Aneurin Bevan University Health Board

IMTP

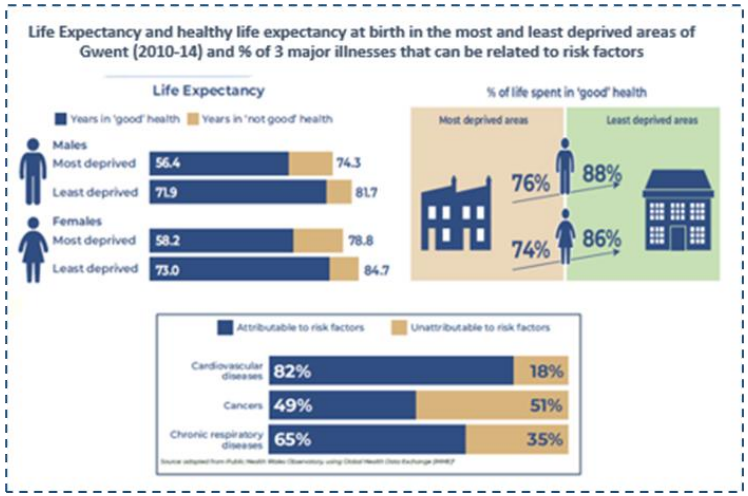
Integrated Medium-Term Plan

2022/25

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

INTRODUCTION

As an organisation our mission is to improve population health, and, through doing this, reduce the health inequalities experienced by our communities. The current 18-year gap in healthy life expectancy between our wealthiest and poorest communities is significant. It is the consequences of inequality that mean a greater number of citizens require our services. Sadly, the pandemic has worsened the gap, therefore, as we look to the next three years, we must continue to relentlessly focus on improving population health in order to reduce health inequality.



This plan sets out our ambitions for the next three years, underpinned by three core themes: optimism, realism and sustainability. Optimism will be important as we enter the next three years; we will have to deal with the damaging consequences of the Covid-19 pandemic, remain alert to further waves and potential new variants, tackle backlogs of demand for planned care services, support people whose long-term conditions have deteriorated and importantly support our tired staff to recover from their experiences. However, the optimism in this plan stems from knowing and demonstrating that we can deliver change at pace to improve care; our growing understanding of our system means that we know where to focus our efforts and that strong foundations are in place across our system with renewed strength in partnership working, new facilities and digital, quality and workforce enablers in place, together with the desire to progress integrated decision making as the way we do business.

The realism in this plan stems from its development by our teams. The priorities of this plan and the delivery profiles set out in the supporting Minimum Data Set have been developed clinical teams across our system. Given the scale of demand, we could have set out demanding delivery targets and challenged our teams to meet the task, however, we chose to focus on understanding demand and capacity plans, understanding where we can together to make improvements and supporting teams to understand their impact across our health system. In this way, we have developed a plan which is stretching but based on a realistic profile of delivery, owned by our frontline teams.

The final key theme is sustainability. This plan is not about recovery of waiting lists in the short term at the expense of a sustainable system. As a three-year plan, it is focussed on delivering the actions to maximise sustainable capacity, support people in the most appropriate place of care, and take preventative actions to help people to live well in our communities. In focussing on sustainability, we can bring balance across workforce, finance and system challenges. We are also in a climate emergency and sustainability of health care services cannot be at the expense of environmental sustainability. This plan sets a renewed focus on driving forward our net zero and sustainability ambition.

The Clinical Futures Strategy, with tackling health inequality at its core, remains resilient as the direction of the organisation. This plan sets out our ambitions to deliver the strategy over the next three years. We are optimistic we are on course to deliver, have charted a realistic delivery approach and are confident our actions will support us in achieving sustainability in order to meet the needs of our communities.

Reflections on 2021/22

There has been substantial learning across the Health Board over the past twelve months which will guide how we respond in 2022/23. This does not simply relate to how we responded to the direct challenges of the changing variants of concern and successive waves of Covid-19, or the wider impact on the last two years on our population and services but also how crisis enables transformation to flourish across the system.

The past 12 months have seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care and community services,

as well as mental health services. We have high walk-in demand at our emergency departments, significant pressures in social care and high levels of absence across our workforce. This is in the context of restarting many routine services despite continued constraints on capacity.

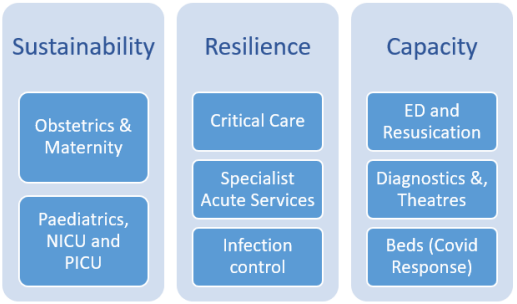
We are proud of the way in which our staff have responded, showing resilience, bravery, dynamism, resourcefulness and great skill over the last two years. In addition to the overwhelming challenges presented by Covid-19, our workforce has enabled our system to introduce new ways of working and to embed many of the clinical futures models that are transforming how we deliver services across our acute hospital network.

In 2021/22 we delivered:

- ✓ Significant improvements in Urgent Care performance in a challenging climate
- ✓ Safe surgical zones created to maintain urgent and essential services
- ✓ Best performing Health Board for Referral to Treatment Times
- ✓ By February 2022, 95% of over fifty-year-olds had their first dose of the Covid vaccination, 94% their second dose and 86% have had their booster for Covid vaccinations
- ✓ Urgent Primary Care services established in all Enhanced Local General Hospital (ELGH) sites
- ✓ New ambulatory services established
- ✓ Reduced nurse vacancies by 85%
- ✓ Implemented the Mental Wellbeing Foundation Tier programme including Connect 5, SPACE (development of single point of access for children and young adults) and Melo.

Our Clinical Futures Strategy has remained resilient and relevant for over a decade. The opening of the Grange University Hospital, as part of a new hospital network, was a fundamental milestone in the delivery of the broader strategy. Clinical Futures is about much more than one hospital; it seeks to improve population health, resilience and well-being and deliver care closer to home, primarily thorough primary and community services, all supported by a hospital network.

One year on from the opening of the Grange University Hospital and moving to a new hospital model, six months early and in the middle of a pandemic, we are seeing benefits in terms of service sustainability, resilience, and capacity. In addition, recruitment has improved for specialist medical staff and registered nurses.



There is no doubt that our system has been under significant and relentless pressure. There are sicker patients needing urgent care, staff are adapting to new models of care and the consolidation of specialist services at the new hospital represents a culture shift.

As we approach 2022/23, we will continue to embed the new models of care that could not be fully implemented whilst our system responded to the pandemic. Notwithstanding this, our focus and key opportunities for achieving a sustainable system lie in delivering the broader strategy and strengthening the role of our Enhanced Local General Hospital network and the provision of more care closer to home.

We have reshaped our Clinical Futures Programme to support the delivery of the organisations key priorities, which, based on our understanding of our system, will deliver the biggest impact on improving the sustainability of our system.

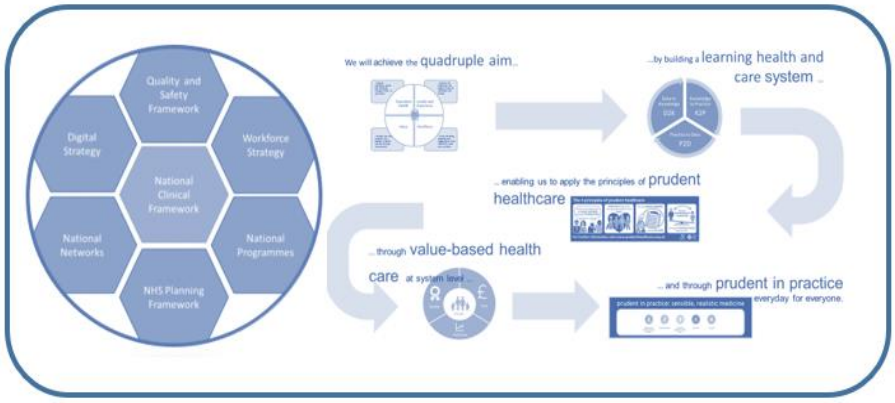
This Integrated Three Year Plan sets out the key priorities we will focus on over the life of this plan. It builds on what has already been achieved and provides the greatest opportunities to move further forward with the strategy in the Covid-19 recovery environment. We have also taken the opportunity to review and reflect on the Clinical Futures strategy in the context of A Healthier Gwent, National Clinical Framework and new opportunities for transformation and innovation possible in a post pandemic future, all of which will reform the refresh of our strategy.

Well-being of our Future Generations There are a range of policy drivers and tools which we can utilise to support how we plan to ensure that a person's chance of leading a healthy life will be the same wherever they live and whoever they are. The Wellbeing of Future Generations Act (WFGA) keeps us focused on preventative approaches, Value Based Healthcare and integrated decision making provides further tools to focus on the outcomes that matter to individuals and their families, the Quadruple Aim and Ten Design Principles in A Healthier Wales similarly provide a focus on ensuring wellbeing.

In this document, you will not find a separate section listing projects we are delivering to support the Wellbeing of Future Generations Act. The Act challenges us to fully embed the five ways of working. We fully share our four wellbeing objectives with our public sector partners, and they are enshrined in the 5 Public Service Board Well-being Plans that serve our citizens across Gwent.

We continue to work with partner organisations to embed the Act through our shared focus on prevention, reducing health inequalities, improving community and personal resilience. Our plan is not about a series of projects or specific pieces of work but an underpinning approach to the way we design and deliver services across our system, embedding the future generations principles throughout.

National Clinical Framework published in February 2021 sets out a coherent vision for the strategic, regional and local development of NHS Wales Clinical Services.



It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population. Its intention to improve patient outcomes and experience supporting the planning and delivery of Value-Based health care, doing what matters most to people through shared decision making, and creating sustainable and resilient clinical services.

We welcome this framework and are confident that the principles that underpin it resonate with our approach to planning and delivery of services across our system. We will contribute to and fully engage with national programmes to develop holistic pathways of care, service innovations and quality statements and be guided by the outcomes of this work as we transform services locally.

Our plan for 2022/23 is designed to capture our core intentions, give clarity on our priorities, be clear about how we are dealing with the incredibly difficult task of resuming 'normal' business in the context of the ongoing pandemic, and the direct and indirect harms of Covid-19 on the health and wellbeing of our population.

We all understand the consequences for our population are great and we need to focus on optimising every resource available to us as we strive to reduce ever widening health inequality and improve population health.

Our staff are exhausted, and we need to focus on their wellbeing. Asking staff to do more to tackle waiting lists and to rise to the challenge of recovery is difficult. We need to focus on realistic and deliverable scenarios, being honest with the public, Welsh Government, and ourselves about what is possible. A single document can never capture the breadth of activity that takes place across the Health Board. Planning is not about a single document and this plan should be read alongside a range of plans and the annexes that accompany it.

Our plan is split into five broad sections:

1. **Our Organisational Priorities**
2. **Our planning landscape 2022 - 2025**
3. **Delivery of Whole System Transformation (Clinical Futures)**
4. **Our Core Enablers for delivery**
5. **Our Delivery Framework**

ORGANISATIONAL PRIORITIES

Our commitment to Care Aims Principles (integrated decision making) underpins our ambition to improve population health and reduce inequalities. Building resilience in and working with our communities, embedding a person-centred approach to service provision and supporting citizens and their families to take responsibility in order to deliver the change communities need.

The main outcome of the approach to health is functional ability which is the sum of the individual and environmental attributes that enable a person to be or do what they have reason to value at every stage of their life-course. For a neonate or infant, functional ability could be manifested by feeding well and playing; for older adults, by the ability to function independently without dependence on care.

This approach requires holistic, long-term, policy and investment strategies and engagement that promote better health outcomes for individuals and greater health equity in the population. We are confident this approach can provide high returns for health and sustainable development, both by limiting ill health and the accumulation of risk throughout life and by contributing to social and economic development and the foundation economy.

PRIORITY 1 – EVERY CHILD HAS THE BEST START IN LIFE

We believe that every child deserves the opportunity to have the very best start in life.

Early childhood experiences, including before birth, are key to ensuring improved health outcomes, better learning, access to good work and a fulfilled life. To deliver this priority, we will challenge traditional practices, introduce new ways of working and forge greater alliances with Local Authorities and the Third Sector. We have already set out our ambition to become a Marmot Region focusing initially on early years. This will enable us to align our resources to promote early family-centred interventions, public education and improved long-term outcomes for all children.

Healthier Together was launched on 29th March 2021, and this new online platform is dedicated to supporting families through the stages of maternity, early child health development, health and wellbeing for children and young adults.

The first of its kind in Wales, this is a self-care resource for both families, young people and health professionals and the public in the ABUHB area. As well as providing valuable information from pregnancy care, child development and mental health advice for young people, it's also anticipated to become the go-to

place for parents and young people to find support, resources and guidance while understanding and navigating key areas of childhood health.

Our medium-term plan identifies key areas that will have a positive impact on the first 1,000 days, and we are progressing a series of actions and initiatives against which we can measure how well we are doing. A summary of these are set out below:

Good Health in Pregnancy a woman's health is essential to the good health of her baby. Women who eat well and exercise regularly along with regular prenatal care are less likely to have complications during pregnancy and are more likely to successfully give birth to a healthy baby. Making good lifestyle choices will directly impact on a baby. It is important to stop tobacco smoking, drug misuse and alcohol consumption during pregnancy. In 2021/22 smoking cessation advisors actively worked with pregnant women achieving cessation rates above the Welsh average. We also piloted a midwifery led weight service in Ebbw Vale through the appointment of a Public Health Midwife as recruitment of dietitians was not deliverable during the pandemic. This pilot is a precursor to implementing the Maternal Healthy Weight Pathway designed to reduce co-morbidities such as hypertension and gestational diabetes and to achieve improved birth choice outcomes with a reduction in Caesarean section and inductions. Key areas for delivery this year include:

Smoke free environments Maintaining formal smoking bans on all Health Board sites to ensure a smoke free environment for all pregnant women using our services
Support to stop smoking in pregnancy Extending smoking cessation support in pregnancy as part of routine ante natal care to reduce the incidence of smoking amongst pregnant women, reduce miscarriages, premature births, and low birth weights.
Weight management during pregnancy Expand the maternal healthy weight pathway to support all pregnant women with a BMI over 35. This programme provides brief interventions, dietary support, eating for one healthy for two, based on the Doncaster model.
Ante-natal Education Programme Our Maternity Service will continue to develop stronger alliances with PHW raising the public health messaging through ante natal education programmes.

Midwifery and Neonatal Services support women with the knowledge, skills and confidence to make informed decisions regarding their care. We promote all options for birth, at home, in free standing midwifery led birth centres, the obstetric unit or the co-located midwifery birth centre. Through addressing key public health factors such as healthy eating, smoking cessation and exercise the health of future generations should be improved and interventions in the birthing process diminished. At the booking appointment all women are signposted to our 'Healthier Together Platform' by their named midwife. This provides a wealth of information to support women and their families through pregnancy, delivery, and parenthood.

Consultant cover for labour ward care has been improved by the consolidation of obstetric services at the Grange University Hospital supporting around 300 obstetric deliveries each month.

Sustainable Services We will maintain 'Birth-rate Plus' staffing standards, maintaining high quality and sustainable services for women within community and acute care settings. Working closely with HEIW to ensure ongoing recruitment of preceptor midwives.
Parental Accommodation There is a strong correlation between parental access to neonates and long term maternal /neonatal health outcomes. We will ensure that parents play an active role in their baby's nurture and care through the building of bespoke neonatal parents' accommodation, fully compliant with the latest national / 'BLISS' standards.

Healthy Child Wales Programme we strongly believe that progressing the aims and objectives of the Healthy Child Wales Programme is critical to children's health, social and educational development and to optimising their longer-term potential. Our focus for delivery this year includes:

Increased support and encouragement of breast feeding for new mothers.
Increased emphasis on care closer to home, enhancing the role of the community team and supporting the pro-active management of conditions without the need for specialist paediatric intervention wherever possible.
Establishing fully integrated working between midwifery services and health visiting, school nursing and Flying Start teams. This is being delivered through the establishment of hubs within localities.

Increased support for the public health nursing, with midwives and health visitors able to extend the 'window of support' and respond to issues such as infant feeding difficulties, low mood and anxiety. We have established a responsive feeding team supporting women who breastfeed. Rates are not as high as we would want them to be, we recognise that some of this is culturally driven, however one of the biggest challenges to breastfeed is levels of obesity across our population.

Childhood Immunisation is a highly effective population health measure, second only to clean water, in reducing the burden of infectious diseases. It helps a child to become protected from diseases caused by bacteria or viruses whilst also protecting others around them. Without immunization, the only way to become immune is to get the disease. Our proposed Public Health Protection Service will be instrumental in driving uptake of immunisation and vaccination programmes, providing the skills and capacity to reach into our communities. We will continue to deliver our immunisation and vaccination programmes which include:

Children's Flu Programme Continue to deliver the Children's flu programme which was extended to cover all secondary school pupils. The School Nursing Service and Covid-19 mass vaccination team work together to deliver this expanded programme.
Human-papillomavirus Vaccination (HPV) HPV is a very common sexually transmitted infection that can cause genital warts or cancers. HPV protection is now extended to boys alongside girls this year and we are scheduled to immunise doses 1 & 2 totalling approximately 10,000 together with around 3,000 outstanding second doses (from 2020 cohort) due to recent school closures and absent children. We expect that additional staff resources will enable us to deliver an additional 5,000 HPV vaccines by March 2022.
Men ACWY booster This vaccine protects young people against four different types of meningococcal disease for 15 to 19-year-olds who are at more risk from disease than any other age group expect under 5s. We will undertake a catch-up programme of teenage meningitis vaccinations to recover disruption caused by the Covid-19 pandemic.
Measles, Mumps and Rubella (MMR) The MMR elimination plan has been disrupted by Covid-19. Uptake of first and second vaccinations as part of routine childhood immunisation programme has been maintained. We will offer a catch-up MMR programme to those who have missed having two doses during childhood.

Smoke Free Hospitals, Schools and Playgrounds the new Smoke Free Regulations are an important step towards achieving our ambition that 'all our children and young people live in smoke free environments and consider not smoking to be the norm'. We are actively managing the culture change needed to comply with the legal requirements to take reasonable steps to prevent smoking on hospital grounds. Our Public Health Team supports schools to provide a healthy setting for learners and staff.

PRIORITY 2 – GETTING IT RIGHT FOR CHILDREN AND YOUNG ADULTS

Young people are an important group and nurturing of future generations is crucial for our communities.

Evidence is emerging that brain structure is still developing and is not mature until the early 20s, and that after infancy, the brain's most dramatic growth spurt occurs in adolescence. Teenage years are consequently a key opportunity for action to strengthen health behaviours, build resilience and ensure individuals reach their potential. Children and young people represent a third of the population in Wales, and their health and wellbeing will determine their future.

Adverse Childhood Experiences stressors that impact on their future arise from the abuse and neglect of children but also from growing up in households where

children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems. The effects can impact on the long-term physical and mental wellbeing of an individual, which in turn can be inter-generational. Therefore, preventing and mitigating the effects of Adverse Childhood Experiences (ACEs) can improve health across the whole life course, enhancing individuals' well-being and productivity while reducing pressures and costs on the health service.

Those experiencing four or more ACEs have increased risk of health harming and criminal behaviours. Thus, health, social, criminal justice and educational systems are all likely to see better results for the Welsh population if ACEs are prevented and mitigated. The impact of ACEs is everybody's business and preventing and mitigating ACEs is our common purpose across our systems' public sector. We have therefore developed a series of initiatives to ensure that our children grow up in the best possible supportive environment and are able to reach their potential in adulthood. A summary of our plans include: -

Mental Health Resilience in Children and Young adults the Covid-19 pandemic has had measurable impact on the mental well-being of children and young people, exacerbated by the repeated closure of schools during successive pandemic waves. With schools now fully open again and restrictions being gradually lifted, it is imperative to take every opportunity to support the recovery of children and young people's mental well-being. Welsh Government recently launched its 'Framework for Embedding a Whole School Approach to Emotional and Mental Well-being'. This approach to emotional and mental well-being was at the core of the 'Iceberg' model that we have been implementing with our partners to ensure that children and families getting the right help, first time, at the right time informs service planning, delivery, and measures of success. We are transitioning from our Iceberg model to the NYTH/NEST National Framework.

We have well established mechanisms in place across every state primary (195) and secondary (35) school through our school nursing teams and school in reach programmes. Within schools' students can use QR codes to access services and book discrete sessions with our school nurses, psychologists or school councillors. We piloted the whole school approach model in Blaenau Gwent and Torfaen supporting school communities to develop their thinking around whole school approaches to well-being. This year our plans reflect the mental health and resilience of children and young adults at one of the highest priorities for the Health Board over the coming year and beyond.

NYTH/NEST

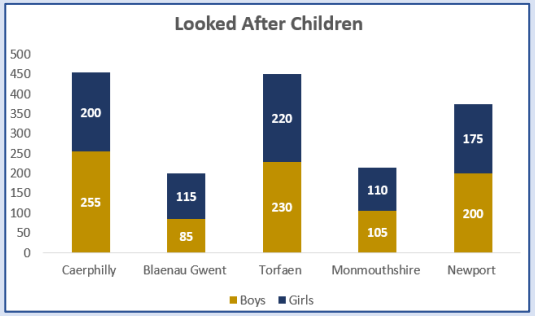
We are reviewing our priorities for delivery in the context of a post-Covid-19 needs assessment to enable us to determine the longer-term structure and functions of services that support children's mental health and emotional wellbeing. The outcome of this work is at present uncertain, however, partners are committed to progressing a programme of change over the 2022/23 period to embed key principles, values and practices that align with the NYTH|NEST Framework.

Embedding and Expanding the Whole School Approach

Educational and Clinical Psychologists, skilled in working with complex systems to bring about system level change will work with partner agencies to support a cultural change in the way we think about well-being and mental health of young people. Working with individual schools, this team will help them identify the needs of young people considered the 'missing-middle', and together with partner agencies help schools access appropriate training/interventions to support specific young people and create school environments where all members of the community can flourish and thrive.

Looked After Children

There are currently nearly 2,000 children in the care system in our area, three-quarters of whom are aged 5-18. Torfaen is amongst the highest rate per head of population for Looked After Children in the UK. We will further integrate the Looked after Children service with the school nursing service to support the increased demand for places both locally and nationally.



Neurodevelopment Pathway

In April 2021 we launched a single point of access for Neurodevelopmental referrals. This has seen a doubling of referral rates and we anticipate that referrals will continue to rise as lock down measures are eased. This new needs-led, evidenced based service pathway for the assessment of neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) will continue to be embedded this year. A key challenge for 2022/23 will be the backlog of assessments resulting from school closures where in school observations which is a core part of assessment - had not been possible.

Welsh Government's Mental Health (Wales) Measure
Detailed proposals have been approved and will be implemented this year to integrate primary and secondary care CAMHS focusing on the provision of high quality, evidenced based specific interventions to young people and their families, who are requiring 'low to moderate' mental health and emotional wellbeing support under Part 1 of the MH measure; and who are experiencing 'moderate to severe' mental health difficulties under Part 2 of the MH measure.

Emergency Response Pathway
Windmill Farm will launch in Quarter 2 of 2022/23, providing a safe space/sanctuary for young people experiencing a psycho-social/mental health crisis to de-escalate for up to three months. Admission will be on a case-by-case basis, with CAMHS teams inputting directly into the therapeutic programme. This integrated approach is key to delivering a robust, sustainable seven-day service

Further work will be undertaken in conjunction with adult mental health and learning disabilities services for supporting section 136 assessments under the Mental Health Act.

Support being a Healthy Weight it is important that children and young people can live in environments that support being a healthy weight and where they can be active in our shared open spaces and abundant natural environment. Implementation of the two-year Healthy Weight: Healthy Wales plan was delayed due to the pandemic response. This year we are redoubling our efforts and our focus for delivery includes:

New Initiatives to support healthy eating
- Level 1 Sustainable Food Communities Programme will deliver a whole system approach to food poverty, including education and skills to support healthy diets and greater equity in Blaenau Gwent, the Local Authority with highest levels of obesity.

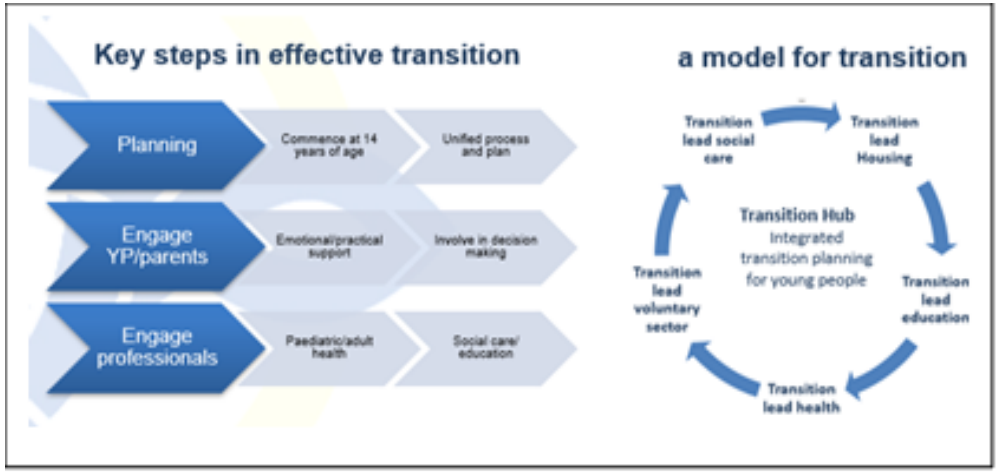
Obesity Pathway Development
- Implement planned Healthy Weight: Healthy Wales obesity pathway developments
- Level 1 Children and Families Programme will support good nutrition in the first 1,000 days of life and help children be a healthy weight by the time they start school

Eating Disorder Services
- Development and continued funding of an integrated Paediatric Avoidant/Restrictive Food Intake Disorder (AFRID) service
- A Health Board-wide review of eating disorder services with a view to designing a model that works 'upstream' to support early detection and intervention in relation to eating disorders.
- As part of Health Schools Programme in Gwent, provide training in schools for staff and pupils.

