step-up in expenditure, which requires clarification in the robustness of the expenditure profile.

Response

The step up in costs is predominately relating to primary care support for the vaccination programme and in addition, Primary Care are contributing to delivery at a much higher percentage than originally envisaged. During Month 11, we have reviewed and reclassified expenditure relating to the vaccination programme and this is in line with the current Welsh Government guidance, hence the increased forecast and the material step-up in expenditure.

Overview – Action Point 9.1

I note your response to my query that the YTD surplus is as a result of YTD WG COVID-19 funding being phased in excess of YTD COVID-19 costs. Whilst you have asserted that this has been corrected, I see no change in the methodology i.e. the M10 YTD surplus remains purely as a result of over phased COVID-19 income. To clarify, the SoCNE table (B) is a financial statement of net expenditure. All income, which predominately is your RRL, should be profiled to match that expenditure. I trust you will therefore action the correction to your phasing, on the basis that you are forecasting to fully utilise your funding on forecast spend (i.e. you are reporting breakeven). If you have a material risk (which for your organisation we would consider a value close to, or exceeding, £500k) that the expenditure which you are currently forecasting to incur in the final two months may not materialise, then you should quantify the potential surplus as an Opportunity in Table A2. If that opportunity has materialised at Month 11 and you are unable to manage that surplus, then a revised forecast outturn position should be reported.

Response

Thank you for discussing this issue further. I am pleased the methodology we have used is correct, and the only difference is a minor rounding.

Covid-19 (Table B3) – Action Point 10.5

I note there is a minor difference, of £0.006m, between income and costs regarding the Extended Flu Programme. It would be useful to receive clarity as to whether you are intentionally funding this from the COVID-19 Sustainability Funding or if this was an error and you need to correct the anticipated income value.

Response

It is confirmed the intention is to fund the £0.006 difference from the COVID-19 Sustainability funding.

Covid-19 (Table B3) – Action Point 10.6

At Month 11, please ensure that the spend profiles reported in the Mass COVID-19 Vaccination

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Programme Template are consistent with those recorded on line 107 of Table B3.

Response

Apologies, this was a late adjustment.

Covid-19 (Table B3) – Action Point 10.7

Please also note that the recently issued Urgent Emergency Care funding and the All Wales Christmas Bank Holiday DES (GMS) funding, are COVID-19 related allocations ('COVID-19' was omitted from the description in error, when the allocations were issued) and therefore should be included within Line 22 of Table A with corresponding costs within Table B3.

Response

The Christmas Bank Holiday DES (GMS) funding is now included within the COVID-19 funding on line 22.

You have confirmed BCU did not receive any Urgent Emergency Care Funding.

Covid-19 (Table B3) – Action Point 10.8

Within the detailed TTP Template, I note that you are recording 'contingencies' of £0.667m for Local Authorities spend (Feb & Mar) and £0.250m for Health Board Pay. I trust that these will be replaced with firmed up forecast expenditure at Month 11. Please note that the final recovery of any Tracing Funding will be actioned following this Month 11 submission.

Response

The contingencies have been removed from the Month 11 return.

Savings (Table C) – Action Point 10.9

Whilst I acknowledge the extent of your savings forecast of £16.460m, given that no savings were 'finalised' at the start of the financial year, it is concerning to note that 30% are still classified as Amber. The Health Board's savings position is an outlier in comparison to other Health Boards and further clarity is required in this area. This is an issue that I have raised previously. Please review the ratings of each scheme and, if any remain as Amber at Month 11, give full details of what is preventing the scheme being classified as Green.

Response

Savings delivery

Most savings schemes are already delivering; it is also worth noting that we have been able to progress the savings programme at a higher level than we would have anticipated despite the pressures of the operational response to COVID-19:

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Reason for Amber	Sum of Cash-Releasing Saving £000
Awaiting PID	893
New M10 - delivering but requires exec approval on QIA	116
Requires chase for Exec IA approval	2,408
Requires follow up with Exec for IA approval	1,509
To be issued to Execs for IA approval	144
Grand Total	5,070

*IA = Impact Assessments (can be quality and/or data impact)

Over the last two months, we have delivered £4.6m and the run rate of £2.3m / month supports the delivery of the forecast to year end of £3.6m in Months 11 / 12.

Savings (Table C) – Action Point 10.10

I note that there is a scheme described as “Orthopaedic Implants” that is no longer forecast to deliver any in-year savings in 2020/21 yet has a FYE value which is improving the Underlying Position by £0.120m. Please review and remove this, as only schemes that have an in-year delivery in 2020/21 can improve the Underlying Position c/f into 21/22

Response

The scheme has been removed for 2020/21 and will be included as a new scheme for 2021/22.

Other – Action Point 10.11

Thank you for confirming the Non cash position at M10. Please ensure that any changes to these figures are notified to my team as they arise. The final date for making any changes to the 2020/21 Non cash values is 14th April 2021.

Response

This has been noted.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 25.3.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director Finance						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
Asesiad / Assessment							
The Finance and Performance Committee considered the following matters in private session on 25.2.21							
<ul style="list-style-type: none"> • Procurement contracting briefing paper - North Wales Dental Academy • Business Justification cases - Interventional Radiology Replacement, Gamma Camera Replacement and Radiotherapy CT Simulator • Managed Service Contract - Haematology and Coagulation • Medical and Dental Agency Locum monthly report 							