

Partnerships, Population Health & Planning Committee Meeting

Mon 30 September 2024, 09:30 - 12:30

Microsoft Teams



Agenda

0 min **1. PRELIMINARY MATTERS**

PPHPC 30.09.24 Agenda.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the Meeting Held on 1st July 2024

Attached *Chair*

1.4 DRAFT Partnerships Population Health & Planning Committee Minutes.pdf (9 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 Partnerships Population Health & Planning Committee Action Log September 2024.pdf (2 pages)

0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

There was nothing submitted for approval/ratification/decision.

0 min **3. ITEMS FOR DISCUSSION**

3.1. Committee Risk Report

Attached *Director of Corporate Governance*

3.1 Committee Strategic Risk Report _PPHPC_Sept 2024_.pdf (6 pages)

3.1 Appendix A PPHPC Strategic Risk Register_.pdf (3 pages)

3.1 Appendix B PPHPC Strategic Dashboard and Assessments.pdf (8 pages)

3.2. Strategy 2035: Developing our Strategic Themes

Attached *Deputy Director Strategy Planning and Partnerships*

3.2 2035 Developing our Strategic Themes.pdf (12 pages)

3.2 Appendix 1 - Midpoint Review.pdf (19 pages)




3.2 Appendix 2 - Demographics of Responses.pdf (6 pages)

3.3. IMTP/Annual Plan Development 2025/26

Attached Deputy Director Strategy Planning and Partnerships





3.4. Strategic Estates Update

Attached Deputy Director Strategy Planning and Partnerships

-  3.4 Update on Estates Strategy including Nevill Hall and St Woolos Hospital.pdf (10 pages)
-  3.4 Appendix 1 Estates Objectives & Priorities.pdf (7 pages)
-  3.4 Appendix 2 Our Strategy at a Glance.pdf (1 pages)

3.5. Application of the Planning Maturity Matrix as part of the Health Board escalation status

Attached Deputy Director Strategy Planning and Partnerships

-  3.5 SBAR WG Maturity Matrix 30th Sept v2.pdf (12 pages)
-  3.5 Appendix 1 Application of the Planning Maturity Matrix as part of the Health Board escalation status.pdf (12 pages)
-  3.5 Appendix 2 Application of the Planning Maturity Matrix as part of the Health Board escalation statusProgress Levels.pdf (6 pages)
-  3.5 Appendix 3 Application of the Planning Maturity Matrix as part of the Health Board escalation status.pdf (8 pages)



3.6. Monnow Vale Update

Attached Deputy Director Strategy Planning and Partnerships

-  3.6 Monnow Vale Hospital Update Report.pdf (13 pages)



3.7. Health Protection & Vaccination Programme Update

Attached Director of Public Health

-  3.7 Health Protection and Vaccination Programme Update.pdf (8 pages)
-  3.7 Appendix 1 - Health Protection team within Public Health.pdf (6 pages)

3.8. Population Health Management Strategy Update

Attached Director of Public Health

-  3.8 Population Health Management Update Report and Joint Strategic Assessment Update.pdf (4 pages)
-  3.8 Appendix 1 - PHM STRATEGY - MAY24 FINAL_.pdf (11 pages)

3.9. Regional Partnership Board Update

Attached Deputy Director Strategy Planning and Partnerships

-  3.9 SBAR RPB Update September 2024.pdf (9 pages)

3.10. Public Services Board Update

Oral Director of Public Health

3.11. Regional Planning Update

Attached Deputy Director Strategy Planning and Partnerships

-  3.11 PPHP Regional Planning Update Sep 2024.pdf (13 pages)

0 min 4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2024/25


Attached Director of Corporate Governance


-  4.1 PPHPC FWP Cover Report 30.09.24.pdf (4 pages)

 4.1 Appendix A PPHPC FWP 2024-25.pdf (6 pages)

4.2. Welsh Government Emergency Planning Return

Attached *Deputy Director Strategy Planning and Partnerships*

 4.2 PPHP NHS Emergency Planning Annual Report 2023_24.pdf (4 pages)

 4.2 EPRR Annual Report 2023_24.pdf (14 pages)

4.3. Armed Forces Covenant

Attached *Director of Workforce and Organisational Development*

 4.3 3 Armed Forces Covenant Update.pdf (4 pages)