Transition pathway for 15-25 years this is often a very difficult time for children and young people, where many stressful elements combine. Typically, a young person who has been under the care of paediatric services for an extended period can face a 'perfect storm' of circumstances, where transferring to unfamiliar adult patient pathways comes together with the loss of child-based third sector support, a series of social and economic challenges in their wider life and high risks of non-compliance with previous treatment routines. Often the shift from child to adult pathways is viewed simplistically as a transition point from one service delivery unit to another rather than the transition of the complex care needs of an individual.

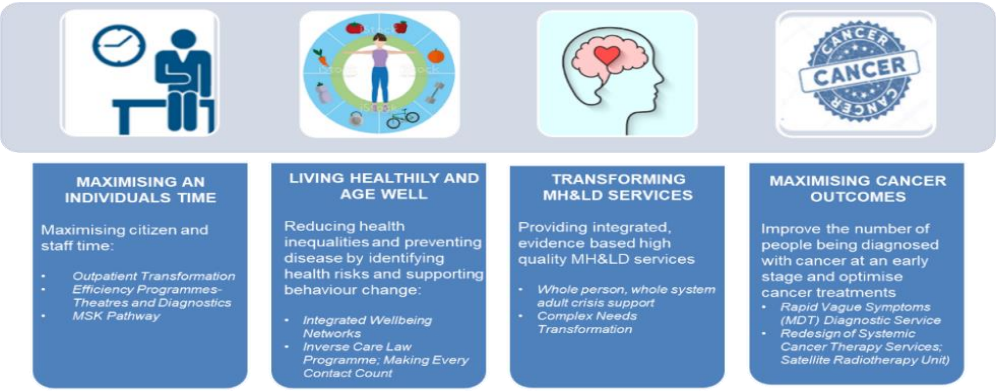
Transitioning care needs is multifactorial and multiagency often encompassing the educational, physical and mental health, social care, social (including third sector) and housing needs of the individual. It is our ambition to deliver and maintain an optimal model of transition from child to adult services.

Through our partnership mechanisms this year we will develop a shared understanding of the range of transition activities that exist for young people and develop transition pathways that are clear, gradual, supportive, user friendly and co-designed.



PRIORITY 3 – ADULTS IN GWENT LIVE HEALTHILY AND AGE WELL

We want our citizens to enjoy a high quality of life into old age we want them to be empowered to take more responsibility for their own health and care, so that they can retain independence.



Maximising an individual's time our Annual Plan 2021/22 recognised that our system still had work to do to become a value-led and efficient service, focused on doing what matters most for people and supporting them with high quality advice and guidance, and to reduce reliance on traditional models of care.

Pre-pandemic our system was out of balance, queues for urgent and emergency care and winter pressures that seeped further into Autumn and Spring creating significant challenges for delivery of planned care services which have been a feature of our system for some time. We have traditionally relied on waiting list initiatives, outsourcing, and insourcing to manage the longest waiting patients.

Our dynamic planning, set out in the next section clearly illustrates the scale of the challenge that has accumulated since March 2020 across our system. Urgent and emergency presentations are increasing in real numbers and in acuity, unreferred demand has and will continue to reappear in different ways and at different times across our specialties, and the position is unlikely to stablise before the end of 2022/23.

PLANNED CARE

We welcome the recently published Planned Care Recovery Plan, 'Reset 2022' and the objectives it sets out, specifically:

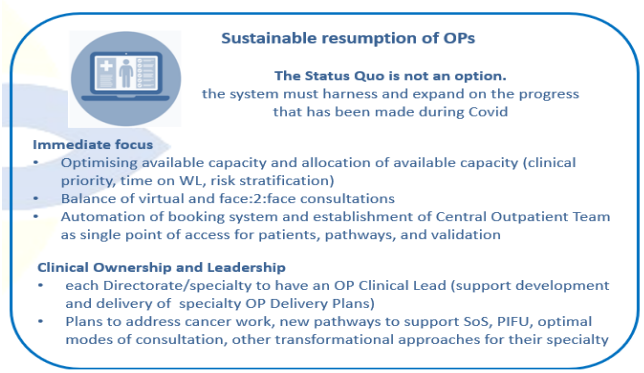
- Focusing on those with greatest clinical needs first and supporting those who are waiting for treatment
- Increasing the capacity of the Health System, where possible delivering planned care away from urgent and emergency work to protect capacity
- Transform services to be sustainable in the longer run.

We know resources are finite, backlogs and unreferred demand for planned care has grown exponentially during successive pandemic waves. We do not have the capacity to meet this quantum of demand. Our overwhelming duty for our population and our clinicians is to do the most good and least harm for the largest number of people within the resources available to us. We know that traditional models of outpatient services must change. Over the coming year, as we must reset services we think in terms of value and sustainability, harnessing the advances that have been made throughout the pandemic and building a more balanced system of care. Our focus this year is on:

Outpatient Transformation most patient interactions with secondary care are through outpatient clinics. Patients are referred predominantly by their General Practice for examinations, diagnostic tests, to undergo treatment or reviews. Pre-pandemic a National 3-year strategy and local action plan was in place focused on reducing OP attendances, with emphasis on a self-directed model of care, adoption of digital technologies and ensuring the correct patients access secondary care services.

Covid-19 was a trigger for a more rapid adoption of change including the use of digital solutions such as virtual outpatients and widespread use of electronic communications. We learned the importance of liaising with patients referred to and/or waiting to safely access diagnostic and treatment in what was a very uncertain and frightening time for everyone. Embedding and expanding these new ways of working is key to delivering a sustainable service. We know that the status quo is not an option and that we must transform outpatient services at scale and pace.

Our immediate plans to transform outpatient services are set out in this section. We will focus our efforts on those specialties that represent the greatest concern.



In the first instance we will focus specifically on Endocrine/Diabetes, Ophthalmology, ENT, Orthopaedics, Gastroenterology, and Maxillofacial specialties.

Optimising Capacity
- Optimising the use of capacity (↓hospital cancellations, DNA rates, monitor utilisation, ↑ non- face2face activity)
- Automated Booking System (↓ fallow clinic space, re-allocate space, ability to flex nursing staff)

New Ways of Working
- Increase See-On-Symptom (SoS) and Patient Initiated Follow-up (PIFU), and discharge at first appropriate opportunity
- Increase advice only/specialist advice service (currently consultant connect) including triage of referrals
- One Stop Treatment Centre at the Royal Gwent enhanced Local General Hospital
- Scope One Stop Treatment Centre at Nevill Hall Hospital e Local General Hospital

Outpatients Clinical Leadership/Ownership/Risk
- Directorate Outpatient Clinical leads supporting development and delivery of Directorate/specialty Outpatient Delivery Plans (factoring in Cancer work, transformation, new pathways, modes of consultation)
- Programme of validation of waiting lists - clerical and clinical (optimise automation and job plan clinical validation)
- Risk stratification of new patients (re-evaluate those on waiting list for some time to ensure resources as aligned to most at risk cohorts)

Dynamic Planning
- Consolidate specialty outpatient delivery plans with Outpatient Strategy and demand/capacity plans to inform a 3-year transformation plan with clear milestones and deliverables
- Delivering Specialty Outpatient plans

Single Point of Contact, Communication and Co-ordination
- Central Outpatient Team to be single point of contact for patients (queries, supporting SoS, PIFU, updating/informing) and ongoing validation).
- This team will be responsible for maintaining ongoing communication, liaison and engagement with people while they remain on waiting lists to access services.

We continue to work with, benefit from and adopt the output from the National Planned Care Programme and the Planned Care Recovery Plan.

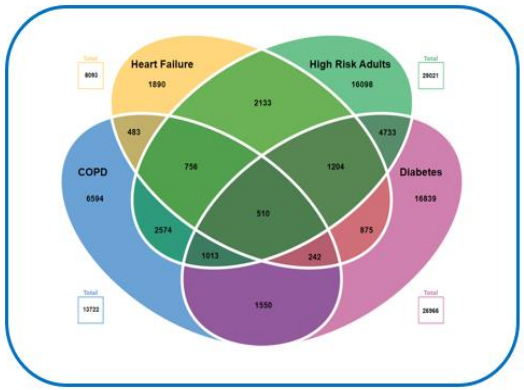
Diagnostics are an essential component of nearly all patient pathways and provide the evidence base upon which all clinical decisions are made. Diagnostic capacity was already stretched before the pandemic as evidenced through the workforce plans for radiology to support the opening of the Grange University Hospital, together with our plans to restructure pathology services.

Covid-19 has acutely exacerbated pre-existing service frailties, most notably in respect of radiology reporting, endoscopy capacity, cellular pathology, neurophysiology and cardiac physiology diagnostics. Services continue to increase capacity for all patients, however, the backlog in patients needing to be seen and consequently requiring diagnostics is putting pressure on services. In November 2021, just under 6,000 patients were waiting over 8 weeks for access to diagnostics.

Optimising Capacity
- Insourcing procured for endoscopy and for echo capacity
- Finalising a business case to support the expansion of JAG compliant endoscopy services delivered in the vacant Main Delivery Suite at the Royal Gwent site (with potential to support Regional Diagnostic Capacity
- Identifying options to expand cellular pathology laboratory space to optimise throughout and facilitate expansion of workforce to increase capacity to meet current demand (including backlog)
- Supporting national neurophysiology service specification production and delivery

New Ways of Working
- Developing an end-to-end Endoscopy Strategy for our system
- Embark in a scoping exercise and plan for the adopting of Community Diagnostic Hubs

Pathway optimisation our dynamic planning tells us that 2% of our population occupy 60% of our bed base at any one time. This **High-Risk Adult Cohort (HRAC)** are people who often present to our system following falls, or an exacerbation of one or more of their co-existing conditions. Whilst many of these people will be older (65+ years), we recognise that our response needs to include all adults to ensure that they are best placed to live well with their co-morbidities as they age.



We need to relook at how we are delivering care for people. We must create a robust methodology that identifies high risk adults at NCN/Cluster and GP practice level, provide health pathway tools that support delivery of a multimorbidity pathway and embed a culture of proactive support that enables people to remain in their homes and communities, reducing episodes of care that are delivered in hospital settings. Getting this new clinical pathway right is critical to the future sustainability of our system and it must be co-designed and based on integrated decision making.

In addition to the HRAC multi-morbidity pathway, we will continue to implement our **Musculoskeletal (MSK) Pathway** and **Eye Care Pathway** in order to reset the balance of care across our system providing more care close to home.

High Risk Adult Cohort
• Multiagency approach in Blaenau Gwent, Monmouthshire and Torfaen that will extend from 'only frail' to incorporate COPD, Diabetes, Falls Prevention and Cardio arrythmias
• Establish formal programme of work, to deliver methodology, pathway tools and cultural change for systematic implementation of HRAC pathway
Musculo-skeletal (MSK) Pathway
• Establish end to end pathway programme to optimise and improve our current resources
• Implementation of community physiotherapy service
• Develop programme of work to support elective recovery and support patients on the waiting list
Eye Care Pathway
• Virtual clinics to be embedded in cataract, glaucoma and retina services
• Implement community cataract pilot
Regional Ophthalmology Programme (Southeast Wales)
• High Flow Cataract hubs (to increase provision) and optimise/stablise cataract assessment and surgery provision within Health Boards
• Develop strategy to support Regional Eye Care Services and address sustainability of key sub-specialties
• Stabilisation of workforce, develop and deliver comprehensive regional training plan

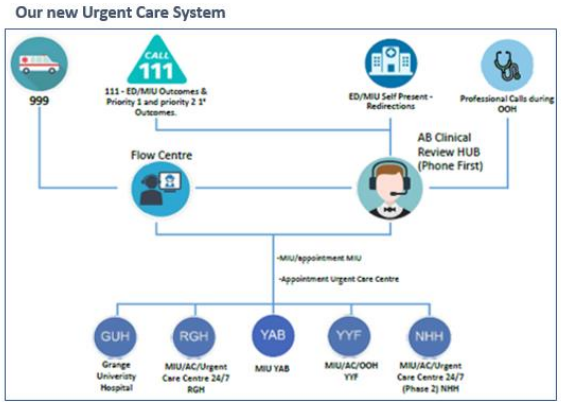
These clinical pathways will be in line with best practice, the recommendations from Clinical Networks and consistent with the National Clinical Framework.

URGENT CARE SYSTEM (Urgent and Emergency Care)

Urgent care encompasses any illness or injury that requires urgent attention but is not a life-threatening situation and may involve a range of existing services including phone consultations through the NHS111, pharmacy advice, same day and out-of-hours primary care appointments, and referral to an urgent care centre. However, a significant proportion of people with urgent care needs present in secondary care and our ongoing analysis of demand across the system demonstrates that the needs of many of these patients could be delivered safely and effectively in other settings. We know that co-ordination, planning and support for populations at greatest risk of needing urgent and emergency care upstream could have a significant impact on our system. Our pathway optimisation for high-risk adult cohort (HRAC) programme identifies 2% of our population is driving 60% of our bed capacity.

Our ambition for our urgent and emergency care system is to deliver the right care, to the right patient, in the right way, at the right place by the right person(s). Not only is this best for the patient, but it is also a fundamental enabler for the rest of the system where urgent care flow places demands on the system that are inextricably linked to our ability to deliver emergency, urgent and non-urgent care.

Our new system seeks to simplify access for patients, providing clarity on the best route to care, with all access to urgent care services provided via the 111 or 999 contact numbers. This is supported by our social media campaign and our internet pages and other patient platforms that provides clear accessible advice on how to access urgent and emergency care including self-care.



Three major work streams are driving the changes needed to develop and embed the new model namely the Urgent Primary Care/111, Flow Centre and Emergency Care Improvement.

Urgent Primary Care Centre the introduction of the two Urgent Primary Care Centres, one at Royal Gwent Hospital (RGH) and one at Nevill Hall Hospital (NHH), has ensured a smooth transition of patients with urgent primary care needs from our four Minor Injury Units (Newport, Abergavenny, Ebbw Vale and Ystrad Mynach) and from the Emergency Department at the Grange University Hospital. The Urgent Care Centres are currently staffed with a GP, Nurse Practitioner and Receptionist with plans in place to develop the multidisciplinary team this year. Data collection and initial demand and capacity work has been undertaken to inform the evaluation, alongside engagement with our population of the pacesetter initiative and share best practice across Wales.

This service has enabled patients to be seen on the same day for any urgent Primary Care need or to be re-directed to other services, for example, the opticians, if more appropriate. Work is ongoing to increase re-directions across all sites, especially our main Emergency Department at the Grange University Hospital with the support of clinical, managerial and non-clinical staff across our urgent and emergency care system. These centres receive an average of 1,600 call each week. The introduction of the Urgent Care Centres has already fostered enhanced working relationships across all service areas, facilitating the availability of more streamlined pathways, thereby making changes system-wide.

We have sought to establish 'Think 111' as the first point of contact / entry into Urgent Primary Care, Emergency Department (ED) and Minor Injury Units (MIU) for all contacts other than a 999-emergency call. This is to ensure that:

Call volumes from our population remain low, around 90 calls/week.

Urgent Primary Care Centres • Introduction of physiotherapy support and additional mental health support to multi-disciplinary teams • Development of revised pathways (deep vein thrombosis) • Analysis of demand/capacity to determine the need for further UPCCs
Think 111 • Programme Oversight to ensure benefits are delivered in full (people are signposted to the right place, first time according to their needs). • Engaging with our population, CHC and other stakeholders to increase uptake of Think 111 as first point of contact • Enhanced clinical review of Patients Waiting on Stack where primary care response is required

Flow Centre as a core feature of our reconfigured urgent care system the Flow Centre provides a single point of contact to optimise patient flow and ensures that appropriate transport arrangements are made to support all admissions, inter-site transfers and discharges across the hospital system, aligned to whole system flow. Initially established as a pre-hospital streaming service, the flow centre will be

developed to include redirection of patients to primary and community care and will become a single point of contact for same day urgent care referrals. This will be achieved through enhancing the multidisciplinary workforce and rigorous implementation of robust data capture software. Key areas for delivery in 2022/23 include: -

Pathways development, implementation and embedding new pathways • Respiratory Ambulatory Care • Gastroenterology Ambulatory Care Development of revised pathways (deep vein thrombosis) • High volume pathways e.g., frailty, chest pain, minor injuries
Flow Centre– Embed sustainable flow centre as core service and developing and implementing direct admission pathways across the hospital network and wider system.

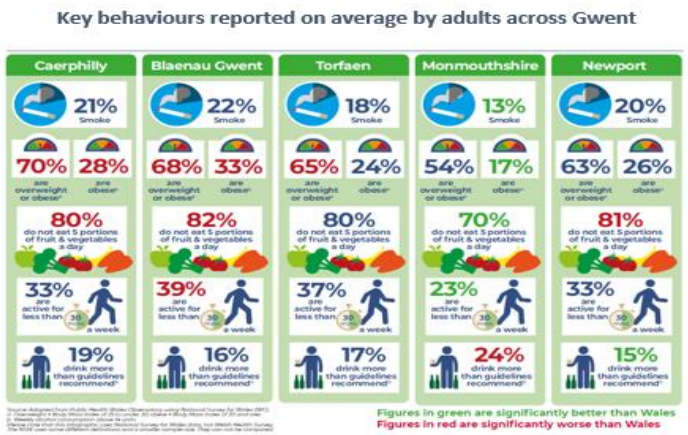
Emergency Care Improvements a significant number of people with urgent care needs present to secondary care. Through our flow centre work we are seeking to stream patients to the right place at the right time. Our Emergency Care Improvement work seeks to improve system performance by:

- developing and implementing a range of alternative ambulatory pathways using our wider hospital network to reduce congestion and improve flow through our Emergency Department at the Grange University Hospital
- developing an integrated front door across our acute hospital network (Urgent Primary Care, Minor Injuries, Ambulatory Services, Elderly Frail Units) expanding our offer for patients closer to home.
- developing a Same Day Emergency Care Unit at the Grange University Hospital
- continuation of process improvements in our Emergency Department
- improving discharge processes and ensuring evidence-based approaches in partnership with Local Authorities and the Third Sector

Prevention of hospital admission and timely hospital discharge are integral to effective patient flow and optimising the use of available capacity to meet demand. The Health Board is committed to a specific programme of work to improve length of stay, reduce the time patients spend away from home and minimise the number of stranded patients, working with the Delivery Unit.

SUPPORTING WORKING AGED ADULTS TO LIVE HEALTHILY AND AGE WELL

We know health inequalities exist between our most and least deprived communities. We also know that a large proportion of the burden due to disease and premature death in the population are because of cardiovascular disease, musculoskeletal disorders, cancers, mental ill health and respiratory disease. The development of a large percentage of these illnesses can be attributed to preventable risk factors including smoking, unhealthy diets and physical inactivity.



The difference in key behaviours reported on average by adults across Gwent in relation to preventable risk factors explains the major part of the difference in the average number of years people live in good health and how long they live. People living in disadvantaged communities generally have a greater number of unhealthy behaviours. These are also the communities disproportionately impacted by Covid-19, with an increase in many risk factors and been stressors that undermine the determinants of good health.

We are a population health organisation, reducing health inequalities and improving population health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimum treatment of disease.

Although the Health Board entered 2021-22 with ambitious objectives to reduce health inequalities, we also began the year under the shroud of the developing

Covid-19 pandemic. As a result, planned activities for example Living Well Living Longer, were largely suspended or delayed while services reacted to the worsening situation, with population health protection taking and continuing to take precedence. Lifestyle programmes including smoking cessation, weight management, early years and mental wellbeing were maintained.

There is a growing body of evidence and an acceptance that health inequalities in Wales were widening before the pandemic, and have worsened as a result of the pandemic where people from our most deprived communities have disproportionate exposure to key stressor that impact negatively on health and well-being. Through our G10 Partnership we have agreed that the next step toward achieving 'A Healthier Gwent' will be a collective set of short-, medium- and long-term strategic objectives to reduce health inequalities across Gwent.

Our ambition is to become a Marmot Region which moves beyond access to services that support lifestyle change to tackling the determinants of health, initially focusing on early years and young people, a sector of our population who have been impacted significantly by the pandemic.

We seek to adopt a set of Indicators to monitor our progress, challenge compliancy, put a spotlight on the issues that matter most and together reduce health inequalities. Our immediate focus will be on ensuring every child has the best start in life.

In the short to medium term (2-5 years), our objectives to reduce health inequalities will, by necessity, need to focus on measures of system transformation and reducing inequalities in uptake of preventative healthcare interventions. In the longer term (10 years) our ambition will be described in terms of population outcome measures.

Integrated Well-being Networks (IWNs) are at the core of our plans, providing a framework to support the establishment of integrated, place based, well-being systems across all 11 NCNs in Gwent. IWNs are not about creating more services that attempt to solve people's problems, instead they capitalise on what is already available locally and bring in the unique strengths and assets that are within individuals and communities. Wherever possible we want people to find the support they need to stay well within their communities, reducing the need to access support from the care system.

These IWNs will support Accelerated Cluster Development as we explore the most appropriate level (practice, NCN, pan cluster, Local Authority, Health Board wide) to deliver care and support to our citizens. We will contribute to creating healthy communities by:

Promote the well-being of the workforce across Gwent. (Public sector and beyond) We will ensure that the workforce is • Aware of the dangers of smoking and have access to NHS Stop Smoking services • Are supported for active travel • Have access to holistic workforce health and wellbeing programmes
Strengthening community well-being and resilience • Greater collaboration with agencies and communities to strengthen community assets for well-being (people, places and delivery) • Information on well-being assets and support is easily accessible and can be found in a timely way • Those working in communities see well-being as an important part of their role and have the knowledge and skills to signpost people and support behaviour change
Improving population mental well-being • Improve awareness of and access to self-help support for mental well-being and resilience by integrating and making visible services which build resilience in the fact of stress and community assets • Improving confidence, knowledge, and skills of the well-being workforce to respond to mental distress and support good mental well-being

The scale of the challenge has been heightened by Covid-19, its' legacy of unreferred demand, deteriorating health status the most vulnerable and longer waiting times to access services gives us a further imperative to redouble our efforts and support people to maintain and optimise their health and wellbeing during extended waits for interventions.

Transforming adult mental health services

We support a rights-based approach that explicitly promotes the recovery model, with the empowerment and involvement of service users throughout the life course. Our mental health and learning disability services have a long history of strong community focused services with a well-developed network of generic and specialist services across communities that are supported by specialist local inpatient services. Our services are delivered through multi-disciplinary teams in collaboration with our public and third sector partners.

Mental Health and Learning Disability model of care

The detrimental impact of Covid-19 on the mental health and well-being of the Welsh population has been significant (Wales Wellbeing Survey, 2020/21). Recent studies published by the Centre for Mental Health (2021 report) forecast that demand is likely to exceed capacity threefold over the next three to five years, with significant increases in conditions such as severe anxiety and depression and a disproportionate impact on individuals with existing mental health conditions. Even if the actual increase in demand is a fraction of that predicted, it means that mental health and learning disabilities services face a huge challenge in increasing the service capacity to meet this new demand at a time when significant backlogs for some services existed before the pandemic and have significantly increased over the last two years. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community, to better support crisis prevention and recovery.

Headlines

- 9,200 PEOPLE ON WAITING LIST
- 4,600 ARE WAITING FOR PRIMARY CARE OR ADULT MENTAL HEALTH SERVICES
- AVERAGE DAYS TO FIRST CONTACT INCREASED BY 4 DAYS (29 – 33 DAYS
- PATIENT ACUITY INCREASING
- MENTAL HEALTH ACT ADMISSIONS INCREASING

We have made good progress in developing resources in the community to help individuals better support their own mental health and wellbeing. However, services are sometimes difficult to access and we must find ways to make it easier for people to access services when they need to, ensuring there is enough capacity to meet demand at each part of the pathway. Workforce challenges persist, finding ways of attracting and retaining the right staff with the right skills will be key to a sustainable service. Providing the right environments for our patients and staff to feel safe and supported is key, we know that many of our buildings are no longer fit for purpose, and it is critical that services for people with the most complex needs are re-provided in more modern and purpose-built environments.

The pandemic has also provided opportunities to develop new ways of delivering our services using technology and we need to develop and embed some of these to enable more choice for our patients. As we emerge from the pandemic, our Mental Health and Learning Disabilities services aims to provide sustainable high quality, safe and person-centred services in a timely and responsive manner which promote and enable independence, recovery, and quality of life for the people of Gwent. Key components for 2022/23 include:

Improving Community Health and Wellbeing helps individuals realise their full potential, cope with life challenges, work productively and contribute to family life and communities.

Raising Awareness – A sustained campaign raising awareness of available support, targeted at groups/ people at greatest risk of having poor mental health & wellbeing	**Effective Community Insight & Self-help resources** – Melo Cymru; Digital technology; Integrated well-being networks; Voluntary sector services; Sanctuary; National Helplines
A Branded and Trusted Website – Develop a branded and therefore trusted website with up-to-date information and resources signposting to local support.	**A Sustainable Training model** – Establish a Gwent Connect 5 Training Hub to support all front line workers feel confident and competent to talk about mental health and wellbeing and are able to support and signpost people to the information and services they need.

Care Closer to Home we are committed to ensuring that all communities across Gwent have access to modern, high-quality care, based as close to home as possible. We know that there is variance in provision and access to primary care mental health support, and that there is a substantial backlog that has accumulated

over successive pandemic waves. We will seek to enhance care by moving to a hub model of delivery, supporting a group of GP practices. A full range of individual and group therapies will be available through these hubs ensuring access for assessments and treatments will be the same across Gwent. Our key areas for delivery:

Establishing Locality (hub) based model - Standardised electronic GP referrals. Face-to-face activity, including mental health assessment, individual and group based therapeutic intervention. A dedicated email advice service will be introduced to provide timely support, consultation and advice to GPs. Patients will have the choice to attend appointments in person or 'virtually' using video technology or telephone.
Psychological Wellbeing Practitioners - A named practitioner will be allocated to each GP practice to support individuals whose needs cannot be fully met through core Primary Care services.

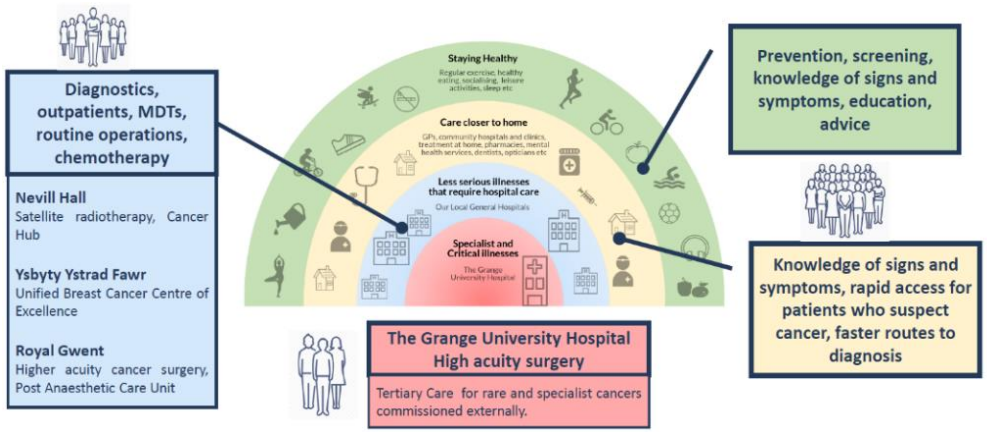
Service Transformation Whole Person, Whole System Adult Crisis Support Programme the Gwent Regional Partnership is committed to crisis support and acute care within the context of a Whole Life, Whole System approach that meet the unique needs of people in crisis, recognising the social determinants of mental health and the need to address these as they relate to individual need. Practice, thinking, and culture needs to promote recovery and wherever possible the prevention or early intervention to crisis. We are moving from our hybrid model with assessment provided through locality-based team in-hours and centralised in the out-of-hours period to a single point of access, where assessments will focus on home first, with support from local community-based services wherever possible. Our key areas for delivery:

A centralised assessment unit with enhanced local home treatment teams - Single point of contact for crisis referrals 24 hours a day, 7 days a week. Local appointments offered to patients between the hours of 9am and 9pm.
Expansion of Shared Lives for Mental Health - Shared Lives provides an alternative to hospital care and facilitates discharge. It offers emergency placements with selected and trained families for people presenting to mental health crisis teams. Piloted in the Newport area it shows excellent patient-focussed outcomes, reduced admissions and re-admission to hospital compared with rates prior to the scheme. This year a business case will be developed to expand the scheme across our five Local Authorities in a partnership model with Caerphilly County Borough Council.
Older Adult Mental Health Memory Assessment Services - we are developing plans to improve support for older adults including increasing Speech and Language Therapy input to both inpatient wards and Memory Assessment Services (MAS) to assist with speech and language difficulties in the early stages of dementia.
Inpatient Care Model - individuals are admitted to hospital for a variety of reasons including crisis assessment, mental health act assessments, in addition to treatment and recovery. We are seeking to consolidate acute assessment and treatment providing a single point of admission for patients in crisis. This will enable a dedicated specialist multi-disciplinary team to undertake comprehensive assessment of all aspects of an individual's needs, irrespective of the day of the week or time of day. Patients will be able to step down after a short period of intensive care to recovery services (inpatient and community) that will be closer to home.
People with Complex Needs - we want all our citizens who have complex needs resulting from their mental health and/or learning disabilities to have access to compassionate, effective services that support and enable them to achieve their potential and lead fulfilling lives, in the least restrictive environment possible. We continue to progress the case for a New Specialist Inpatient Unit with a Full Business Case by July 2022 and we continue to enhance community support and pathways.
Psychiatric Liaison Services - half of all hospital inpatients have co-occurring mental health conditions such as depression and dementia. Identifying and managing these conditions quickly and effectively helps people to recover, improves outcomes and reduces their length of stay in hospital. We are reviewing our existing service model with a view to expanding liaison psychiatry across our system.

MAXIMISING CANCER OUTCOMES

We know that cancer outcomes need to be improved. Although we have made progress in recent years, we recognise the need to accelerate the rate of improvement. Through our local Cancer Strategy, Delivering a Vision 2020 - 2025 we have challenged ourselves to make enhancements in cancer outcomes through focusing on transformation right across the cancer system. Whilst it is too early to be able to measure the impact of the Covid-19 pandemic on morbidity and mortality from cancers, we are concerned that a combination of reluctance by patients to attend primary care and hospital together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in increased morbidity and mortality from one of three diseases that contributes most to health inequalities for our population.

Model of Care for our Cancer Services



Despite the obvious challenges, the pandemic resulted in significant adaptations to our traditional ways of working, some of which will undoubtedly shape the future of services. We are proud of the efforts of our Cancer Services who have continued to provide diagnostic and treatment pathways throughout each phase of the pandemic and have established a Vague Symptom Assessment Service during this time. We are also proud of increased staff knowledge of cancer through training, including progressing a module embedded within ESR for all new starters.

Patients are now presenting with suspected cancer at higher rates than ever before, managing this sustained level of demand is the primary focus of our tumour site multidisciplinary teams. The Omicron variant has had a notable impact on Cancer Pathways with increasing numbers of patients unable to attend, increasing rates of staff absenteeism, together with a higher-than-normal drop in GP referral rates over this period. Despite these challenges, we have sustained cancer activity and treatment numbers continue to be higher than previous years.

Improving Cancer Outcomes – A Whole System Approach

Reducing the risk of cancer	Our approach to help our citizens find the support they need to stay well within their communities is set out at Priority # 3. We will also explore how this Integrated Wellbeing Network and our core services can capitalise on 'teachable moments' when a suspected cancer diagnosis is discounted.
Early Detection	For National Screening Programmes to reach their potential, uptake needs to improve and a combination of raising awareness and more acceptable testing is required. There needs to be targeted action in areas of high social deprivation where uptake of screening is at its lowest particularly in Newport East and West, and in Blaenau Gwent.
Timely Diagnosis	We know that there is variation across primary care in respect of their confidence and competence to spot signs and symptoms of cancer and refer appropriately in a timely manner. We will address this by doing as much as possible to prevent late diagnosis, using a new software tool called C the signs, as part of a pilot scheme, moving toward rapid roll out and adoption. This tool is designed by GPs for GPs and supports the early referral and diagnosis of suspected cancer. Although significant progress has been made, we continue to support and implement an improvement programme in our endoscopy and imaging services and patient pathways. We know we need to continue this work and maximise capacity to speed up the diagnostic process. Rapid Multi-disciplinary Diagnostic Centres for people with vague symptoms opened mid pandemic will consolidate, relocated within our own estate and options to expand will be explored.
RADIATION THERAPY	As part of the Transforming Cancer Services Programme proposals are being progressed to develop a Full Business Case (FBC) in close collaboration with Velindre NHS Trust for a 2 Linear Accelerator project to provide additional more local accessible radiotherapy capacity. The estimated capital cost is circa £16 million excluding enabling works and equipment. The FBC will be completed by May 2022. We are also preparing a Strategic Outline Context (SOC) for a Cancer Services Hub at Nevill Hall Hospital, to sit alongside the Satellite Radiotherapy Unit. The Cancer Hub will consist of out-patient and chemotherapy facilities utilising vacant accommodation in Nevill Hall Hospital following relocation of services to the Grange University Hospital. The SOC will explore the optimum function of a Cancer Services Hub to support delivery of care closer to home, improving patient experience and outcomes. On 4th February 2022, Health Minister Eluned Morgan announced that nearly £11 million is being invested in a breast cancer 'centre of excellence' at Ysbyty Ystrad Fawr. Works are expected to start on site by March 2022,

	this facility will allow us to improve patient care, experiences, and outcomes.
 **Acute Oncology**	We continue to support and develop services to meet patients' needs who require acute admission as a result of their cancer treatment. Working closely with our stakeholders and partners across the South East Wales (SEW) region we have collectively developed and agreed an optimal service model. Our Board has approved Phase 1 investment of the Regional Acute Oncology Service (AOS) Business Case which allows us to deliver a sustainable local AOS service across our system supported by specialist oncology services. We are seeking to clarify pathways for Phase 2 and 3 regional and specialist components of AOS to fully understand the impact for our population. This work will deliver detailed workforce plans to drive change, improved pathways for local, regional and specialist components of the model that ensure patients receive the right care, first time. These together with capacity, finance, benefits and delivery plans will form a further business case for investment that will be subject to the Health Boards Business Planning Process.

***Suspected (Single) Cancer* Pathway (SCP)**

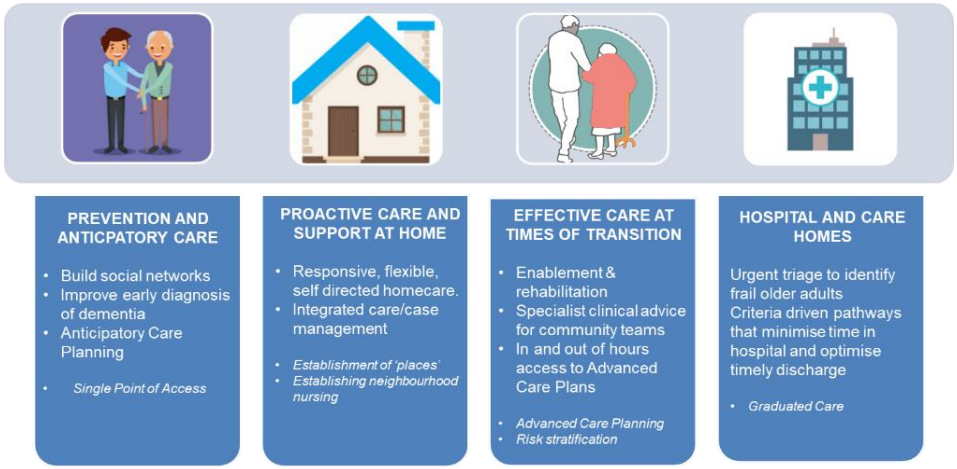
All cancer tumour site pathways are managed against the SCP target to ensure equity for all patients rom suspicion of cancer to treatment. Through our established Cancer Board structure, we continue to progress actions through a number of work streams to be able to more accurately report performance and to demonstrate continuous improvement against reported performance. To ensure successful implementation and delivery, we will introduce integrated decision making as an approach and continue to progress three key work streams:

- **Information and Intelligence** leading on ensuring processes are in place to accurately capture relevant patient data across all stages of the pathway and ensuring our IT systems are integrated and fit for purpose for tracking and reporting. We have and continue to develop our Cancer Dashboard which supports each Tumour Site MDT to manage their caseloads. We are proactively managing our processes to ensure that delays and barriers are identified, escalated and resolved in order to optimise each patient's journey through their cancer pathway.
- **Demand and capacity** working to identify the gap and implement solutions to balance demand and capacity in the short term and on a sustainable basis. We have further work to do to understand our demand and capacity profile and recognise that there will be local and regional challenges in terms of balancing capacity and demand.
- **Pathway Improvement** in parallel with improving timeliness of access to outpatients and diagnostics, we also need to pursue pathway improvement and new ways of working. We are committed to implementing the nationally agreed optimal pathways for specific cancer disease groups, and deliver incremental improvements, with the ultimate goal of reducing variation and improving outcomes for our patients.

Our initial focus is on Breast, Urology and Colorectal tumour sites, where there are high referral rates together with specific delivery challenges, mostly workforce, that are having a disproportionate effect on delivering the SCP.

PRIORITY 4 – OLDER ADULTS ARE SUPPORTED TO LIVE WELL AND INDEPENDENTLY

We believe this to be a fundamental principle of social justice and is an important hallmark of a caring and compassionate community.



In recent years we have delivered significant transformation of services for older adults through our Frailty Programme. Many of our resources sit in communities,

delivering integrated services jointly with our Local Authorities, Independent and third sector partners. Notably, in the past year we have strengthened the Home First programme and merged this with the hospital discharge service to provide a single point of discharge. We have also implemented Direct Admission and Transfer Pathways, enabling older people to avoid or minimise the time spent in an acute care setting and worked with care homes that have the highest conveyance rates of residents to hospital.

We need to ensure that our system is as ageing friendly as possible. We know that as people age, their health needs tend to become more complex with a general trend towards declining capacity. We recognise that for many older people their general conditioning will have suffered during successive lockdowns, and they are presenting with higher acuity needs. There is a danger that care is over medicalised, particularly when an older person is admitted to hospital-based services that are designed to cure acute conditions or symptoms and tend to manage health issues in disconnected and fragmented ways that lack coordination across care providers, settings, and time. Consequently, older people experience extended stays in hospital environments which has a negative impact on their independence and wellbeing and on our ability to deliver planned care programmes sustainably, predictably, and reliably.

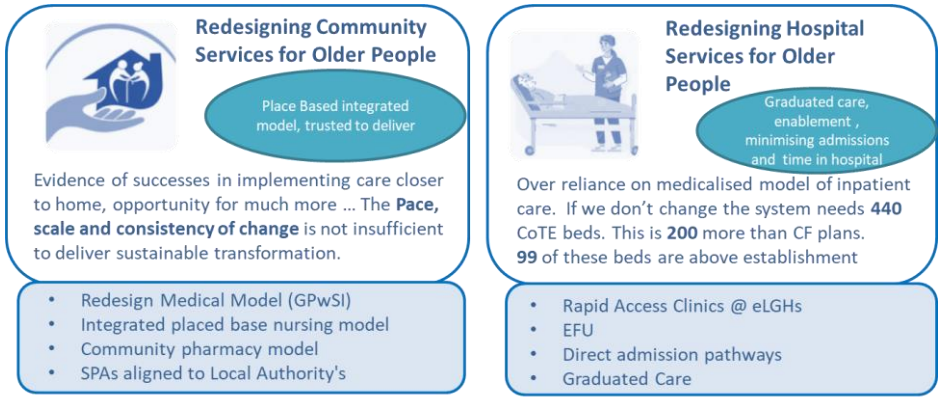
The importance of getting things right for older adults has been reinforced through our dynamic planning approach. It shows, in the starkest of terms, the cost to our system because our offer to older people falls short of what is needed to support them to live well and independently. As we emerge from the direct impacts of Covid-19 on our hospital system, older people including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathways occupy 430 beds in our acute hospital system, up to 50% of these people are designated fit for discharge. One simple measure of the cost to our system is beds, if we continue as we are we will need to continue to provide an additional 99 beds or three wards above our core baseline for older people. We do not have staffing levels to support this additional capacity and rely heavily on bank and agency workforce. This position is neither desirable for patients nor sustainable for our system.

Notwithstanding the progress that has been made our approach to addressing the needs of older people could be better aligned as we have focused on discrete parts of the pathway rather than systematically wrapping a service model around older people.

Our system needs further transformation to ensure that older people can access evidence based clinical interventions that respond to their needs, in the context of what matters to them and ensuring that the care they receive helps prevent dependency now and later in life. Our priority is to create a single programme that consolidates all of the existing projects and activities that seek to improve the older people pathway, underpinned by integrated decision making.

This approach is essential for us firstly to develop an integrated strategy for older people, with unified leadership and services operating as a single team across our system. Secondly, to maintain a firm grip and focus on changing those parts of the system that will, individually and collectively, deliver material benefit for older people.

With respect to Prevention & Anticipatory Care we have already identified the actions we will take to develop and deliver a co-morbidity pathway for the High-Risk Adult Cohort (HRAC), many of whom will be older people. Here we have identified additional areas that we will pay close attention to during the life of this Plan.



Redesigning Community Services for Older People. We, together with our partners, are committed to implementing a model of 'placed based care' to foster greater integration across health, social care and third sector and reduce complexity for both patients and those who provide care. Our first order priority is to align existing services to provide a consistent model which provides health and social care staff, patients, and their carers with the confidence to remain in their usual place of residence for as long as possible.

Single Point of Access for each Borough combining all health & social care knowledge with decision maker at 'front door' to direct person to services that meet their needs
Establishing neighbourhood nursing through combining previously segmented nursing teams (District Nursing, Rapid Response, Chronic Conditions Management and Continuing Health Home Care Teams) local nursing provision will become more resilient and patients will experience greater continuity of care through dedicated key workers with fewer hand-offs between professionals
Workforce model for Community Services (Rapid Response/Community Resource Teams) we are redesigning our workforce model for community services with a strong focus on the General Practitioner with Special Interest workforce.
Pharmacy model we are reviewing the multiplicity of community pharmacy models that operate across our system and will design and delivery a single (optimal) model
Enhancing Capacity for Rapid Response/Community Resource Teams to bolster admission avoidance capacity and reablement capacity to expedite discharge, reducing time spent in hospital

Redesigning Hospital Services for Older People our acute hospital network offers predominantly a traditional medicalised model of care focused on medical recovery and a strong adherence to the principles of responsible medical officer as patients are designated to a named physician or clinical team. This is in contrast to the community hospital network that aims to provide a graduated care model focused on enablement.

Our focus in respect of redesigning the acute hospital component of the older persons journey through our system seeks to reduce the need for admissions and to minimise the time spent in hospital settings.

Rapid Access Clinics for Older people at the Front Door aligned with Elderly Frail Units to provide assessment, diagnostic and treatment on an ambulatory basis where possible
Elderly Frail Units operational at each enhanced Local General Hospital providing short stay (up to 72 hours) for assessment, diagnosis, treatment/care plan where this cannot be done on an ambulatory basis.
Redirection and Direct Admission Pathways to ensure older people are admitted to the part of the system that best meets their needs, first time, every time.

PRIORITY 5 – DYING WELL AS A PART OF LIFE

Death and dying are inevitable. The quality and accessibility of end-of-life care will affect all of us and it must be made consistently better. We have embraced the principles of the 'A Compassionate Country – A Charter For Wales' and are committed to continuously improving what we do to ensure that the needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities are addressed, taking into account their priorities, preferences and wishes.

Each year around 6,000 people die in Gwent which equates to around 16 people a day. Around 90 of these are children and young people. It is predicted that the number of deaths in Gwent will increase by almost 10% to around 6,600 by 2039. Around 40% of deaths occur in people's usual place of residence, either a home (26%) or nursing/care home (14%). 56% of deaths occurring in NHS hospitals.

We have made excellent progress by focusing on promoting and embedding the principles of Advanced Care Planning (ACP) into practice and educating staff on serious illness conversations with the understanding that a healthy approach to dying, planning ahead and informing family and friends on their wishes can result in improved person-centred care at the end of life. We have implemented an ACP Primary Care pilot where GP practices piloted Vision 360 to capture ACP related outcome data. In tandem we have a well-established priority work stream which is exploring outcome measures that reflect patient experience. We have been driving foundation and advanced communication skills across the Health Board and with partners to deliver communication training for staff.

Despite the achievements made, many challenges remain. We know that current trends in population ageing show that, in the near future, whilst more people live longer, more will also die at any one time. Our system will need to change its practice to manage the number of people dying in the coming years, many with multiple co-morbidities. Our plan is built on four key areas of focus:

Advanced Care Planning is key in terms of improving care for people nearing the end of life and enabling better planning and provision of care, to help them die well in the place and manner of their choosing. People can discuss and record their future health and care wishes and also to appoint someone as an advocate, therefore making the likelihood of these wishes being known and respected at the end of life. We will build upon our Advanced Care Plan Facilitators programme, supported by a business case to ensure the sustainability of this role, recognising their importance in embedding Treatment Escalation Planning and improving information sharing between primary and secondary care. Additionally, we will continue to promote and raise awareness of ACP through our recruitment of ACP Champions training programme.

Implement Advanced Care Plan Facilitators across from Primary and Acute Care We will continue to implement ACP Facilitators across both primary and acute care to embed Treatment Escalation Plans across the organisation and improve information sharing between primary and acute settings. This will be supported with the development of a Business Case to ensure the sustainability of this role.

Promote suitability of ACP with recruitment of ACP Champions through the identification of Clinical ACP Champions to facilitate ACP training, we aim to raise awareness of the benefits of ACP and in turn embed good practice across all settings.

Education Programme ensuring a well-educated workforce has been and will remain a priority. Communication, including both foundation and advanced communication skills has remained a key component of the education work stream. Training is delivered in partnership with the third sector and feedback has already been evaluated positively. For example, over 90% of participants feel as though the training delivered will influence their practice.

Embed Advanced Care Planning across all settings in Gwent using the Triple E model We will continue to the roll out of the e-learning programme including the facilitation of workshops in order to raise public awareness of the benefits of ACP and increase the knowledge and skills to engage with ACP discussions
Continue delivery of foundation and advanced communication training We are committed to continuing the delivery of both foundation and advanced communication skills training for staff to support patients and families to make informed choices, embracing an integrated decision-making approach.

Bereavement Services are associated with significant mental and physical health consequences, and risk factors for illness. The detrimental effects of long term, unresolved grief, are well-documented. Bereavement services help to reduce immediate physical and emotional distress while ameliorating long-term morbidities associated with unresolved grief. We recognise the importance of effectively supporting bereaved relatives from the initial time of death to improve experience. We will build upon the foundations of work already taking place across the Health Board to improve bereavement services across Gwent.

As the world navigates the ongoing challenges of the COVID-19 pandemic, bereavement care has come to the fore with renewed significance. The scale of the impact is now emerging, for all people bereaved during this period, whether from COVID-19, other conditions, or deaths prior to the pandemic, there are multiple risk factors for complex grieving: an increase in sudden and unexpected deaths; restrictions on visiting family members at the end of life; disruption to mourning practices and funerals; and reduced access to social support networks. Our healthcare professionals have also faced multiple challenges during this period in

supporting bereaved people; adapting to remote technology, managing the increased complexities of bereaved relatives' grief, and dealing with their own professional and personal experiences of bereavement.

Review of existing Bereavement Services across Gwent
We are committed to improving both the equity and access to bereavement services in Gwent and will review the existing bereavement service offered across the Health Board and with third sector partners. Following on from the review, we will identify any gaps in provisions and determine what service change is required in order to provide a service that improves family and carer experience in compliance with NICE standards.

Value Based Outcome Measures we are working at both a national and local level to identify a meaningful set of matrix, influenced by service reviews and audits for example National Audit of Care at the End of Life (NACEL). The aim is to develop an end-of-life performance dashboard that will provide meaningful, measurable data. This is a challenge that needs addressing in order to effectively evaluate the service. We will also continue the adoption, at pace and scale, of the 'Care Aims' model to truly embed 'what matters' principles and provide us with the evidence of feedback required to influence service plans and delivery. Additionally, we are committed to continuing with the participation in reviewing the options for Electronic Palliative Care Coordination Systems to improve information sharing.

Adoption of 'Care Aims' model
The Health Board will adopt, at scale, the Care Aims model across multi-disciplinary teams by truly embedding 'what matters' principles, improving patient experience, voice, value and choice. This will provide us with improved metrics for patience experience and evidence of feedback influencing service plans, delivery and improvement.

Continue engagement with the All Wales Advanced Care Plan (ACP) Strategic Group
We will continue to participate and review options for Electronic Palliative Care Coordination Systems. This aims to improve information sharing and improve patient choice to where they wish to be cared for and die through the completion of ACP.

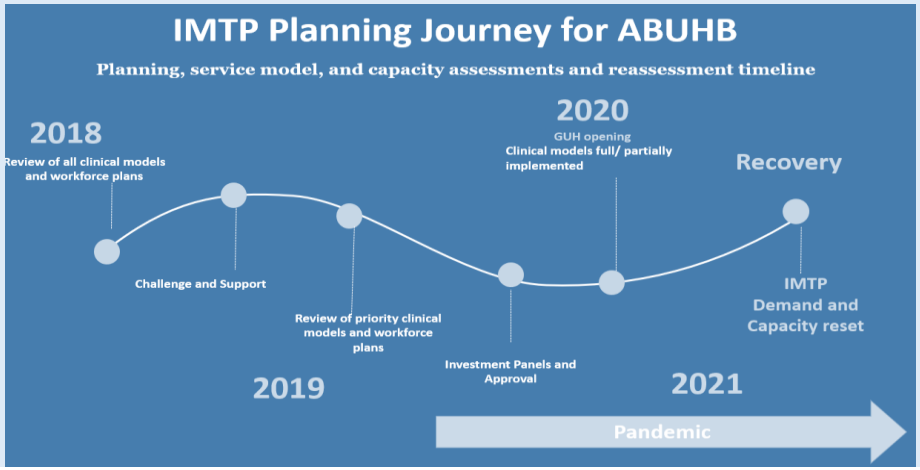
OUR PLANNING LANDSCAPE 2022 - 2025

Consistent with Health and Social Care across Wales, our system has responded to the challenges of Covid -19. Uniquely at the same time we delivered substantial change to service models, workforce, the way we organise and delivery care consequent to opening the Grange University Hospital, a key enabler of our Clinical Futures Strategy.

As we learn to live with the virus and turn our attention to delivering a sustainable 'new normal' we recognise that the planning landscape has shifted. Traditional historic patterns of demand and capacity have changed and therefore we need to understand what this means for our system consequently taking a scenario-based approach to how we plan services.

Last year our Annual Plan set out our ambition to deliver live, trusted, real-time data as the basis for planning and decision making. This year we are our building our IMTP on a better understanding of our system. Our organisational planning journey started in 2018 when clinical models were refreshed, regularly tested, and reviewed as part of implementing our new hospital system.