 4.3 Appendix 1 Letter from NP to JP - Armed Forces Covenant.pdf (3 pages)

0 min **5. OTHER MATTERS**

5.1. Items to be Brought to the Attention of the Board and Other Committees

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 28th January 2025 at 1pm

**PARTNERSHIPS, POPULATION HEALTH & PLANNING COMMITTEE
AGENDA**

Date and Time	30th September 2024 at 1.00 pm
Venue	Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 1 st July 2024	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
3	ITEMS FOR DISCUSSION		
3.1	Committee Risk Report	Attached	Director of Corporate Governance
	Strategic Planning		
3.2	Strategy 2035: Developing our Strategic Themes	Attached	Director of Strategy, Planning and Partnerships
3.3	IMTP/Annual Plan Development 2025/26	Attached	Director of Strategy, Planning and Partnerships
3.4	Strategic Estates Update	Attached	Director of Strategy, Planning and Partnerships
3.5	Application of the Planning Maturity Matrix as part of the Health Board escalation status	Attached	Director of Strategy, Planning and Partnerships



3.6	Monnow Vale Update	Attached	Director of Strategy, Planning and Partnerships
	Population Health		
3.7	Health Protection & Vaccination Programme Update	Attached	Director of Public Health
3.8	Population Health Management Strategy Update	Attached	Director of Public Health
	Strategic Partnerships		
3.9	Regional Partnership Board Update	Attached	Director of Strategy, Planning and Partnerships
3.10	Public Services Board Update	Attached	Director of Public Health
3.11	Regional Planning Update	Attached	Director of Strategy, Planning and Partnerships
4	ITEMS FOR INFORMATION		
4.1	Review of Committee Programme of Business 2024/25	Attached	Director of Corporate Governance
4.2	Welsh Government Emergency Planning Return	Attached	Director of Strategy, Planning and Partnerships
4.3	Armed Forces Covenant	Attached	Director of Workforce & OD
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> 28th January 2025 at 1pm 		

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960





**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE PARTNERSHIPS, POPULATION
HEALTH AND PLANNING COMMITTEE**

Date of Meeting	Monday 01 July 2024, 12.45pm
Venue	Microsoft Teams

PRESENT	Ann Lloyd, Chair, Committee Chair
	Dafydd Vaughan, Independent Member, Committee Vice Chair
	Richard Clarke, Independent Member
IN ATTENDANCE	Penny Jones, Independent Member
	Rani Dash, Director of Corporate Governance
	Hannah Evans, Director of Strategy, Planning, and Partnerships
	Tracy Daszkiewicz, Director of Public Health
	Michelle Jones, Head of Board Business
	Lucy Windsor, Head of Corporate Risk and Assurance
	Nicola Prygodzicz, Chief Executive Officer
	Phillip Robson, Special Advisor
	Thomas Jaynes, Governance Support Officer
	Megan Frampton, Governance Support Officer
	Laura Howells, Internal Audit
APOLOGIES	Sara Utey, Audit Wales
	None to record

PPHPC/0107/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/0107/02	Apologies for Absence There were no apologies received for noting.
PPHPC/0107/03	Declarations of Interest A declaration of interest for Penny Jones (PJ), Independent Member, was noted in respect of the agenda item relating to Nevill Hall Hospital, arising from her role as a County Councillor of Monmouthshire County Council. The Chair noted that in agreement with PJ, she would abstain for discussion on this matter.