We have lived experience of how our system operates alongside learning from the pandemic and now is the time to undertake a reset of our demand and capacity system model.



Throughout successive pandemic waves, the performance of our system has been volatile. By necessity, for much of the last 18 months, the NHS responded to the immediate Covid-19 challenges and maintained essential and urgent services, with routine and many of our population health programmes restricted or stood down. As a result, we know: -

- the virus has taken a disproportionate toll on groups already facing the poorest health outcomes, economic and social consequences of measures to contain the virus has undoubtedly worsened these inequalities
- significant numbers of people are either waiting for or have yet to be referred for diagnosis and treatment for a wide range of conditions
- the pandemic has hastened the widespread adoption of new technologies and innovative ways of delivering and receiving care
- public protection systems (across the UK and beyond) pre-pandemic lacked capacity, focus, ambition, and resilience, we had to build capacity and capability at pace early in the pandemic.

The 'new normal' is unfolding and the full extent of what this will look like varies across individuals, communities, and services is unclear. When and how people will return to our system, their presenting health status (after months of inactivity and social isolation), acuity and stage of progression of their illness will vary.

Dynamic Planning – working with our data partner we have adopted a dynamic planning approach to understand the potential demand, risks, and capacity requirements of our system. Working with each clinical team by specialty using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints we have a clear understanding of:

- Our Starting point
- Predicted demand on our system (this includes known backlog, and a clinical assessment of unreferred needs in our communities)
- The capacity we need in comparison to what is available
- How much has changed and what is the new normal
- Most likely/realistic activity profiles in context of known constraints
- Potential impacts on population health
- A realistic 'most likely' scenario

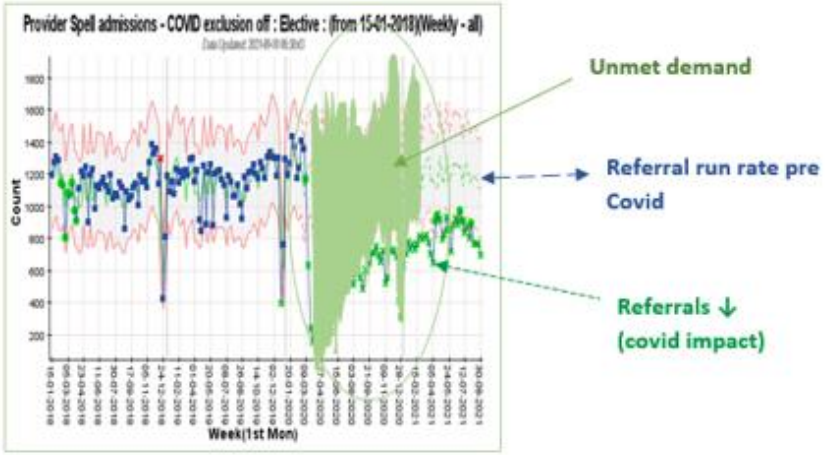
Assumptions
• Clinical Prioritisation continues - this means focusing on the sickest patients first • Covid impact continues for first 6 months of this plan – this includes cleaning regimes, social distancing and PPE • Estate's capacity maintained at current level – this means the space available to us is constrained because of covid related measures • Workforce position will not improve substantially in short term – this means that the impact of recruitment challenges, staff wellbeing, sickness & absence rates, and returning workforce to their pre-pandemic duties will continue to be felt by our system • Impact of system changes are realised (e.g., urgent care programme) • Recovery activity will be sustained – this includes some insourcing solutions for Year 1 (2022/23)
Constraints
• Covid response continues – this includes provision of care for patients who are Covid^{+ve} (either as a primary or incidental presentation), Public Health Protection response TTP, vaccination and booster programmes • Infection Prevention and Control Measures, cleaning regimes, PPE, social distancing, Respiratory/non-Respiratory pathways remain in place • Reduced Social Care Capacity both domiciliary care packages and residential care • Workforce availability (health and social care) • Reliance on locum and agency and the impacts both +ve and -ve on system performance • Estates/infrastructure and capital for development

The outcome of this work has informed our Minimum Data Sets. Moreover, it is the baseline against which we will plan and review activity. We will do this for every specialty on a quarterly basis. This understanding of our system has allowed us to draw out our priorities for action.

Unreferred Demand. It is important that the underderstanding of our system demand is not just built on historic profiles or our current waitng list profiles as we need to factor in the pandemic experience of potential unreferred demand. We have measured the patients who should have been referred to our system during the pandemic and calculated the gap as illustrated in Figure 1.

In order to understand the impact of unreferred demand on our system this data has been subject to clinical review and enabled us to calculate the number of referrals that are likely to present to the system as underling health needs endure. Our scenario sees this unreferred demand presenting during Year 1 of this planning cycle. We have factored this scenario into our demand and capacity assumptions on a specialty by specialty basis.

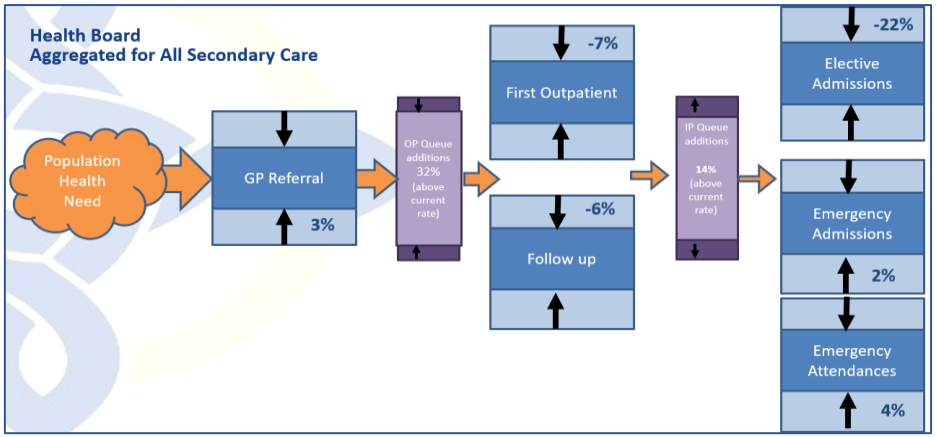
Figure 1 Unreferred Demand



We have factored this scenario into our plans following consideration of two hypothesis. Whilst our hypotheses may not play out in this way it is important we plan for the totality of potential demand on our system. It is also an important reminder that we also need to ensure preventative services are in place to support further deterioration of health conditions.

Hypothesis	Consequence
1. Referral rates rise sharply as access to primary care eases for those people who had not presented over the past 18/24 months	Further increases in secondary care waiting lists and longer waiting times for patients as the gap between demand and capacity widens.
2. People do not access services, their health status deteriorates, they present later in their disease trajectories, with higher acutiy needs and often as emergencies	Population health worsens, the system is skewed toward reactive rather than planned and proactive (i.e., with capacity to focus on up-stream prevention and earlier interventions). This would perpetuate the cycle of widening health inequalities with consquences that will impact on our system for decades to come.

Demand and Capacity from the clinical sessions we have developed a most likely activity scenario for 22/23, to understand the projected percentage difference in activity numbers compared to pre-Covid activity. This has informed our areas of transformation and work to restore activity levels and recovery. As these are implemented, we will be able to measure the changes an understand the effect on our projections.

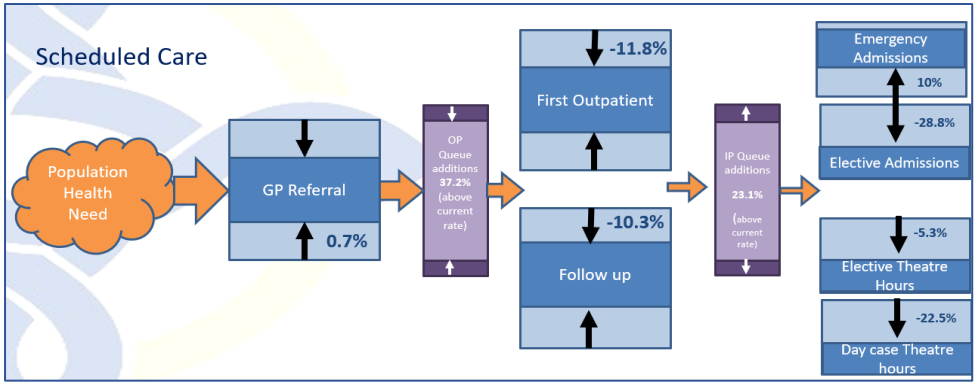


Overall, GP referrals will return to or slightly above pre-Covid levels, although this will vary by specialty. Demand for 2022/23 which includes referrals, backlogs that have deteriorated over the course of the pandemic and unreferred demand sees additions to the waiting lists for outpatients potentially growing by up to 32% at a time where outpatient capacity is constrained through a combination of estate, staffing and Covid-19 constraints.

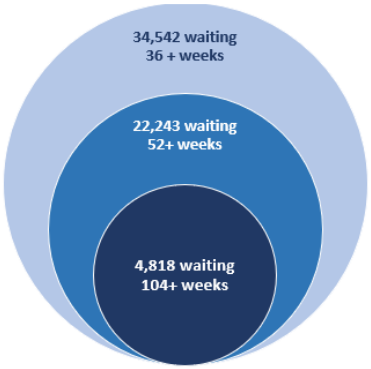
Already, we are seeing patients presenting with higher acuity needs, more are presenting as emergency admissions for medical and surgical specialties. This presents significant challenges for our planned care capacity; we anticipate additions to queues for inpatient treatments across our system will potentially grow by 14%.

This high-level aggregated overview masks differences across clinical services with summaries shown below for Medicine and Women and Children's Services.

Scheduled Care or planned care services rely more heavily on face-to-face consultations than other services. Consequently, they are impacted significantly by constrained outpatient capacity resulting from limited physical space, workforce and sustained infection prevention and control measures as illustrated below. Reduced capacity will result in more additions to the outpatient waiting list.

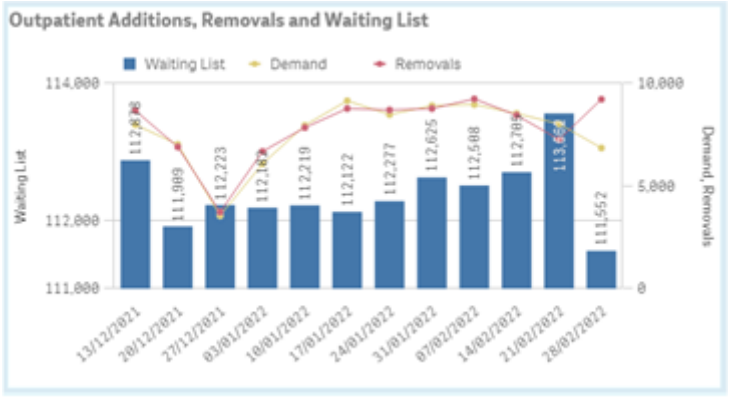


Inpatient and treatment elective/planned capacity is also constrained. We anticipate the increases in emergency surgery presentations will continue into 2022/23, with a 10% in emergency admissions compared with pre-Covid levels. The balance of planned to emergency has a material impact on inpatient capacity. This is compounded by further constraints in respect of elective theatre hours and day case theatre hours driven largely by workforce constraints. Reduced capacity for elective surgery will result in higher numbers of people waiting longer.

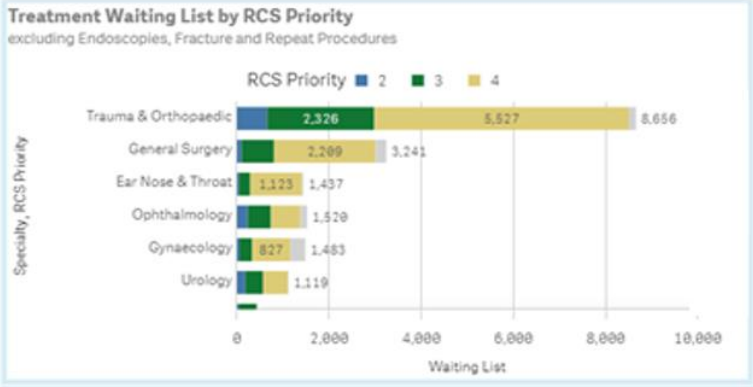


The RTT position coming into 2022/23 is shown opposite. As we seek to sustainably deliver routine elective care, we will deliver more activity in 2022/23, however, our backlog position together with the resurgence of unreferred demand presents a stark challenge that cannot realistically be addressed in the first year of this planning cycle.

The scale of the challenge is enormous, in January 2022, **111,552** people were on the outpatient waiting lists, with **17,703** on the waiting list for inpatient treatment.



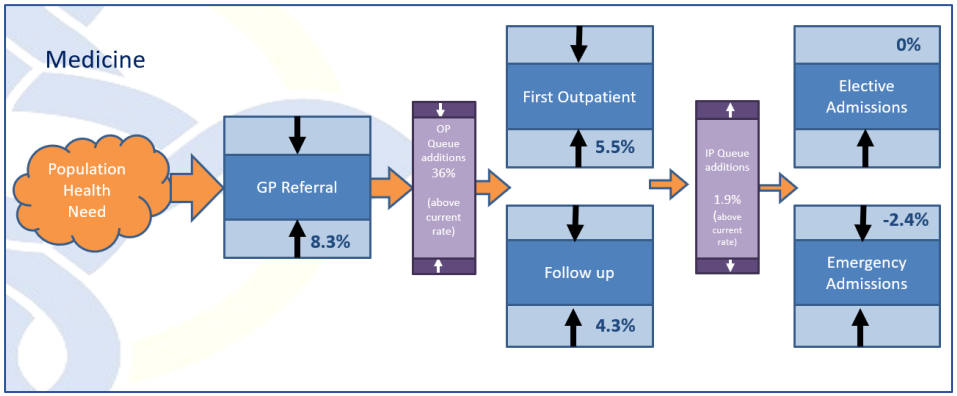
The current waiting list position for treatment for our most impacted specialties is shown opposite, categorised by clinical prioritisation.



Even if our system were able to 'turn-on' pre-pandemic capacity quickly it would not be sufficient to meet the backlog, 'business as usual' referral rates and unreferred demand. The reality is that waiting times will remain challenging, our system will need to have an offer for patients who are waiting for long period of time to access elective care.

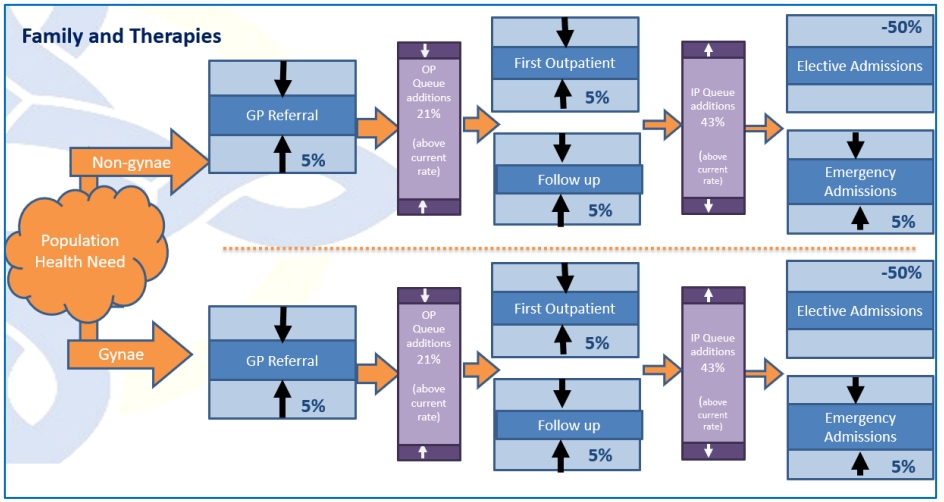
Outpatient and Inpatient waits need to be a key improvement platform for the Health Board, we cannot maintain the status quo in relation to how we organise, utilise, and deliver scheduled care services.

Medical specialties are already experiencing a return to pre-Covid referral rates and are anticipated to rise further by April 2022 (8.7% above pre-Covid levels). Many of our medical specialties have embraced new ways of working, which provides more outpatient capacity for new and follow-up. Despite increased outpatient capacity, this will not be sufficient to address increased demand and waiting times will continue to rise.



We anticipate that Emergency Attendances will continue to grow by at least 2.4% compared to pre-Covid levels. The growth in numbers presents challenges on its own, however increasing acuity, late presentations, workforce availability (across the health and care system), together with infection prevention and control measures compound and heighten these.

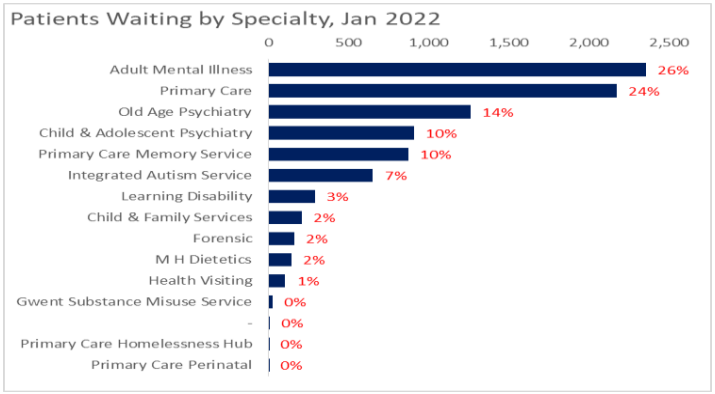
Women and Children's services cover a wide range of services and is difficult to aggregate, nonetheless, this overview demonstrates the impact of the transformation from inpatient to outpatient care that has been delivered over the past year. Gynaecology services are more akin to scheduled/planned care services and the impact that Covid-19 has had on service delivery is therefore different. This overview therefore illustrates non-gynaecology and gynaecology separately.



Referral rates will continue to grow with a forecasted increase of 5% next year. The assumptions anticipate clinical prioritisation will continue for all, or part of 2022/23. For gynaecology this would lead to a marked rise in additions to the inpatient additional queue (43%) as only a small number of services, fall in the top clinical priority categories. The service is already taking action with the adoption of ambulatory approaches as alternatives to theatre, which will need to be optimised in this plan.

Mental Health we have seen a lot of variability in referrals to our mental health services over the course of the last year. We anticipate substantial growth in referrals for children and young people, the effects of which are being experienced by our services now, and for our older adults including people with dementia.

Waiting lists have grown, peaking at 9,800 in the autumn and now operating at 9,200. Over half of these people are waiting for a first contact with either Primary Care or Adult Mental Health Services. We anticipate that most patients on this waiting list will require an intervention as this is the pattern that has been evident throughout the pandemic.



Our service model has developed over the past year to include The Sanctuary, Shared House, and Crisis House resulting in a reduction of inpatient admissions. However, in the same period, the service has seen an increase in the acuity of patients admitted, as measured by the increase in Mental Health Act referrals and enhanced care measures.

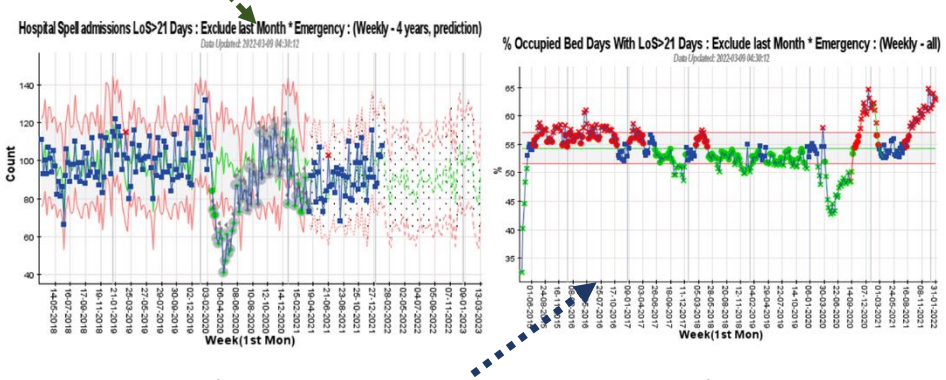
Bed Plan. One of the advantages of developing our live demand and capacity tool is we can derive and align necessary capacity in our bed plan or theatre services. With each successive pandemic wave the Health Board has adapted its bed plan to meet the changing needs of patients in our system. The Annual Plan 2021/22 acknowledged that the intended Clinical Futures Bed Plan of **1,478** was not deliverable in year and agreed a transitional bed plan of 1,589 beds.

	2022/23 Draft Bed Plan	*2021/22 Bed Plan	Diff	Clinical Futures Bed Plan	Diff
Urgent Care*	54	54	0	66	-12
Medicine	731	758	-27	507	224
Scheduled Care	352	344	8	386	-34
Family & Therapies	185	179	6	184	1
Community	255	254	1	335	-80
Total	**1577**	**1589**	-12	**1478**	99

12 months later, we find patient acuity is increasing and system flow is and will continue to be constrained for some time. We recognise that the basis of our Clinical Futures Bed plan has changed, and the service transformation planned to support it (delivering more care in the community) not yet in place to meet the current needs of our population. Our system needs 99 additional (to our Clinical Futures baseline) staffed beds in 2022/23 to meet anticipated demand within our existing models of care.

We recognise the changes in how our beds are used post pandemic presents a further challenge with managing flow and the recovery agenda.

Whilst the numbers admitted who stay over 21 days is following the similar pre Covid patterns…

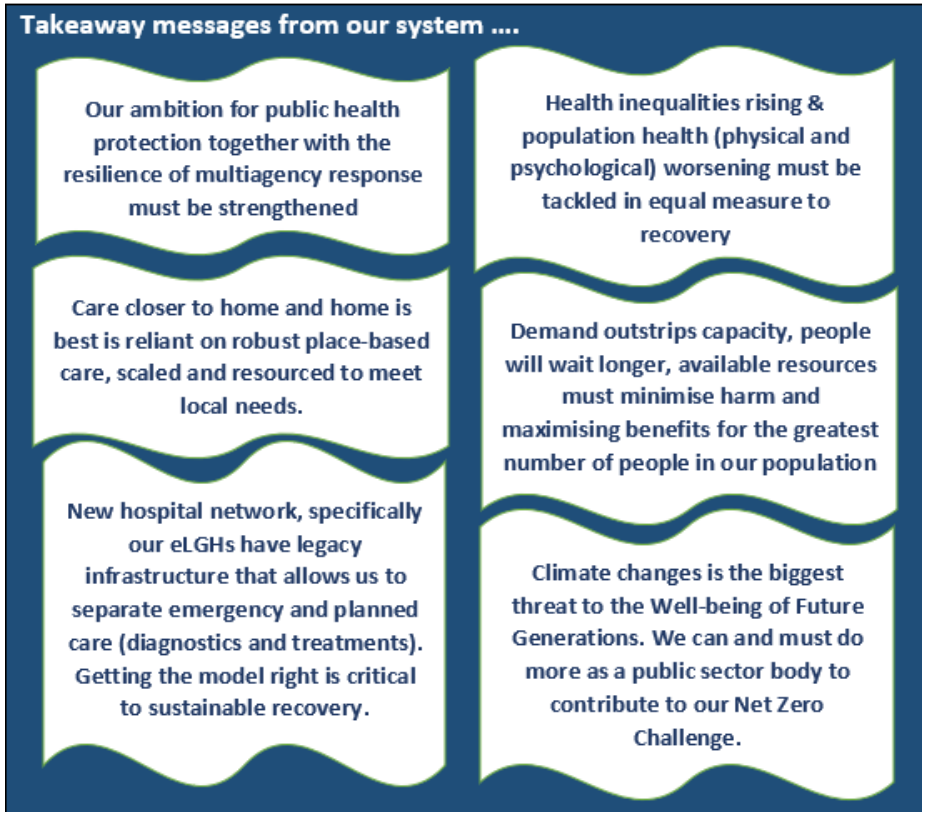


The percentage of beds these patients are using has significantly increased. This drives the focus of our discharge improvement work and the continued work with our Local Authority and Social Care partners.

Our Care of the Elderly service model is driving the need for additional inpatient capacity which present associated workforce challenges. Increasingly older people are presenting late, with more complex needs into a part of our system that 'medicalises' care. Our current medicalised model of service for these patients will need to develop to focus on reablement and care closer to home to deliver better benefits for our patients and our system.

Understanding our system through data has enabled us to identify specific areas where we need to make a concerted effort to change, both to better meet the needs of our population and create a more robust and sustainable system. Planned

actions are based on a robust understanding of our system. This enables us to have a clear line of sight on the potential impacts of the approach and choices we make to address key challenges in our system on population health and has pointed us to a focused set of actions that, when addressed, will contribute most to optimising capacity, improving outcomes, experience and minimising harm. The next section of the plan sets out the Clinical Futures Programmes which will respond to these challenges.



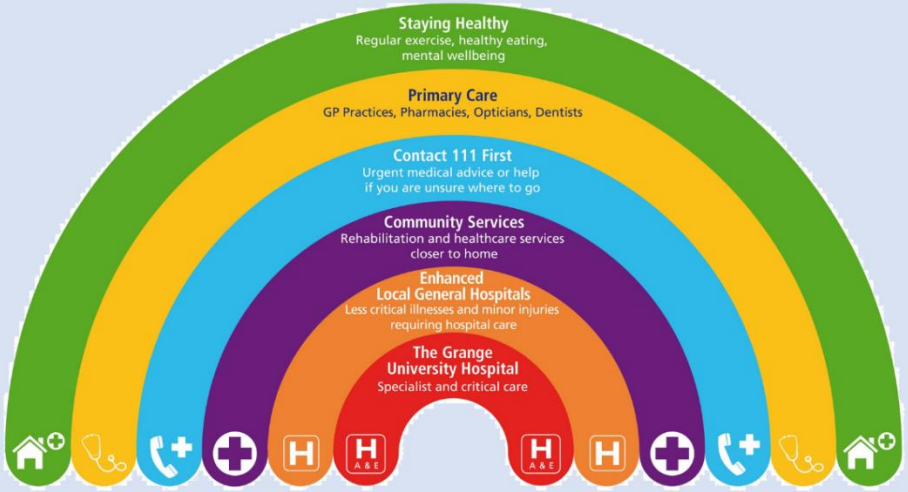
Delivery of Whole System Transformation

Dyfodol Clinigol Clinical Futures

Our Clinical Futures Strategy set out our ambition to transform our healthcare system and laid the foundations for change.

We have adopted a rigorous and systematic programme management approach to support the delivery of key components of our strategy. During the pandemic, the focus was on the support and development of service models for our new hospital system, and the opening of the Grange University Hospital. Our learning from the Clinical Futures programme of work, which allowed us to open the Grange University Hospital, is that clear and consistent programme arrangements are important to supporting delivery.

For this planning cycle, we have refocused our Clinical Futures Team, to support the delivery of a finite number of organisational priorities in response to the challenges identified through the dynamic planning model.



These key priorities which, based on our understanding of our system, will deliver the biggest impact and improve the sustainability of our system, are:

1. Public Health Protection and Population Health Improvement
2. Accelerated Cluster Development
3. Redesigning Services for Older People
4. Mental Health Transformation
5. Planned Care Recovery
6. Transforming Cancer Services
7. Urgent Care Transformation
8. Enhanced local General Hospital Network
9. Net Zero – Decarbonisation

Many of these priorities are embedded in our Life Course Approach. However, as we move from a pandemic to an endemic scenario, we are emerging as a very different system to the one we had planned as part of our Clinical Futures Strategy. Learning from the experience of the last 18 months, we recognised that there are opportunities that will enable us to create a more resilient and sustainable system. Consequently, several of our priorities transcend but are integral to our life-course approach, and form part of the Clinical Futures Programme for 2022/25.

Life Course Priorities	Pan Life-Course Priorities
❖ Population Health Improvement ❖ Redesigning Services for Older People ❖ Mental Health Transformation ❖ Planned Care Recovery ❖ Transforming Cancer Services ❖ Urgent Care Transformation	❖ Accelerated Cluster Development ❖ Public Health Protection ❖ Enhanced local General Hospital Network ❖ Net Zero – Decarbonisation

The culture, values and consistent approach to change are essential to delivery alongside consistent clinical and operational leadership. The Clinical Futures Programme Management Office team bring programme management expertise and rigour to the above key priorities within our life course approach, that, if unchanged will have a detrimental impact on the sustainability of our systems.

PUBLIC HEALTH PROTECTION

Working together to respond to Covid-19, the maturity of relationships between public sector organisations has grown. The virus has shone a spotlight on the inadequate levels of preparedness (across the UK and much of the world) for the challenges faced by our population, our workforce, and our services. The Gwent Test, Trace, Protect Service (GTTPS) has been operational since June 2020, tracing over 155,000 positive Covid-19 cases across Gwent limiting the spread of Covid-19 and, ultimately, helping to save lives. Funding for this multi-agency service comes to an end on 30th June 2022.

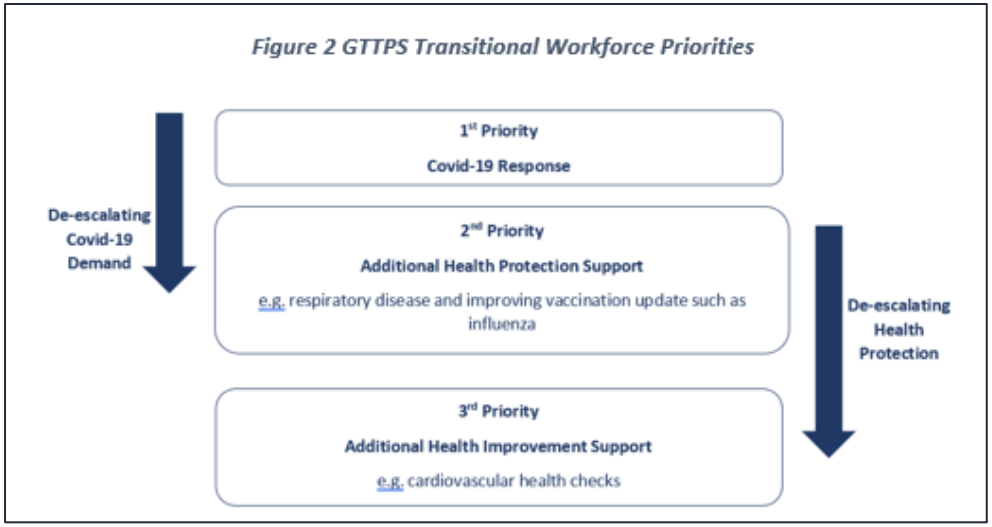
We recognised that within our system the level of ambition for Public Health Protection including preparedness for the management of infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.

The Health Board is working with Local Authority partners to develop a business case that will transition the GTTPS workforce to continue to protect population health and to contribute to the improvement of population health outcomes.

Whilst we anticipate a longer-term reduction in transmission of Covid-19, we recognise the need for ongoing resilience due to sustained, relatively lower levels of transmission including the capacity to respond to the possibility of hyper-endemic levels of the virus. At this stage, we simply do not know what the future holds with respect to Covid-19 and how we will need to respond, but the learning from TTP indicates that we can manage respiratory diseases more effectively in future through integrated working across Local Authorities and the Health Board.

Having to prioritise Covid-19 has come at the cost of having to redeploy resources away from programmed population health work. To help address this, the flexible retained workforce would be trained over the course of Year 1 (March 2022-April 23) in a range of population health skills.

The priorities for the transitioned workforce are responding to Covid-19 as required, providing additional health protection support and providing additional health improvement programme support. The focus of the transitioned workforce priorities is illustrated in Figure 2.



As well as providing population health protection and supporting population health, the service would also create entry level jobs whilst supporting a progression pathway as part of the foundation economy in our local communities.

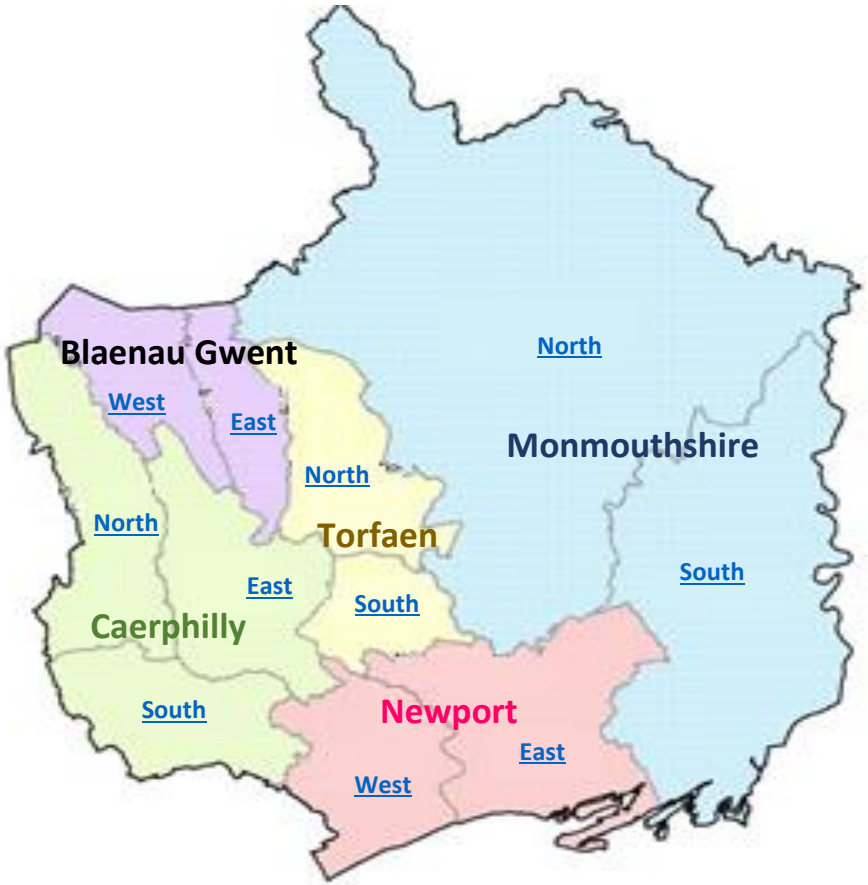
Population Health Improvement delivering a Healthier Gwent sets out our approach to reducing health inequalities and improving population health. Our ambition to become a Marmot Region and as a public sector collectively address the determinants of health will be incorporated into our long-term strategy.

ACCELERATED CLUSTER DEVELOPMENT

The Primary Care Model for Wales sets out how primary and community health care services will work within the whole system to deliver place-based care. Cluster working is at the core of this bringing together local health and care services to ensure care is better co-ordinated to promote the wellbeing of people and communities.

Each of our Neighbourhood Care Networks (clusters) has developed individual integrated medium-term plans that set out priority areas for 2022/23 that will be delivered through a place-based care approach, collectively they focus on:

- Response to Covid Recovery including vaccination, access and backlogs for all independent contractor professions
- Developing relationships partners including Local Authority Social Care and Tier 0/1 mental health providers to increase capacity and reach
- Instigate robust population health approaches with initial focus on obesity, diabetes, mental health and wellbeing and measures to address health inequalities
- Local action plans to support Accelerated Cluster Development, Urgent Primary Care, Community Infrastructure and Mental Wellbeing



Individual NCN plans can be accessed via hyperlinks in the map above.

As the Primary Care Model for Wales has matured, the focus has turned to the establishment of pan-cluster planning at Local Authority Level, responsible for population needs assessment, gap analysis, development of costed plans and commissioning services that should only be delivered at a Pan-Cluster Level (for example direct access physiotherapy or enhanced nursing home care as opposed to diabetes prevention that is place based care).

Our focus in 2022/23 will be establishing the foundations for pan cluster groups and we will:

Create pan cluster groups alignment with Regional Partnership Boards/Integrated Wellbeing Networks/NCNs, agree the governance framework that underpins these arrangements
Identify and secure the substructure needed to support delivery of pan-cluster groups currently our substructure supporting our NCNs consists of 2 GP sessions/week to oversee the delivery of NCN plans and to link with specialties to improve patient pathways and process. They are supported by a small team within Primary Care And Community Division. This will not be sufficient to support the new arrangements and functions (needs assessment, cluster level costed plans, commissioning) required from Pan-Cluster Groups.

NCNs at different stages of maturity, for those that are ready to form accelerated clusters we will create an agreed process and plans to enable them to progress as part of our Accelerated Cluster Group programme.

E LGH HOSPITAL NETWORK

The opening of the Grange University Hospital has enabled us to deliver our planned new hospital network, that now offers opportunities for us optimise our recovery from the pandemic, modernise our hospital system and create a more resilient and sustainable system of care.

Our Clinical Futures Strategy set out to rebalance our system of care by delivering most care close to home, creating a network of local hospitals providing routine diagnostic, treatment and rehabilitation services, and consolidating specialist and critical care services in a purpose build Specialist and Critical Care Centre (now the Grange University Hospital).

The pandemic has had a massive impact on our communities, our staff and our services. We have responded to patients suffering from Covid-19, maintained essential services, delivered mass vaccination and booster programmes, and kept providing as many services as possible. During this period, waiting lists for routine planned care have grown and waiting times increased markedly. As we have begun re-set, referrals have increased and waiting times for some specialties are significantly higher than pre-pandemic rates. The impact on people waiting for diagnosis, or life impacting care and treatment is enormous.

One year on from the opening of the Grange University Hospital, our attention is focused on the role of our wider hospital network. The legacy infrastructure from our District General Hospital estate supports the separation of emergency and planned patient flows between our hospitals. It gives us the opportunity to align our workforce to plan for and deliver a more sustainable re-start of services to meet the needs of our population.

Our enhanced Local General Hospital (eLGH) network sites will focus on planned surgical treatment with emergency services provided centrally and consistently at the Grange. This will enable us to protect elective capacity and allow us to re-focus, optimise and transform service models to protect planned care elective capacity. We are revisiting the original Clinical Futures eLGH model in the context of our system in 2022, and what our infrastructure will support in respect of increasing planned care capacity not only for our population, but for neighbouring populations too.

In addition to the provision of planned care ,our eLGHs also remain an important part of our urgent and emergency care system. They provide minor injuries, Urgent Primary Care services and medical assessment for lower acuity as part of an 'Integrated Front Door' to provide Same Day Emergency Care (SDEC) together with the Grange University Hospital Specialist and Emergency services. The Flow Centre is now a core part of our system, and we will enhance its role in facilitating non-GUH emergency care options for patients through our eLGH network.
We will confirm and/or redefine core and enhanced functions for each hospital and ensure that our population understand what this means for them, how they will

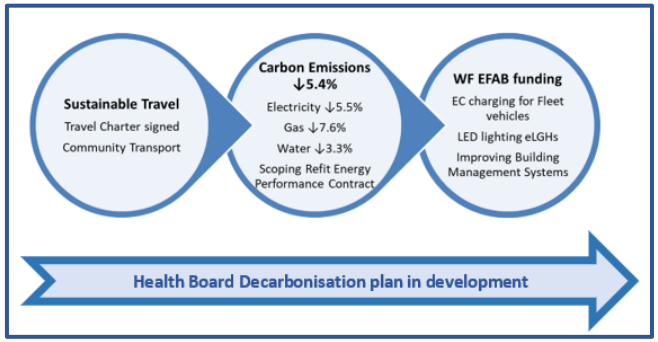
access urgent/emergency care, diagnostics or planned care service, for recovery and for longer term sustainability of our system. Immediate priorities that will impact in the short term on our capacity to make progress in post pandemic recovery are:

Protect and Optimise Elective Capacity • High volume day case centre of excellence @ NHH to increase capacity • Deliver more inpatient procedures @ RGH ▪ Robust hospital at night model ▪ Robust hospital transfer model ▪ Increase Post Operative Care Capacity (POCU) ▪ Anaesthetic Protocols } increase the number and type of procedures delivered (safely) at RGH where elective capacity can be protected • Ambulatory Surgery (gynaecology, orthopaedics, and general surgery) • Endoscopy (insourcing and business case to support expansion of endoscopy capacity)
Breast Unit • Embed service models in readiness for the Breast Unit @ YYF.
Urgent Care/Flow ▪ Integrated Front door for eLGHs sits providing enhanced Same Day Emergency Care and links to our Flow Centre and GUH Emergency Department
Staffing ▪ Sustainable staffing models for eLGHs underpinning core and enhanced functions for our eLGH network

NET ZERO - DECARBONISATION

Welsh Government declared a 'Climate Emergency' in 2019 and set out their ambition that the public sectors in Wales should be in a carbon 'Net Zero' position by 2030. The response to the pandemic has demonstrated how significant and impactful changes can be enforced into the day-to-day life of the public and the approach to work, for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

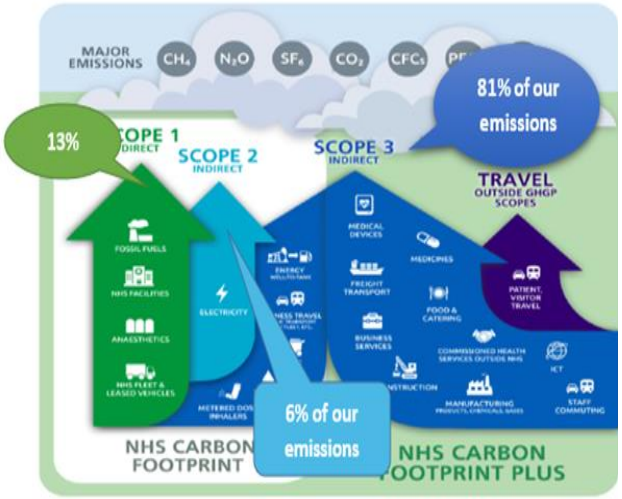
Whilst we have made good progress over the past year as illustrated below, the NHS Wales Decarbonisation Strategic Delivery Plan (2021) set out more opportunities to look again at building and energy use as well as procurement, travel, and other emission sources across the NHS.



Note: Our Decarbonisation – Net Zero Action Plan will supersede the Estates Energy Strategy and Energy Policy to align to national objectives and net zero carbon targets.

The Decarbonisation Strategic Plan clearly set out the enormity of the challenge, the unique context for action offered in Wales through The Wellbeing of Future Generations Act. It also makes clear our commitment to reduce the environmental impact of climate change and our responsibility to drive the wider benefits of actions to reduction emissions and pollution to improve population health.

The Carbon Footprint for NHS Wales calculated for 2018/19 as 1 million tons of CO2 emissions, 14% of which is attributable to us in Aneurin Bevan University Health Board.



When we consider the proportion of our emissions due to direct, indirect (energy) and other indirect causes it becomes clear that we need to broaden our horizons moving beyond our estate's focus, to developing a

systematic approach and a culture of sustainability that enables us to play our full part in tackling the wider determinants of climate change that are with our grasp.

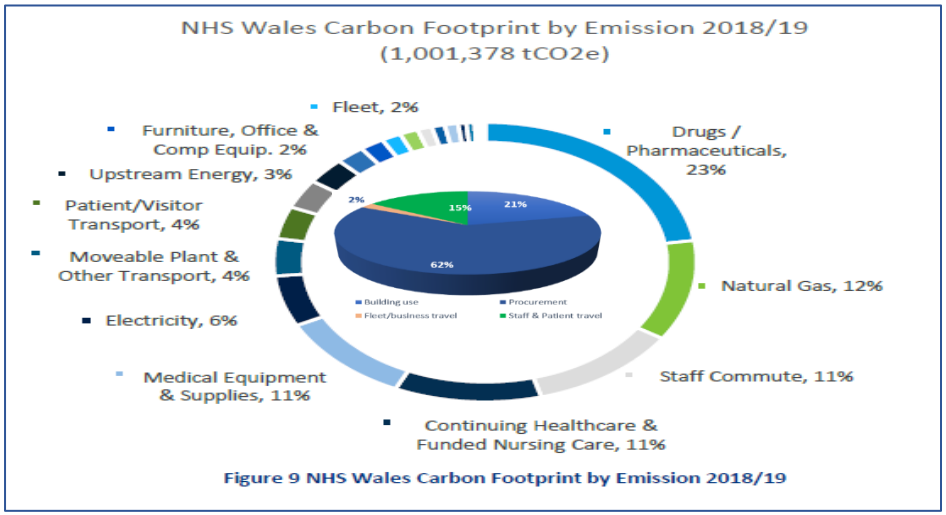


Figure 9 NHS Wales Carbon Footprint by Emission 2018/19

Scope 3, other indirect emissions associated with the supply chain are a good example. The choices we make about the drugs we use and how we procure them, and similarly medical equipment and supplies accounts for 34% of our emissions.

As part of the process to finalise our Strategic Decarbonisation and Net Zero Action Plan, we are seeking to establish firm foundations to support delivery. Through our internal audit mechanisms we are evaluating the systems and control in place across the organisation including:

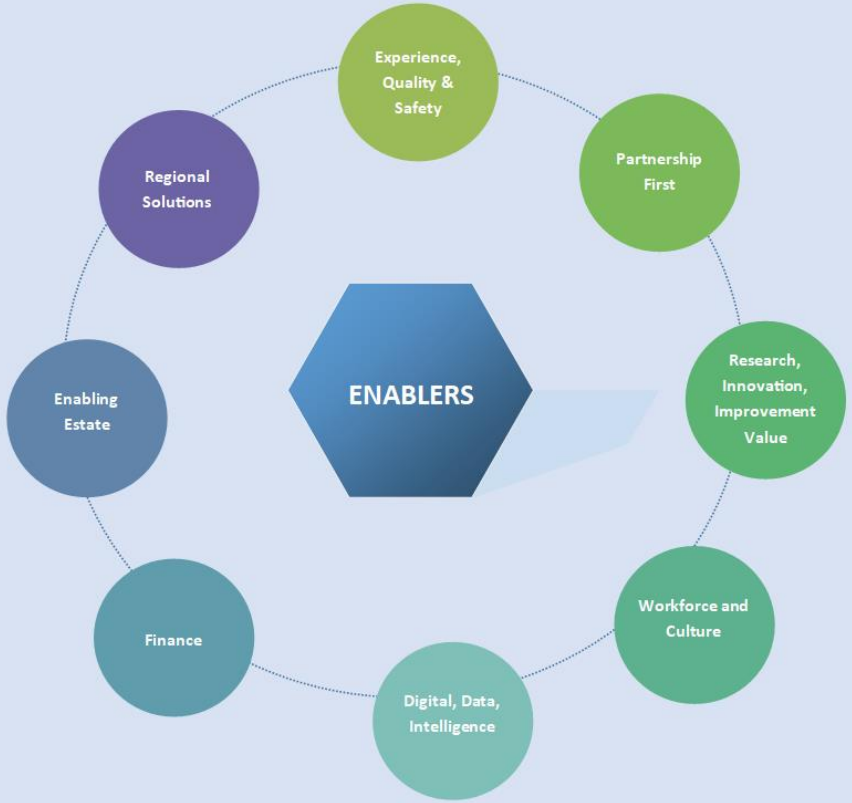
- Governance (accountability, training, communications to embed change)
- Localised strategies (aligns decarbonisation action plan with organisational and service strategies, supported by guidance/procedures)
- Monitoring and reporting (ranking feasible initiatives, target setting, sourcing data for accurate calculations, reporting progress)
- Collaboration (external resource, expertise, leadership, implement All Wales exemplars)
- Embedding Change (building and new builds; Transport, Procurement, adoption of new technology)

We are scoping how we are applying local conditions to the **46 initiatives** set out in the National Plan. This will be a **live Decarbonisation and Net Zero action plan** that can flex with changes to objectives, targets and progress.

We recognise that achieving net zero is everyone's business, touching all parts of our system, from the management of the estate to approaches to how we will sustainably organise, procure, and deliver healthcare.

KEY ENABLERS

Enablers are the factors which increase the probability of successful implementation of key priorities. We know that implementation is inseparable from context within the organisation, across our communities and the wider system. Our goal is to deliver sustainable changes to our system, this means that 'not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well'.



1. EXPERIENCE, QUALITY AND SAFETY

Experience, quality, and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. We aim to organise care around the individual, so that every person using our services, whether at home, in their community, or in a hospital has a positive experience. Experience, quality, and safety is a core component of all our plans, both for the service we provide now, and for the changes we are proposing to our future models of care from small changes in one service to substantial redesign necessary to deliver a sustainable and resilient health and care system in the wake of the Covid-19 pandemic.

The Health and Social Care (Quality & Engagement) (Wales) Act 2020 embodies an enhanced legal duty not only to deliver quality care but to secure improvements in the quality of services provided and to deliver improved outcomes for the people of Wales. It strengthens the voice of the citizen and places a duty of candour on NHS organisations and Welsh Government. Through our Quality Assurance Framework (2021) we have firm foundations to support our adoption of these new duties as and when they are enacted.

Enabling a Safety Culture - developing a robust patient safety culture requires a systems wide approach that minimises preventable harm, improves outcomes and experience and eliminates variation and waste. Embedding a standardised clinical governance system that functions from operational level to the board, designed around the NHS Wales Health and Care Standards, and, aligned to the integrated decision making (Care Aims) Framework will provide the organisation with assurance around quality and risk. Key areas for delivery include:

• Set out the core evidence that will be considered by each Committee (service/division to sub-committee of board levels) to provide assurance on delivery of Health and Care Standards (by December 2023) • Developing a corporate clinical audit plan to address any gaps in assurance • Annual Report for each Health and Care Standard, scheduled for consideration by Patient Quality Safety and Outcomes Committee (PQSOC) • Strengthened assurance mechanisms for commission services
• Reviewing Quality Safety and Patient Experience structures within divisions/directorates, formalising lines of responsibility, accountability, escalation, and assurance by June 2022. • Standardising resources, role profiles and appraisal arrangements for QPS leads • Standardised PQS agendas (evidence and risk based)
• Clearly defining the support from corporate teams associated with the quality safety and patient experience agenda and setting the expectation.
• Preparedness for the Quality and Engagement Act including the Duty of Candour and Duty of Quality as they are published • Introducing the integrated decision framework with Board development and the identification of priority areas for implementation • Ensuring that the groups and committees across the Health Board are able to be responsive in promoting quality and patient safety at all levels of the organisation

A Learning Organisation - is one where people continually expand their capacity to develop and improve; this can be on an individual, team or organisational level. Quality, Safety and Patient Experience should be integral in informing a direction of travel in learning and education and should support a responsive approach in relation to emerging themes and trends. This should be undertaken through the principles of the integrated decision making and co-production. Key areas for delivery include:

Identification of key quality and patient safety priorities and sources of information, to inform the learning and education agenda guided by the views of service users
Collaboration between corporate and educational teams to support the development of health professionals around key quality and safety priorities
Facilitation of multi professional approaches to education aligned to quality, safety and patient experience
Representation of learning and education on key quality and patient safety groups across the organisation
To facilitate divisions and directorates to prepare a standardised annual improvement strategy based on information collated from review of complaints, incidents, surveys and audits
To build capacity within teams to develop co-produced digital patient stories to support listening and learning
Standardisation of training and education and competency records to avoid unwarranted variation in education approaches
Introducing a Covid Investigation Team to review cases of nosocomial transmission to identify breaches and ensure learning

A Just Culture - considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution or reprisal.

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by ensuring staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the risk of the same errors reoccurring can be minimised is a powerful tool in promoting cultural change.