<p>PPHPC/0107/04</p>	<p>Draft Minutes of the meeting held on 16th April 2024</p> <p>The minutes of the meeting held on the 16th of April 2024 were agreed as a true and accurate record.</p>
<p>PPHPC/0107/05</p>	<p>Committee Action Log</p> <p>The Committee discussed the action log and requested additional information on the actions noted below: -</p> <p>PPHPC 1604/3.6 Health Pathways Overview Board The Chair requested confirmation of the Overview Board’s membership and purpose. Hannah Evans (HE), Director of Strategy, Planning, and Partnerships, advised that it was a Welsh Government initiative chaired by Dr. James Calvert, Medical Director, aimed at supporting planned care performance by serving as a mechanism for demand management and communication between primary and secondary care.</p> <p>PPHPC 1604/01.5 Update on WHSSC Major Trauma Review Concern was raised over the delay in receiving an update on the WHSSC Major Trauma Review. Nicola Prygodzicz (NP), Chief Executive Officer, committed to seeking a timeframe for the update from the Joint Commissioning Committee (JCC).</p>
<p>PPHPC/0107/06</p>	<p>Committee Forward Work Programme of Business 2024/25</p> <p>Rani Dash (RD), Director of Corporate Governance, presented an overview of the report outlining the Committee's Work Plan which had been developed in line with the Committee’s Terms of Reference.</p> <p>The Chair requested an updated timeline for presenting the revised long-term strategy. Hannah Evans (HE), Director of Strategy, Planning & Partnerships, advised that a mid-point review was scheduled for discussion with the Board at its Briefing Session on 07 August 2024, to review the engagement process, with a further potential development session in September/October.</p> <p>It was also noted that a Strategic Outline Case for the future of Nevill Hall Hospital (NHH) was being developed and would be ready by the end of the calendar year.</p> <p>RD advised that the Committee’s agenda-setting meetings would serve as the platform for discussing and scheduling any additional business.</p>



	<p>The Committee APPROVED the Committee Forward Work Plan.</p>
<p>PPHPC/0107/07</p>	<p>Committee Risk and Assurance Report Lucy Windsor (LW), Head of Corporate Risk and Assurance, presented the Committee with an overview of the Committee Risk Register, which included four high-level strategic risks and nine sub-risks, with delegated authority from the Board to the Committee.</p> <p>LW requested that the Committee endorse the de-escalation of risk SRR 001H (relating to funding within the Public Health Directorate), as it would be more appropriately monitored by the Executive Committee through the Corporate Risk Register. It was also noted that there was an overarching risk on the Strategic Risk Register monitoring service redesign and sustainability.</p> <p>The Committee ENDORSED de-escalation of SRR 001H from the Strategic Risk Register.</p>
<p>PPHPC/0107/08</p>	<p>Audit Recommendations Tracker Rani Dash (RD), Director of Corporate Governance, provided an overview of the Audit Recommendations Tracker.</p> <p>At the end of Quarter 4 2023/24 (January 2024 - March 2024), there were 38 active recommendations from six audit reports aligned with the PPHP Committee agenda.</p> <p>The Committee NOTED the report for Assurance.</p>
<p>PPHPC/0107/09</p>	<p>Regional Planning Update Hannah Evans, (HE), Director of Strategy, Planning and Partnerships, provided an update on progress in respect of ongoing regional and South Wales service planning programmes, noting that a Regional Workshop held on 05 June 2024 aimed to canvas appetite to developing a regional clinical plan.</p> <p>The following key points were noted:</p> <p>Ophthalmology Monthly Board meetings continued with a focus on addressing risks in the Electronic Patient Record. The South-East (SE) Wales Digital Directors had submitted a proposal to the Welsh Government to implement solutions across SE Health Boards.</p>



Digital Cell Path Solutions

The diagnostic pathway had completed the initial stages of development for the 'Digital Cell Path Solution', further work was to be undertaken before the work could be presented to the Board.

Endoscopy

The Endoscopy workstream focused on developing a business case with the support of other Welsh Health Boards, emphasising training, screening, and surveillance opportunities but further work with partners was required.

The Hepatobiliary and Pancreatic Programme faced capacity challenges, and a new proposal with revised timescales for had been issued for testing amongst partners.

Nicola Prygodzicz (NP), Chief Executive Officer, stated that there was a need for a different mechanism to allocate funding and monitor performance for regional working; and emphasised the importance of collective accountability.

The Chair expressed concern about the lack of development in thoracic and orthopaedic services, the unsustainable working patterns of Interventional Radiology in Cardiff to maintain services in Swansea and West Wales and asked colleagues to challenge delays in the implementation of regional solutions. The Chair requested a note on progress against the areas of concern.