Understanding the role of unconscious bias when making decisions will help ensure all staff are consistently treated equally and fairly no matter what their staff group, profession or background. Key areas for delivery include:

To embed the use of the NHS Just Culture Guide in parallel with patient safety investigations when there is suggestion that a member of staff requires support or management to work safely
To formalise an approach to supporting staff involved in patient safety incidents by June 2022
To further promulgate a safe reporting culture
To adopt national standards for consistent, high-quality reviews
To implement the Duty of Candour and Duty of Quality and to extrapolate learning from incidents and concerns • To develop a learning bulleting to share learning across the organisation • To develop and publish a quality report as set out by Welsh Government

Data for Quality and Improvement - both qualitative and quantitative data are critical in understanding the quality-of-care provision and in evaluating and guiding improvement. Increasing the availability of data and the capability and capacity to

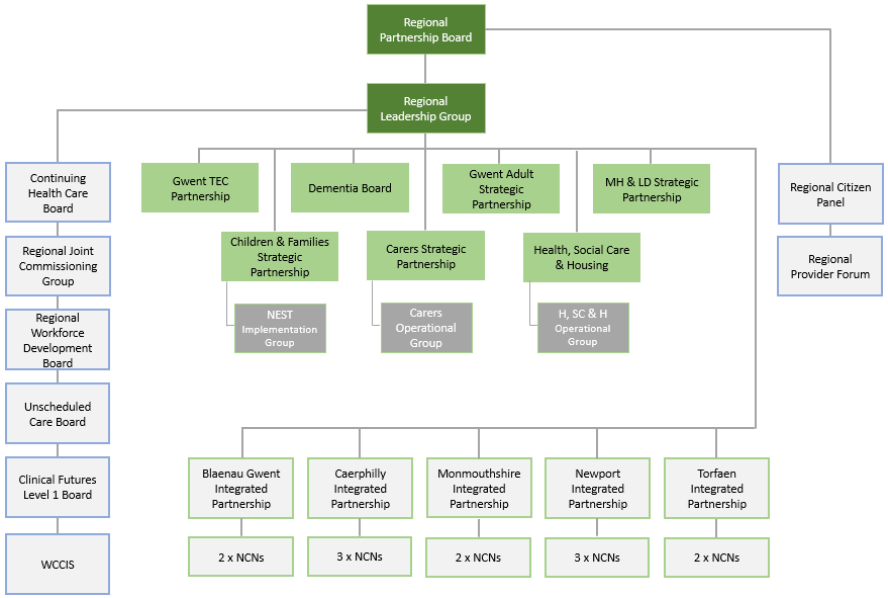
analyse, understand and utilise the data will ensure a focus on quality. Key areas for delivery include:

To increase the capacity and capability of divisions to utilise data that underpins quality and patient safety priorities
To increase the capacity and capability of the corporate Quality and Patient Safety Team to utilise data to support their agenda
To develop a quality and patient safety dashboard with meaningful quality indicators that drives improvement and provides assurance
To provide quantitative evidence that provides assurance in relation to the NHS Wales Health and Care Standards, this will be undertaken in line with the national review of Health and Care Standards.
To introduce the Once for Wales Concerns Management System (OFW) to capture accessible real time feedback from our service users.
To introduce an electronic patient feedback system to capture real time patient experience feedback from people accessing our services
To introduce and publish 'You Said, We Did' information to support the Duty of Candour

2. PARTNERSHIP FIRST

Delivering services in partnership across Gwent is a key enabler in this plan. Our partnership arrangements extend across multiple forums, with a range of supporting structures to enable collaborative and integrated approaches. Strategically aligned, we have seven thematic strategic partnerships, five Integrated Service Boards at a county level, and eleven Neighbourhood Care Networks. This sub-structure forms a foundation that will be strengthened through our delivery of this Plan as we respond to the needs that have been identified for our population and align with the activities of the Regional Partnership Board and the Accelerated Cluster Development. This underpins a systematic approach to delivering regional and place based care.

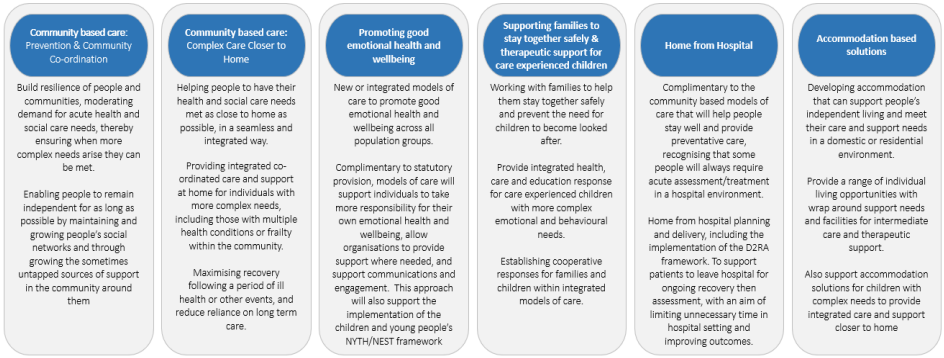
Within this partnership landscape we work with a wide range or organisations from health, social care, and social value sectors to support collaborative and integrated approaches and the delivery of the partnership. The statutory requirements of our Regional Partnership Board is a focus on early intervention and prevention, and the joint approaches for a number of our vulnerable population groups with care needs. There are a range of policy drivers that shape our collaborative efforts, including the Wellbeing of Future Generations Act, the Social Services and Wellbeing Act, and the more recent A Healthier Wales national plan.



We will be working closely with our partners in developing and delivering solutions that support our vulnerable population groups, as identified within partnership guidance.

- Older people with complex needs
- People living with Dementia
- Unpaid carers, including young carers
- People with learning disabilities and neurodevelopmental conditions
- Children with complex needs
- People with emotional and mental health wellbeing needs

Refreshed guidance for Regional Partnership Boards introduces integrated models of care that will be developed and embedded throughout the period of this Plan. This approach will see our partnerships expand across Wales to share learning and best practice, facilitated by a range of facilitated Communities of Practice.

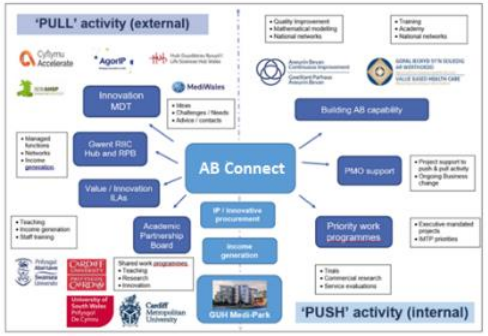


Aligned with and complimentary to the Whole System programme approach through the clinical futures team, a range of RPB Strategic Programmes will contribute to the delivery of the priority areas identified within this plan, with particular emphasis on alignment as follows:

Priority 2: Getting it right for children and young adults	Building on the progress made to date, a key focus for our partnership is the implementation of the national NYTH/NEST framework: aligning our system to support children and families to remain together safely, provide emotional health and wellbeing support for children and young people with complex needs, and support seamless transition across our partnership organisations
Priority 3: Adults in Gwent Live Healthily and Age Well	Redefining a seamless connected communities model that embeds the Integrated Wellbeing Networks as a key asset-based development enabler. Supporting our population groups, to maintain independence and connect with their communities to reduce social isolation and improve wellbeing.
Priority 4: Older adults are support to live well and independently	Developing joint approaches to providing complex care close to home for individuals with complex needs to both avoid hospital admission where appropriate, and support rehabilitation and recovery close to home. Our dementia programme will also provide tailored support for people to live well with dementia and receive increased support as and when needed through their dementia journey.
Priority 5: Dying well as part of life	Working with partners across health, social care and care homes through our strategic programmes will support advanced care planning as early as possible in a person's journey, with a particular emphasis within our Dementia programme on this priority area. Our partnership dementia education programme will support workforce development and our ongoing collaboration with the third sector to provide bereavement and advocacy support.

As further enablers to partnership working, technology enabled care and integrated data systems will form a key consideration within our strategic programmes to develop joint and integrated solutions for our patients and population groups.

3. RESEARCH, INNOVATION, IMPROVEMENT AND VALUE (RIIV)



Building research, innovation, improvement, and value capacity within the Health Board

We have invested in and supported the development of Research, Improvement, Innovation and Value Based Healthcare to build firm foundations to enable the organisation to think and work in different and more effective ways. Until now, each of these functions had discrete portfolios, this year, in response to recommendations set out in 'A Healthier Wales' and in line with the National Clinical Framework, we have brough them together (**AB Connect**) with the shared purpose of supporting our system to develop new knowledge and understanding, continuously improve, think, and work in new and diverse ways, with the goal of increasing value across the range of healthcare activity provided to and for our population.

As a University Health Board, we have and continue to strengthen the links between research, innovation, improvement and value with education, organisational development and provision of health and care services. Our Triennial Review – University Health Board Status (March 2021) sets out what we had achieved through our University Status.

The ever-changing landscape, not least as we emerge from the pandemic, heightens our ambition to collaborate and innovate with our partners and to capitalise on opportunities to translate new understandings that enable us to optimise how we use the resources available to us to improve health outcomes. We seek to do this through our Life Course Based Outcomes approach to delivering a sustainable system of care by:

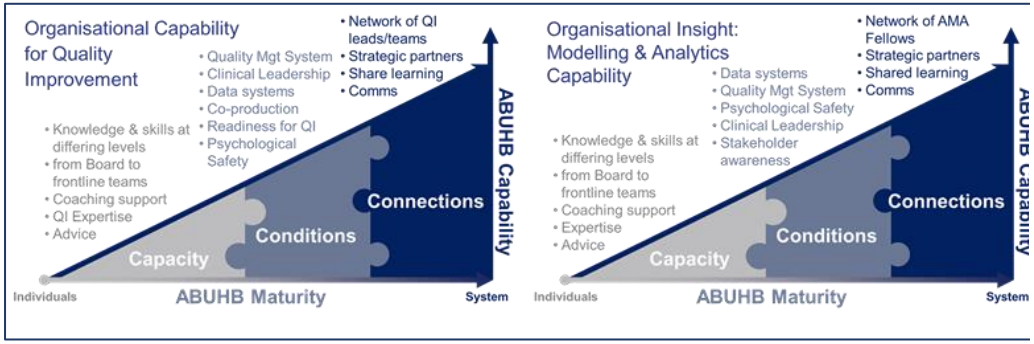
- driving value and improvement throughout our strategic priorities including service transformation and redesign, joint public sector (RPB); regional (SEW) and national change programmes.

- enabling frontline teams to take their ideas forward for the benefit of patients and staff; and,
- developing fruitful working partnerships with external bodies

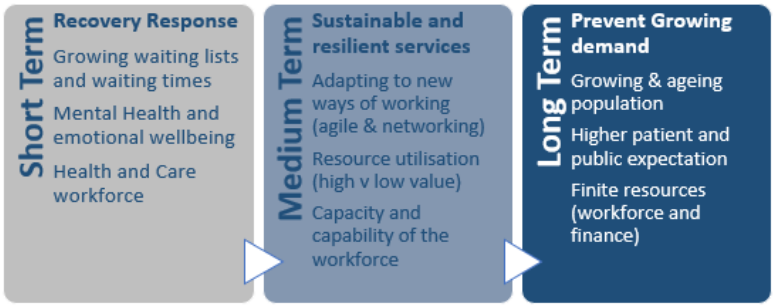
We believe that an understanding and measurement of value should run through everything that we do, and Quality Improvement a day-to-day activity, part of how teams work and develop their services, with good data bringing insight to support decision making. This is the engine that drives a culture of learning and improvement.

AB Connect is our mechanism to align an evidenced based strategy that delivers organisational capability for Value, Innovation, R&D (Research & Development) and Quality Improvement. AB Connect are developing a strategy that incorporates each of these functions.

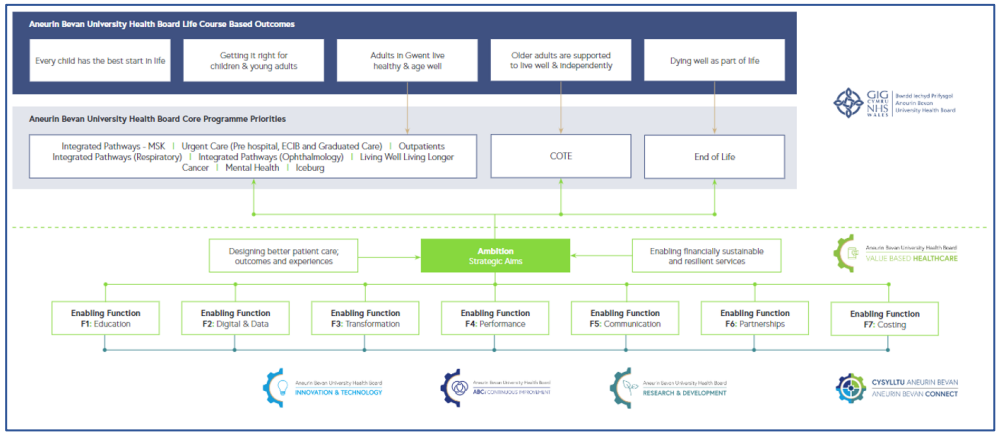
The ABCi (Aneurin Bevan Continuous Improvement) team act as our hub for Quality Improvement (QI) and Mathematical Modelling (Insight). The team focusses on developing organisational capability for QI and Insight within services. In order to build Organisational Capability for these functions, by skilling our workforce (Capacity), creating an enabling environment (Conditions) and establishing peer networks that support spread and shared learning (Connections). Developing a quality management system will enable clinical teams to improve what matters to them and their patients.



Our approach to value based and prudent health care is well established and embedded within the organisation. Value based healthcare, doing what matters most to people is an essential enabler to address the challenges we now face in the short, medium, and longer term.



This key enabler underpins and supports our work to deliver Life Course Outcomes and core priority programmes.



Our Research and Development Team work in true partnership, locally, nationally, and internationally to design research projects and gain grant funding to meet the needs of our population. We have developed a research active workforce; our patients are routinely offered the opportunity to participate in research offering access to novel treatments that are not available outside of trials.

Research is delivered as part of core activity within our services across all aspects of the life course from midwifery and neonates to children, adults and older people.

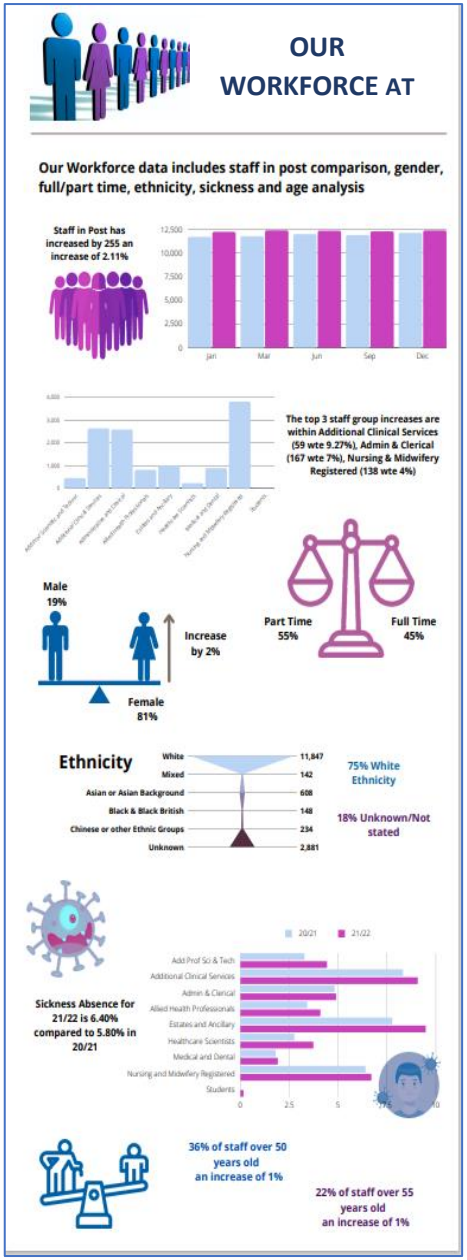
We also support research in Social Care and the Third Sector. As we emerge from the pandemic, we see the alignment of R&D with ongoing service redesign as critical to delivering a sustainable system of care. Notwithstanding the high levels of participation across our workforce, in the next year we will be seeking a review SPA (Supporting Professional Activities) policy in the context of R&D. We also recognise that in some clinical areas, including pharmacy, radiology and pathology the workforce are particularly constrained and we will be seeking to address this shortfall from an R&D perspective. The outcome of research is important and impacts on the sustainability of our system, for instance Clinical Trials of an Investigational Medicinal Product (CTIMP) are material and deliver benefits in terms of patient outcomes, efficient and effective use of resources.

A new Clinical Research Centre opened in 2021 that will open doors and enable us to deliver more commercial and non-commercial phase 2 trials. A comprehensive overview of our R&D activities can be found here. Our immediate priorities for 2022/23 include a pharmacy workforce strategy that facilitates R&D, Population health and epidemiology; Mental Health; Rheumatology; Neurology; Long Covid; Cancer; and Surgery.

Going forward we will develop a five-year R&D Strategy that will ensure research becomes a core component of peoples' jobs, thus aligning the Health Board's R&D Strategy with the UK vision for clinical research delivery (Saving and Improving Lives: the future of UK clinical research delivery).

We have recognised that there are further benefits to derive from aligning RIIV functions to provide a joined-up offer for the organisation to think and work differently. This year we make our first steps on this journey to drive further value from our University Status through AB Connect. In the longer term, this integrated approach will underpin any Llanfrechfa Grange Campus Medi-Park, providing a significant and unique platform to engage externally with academia and industry.

4. WORKFORCE AND ORGANISATIONAL DEVELOPMENT



The Health Board employs 12,319 WTE and 15,763 people (January 2022) and is the largest employer in Gwent. There are 2013 people working in Primary Care GP practices an increase of 100 over the last 2 years. Over the last 12 months the number of staff within ABUHB has increased by 255 WTE (2.11%). There have been overall increases in all staff groups in line with our Clinical Futures plans and to support our continued responses to mass vaccination, Covid Testing and Track Trace Protect. Supported by successful recruitment campaigns locally and overseas nurses, healthcare support workers and administration staff groups have seen the largest increases.

Whilst overall numbers of facilities staff on our workforce have increased, on the 1st April 2021, Laundry Services staff transferred to NHS Wales Shared Services Partnership (NWSSP) as part of a nationally agreed process and this resulted in the TUPE transfer of 49.56 WTE facilities staff.

People Plan 2022 – 2025 - Putting People First

Our new People Plan, will reflect our current challenges, opportunities, and the changing context in which we now operate due to the impacts of the Covid-19 pandemic and of leaving the European Union.

The People Plan aligns with the themes of the Health and Social Care Workforce Strategy National Planning Framework and this IMTP, building on workforce data and intelligence together with the experience of our staff and partners. Collectively these inputs will shape our ambition and our priorities for 2022 to 2025.

The People Plan will outline a road-map that will help us improve the experience of our staff now and in the future. The plan is aligned with our organisational values and most importantly our belief that staff experience shapes patient

experience. The plan addresses the short-term actions needed to stabilise our workforce following recent times and the actions needed to establish and embed new ways of working in the medium to longer term. Much of what is set out in our plan is already underway, however, some developments are new and designed to creatively support longer term sustainability.

At its heart it will seek to develop seamless workforce models, ensuring people with the right skills, competencies and experience are in the right place at the right time across the health and social care system. A detailed action plan sets out what we will do to create sustainable and innovative solutions by connecting with our employees and our future workforce, to support new ways of working, developing new skills and capabilities with flexible and agile models, to widen access to training and employment and to develop stronger connections with our diverse communities. The People Plan 2022/2025 will focus on 3 core priority objectives:

People Plan Objective 1: Staff Health and Wellbeing

Supporting our people to feel valued, engaged with a positive sense of wellbeing at work is at the heart of our People Plan. We will embed our innovative engagement programme "**Cynnal Cynefin / People First – Reconnecting with the Workforce**" and work through the 5-stage approach of addressing the key workforce biopsychosocial issues which were highlighted through a series of organisational surveys including the medical engagement scale, junior doctor report and wellbeing surveys.

The programme will, by re-connecting with our people, support our commitment to being a listening organisation and our commitment to ensuring people feel that their voices can be heard and their ideas acted upon.

Local teams will be supported to identify issues affecting staff's working experience and empowered to resolve matters or rapidly escalate to senior decision makers to unlock identified barriers. The programme will support local teams to self-sustain this approach and promote positive culture change, all of which is in line with our Values and Behaviours Framework, the Employee Experience Framework and our commitment to compassionate and inclusive leadership across the Health Board.

A Wellbeing Centre of Excellence will be established and will incorporate research, development and new approaches that will have benefits for all staff across NHS Wales. This will make a unique contribution to 'A Healthier Wales' by becoming the first Welsh NHS Employee Well-being Service to proactively address the complex psychosocial determinants of poor wellbeing at work. The Centre will work proactively and reach out to partners in the Public Sector to develop a partnership and population approach to our wellbeing offer.

Our staff have responded in the most incredible ways, particularly during the pandemic, and the Health Board recognises the impact on staff of increasing chronic fatigue, burnout, and mental health issues. The Health Board will continue to adopt a two-pronged approach to our emerging, evidence-based Wellbeing Strategy:

- Firstly, identifying and responding to the mental health needs of our staff by strengthening our well-being service; and,
- Secondly, developing a systematic way of supporting teams to identify and address symptomatic causes of poor wellbeing (as expressed by staff through regular wellbeing surveys).

We continue to implement new integrated psychological wellbeing roles and peer support networks within services. We will evaluate our innovative therapy trauma pathway, strengthen staff networks such as our Menopause Cafes and provide tangible measures to enhance the wellbeing of our staff. Additional support will be in place for long covid and staff absent from work due to chronic stress, anxiety, and depression.

Healthy Working Day describes the organisational development interventions to support the key areas of working life for all our staff. This will facilitate the creation of space, expertise and time for individuals and teams and our communities to grow, experience and deliver exceptional care.

We will facilitate the development and growth of multidisciplinary teams through the Health Board culture that is true to our values. Supported by a Prospectus for Training and Development, some examples of Organisational Development

interventions are shown below:

OD Intervention	To ….
Talent Management Succession Plan	Purposefully attract, select, develop, and deploy the best people for key roles across our system
Business critical role identification	Consciously work with teams to anticipate and succession plan for business-critical roles (short, medium and long term)
Induction and Training Programmes	Deliver our development offer to staff through a wide range of programmes from entry level to senior management
Behaviour and Culture change	Lead the discovery and movement of critical behaviours and emerging cultures across the health board's teams
Core Leadership	Develop Health Board Leaders of the future (including bespoke programmes for Clinical Leaders, triumvirates, non-clinical leaders)

People Plan Objective 2: Employer of Choice

The Health Board's ambition is to maintain and build on its reputation for being a great place to work. We are operating in an increasingly competitive recruitment market, and we want to be an organisation that people choose to work in and one where they choose to stay. This will be supported by our existing strong Health Board identity and branding and enhancing our recruitment and retention strategies.

For registered and professional roles there are long standing and significant national recruitment difficulties. We will continue to work with recruitment partners including BAPIO, NHS Professionals and national and overseas campaigns to support safe staffing levels. Doing more to build on our flexible working offer and innovative role profiles, which incorporate responsibilities such as research and education, to ensure we stand out in the market.

We will build on our connections with schools, education providers, third sector and community groups to promote the wide range of roles that we offer and the opportunities that exist to develop long term career pathways. By proactively reaching out to diverse groups, we will strengthen our work with partners to create diverse and multiple pipelines of talent and extend our widening access agenda. We are thinking differently about how to train, attract, and create development pathways within the principles of the Foundational Economy. Our Action Plans will seek to deliver a sustainable workforce working in partnership with stakeholders to create a more diverse and inclusive workforce that represents our population and our communities.

As an 'Employer of Choice' we support retention and succession planning through the development of career pathways, helping staff to see their career journey within our Health Board both now and in the future. We will establish a Healthcare Support Worker Strategy and a Middle Grade Doctor Strategy, increase opportunities for Management Trainee Schemes, internally and by investing in joint graduate training programmes with Local Authorities. This will be supported by a programme of work for managers at all levels to identify talent and to proactively support staff who may not have previously "self-selected" for development, ensuring equality and diversity is at the heart of our career development and succession planning.

We will strengthen our staff retention framework which will focus on opportunities to support people to stay within our system. Doing more in terms of flexible working, internal career pathways that reach across services and staff engagement initiatives to address the complex needs of a multi-generational and diverse workforce.

These programmes of work will support our plans to reduce reliance on temporary staffing and high-cost variable pay which has a direct impact on the experience of our patients and people.

We will see additional cohorts of the new Aneurin Bevan Apprenticeship scheme being recruited bi-annually. We will work with employment schemes such as Kickstart and Restart to support widening access for school leavers and the unemployed and will do so across the health and social care sector. We are trialling new selection methods in place of traditional interviews to encourage applications from all parts of our population. We are working closely with the Gwent Regional Workforce Board and Career Consortium to develop ways to work together to develop training and employment routes that will support a longer term goal of a whole system workforce.

The Volunteer Strategy will also make an important contribution to the Health Board's implementation of the Wellbeing of Future Generations Act. We also see this as a route for people to consider careers in health and social care through collaborative working with our regional partners.

We will elevate and embed equality, diversity, and inclusion in all we do and align our work plans to our values with intersectionality threaded through. There will be open conversations with our staff across all protected areas and the establishment of staff networks, topic cafés and senior equality ambassadors to collectively drive forward equality, diversity and inclusion through our workforce areas and service delivery.

A new Equality Impact Assessment will adopt an integrated approach including the Well-Being of Future Generations, Welsh Language Standards, and socio-economic impact that is aligned with our values and provides a robust and transparent process to provide inclusive support and services.

We will develop a Welsh Language Strategy for the Health Board, centred on the needs of the local population, and providing a clear vision for the implementation of the Standards. We will continue to embed the 'Active Offer' principle and developing our Partner IAITH network to support our Welsh speaking staff to maximise their linguistic skills

People Plan Objective 3: Workforce Sustainability and Transformation

Delivering our People Plan centres on having people with the right skills, expertise, in the right place and with the right capacity to deliver the health and care needs of our population. Core to this is our ability to develop strategic workforce planning across our system.

Workforce sustainability will require us to focus on skill mix, development of new roles, extended roles and maximising the contribution of the unregistered workforce. We will continue to utilise new workforce models and expand these to new services and settings. Sitting alongside this will be a new Health Care Support Worker Strategy addressing issues across both health and social care. Our work will focus on training, education and opportunities so there is seamless care, closer to home which supports admission avoidance. Learning from the pandemic we need to create an agile and flexible workforce that can respond to surges in demand of testing and/or vaccination and at other times skilled to support our efforts to reduce health inequalities and support population health improvement.

The Urgent Care Transformation programme will enable us to review our workforce models and implement an integrated workforce model for the acute hospital network.

Accelerated Cluster Plans are reviewing the services provided within their community, together with overall sustainability of the workforce. Redesigning community services will build on these plans ensuring prudent workforce models, reduce duplication or omissions and continue to grow graduated models of care.

The recent success of the Primary Care Transformation Programme will be extended to support and develop place-based care models throughout the Health Board area. Working closely with the Regional Partnership Board and stakeholders such as the Research, Innovation, Improvement and Communication Hub, we will work collaboratively to deliver the workforce dimensions to support new models of care and the outcome framework for the Regional Integration Fund. The Transformation Programme will also support the Foundational Economy Action Plan.

We will introduce a suite of workforce analytic dashboards to underpin and inform decision making. We will scope and plan to implement interoperable medical workforce E-Systems, which includes systems for job planning, rostering and locum and agency all of which supports safer staffing. The anticipated benefits will enable effective rostering, forecasting, better governance, resource utilisation and support robust workforce reporting and optimisation.

Agile and Hybrid Working/New Ways of Working will continue to build on areas of good practice in terms of agile working. This strategy will be considered alongside the Estate Strategy to create more agile working spaces based on a minimum standard which has been set from feedback we have received from our agile staff surveys. The work plan also recognises the

cultural and leadership challenges and will require careful influencing and responding to the issues being raised by teams.

In addition, we will need to ensure all of our staff have the digital skills and technology that they need to work differently. Technology is paramount to enabling an agile, accessible way of working and will have a key role in recruitment and retention. We have updated the Agile Working Framework, with consideration of the Decarbonisation Strategic Delivery Plan, and ensure there is regular engagement with partners to explore options and identify and share good practice. We will research opportunities to work with partners for opportunities for community hubs especially where this will benefit the local community, for example, by supporting local high streets.

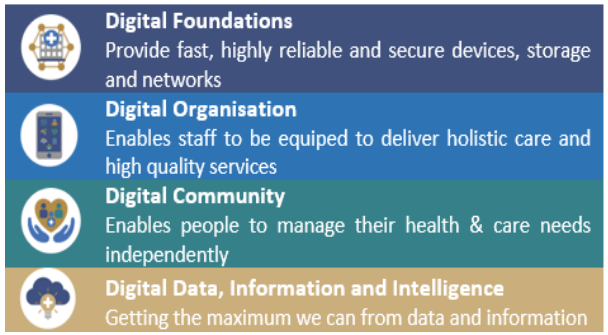
The past two years have had a significant impact on the way work is organised and delivered, and as we emerge from the pandemic we will constantly review our workforce plans. Our response will always be driven by our values where we take personal responsibility, demonstrate passion for improvement, take pride in what we do and in particular put people first.

5. TRANSFORMATION THROUGH DIGITAL

The Covid-19 pandemic demonstrated the critical role that digital technology plays in 21st century health care, it has also increased demand for and accelerated the pace of digital transformation across health care. Consequently, the planning imperative for Informatics is to make sense of a hugely expanded demand for services, to prioritise those requests within the context of Informatics and IT capacity and aligned to both the needs of operational services and supporting delivery of the Health Board's priorities.

Working Together we look forward to a renewed working relationship with Digital Health & Care Wales (DHCW), the successor to NHS Wales Informatics Service (NWIS), and will continue to play our part working with NHS Wales Collaborative and NHS Wales Shared Services Partnership (NWSSP) to deliver national programmes, tailored to meet local needs, and regional digital solutions supporting regional service redesign, for example Vascular Surgery.

Delivering our Strategy 'Transformation through Digital' (2019) provides the framework for setting out the areas for delivery. The development of Digital Data, Information & Intelligence is articulated throughout the IMTP, in the context of resetting baselines, developing minimum data sets, shaping of priorities and the delivery framework. The Health Board's imminent Information Strategy will provide a road map informing future needs and developments to support real time data use.



Digital Foundations

Digital investment equates to around 1% of the Health Boards' budget and is unlikely to meet the existing demand-capacity gap for some time. We understand the importance of investment to maintain infrastructure and ensure that our core digital platform that supports clinical services is robust and fit for purpose i.e. the basis for safe, secure, reliable, and compliant services. Equally, we need to invest in our informatics resources to ensure they can meet the growing demand from services and the public for digital solutions, to deliver and manage health care, and to keep the information that we capture and curate safe and secure. There are four key areas for work in the year ahead:

Infrastructure Refresh all digital equipment degrades over time and needs to be replaced and/or upgraded to meet changing standards be that the equipment we use in our daily work or the hidden systems and networks that support our front-line digital equipment. In light of growing demand for ICT, ensuring there is capacity to manage the hardware refresh programme safely within a funded scheduled plan is increasingly important. Resources need to be deployed in a timely and effectively manner to avoid service failure, whilst supporting new programmes and projects as Digital Transformation matures. We will set out a roadmap to minimise the risks and issues associated with our current infrastructure and to ensure the service can meet the industry standards expected of it.

The Digital Platform our in-house clinical portal 'Clinical Work Station' (CWS) is 25 years old in 2022. A radical refactoring of the platform that this sits upon is urgently needed to secure this service and to develop functionality to keep the Health Board's clinical applications operating within the context of the NHS Wales Digital Architecture Review recommendations, the rapidly evolving national open architecture, and the challenge to bring on new services in a timely manner to meet Health Board service needs. The service will present a proposal in early 2022 for a fully-fledged programme of work to meet this challenge.

The Informatics Directorate Target Operating Framework (TOF) implementation of a new Target Operating Model in response to the review of Informatics undertaken in 2019 was delayed by the pandemic but remains essential to meet the digital transformation challenge. The Informatics new TOF service model will be implemented in 2022/23, following approval by the Health Board.

Information security - further to a review of the information security arrangements of the Health Board and recommendations made by Templar Consultancy an action plan will be delivered. This includes establishment of the Office of the Senior Information Risk Owner (SIRO) and work to improve the Health Board's Information Assets Register at a divisional and Directorate level.

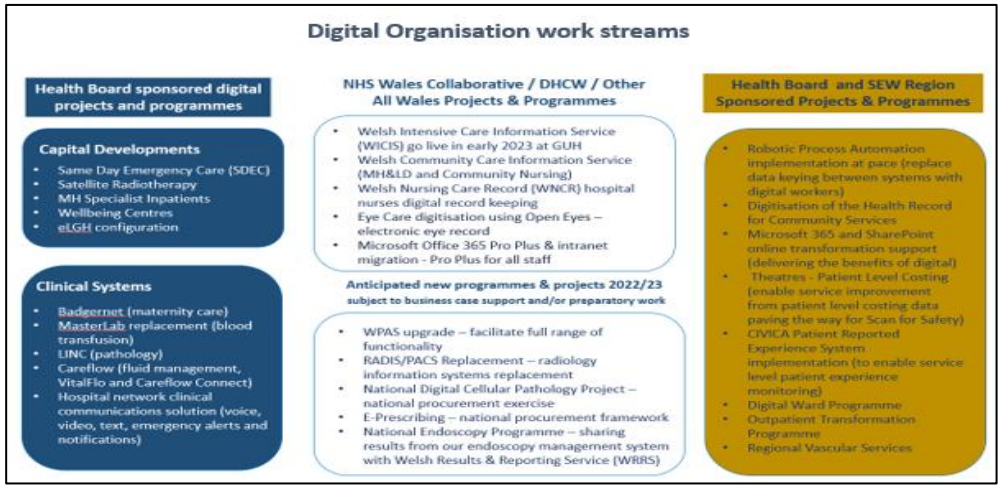
Digital Organisation

Digital Organisation covers the development and delivery of digital systems and services that our staff use in their everyday duties providing or supporting the provision of care. This is a complex and evolving picture with large numbers of projects being developed and delivered to better meet the needs that comply with quality standards and best practice for managing transformational change using digital technology.

The work covers two distinct streams: complex programmes and projects in progress in the Informatics Portfolio and new programmes and projects identified locally and/or nationally as part of digital enablement of service transformation. The key programmes and projects that are summarised opposite do not take account of emergent digital asks from within the organisation that will require informatics support or significant infrastructure work.

Digital Community

The next major development in NHS digital transformation is the empowerment of patients, parents and service users through the development and delivery of digital applications that enable self-assessment, self-management, self-referral, communication with clinicians and access to broader information relating to the production of personal health and well-being.



The National Picture over the next few years, all Wales Digital Services for Patients, and the Public (DSPP) programme will deliver a citizen platform based on a signature NHS Wales App that will provide a 'one stop shop' platform for accessing specific condition related apps. This programme is sponsored by the Planned Care Programme Board, and we are fully committed to supporting the development and delivery of the Citizen Platform.

The Health Board Picture

PSA Self-Management Application – our Health Board is undertaking a pilot, as part of the National Programme, using an existing digital platform designed and managed by University Hospitals Southampton called **My Health Record**. This work will see the local development and implementation of an application to support men and transgender women self-manage prostate cancer.

A Digital Record for Pregnancy - The Maternity Care System replacement project also includes a digital record held by pregnant women and transgender men. This will be the first digital health record held by service users in Gwent and Wales.

Support for TecCymru – we host and provide leadership for the TecCymru Programme, a national programme supporting technology enabled care. This has been instrumental in enabling video consultation where it was needed at the right time across primary, community and hospital care services and one of the significant digital successes to emerge during the Covid-19 crisis. The Programme is developing two additional national projects for telecare and telemedicine that will set the quality standards for implementing these technologies at local level.

We will continue to host and support the programme. Locally, our Informatics Directorate will support virtual consulting technology and will participate in national programme initiatives as they arise.

Digital Data, Information, and Intelligence

To be an intelligence led organisation requires three core elements, quality input of data through digital platforms, effective standards and management of information, and the ability to turn data into intelligence for the organisation. The benefits afforded by digitally captured and curated structured data, alongside tools to interpret and question are at the heart of service transformation.

These opportunities to make further effective use of our data will require planning and support to ensure the infrastructure is in place to pool and exploit our data and the organisational structures and processes in place to meet its information and intelligence aspirations.

- **ABUHB Data Warehouse** in 2022/23 we will bring forward a proposal to renew our Data Warehouse to make sure that it is fit for purpose for the real-time curation and consumption of local and nationally available data by Health Board users. This is considered to be a Digital Foundations priority but given focus here.
- **ABUHB Information Strategy -** Alongside the renewal of the Data Warehouse, the organisation will develop an Information Strategy that will set out for the first time the principles and standards for digital data, information and intelligence development recognising the needs of stakeholders to create a coherent approach to the strategic development and use of Information for clinical and business purposes. This will include where data comes from, how we manage it and how we want to use it. We will also bring forward an Information and Data Transformation Plan against the Information Strategy to lay out its development roadmap.

These two developments will make sure that our information systems are safe, secure, reliable and compliant and that our services are well directed and focused to meet need. Our organisation is adopting a systems approach to planning which exemplifies the need for firm foundations in and around information management.

We will continue in the work we have developed to support our service with effective intelligence. We are moving away from traditional approaches to how we plan and deliver services to a new 'Always On' data rich system that allows us to understand how our system is behaving; to determine the potential impacts of changing circumstances on our demand/capacity profiles and enables us to plan how to respond to those challenges within the context of our system of care.

This is a core enabler to building a culture of support around teams and will support system planning through seeing systems together. This whole-system perspective translates our information into a facilitator for change ensuring we no longer plan in silos and connecting services into coherent end-to-end pathways for sustainable change.

To plan for our IMTO, we have opted for a realistic and balanced approach to understanding our true demand and system capacity as set out in detail in Section 3. Through understanding our unreferred demand, and using our previous system behaviour as an indicator, scenarios have been run that take account of anticipated constraints on our system, how our services will come on back on stream (recognising that this will vary service by service) and what we can achieve.

This has enabled us to understand the realistic levels of activity and the key areas where new ways of working, partnership approaches and pathway changes will help us to address unreferred demand and improve patient experience and

outcomes. This is only possible if quality data is inputted through digital systems and effective data standards, warehousing and management are in place. Building on this in 2022/23:

- Dynamic Planning embedded as an approach to organisational scenario planning
- Process of quarterly reviews of the Dynamic Planning Model
- Development programme to support utilisation of the tool
- Additional feeds provided to the Dynamic Planning tool to enhance the data set

6. ENABLING ESTATES

Our 10 year Estate Strategy (2018-28) approved in January 2019, which was refreshed in 2021/22 contains twenty Strategic Objectives, organised around five sub-categories.

Our Vision - a sustainable future focused, fit for purpose estate supporting delivery of patient outcomes and experience, which motivates and enables staff, with partners, to deliver safe, efficient, quality services that are financially viable and sustainable

It seeks to support the implementation of the Clinical Futures Strategy where more care is delivered closer to home, requiring the development of 'hubs', both physical and virtual, at key locations across our communities together with a transformed network of Local General Hospitals (LGHs) which together with the Grange University Hospital delivers a hub and spoke model of secondary care services.

The capital programme is a key enabler to delivering our strategy and maintaining our estate. £8.227m discretionary capital funding will support our plans for meeting statutory obligations, maintaining the fabric of our estate and the timely replacement of equipment.

Our approved Estate Strategy continues to inform our 10 year major capital programme. This outlines all of the proposed strategic capital projects that either have, or will require, support from Welsh Government strategic capital in future years. It distinguishes between those projects that have some form of approval and those that are still in development, and some at very early concept stage. Regarding the former it is notable that the post completion works at the Grange University Hospital are nearing conclusion as is the Hospital Sterilisation and Disinfection Unit (HSDU) which will be fully functional in early March 2022.

Primary Care projects include the Tredegar Health and Well Being Centre which started on site in September 2021 and Newport East Health and Well Being Centre which should commence on site in April 2022 if and when the Full Business Case is approved. Three other projects are in the pipeline stage including projects in Monmouth, Ebbw Vale and Aber Valley.

Projects that improve access to cancer services figure prominently in the capital programme including the Satellite Radiotherapy Unit and Cancer Unit at Nevill Hall Hospital and the centralised Breast Unit planned for Ysbyty Ystrad Fawr. The former is being planned in collaboration with Velindre University NHS Trust with the Full Business Case (FBC) for the Radiotherapy Unit planned to be submitted in May 2022. The Breast Unit FBC has been approved and construction is expected to start in March 2022.

Projects in development include the Mental Health Specialist Services Inpatient Unit which is proposed to bring together several specialist services that are provided is disparate locations across the Health Board onto the Llanfrechfa Grange site and the redevelopment of County Hospital. It should also be noted that in the context of the wider estates' strategy funding will be required to improve estates infrastructure particularly at the Royal Gwent and Nevill Hall Hospitals and to facilitate the closure of the older estate at St Cadoc's and St Woolos Hospitals.

7. FINANCE

Our Financial Strategy is to achieve financial sustainability through the application of Value-Based health care principles, improving outcomes for patients within existing resources or reducing spend to deliver current outcome levels. Additionally, the application of Value-Based principles for population health to improve equity of access for the population we serve. Finance and funding is an enabler to achieve this strategic aim.

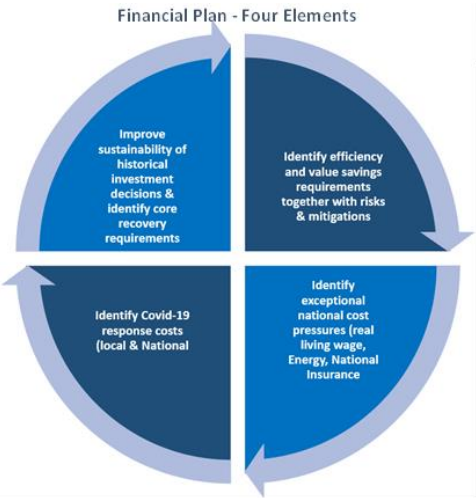
Strategic Context we received circa £170m non-recurrently during 2021/22 to support Covid related service costs, this level of funding ends on the 31st March 2022 and health boards are expected to manage their financial position without additional Covid funding confirmed for 2022/23.

Our Plan (2022 – 2025) re-establishes the three-year planning process following a one-year Annual Operating Framework that was in operation for 2021/22. It assumes that ABUHB will continue to meet its statutory financial duties and deliver financial balance on a rolling 3 year basis. Strategic plans will be cognisant of the expectations and requirements of 'A Healthier Wales', 'Wellbeing and Future Generations Act', the 'Socio-economic duty', the 'Foundational Economy', the Decarbonisation agenda and delivering the ambitions set out in our 'Clinical Futures Strategy'.

The implications of the Covid-19 pandemic requires a dynamic response to resource and financial planning in the short term, while recognising that medium and long term financial, service and workforce sustainability remains the highest priority for patient care delivery.

The immediate focus is to ensure resources are available to respond to the underlying and historical cost pressures faced in the Health Board, deal with the uncertainties of the ongoing impact of the pandemic and drive transformative change through the delivery of the Clinical Futures Strategy.

IMTP Financial Plan: Our Approach in line with the agreed Board approach to financial sustainability and expected improvement in the underlying financial position, the IMTP financial plan has been focussed on making historical investment decisions sustainable. As part of developing its service, workforce and financial plans the Health Board has developed a financial plan in 4 elements as shown opposite.



Welsh Government have set out the allocation for core service delivery and have confirmed national Covid-19 costs will be supported (TTP (test, track, protect), MVP (mass vaccination programme), PPE (personal protective equipment) during 2022/23. However, funding for exceptional national cost pressures and local Covid-19 response costs have not been confirmed. These unconfirmed cost pressures have been identified as areas that Welsh Government will consider and work with Health Boards to support financial balance.

Our IMTP assumes local Covid cost estimates and exceptional cost pressures will be managed during 2022/23 in partnership with Welsh Government, this is currently a risk due to its uncertainty.

Resources Available the Health Board is allocated additional funding announced by Welsh Government, through the 2022/23 Allocation letter. Allocation movements consist of new allocations, consolidation of 2021/22 recurring in-year allocations and some previously anticipated allocations, resulting in a net uplift of £67.1m (4.6%) for ABUHB for the 2022/23 financial plan.

We will apply the additional funding, along with agreed anticipated allocations and other income as part of the total core allocation of £1.4 billion, in line with the agreed resource allocation principles, to establish operational budgets.

Net funding uplift	22/23 funding £
Core uplift 22/23	28,779,000
Planned and Unscheduled Care Sustainability	32,023,410
Value based Recovery	2,877,900
Mental Health Core uplift 22/23	3,785,000
Top sliced funding	
NHS Wales Shared Services	(21,739)
Paramedic banding (to ring fenced)	(299,000)
111 service (to directed)	(50,000)
Total Top sliced	**(370,739)**
TOTAL	**67,094,571**

We continue to strengthen collaborative working with regional partners, this includes incorporating the Regional Integration Fund (c£27m) which draws together the previous Transformation and Integrated Care (ICF) Funds.

Welsh Government is holding funding centrally for:	**Welsh Government have <u>not</u> confirmed additional funding for:**	
• 2022/23 Wage Award • National Covid-19 responses • Primary Care Contractor uplifts	• Local Covid -19 responses • Energy • National Insurance • Real Living Wage	There is an expectation, by our Health Board, that a mechanism to manage them will be agreed with Welsh Government

Financial Plan 2022/23 our plan has considered and estimated the underlying costs, historical commitments, statutory requirements and new cost pressures likely to impact ABUHB during the year, these have been formed from both a bottom-up service perspective and top-down corporate perspective. Service, workforce and transformational plans have been factored into the assessment, including identification of potential efficiency, value, cost containment and savings plans required to achieve financial balance.

This 'Core Plan' is our plan to achieve financial balance for 2022/23. This includes an assumption that £26m costs will be avoided.

It also includes the utilisation of the £32m allocated for recovery and sustainability to support existing services to deliver greater levels of service going forward. The plan also includes utilisation of Value Based Recovery funding £2.9m for MSK and other Value-Based transformation schemes. Mental Health funding is included to support mental health CHC cost pressures.

Summary of our Financial Plan 2022/23

ABUHB IMTP	2022/23 £m
Additional Funding Expected	**68.26**
Recurrent positions	20.91
Clinical Futures Commitments	15.36
Non-achievement of Previous Savings targets	25.66
National Cost Pressures	9.13
Inflationary / Cost growth	9.86
Demand / Service Growth	11.78
Reserves	- 6.87
Executive approved decisions	8.67
Sub-total Net Cost Increase	**94.50**
2022/23 CORE Plan before Opportunities	**26.24**
OPPORTUNITIES	**- 26.24**
2022/23 CORE PLAN	**-**

In addition to the above the following costs and risks have been identified:

- Covid-19 national schemes £18m (assumed funded)
- Covid-19 Local Response cost estimates £36m (Welsh Government solution to be confirmed and currently represents a risk)
- Exceptional national cost pressures £12m (Welsh Government solution to be confirmed and currently represents a risk)
- Local cost pressures £19m to be mitigated (possible demand led pressures, pandemic uncertainty and currently represents a risk)

Local Covid-19 Response in the short term, local Covid-19 responses and transitional costs remain and are necessary to ensure the safety of our patients and staff and to respond to the changes in health need as we emerge from the pandemic. Whilst we recognise that

Immediate costs (local Covid-19 response)	Medium- and long-term costs
• Increased requirements on facilities and estates • National cleaning standards • ED, Diagnostics & Urgent Care • Increased bed capacity • Patient flow, and • Delayed discharge and discharge support.	• Additional workforce capacity to support the significant pressure on the Emergency Department and other urgent care services • Workforce costs for covering increased sickness absence and self-isolation periods • Maintaining 'green' patient pathways to minimise infection • Additional hospital bed capacity to ensure the safe and timely flow of patients • Increased acuity of patients presenting and demand for enhanced care, and • Medically fit to discharge patients remaining in hospital beds.

Wales returns to a level 0 there will be significant challenges because of the pandemic in the medium and longer term as demonstrated in the Dynamic Planning section of the plan.

Exceptional National Cost Pressures across NHS Wales there is recognition of the system wide impact of extreme cost pressures which need a system wide solution. Outside of any wage award, already agreed to be funded by Welsh Government, the significant pressures are:

- Energy and fuel – significant increases are expected with a continuing volatility in the market
- Employer National Insurance Contributions – an increase of 1.25%, and
- Real Living Wage – for NHS and areas contracted by the NHS, including Local Authority and private care providers.

These costs have been estimated but there is a risk that some of these areas are sensitive to market forces and that may increase the cost pressure. These pressures are currently excluded from our financial plan in anticipation of further discussions with Welsh Government on how to manage these exceptional items. In order to achieve financial balance we have plans to re-engage the organisation in taking a prudent, value based approach to daily decision making and service planning and redesign.

3 Year Financial Plan in relative terms the context of our three-year plan is one of greater certainty than the past year.

Our plan is based on national Welsh Government budget publications and estimates of costs based on service and workforce plans, which may change in future.

IMTP 3 Year plan	2022/23	2023/24	2024/25
	£m	£m	£m
Opening Underlying Position	21	8	7
Forecast Expenditure (recurrent)	1478	1504	1526
Assumed Uplifts	2.80%	assume 1.5%	assume 1%
Estimated Allocations	-1465	-1486	-1503
recurrent savings	-18	-15	-18
Non recurrent savings	-8	-4	-5
Closing Underlying Position	**8**	**7**	**7**

Our estimates exclude	Our estimates assume
• Covid-19 costs and associated funding • Exceptional national costs for 2022/23 and future years • Non recurrent expenditure is excluded.	• Lower levels of allocation uplifts in years 2 and 3 as per WG budget plan • Similar levels of savings are achieved over the 3 year term.

Our 3-year financial plan presents an improving underlying position while demonstrating the intention to financially balance each year. There are significant service, workforce and environmental uncertainties leading to financial uncertainty in forecasting future financial consequences.

Budget Allocation 2022/23 our resource allocation strategy is founded on the following Board agreed allocation principles to prioritise resources and delegate budgets and applies to the full revenue resource funding.

1	For established services, plans should demonstrate	• How service and workforce plans will be delivered within agreed resources? • How care will be provided which optimises outcomes for patients and makes best use of available resources aligned to the principles of 'A Healthier Wales', and reduce socio-economic disadvantage? • Efficiency and productivity improvements which achieve (or aim to achieve) excellence
2	Addressing the underlying financial position – service and workforce plans which demonstrate 1. (above) should be funded appropriately before considering new investments	
3	Savings plans should demonstrate delivery before approving new funding or re-investment	
4	Where savings have been identified, for new service proposals plans should demonstrate	• Fit with the Clinical Futures strategic direction of ABUHB, • If they are approved priorities, • How service and workforce plans will be delivered within agreed resources? • How care will be provided which optimises outcomes for patients and makes best use of available resources aligned to the principles of 'A Healthier Wales?', and • Efficiency and productivity improvements which achieve (or aim to achieve) excellence
5	The Board may choose to establish reserves which support key priorities and where plans require further development. This may include non-recurrent, tapered, or recurrent funding	
6	Pay awards to be funded in line with Welsh Government allocations	
7	If funding becomes available or there is a level of savings achievement greater than the IMTP then the Board should consider and establish an appropriate contingency reserve, considering the level of financial risk within the IMTP	

Exceptionally in 2021/22, a quarterly financial budget planning process was implemented, to ensure that the uncertainties of responding to the pandemic were appropriately mitigated, resourced and managed within our governance framework. It is recommended that this continues for the Covid-19 responses elements of expenditure for 2022/23.