ACTION: Director of Strategy, Planning and Partnerships

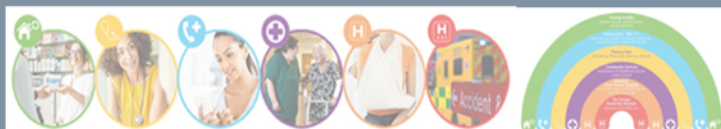
The Committee **NOTED** the report for Assurance.

PPHPC/0107/10

Regional Partnership Board (RPB) Update

Hannah Evans, (HE), Director of Strategy, Planning and Partnerships, provided an update on the 2023/24 RPB portfolio and the £27m Regional Integration Fund (RIF).

The report contained an overview of where RIF had been targeted, outcomes and themes, noting 36% of the Gwent population had been reached by the portfolio. The funding significantly impacted Gwent, with 42% of carers feeling less isolated, 79% feeling more confident, and 73% of participants in children and families' programs feeling less isolated, with 75% believing it prevented escalation.



PPHPC/0107/11

The Capital Programme for 2023/24 prioritised developing and implementing the capital strategy/plan. There was a consensus that cost effectiveness evaluations needed to be undertaken against each scheme to determine value for money and outcomes.

The Committee acknowledged the ongoing work but highlighted the need for better communication between services. It emphasised the importance of increasing connectivity between services and providers, shifting from project initiatives to systemic change for better population care and outcomes. Nicola Prygodzicz (NP), Chief Operating Officer, suggested using Place Based Care as a case study for implementing Care Connectors.

The Chair requested that further discussion at the next Committee meeting be held to explore how the Health Board could influence the RPB to focus more on systematic change and outcomes.

The Committee **NOTED** the report for Assurance.

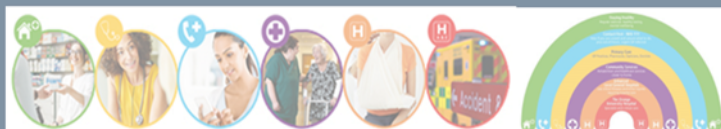
Public Services Board Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update on the Public Service Board's (PSB) activities. TD raised the issue of the July PSB meeting being cancelled and rescheduled for September, delaying approval of the community safety agenda, and noted that the meeting's repeated cancellations were contributing significantly to a loss of momentum and setting the strategic direction/destination.

TD reported that Public Health Wales had shared the Shaping Places for Wellbeing in Wales programme, which aimed to establish three national learning groups over two years, focusing on Climate and Nature Emergency, Poverty and Inequalities, and Neighbourhood Well-being. TD stated that the programme overlapped with the Wellbeing in Wales Programme and the four Marmot priorities.

TD noted that at the PSB meeting in April 2024, it agreed to use the Joint Strategic Needs Assessment (JSNA) as a tool to assess health and wellbeing outcomes in Gwent but noted the absence of plans to deliver improvements and change.

The Committee discussed the importance of a strategic partnership in establishing direction and moving planned work into a deliverable space, as well as setting desired end results and timeframes. There was agreement that discussions with



PPHPC/0107/12

peers should take place to reinvigorate the PSB's output and identify priority areas.

Penny Jones joined the meeting.

The Committee agreed to consider a discussion paper to look at opportunities for better alignment of the RPB and PSB, as well as improve communication and delegation from the PSB to the RPB.

The Committee **NOTED** the report for Assurance.

Emergency Planning and Assurance Report

Hannah Evans (HE), Director of Strategy, Planning, and Partnerships, presented the Health Board's Civil Contingencies Act 2004 compliance report. The Committee was assured that the Health Board had mechanisms to meet these requirements and noted the following key points:

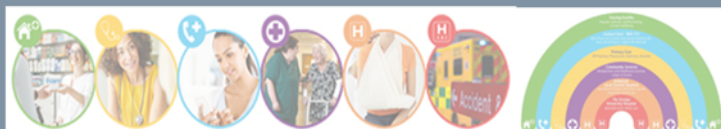
- The updated Major Incident Plan was approved in March 2024;
- A business continuity lifecycle tool had been used to embed contingency planning, identify key service functions, and apply a risk matrix to meet the Act's business continuity duty;
- Multiple exercises had tested IT, business continuity, and Mass Casualty plans. The Mass Casualty Plan had performed well in the latest exercise at Grange University Hospital on 20 June 2024.