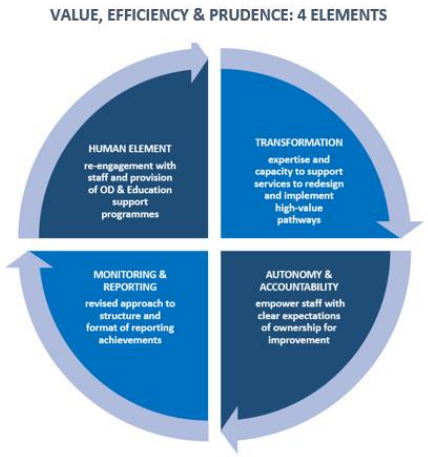
Applying our resource allocation principles our 3 year financial plan has focused on developing a budget strategy that ensures:

- Budget Delegation plan reconciles with Allocation Funding
- Budget Allocations are prioritised to make historical/underlying commitments sustainable as part of 'Core' IMTP plan
- Budget Plan excludes local Covid-19 cost estimates and exceptional National Cost pressures – this is a risk but aligns with our plan and will be identified as a quarterly budget review
- All allocations delegated - Negligible central reserves held
- Need to operate and deliver within delegated budgets
- Out IMTP is only affordable if £26m savings are delivered to support some of the service costs identified – a budget cannot be allocated for a saving.
- All other risks & pressures will need to be pro-actively managed & mitigated.

This approach has balanced the challenges of funding historical commitments with statutory requirements and national agreements.

Resource Efficiency (Value Based Health Care, Savings and Efficiency improvement for sustainability) Value-Based care approach to decision making is embedded within our organisation, aligned to improving technical efficiency and allocative efficiency. This approach is consistent with national strategy, including the National Clinical Framework, the quadruple aims and prudent healthcare objectives.

The Covid-19 pandemic has driven a focus on responding to keep patients and staff safe, this has understandably reduced the focus on transformational change and efficiency improvement. We are now developing a refreshed approach to re-engage the whole organisation in re-focussing on efficiency and taking a prudent healthcare approach to both daily front line decisions and corporate programmes. A Multi-disciplinary team approach (PMO, Planning, AB Connect (RIIV), Finance, Workforce, Information) will be developed and used to provide the headroom for services to allow them to drive transformation for sustainable service delivery, improved patient outcomes and efficiency.



We have received £2.9m to support the implementation of a Value Based Healthcare approach, with £5m retained centrally by Welsh Government to support development of VBHC within Trusts and across NHS Wales, and potentially further support for health boards.

We will invest the £2.9m, in addition to core funding plans, to drive Value-Based healthcare improvements in:

▪ MSK pathway ▪ Alcohol liaison ▪ Cardiology heart failure ▪ Diabetes ▪ Respiratory ▪ Ophthalmology ▪ Theatres ▪ Value team ▪

Improving care pathways in this way as part of implementing Clinical Futures and achieving efficiencies for fundamental for the long-term sustainability of our system.

Significant savings of £26.5m are planned for 2022/23. This is based on the opportunities identified within the various Efficiency Frameworks, both national and local, for both cash releasing and cost avoidance, to deliver improved value and break even. We will make efficiencies by:

- Implementing evidenced high value interventions that align to local population need and priorities
- Making significant progress in measuring cost and outcome data to inform future Value-Based health care decision making for priority condition areas
- Having a delivery programme of PREM & PROM collection and a mandate to sharing PROM data nationally to inform Value-Based decision making
- Making progress with allocating and distributing resources to maximise outcomes

- Reducing unwarranted variation and activity of limited value, and prioritise standardisation of best practice pathways which support delivering improved outcomes
- Ensuring that changes being implemented are monitored in terms of the improvement in outcomes being delivered and change in how resources are utilised to deliver value

We have made progress in outcome data capture across several service areas, improvements in productivity have been built into plans to deliver services based on improving outcomes for patients and ultimately improving the health of our population.

Priority Delivery key Service Investment decisions for our organisation include making underlying pressures and previous commitments sustainable including patient facing workforce commitments, premises facilties costs, digital investments, mental health services and specialised services.

Funding for recovery and sustainability (£32m) has been directed predominantly at acute solutions across scheduled care to support diagnostic and elective activity recovery and unscheduled care to support system pressures, including support function costs.

The allocation will need to deliver in excess of 1,500 beds across our hospital network and increase activity levels beyond 2021/22 activity for outpatients, treatments and diagnostics in the context of significant challenge in respect of workforce availability. Regional and collaborative schemes include

▪ SEW Vascular centralisation ▪ SEW Ophthalmology & Endoscopy regional plans ▪ SEW Cancer Acute Oncology service & future regional Radiotherapy Satellite Centre at NHH▪ Diabetes Neurology redesign with C&VUHB ▪

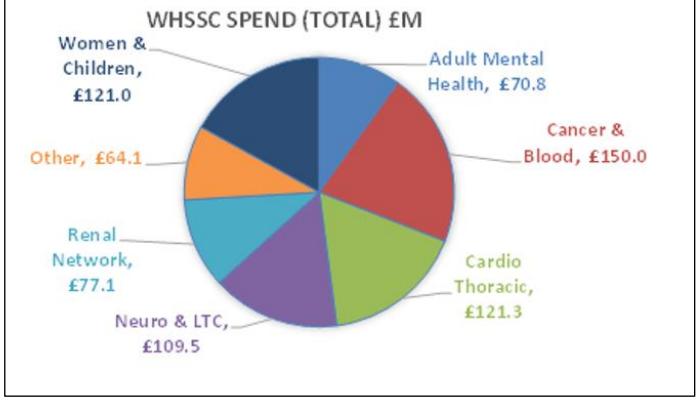
Partnership working - Regional Integrated Funding the Health & Social Care Regional Integration Fund (Revenue) is a five year fund designed to deliver a programme of change from April 2022 to March 2027. This new fund brings together some of the Regional Partnership Boards previous funding sources, including the Integrated Care Fund (I.C.F) and the Transformation Fund. The Revenue Funding for Gwent for 2022/23 totals £26.858m and covers the following areas:

▪ Community Based Care -Prevention & Community Coordination▪ Community Based Care - Complex Care Closer To Home ▪ Promoting Good Emotional Health & Wellbeing ▪ Supporting Families To Stay Together Safely and Therapeutic Support For Care Experienced Children ▪ Home From Hospital ▪ Accommodation Based Solutions ▪

Commissioned services we commission specialist services for our population via the Welsh Health Specialist Services Committee, who work on behalf of all seven health boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Integrated Commissioning Plan (ICP) is developed in response to NHS planning guidance and takes account the wide range of National and ministerial priorities and makes commitments as to how it will ensure contribution to each of these.

On 11th January 2022 the Joint Committee approved the Specialist Services Integrated Commissioning Plan. The plan outlines the commissioning priorities for the period 2022-2025 with associated financial requirements. Figure 3 presents an overview for 2021/22.

Figure 3 Total WHSSC spend by programme area 2021/22



Other Agreements are in place with other NHS health boards, EASC and Trusts which are subject to review and revision annually. Due to Covid-19 implications the 2021/22 NHS agreements were operated as a block to avoid instability for providers and allow a focus on responding to the pandemic. The

proposed approach for 2022/23 is to reinstate contractual terms, with an allowance for 'recovery' post covid to be factored into agreement. There is a significant reduction in the Powys teaching Health Board's Long Term Agreement, where there has been a reduction in the the level of services we provide to their population following the opening of the Grange University Hospital.

For 2022/23 some outsourcing contracts remain in place including cataract services, cardiology diagnostics and insourced endoscopy activity.

Underlying Position the plan aims to significantly improve the underlying position of our organisation by funding previous commitments to make them sustainable, but recognises the new cost presures, commitments and investments in 2022/23 may mean the underlying deficit reduces but is not removed.

Capital

We have received notification that the annual Discretionary budget allocation for 2022/23 has been reduced by 24% to £8.227m (expected allocation - £10.814m). The decrease results from a significant reduction in the Welsh Government Overall All Wales Capital Programme budget for 2022/23. When the brokerage of the All-Wales Capital Programme (AWCP) scheme slippage of £1.534m is deducted from the confirmed budget, only £6.693m remains to address existing Discretionary scheme commitments and new 2022/23 proposals.

Capital Projects with Approved Funding- National	£m
Primary care fees – Tredegar – main scheme	10.228
Radiotherapy satellite – FBC fees	0.120
Covide secovery funding - SDEC	1.200
National programme – imaging P2	4.765
Grange University Hospital- remaining works	-2.232
Total Approved AWCP	**14.081**
Forecast Capital Projects without Approved Funding	
Breast Centralisation YYF	9.000
Total Potential AWCP	**23.081**
Discretionary Capital	**8.227**
Total Capital Resource Limit	**31.308**

There will also be two sources of Capital available to the Regional Partnership Board from 2022/23:

- Housing With Care Fund - indicative allocation of £11.208m for Gwent in 2022/23
- Health & Social Care Integration & Rebalancing Capital Fund - £50m in 2022/23 across Wales growing to £70m in 0224/25

The Housing with Care Fund is a continuation of the previous ICF Capital Fund, and the Health & Social Care Integration & Rebalancing Capital Fund is a new fund focused on the development of integrated health and social care hubs and centres to support the rebalancing of the social care market.

Risks

- Uncertainty related to the Covid-19 pandemic and its service workforce and financial implications in the short, medium and long term.
  - Covid Local Response Plans, these costs are identified separately and excluded from the plan for further discussions with Welsh Government.
  - Covid National Response Plans, these costs are identified separately and excluded from the plan as the agreement is that these will be funded on actual costs by Welsh Government.
- Delivery of identified cash releasing savings plans and improvement in the underlying financial position of the organisation.
- Delivery of further cost avoidance savings and productivity improvements.
- Implementation of the wider Clinical Futures programme within available resources.
- Managing cost growth in line with or below assumed levels, whilst ensuring delivery of key priorities.
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales will go live in April 2022. The Board assumes that any revenue or capital resource implications of implementation will be managed by Welsh Government, with no financial impact to Health Boards or Trusts across Wales.
- NHS Pension Scheme Regulations - It is assumed that any increase in employers' pension contributions will be met from additional government funding including discount rate changes and medical staff specific incentives,
- Pay award and any new changes to Terms & Conditions will be funded by Welsh Government separately,
- Exceptional Cost Pressures for Energy, real living wage and National Insurance increases are funded by Welsh Government,
- Inability to reduce bed numbers to reach the opportunities target,
- Holiday pay (voluntary overtime) - the potential on-going costs of meeting this liability, have been assumed to be funded by Welsh Government.
- Enhanced Sick Pay – if there is a decision to continue funding this pay element, the impact has not been included within this plan.
- Annual Leave Provisions – exceptionally agreed for 2020/21 & 21/22 are sufficient for actual costs incurred.
- The implications of the Ukraine crisis have not been factored into this assessment

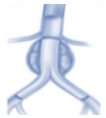
Conclusion

Our financial plan is a financial assessment of the service and workforce plans developed for the financial years 2022/23-2024/25 and assumes the delivery of financial balance within available funding, recognising the risk of savings achievement and income assumptions. The cost implications of financially managing the Covid -19 pandemic impacts on services, along with increasing energy costs and National Insurance increases will be further reviewed and discussed with Welsh Government as part of the 2022/23 financial management process.

8. REGIONAL SOLUTIONS (collaboration across NHS Wales)

We recognise that many services across Wales can be enhanced and optimised when Health Boards collaborate and plan on a joint basis to maximise benefit to the wider population. We remain committed to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

This planning cycle sees an increase in the number of collaborative regional programmes that are being progressed in 2022/23 and beyond as set out below. These programmes are not the only measure of Health Boards working together across the region, in the face of the impact of the pandemic on diagnostic and treatment services, collaboration to optimise capacity for the benefit of the people of Wales is becoming part of the 'new normal'.



Vascular Services 2021 saw the successful development, following formal engagement, of plans for launching the SEW Vascular Network culminating in the regional business case being approved by all four Health Boards in south-east Wales in July 2021. The programme has now moved into its implementation phase, during which several readiness assessments for all network components were undertaken in February 2022. This process is overseen by Medical Directors and Chief Operating Officers across the three provider Health Boards, with the aim of making a recommendation to launch the service in June 2022.

Ophthalmology there is universal agreement that regional collaboration has a valuable role to play within ophthalmology to optimise our collective plans for short term service recovery and longer-term sustainability. Formal Programme Arrangements have been established, led by our Health Board, to oversee workstreams and deliver objectives and benefits.

Priorities for Regional Ophthalmology

- Regional Ophthalmology Strategy
- Sustainability of key sub-specialties (e.g., vitreoretinal services)
- High flow cataract centre
- Comprehensive Regional Training plan
- Develop vision, principles, and scope for a future Regional Care Centre (focused on specialist tertiary eye care)

At a recent regional clinical workshop, the following priorities were identified and workstreams are now in place to progress them with key milestones and timelines being finalised. This year, another major development within ophthalmology will be the operational implementation of a comprehensive electronic patient record. An extended period of quality assurance and system testing has taken place to ensure optimal efficiency and effectiveness, with rollout ongoing through the year.

Transforming Cancer Services we continue to play an active role in the Cancer Collaborative Leadership Group to drive, participate and support the transformation of cancer services. Collectively and within our own services we are seeking to deliver the single cancer pathway, continually improve standards by updating pathways, where appropriate integrating services and delivering more care closer to home. Our aim is to provide the highest standard of care for everyone with cancer. This year we have a specific focus on implementing phase 1 of the ***Regional Acute Oncology Service (AOS) model and*** work closely with AOS Implementation Board to finalise service models and their implementation for phases 2 and 3. We also continue to work collaboratively with Velindre University NHS Trust on a Full Business Care for the Satellite Radiotherapy unit at Nevill Hall Hospital planned for submission in May 2022.

Sexual Assault Referral Services (SARC) Police and Crime Commissioners, Police Forces and Health Boards, in partnership with the third sector, have agreed a service model for delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent.

This provides a more integrated service, driven by the needs of victims and patients and supports provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation requirements) within robust governance arrangements.

Aims of Regional SARC service model

'To deliver sexual assault services that are person/victim centred; with health and wellbeing needs as the key priority and to ensure the best outcomes for victims of sexual violence, achieved through a health-led programme, working in partnership with policing and key stakeholders with the victim voice in the centre.'

An Assurance and Oversight Board accountable to NHS Wales Collaborative has been established. A series of workstreams are in place (accommodation, standards, clinical rotas, engagement, commissioning/financial arrangements). The programme will deliver the initial centralisation of acute/paediatric services within the Cardiif hub in the first half of 2022/23 and accreditation standards complete by end of 2023/24.

Thoracic Surgery following a comprehensive consultation exercise, a collaborative planning programme has been established by Swansea Bay University Health Board to reconfigure the delivery of thoracic surgery services and to create a single site thoracic surgery centre for South Wales at Morriston Hospital, Swansea.

Our Health Board is fully engaged with clinical, planning and finance participating in the programme. An Outline Business Case is being prepared for early 2022/23, subject to approval, physical construction will commence in 2023/24 and the thoracic surgery regional service fully operational in 2025/26.

Aims and benefits of Regional Thoracic Surgery

- 300 additional cases/annum (total 1,300)
- Dedicated thoracic surgery hybrid theatre supporting improved health outcomes
- Improved equity of care across Wales
- Sustainable workforce (medical and nursing)
- Capacity to address unmet need (benign work) and support MDTs.

Pathology and Precision Medicine work continues with key strategic partners across the region to create a precision medicine campus at the Cardiff Edge Business Park. A key driver of this work is to realise a South East Wales Regional Pathology Service aligned to the Strategic Direction set out in the National Pathology Statement of Intent (2019). This would bring our region in line with both the ARCH (A Regional Collaboration for Health) programme in South West Wales and the delivery of a single pathology service in North Wales.

Cardiff and Vale University Health Board are leading this work on behalf of the region and are seeking to to secure appropraite programme management resource to move into phase two planning, specifically the development of a multi-agency business case for a SEW Regional Pathology Facility.

Robotics this planning cycle sees the continued development of Robotic Assisted Surgery (RAS) as part of a bold strategy to improve outcomes for our patients. It is part of a wide range of health redesign principles in Wales seeking to optimise the utilisation of finite health resource.

The Robotics Assisted Surgery Programme (NRP), the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology, is well estabilised as an All Wales Programe. Cardiff & Vale, Aneurin Bevan, Betsi Calwaladr and Swansea Bay University Health Boards work closer under its auspices to support the rapid adoption of robotics. A business case to support the commissioning of RAS at the University Hosptial Wales using Welsh Government funding streams was agreed by their Board in December 2021.

In conjunction with diagnostic hubs, health pathways and systems to establish early diagnosis of disease the RAS programme will deliver cutting edge technology in our tertiary hospitals. The Royal College of Surgeons' Future of Surgery Commission has identified RAS as one of the key technologies that will deliver the greatest impact for our patients. It allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. It is usually associated with minimally invasive surgery – procedures performed through small (keyhole) incisions.

Diagnostics (including Community Diagnostic Hubs and Endoscopy)

Before the pandemic, the need for radical improvement in diagnostic services was already clear-cut, the Covid-19 pandemic has exacerbated the pre-existing problems and major expansion and reform of diagnostic services is needed over the next five years to facilitate recovery from the Covid-19 pandemic and to meet rising demand across multiple aspects of diagnostics. New facilities and equipment will be needed, together with a significant increase in the diagnostic workforce, skill-mix initiatives and the establishment of new roles working across traditional boundaries.

The establishment of Community Diagnostic Hubs away from acute sites and working collaboratively across the region and with National Programme Boards to improve diagnostics endoscopy capacity and performance.

Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)

It is recognised that the emergency / urgent ambulance service continues to face severe pressures across South East Wales and we remain fully engaged with both WAST and

EASC in respect of the commissioning, monitoring and utilisation of emergency and urgent ambulance services across the Health Board.

EASC's commissioning intentions for the service for the coming year were endorsed in October 2021, and we will continue to liaise closely with WAST colleagues and contribute to work streams to ensure service responsiveness and quality is optimised within existing constraints as we move into 2022/23 and beyond.

DELIVERY FRAMEWORK

The most important part of any plan is not the document but how it is implemented. Partnership is core to delivery. We will be working with our Regional Partnership Board to oversee implementation of the plan, in particular to ensure an integrated approach and oversight of each of our life course priorities. Within the Health Board we want to ensure we have a clear approach to how we deliver the core priority programmes from this plan. We have established a clear clinical led delivery arrangement, this year we are further strengthening these with dedicated programme management support to ensure delivery at scale and pace.

It is important we also have a clear methodology for understanding if we are delivering our strategy and plan. Therefore, we will be putting in place, in the first quarter of 2022/23 a new organisational Outcomes Framework. The Outcomes Framework will capture information and provide assurance on delivery, importantly demonstrating the linkages across our system with a focus on outcomes.

Our Understanding of delivery of will be drawn from our existing reporting framework on which we will build greater connections across domains:

Domain	Reporting/ Modelling	Board Committee
Activity	Monthly Report/ MDS Quarterly Refresh	Board
Utilisation	Dynamic Planning Tool	Strategy, Planning Partnerships and Well-being Group/ Board
Workforce	Monthly Reporting	People and Culture Committee
Finance	Month End Reporting	Audit Finance and Risk Committee
Quality & Experience	QPS Report/ Clinical Audit	Patient Quality, Safety and Outcomes Committee

The development of outcomes measures for each life course priority will draw on national work to develop a series of Ministerial measures. It is important to recognise the difference between system outcomes and individual outcomes, for example population outcomes measures such as percentage of adults reporting they smoke or percentage of adults reporting clinically significant weight loss are useful in understanding impact of schemes on population outcomes. We will also develop proxy outcomes measures related to our clinical futures programmes to understand their impact on outcomes such as performance in Home First services and the shift to community and virtual delivery. These measures will allow us to understand the impact of our plan on our population alongside traditional reporting domains.

Outcomes for individuals, such as PROMs and PREMS are valuable tool within individual patient pathways and our focus is about using more of these measures within clinical pathways. However, it is difficult to scale these measures to understanding system impact.

Effective Governance

We recognise the importance of governance in ensuring that the organisation fulfils its overall purpose, achieves its intended aims and outcomes for our population, and operates in an effective, efficient, and ethical manner. The effectiveness of our governance arrangements will therefore have a significant impact on how well we deliver our vision, aims and objectives as set out within this plan.

We are committed to continually reflecting upon, developing and maturing our governance systems to ensure that the organisation has a strong focus on integrated governance and leadership across quality, finance and operations as well as an emphasis on organisational culture, improvement and system working. In doing so, we aim to continuously ensure that Aneurin Bevan University Health Board is a well-led organisation with effective, agile and proportionate structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, which are clearly set out and understood.

Our system of internal control is informed by the work of Internal Auditors, Clinical Audit and the Directors within the organisation who have responsibility for the development and maintenance of risk assurance and internal control frameworks. Comments on this are made by External Auditors in their Annual Audit Report and other reports. In addition, the work of Healthcare Inspectorate Wales (HIW) in both their planned and unplanned work and other regulators is utilised.

In 2021, Audit Wales (External Audit) undertook a Structured Assessment which is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. Audit Wales concluded that, in respect of governance, the

> "*Health Board has adequate arrangements in place to conduct Board and Committee business, however there are opportunities to assess the effectiveness of these arrangements. The Health Board is embedding its new governance structure and strengthening its assurance mechanisms, but it will need to continually monitor and review them to ensure they are functioning as intended. The Health Board has gone through a period of high turnover amongst its senior leaders at Board-level whilst also holding a number of Independent Member vacancies. It will need to manage the risks associated with this turnover; particularly given the significant operational challenges it is facing*".

Under Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements. On the basis of a tripartite group discussion, regarding 2021/22, the escalation status of Aneurin Bevan University Health Board remains unchanged at 'routine arrangements'.

Risk Management and Mitigation

Effective risk management is integral to enabling the Health Board to achieve our aims and objectives and deliver safe, high-quality services and patient care. A key priority for the Health Board has been to refresh the approach to Risk Management. Significant work has been undertaken in the year to review the system of risk management including the establishment of a Risk Management Community of Practice. The Health Board has implemented a clear risk management process with appropriate escalation through to Board Committees, and a lead executive director is responsible for the management of each of the strategic risks. The Health Board risk register is regularly considered by the Board with a regular review of the risks now being used to develop agendas for board committees. During the development of the Integrated Medium-Term Plan 2022-25, the Health Board's risks were reviewed to ensure that the Plan addresses the risks and supports the mitigating actions.

The Board has also made good progress in the development of a Board Assurance Framework (BAF) which provides a strategic map of assurance on the Health Board's delivery against its objectives and annual priorities and enables the Health Board to identify and understand the principal risks to achieving its strategic objectives; receive assurance that suitable controls are in place to manage these risks and where improvements are needed, action plans are in place and are being delivered; and provide an assessment of the risk to achieving the objectives based on the strength of controls and assurances in place. In essence, the BAF aligns principal risks, key controls, its risk appetite and assurances on controls alongside each objective following the three lines of defence model. Gaps are identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

In conjunction with the development of the Board Assurance Framework, the Health Board has refreshed and is strengthening the risk management process and systems in the organisation.

The management of risk is a key priority for the Health Board in 2022/23 and beyond. The BAF will continue to provide a framework to inform the Board on principal risks threatening the delivery of the Health Board's objectives.

Governance Priorities 2022/23

A Governance Work Programme will be established for 2022/23, which focuses on further strengthening the Health Board's governance arrangements, ensuring they are robust and fit for purpose. This programme of work will address areas identified for improvement over recent months, informed by Internal and External Audit and the Board's reflections on its effectiveness.

The Governance Work Programme will be monitored by the Audit, Risk and Assurance Committee on a quarterly basis and updates provided to the Board periodically. The Governance Work Programme for 2022/23 will include the following priorities:

Ensuring Clarity of Purpose, Roles, Responsibilities and Systems of Accountability, by

- Establishing a Deployment and Accountability Framework to enable appropriate integrated-decision making at all levels of the organisation, along with strengthened internal control
- Developing a Partnership Governance Framework to support achievement of the Board's objectives, where the involvement of our key partners is critical
- Further strengthening mechanisms for recording and reporting declarations of interest, gifts, hospitality and sponsorship.

Ensuring Board Effectiveness, by

- Reviewing and strengthening the Board's Committee Structure, aligning the Board's needs with its assurance and advisory infrastructure
- Re-establishing the Board's Advisory Structure, i.e., the Healthcare Professionals' Forum and the Stakeholder Reference Group

- Ensuring openness and transparency in the conduct of board and committee business
- Further improving the quality of reports and information to the Board and its Committees
- Implementing an annual development programme for Board members, focussing on awareness sessions as well as training and learning to support the development of individual roles and the Board as a cohesive team;
- Ensuring a programme of comprehensive recruitment and induction for Board Member appointments
- Promoting Board Member visibility, openness and engagement
- Reviewing and implementing arrangements for the development, review, approval and publication of policies delegated by the Board
- Reviewing Board Champion Roles, ensuring clarity on purpose and responsibility.

Embedding an Effective System of Risk and Assurance, by

- Further implementation of the Risk Management Strategy, ensuring it continues to be fit for purpose and supports the organisation to navigate risk management processes in a simplified manner
- Review the Board's Risk Appetite Statement, ensuring it is reflective of the organisation's capacity and capability to manage risks
- Prepare for implementation of a revised risk register reporting system to ensure it is comprehensive and aligned to the Corporate Risk Register (via Once for Wales Complaints Management System [DATIX])
- Further Embedding of the Board's Assurance Framework, aligned to the Corporate Risk Register
- Introducing a system of Organisational Assurance Mapping at a divisional and directorate level to inform internal control arrangements.