The Committee was advised that the 2023 Business Continuity internal audit had found reasonable assurance, with all recommendations integrated into current plans and processes.

Business continuity outcomes and alternatives were discussed by the Committee. Assurance was provided for multiple business continuity plans for each service and supplier. Dafydd Vaughan (DV), Independent Member, noted the importance of business continuity plans linked to external supplier failures, specifically for digital systems.

TD noted that the Civil Contingencies Act was being updated to include a section on recovery after major incidents.

The Committee **NOTED** the report for Assurance.



PPHPC/0107/13

Long Term Strategy Engagement Update

Hannah Evans (HE), Director of Strategy, Planning, and Partnerships, presented the report providing an update on the development of a new long-term strategy. This followed the Board Briefing session on 10th April 2024, and a subsequent Strategy Steering Group meeting held on 11th June 2024. It was noted that the strategy was being built on the Clinical Futures Strategy with a ten-year plan from 2025 to 2035.

HE noted that the new strategy was being developed in response to the evolving health and care landscape in Gwent, addressing the exacerbation of pre-existing health inequalities due to the COVID-19 pandemic and the cost-of-living crisis, along with the challenges posed by an ageing population. The strategy would also consider technological and genetic advances in healthcare, such as Artificial Intelligence and new treatments like cell therapies for cancer patients.

HE noted that the Board had previously agreed on ten design principles to provide a framework for accountability, and a timeline for development of the new strategy, including a 20-week population engagement period. It was noted that results from this engagement were to be presented at the Board Briefing session in August 2024 and that by the end of June 2024, around 1400 people had engaged, with 159 responses received to the survey.

The Committee noted the significant health inequality between women in Blaenau Gwent and Monmouthshire, which continued to widen. HE emphasized that partnership work, as discussed in a previous agenda item (PPHPC/0107/3.5), would be crucial in addressing these disparities.

The Committee **NOTED** the progress made and the initial findings from the first eight weeks of engagement.

PPHPC/0107/14

Nevill Hall Hospital Update, Including an Update on Reinforced Autoclaved Aerated Concrete (RAAC)

Hannah Evans (HE), Director of Strategy, Planning, and Partnerships, updated the Committee on the ongoing investigations into the presence of RAAC at Nevill Hall Hospital (NHH) and the planned development of the site and associated service reconfiguration.

It had been noted that a fortnightly NHH Planning Working Group had been progressing the development of the NHH clinical service model, noting that legal advice had been



sought regarding the level of risk posed to the Health Board in relation to the Health and Safety at Work Act. It was further noted that the longer-term response to the challenges of RAAC at NHH were being managed through a clinical review of services to establish future clinical and service models as an Enhanced Local General Hospital (eLGH). The Health Board continued to work with its Professional Advisors; biannual surveys were being conducted to monitor any changes in the status of RAAC. The last round of inspections had been undertaken in December 2023, with the third round completed in June 2024, continuing a six-month cycle.

HE noted that the next steps for the ongoing work at NHH included continued dialogue with professional advisors, securing project management support, confirming the service model for the Nevill Hall Hospital site within set timelines, further developing firm service proposals, and securing funding from Welsh Government for the 2024/25 portfolio of work.

The Committee **NOTED** the report for assurance.

Population Health Management Update and Joint Strategic Assessment Report

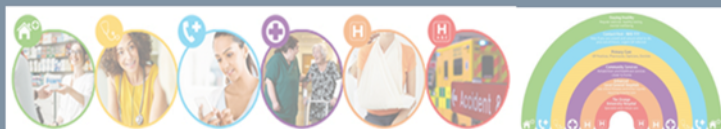
Tracy Daszkiewicz (TD), Director of Public Health, had provided an update on Population Health Management initiatives and the Joint Strategic Assessment (JSA).

TD advised that the Public Health Directorate was developing a Population Health Management Strategy and approach, this included the establishment of a Population Health Database in July 2023 to enhance public health intelligence across the Health Board.

The JSA, published in December 2023, offered a comprehensive overview of health and well-being indicators in Gwent. It covered life expectancy, disease, health behaviours, and other factors. Plans for 2024/25 included expanding the JSA with additional metrics, increasing accessibility, and broadening methods for engagement and promotion.

It was noted that the Public Health Management Strategy would be presented to the Board for approval in September 2024.

The Committee **NOTED** the report for Assurance.



<p>PPHPC/0107/16</p>	<p>Health protection & vaccination programme update report</p> <p>Tracy Daszkiewicz (TD), Director of Public Health, provided an update on the proposed new ways of working and plans for vaccination delivery. The provision of recurrent discretionary allocation for health protection had presented an opportunity to review structures, services, and systems that had evolved over the past four years.</p> <p>TD had highlighted that it would take about three years to fully catch up on vaccination coverage, based on statistics indicating that some areas in Gwent had rates as low as 68%. The integration of vaccination services into Primary Care would be key in increasing take-up of vaccinations.</p> <p>TD reassured the Committee that quarterly Reviews had been undertaken to ensure delivery of the vaccination plan alongside the initiation of a year-long review of Microbiology.</p> <p>The Committee NOTED the update on health protection and vaccination programmes.</p>
<p>PPHPC/0107/17</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <ul style="list-style-type: none"> • Emergency Planning Report Outcomes • Update on the Long-Term Strategy
<p>PPHPC/0107/18</p>	<p>Any Other Urgent Business</p> <p>There was no urgent business raised for discussion.</p>
<p>PPHPC/0107/19</p>	<p>Date of the Next Meeting:</p> <ul style="list-style-type: none"> • 30th September 2024



Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
April 2024	PPHPC/3101/01.5	<p>Committee Action Log</p> <p>The Director of Strategy, Planning and Partnerships, agreed to provide a note to the Committee on the services to be delivered from the Monmouth Health and Wellbeing Centre following the appointment of a design partner.</p>	Director of Strategy, Planning and Partnerships	July 2024	<p>Completed.</p> <p>Report included as Item 3.6 in September Agenda.</p>
April 2024	PPHPC 1604/01.5	<p>Committee Action Log</p> <p>The Director of Strategy, Planning and Partnerships to seek an update from WHSSC on the Major Trauma Centre (MTC) Review.</p>	Director of Strategy, Planning and Partnerships	July 2024	<p><u>July 2024 Update</u></p> <p>The Chief Executive confirmed that she would seek a timeframe from the Joint Commissioning Committee on the MTC Review.</p> <p><u>September 2024</u></p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					Verbal update to be provided to the Committee.
July 2024	PPHPC/0107/3.3	<p>Regional Planning Update The Chair requested a note be sent to her in respect of the concerns she raised relating to the lack of regional developments within Thoracic Services, Interventional Radiology and Orthopaedics.</p>	Director of Strategy, Planning, and Partnerships	September 2024	<p>September 2024 Verbal update to be provided to the Committee.</p>

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.

Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

The purpose of this report is to provide an overview of the current strategic risks assigned to the Partnerships, Population Health, and Planning Committee (the Committee) for monitoring on behalf of the Board.

This report also assesses any newly identified strategic and corporate risks that require oversight by the Committee.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

The Committee Strategic Risk Register was last reviewed in June 2024. During that meeting, the Committee endorsed a proposal to move SRR 001H to the Corporate Risk Register for oversight by the Executive Committee due to its operational nature. The Board approved this decision in July 2024.

At the end of June 2024, the Committee's Strategic Risk Register contained four high-level strategic risks and seven sub-risks

Asesiad / Assessment

Since the last Committee report, the risk environment has remained stable, with no changes in the scores or exposure levels of the seven sub-risks under the Committee's purview. However, at the Board meeting on 25 September 2024, a request was made to split SRR 004A into two categories to enhance management and oversight.



1. **Strategic Risk:** Focused on Major Incidents, given their potential impact on the Health Board's long-term objectives and priorities.
2. **Corporate Risk:** Concentrating on Critical Incidents and Business Continuity.

This separation aims to improve governance by assigning operational risks related to business continuity to the Executive Committee, while the Board retains oversight of high-level strategic risks associated with major incidents.

For this report, SRR 004A remains consolidated. If the Board approves the separation, the changes will be reflected in the next update to the Committee

Current Status of Risks

The Committee Strategic Risk Register currently lists four high-level strategic risks with seven sub-risks, which are outlined in Table 1. The sub-risks have been reviewed to ensure up-to-date information on internal control measures and assurance mechanisms in line with the Risk Management Framework.

The Committee Risk Register is provided in **Appendix A**, and the dashboard and individual risk assessments are included in **Appendix B**

Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.	Moderate 4 x 2 (8)	Y
		f) Due to unsustainable service models.	High 3 x 4 (12)	y
SRR 002 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that there will be a significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures.	Extreme 3 x 5 (15)	N
		b) Due to significant levels of backlog maintenance and structural impairment.	High 3 x 4 (12)	N



SRR 004 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	Extreme 3 x 5 (15)	N
SRR 007 Theme Transformation & Partnership Working Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	Moderate 4 x 2 (8)	Y
		b) Due to the impact of fragile services across the regional and supra regional geography.	High 3 x 3 (9)	Y

Risk Exposure

The risk exposure of the seven sub-risks is illustrated in the infographic below. Most of the risks sit within the central line of the risk matrix, representing a balance between the probability of occurrence and the severity of the consequences. These risks require a proportional management approach necessitating increasingly robust responses to avoid moving toward the higher-risk categories.

The Corporate Governance Directorate continues to work with risk owners to evaluate and improve controls and assurances, as well as to increase transparency about the work being undertaken to implement mitigation in the short, medium, and long term.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)	5	10	15	20	25
4. Likely (61-90%)	4	8	12	16	20
3. Possible (41-60%)	3	6	9 (1 x High Risk)	12 (2 x High Risk)	15 (2 x Extreme Risk)
2. Unlikely (11-40%)	2	4	6	8 (2 x Moderate Risk)	10
1. Rare (1-10%)	1	2	3	4	5



Risks Outside of Appetite

Several key risks remain outside the Board's agreed-upon appetite level as shown in Table 1 and explained in greater detail, below.

SRR 002A

Currently rated as "Extreme" with a score of 15 (Likelihood 3 x Impact 5), addresses the structural integrity and safety of buildings within the Health Board's estate, specifically concerning the presence of Reinforced Autoclaved Aerated Concrete (RAAC). RAAC is a material known for its susceptibility to degradation over time, leading to potential structural weaknesses.

The ongoing development of the Nevill Hall site is a critical component of the Health Board's response to this risk, addressing both the changing population needs and the remediation required to address RAAC-related risks.

Assurance that the risk related to RAAC is being managed effectively will be evidenced by the outcome of a focused internal audit review of RAAC, scheduled for Quarter 1 of 2024/25.

SRR 002B

Currently rated as "high" with a score of 12 (Likelihood 3 x Impact 4), focuses on the significant levels of backlog maintenance and existing structural impairments within the Health Board's estate. These factors collectively create a serious risk of building failure, which could have severe consequences for the health and safety of patients, staff, and the ongoing operations of the Health Board.

The Board was informed at its July meeting that the Health Board would be receiving £4 million in funding from the Welsh Government to address the backlog of maintenance, and that the works would be undertaken on a priority basis. The Internal Audit into Estates Assurance, more specifically energy management, scheduled for Quarter 4 of 2024/25 may provide a level of assurance that the backlog maintenance plan is helping to deliver efficiencies in terms of utility expenditure.

SRR 004

Currently rated as "Extreme" with a score of 15 (Likelihood 3 x Impact 5), pertains to the Health Board's potential inability to effectively manage and respond to major incidents, business continuity disruptions, or critical situations.

This vulnerability stems from inadequate and insufficient emergency planning at both the corporate (strategic) and operational (tactical) levels. The potential consequences of this risk are significant, as a lack of preparedness could lead to delayed, inefficient, or ineffective responses during crises, thereby compromising patient care, public safety, and the overall continuity of essential services.

Preparedness for major incidents can be demonstrated through outcome reports from both local and national exercises. In contrast, assurance of the Health Board's readiness for a critical incident will be provided by the results of an internal audit scheduled for Quarter 3 of 2024/25, which will assess the Board's technical resilience and awareness of fault domains. This audit will ensure that the Health Board is



optimising its infrastructure resilience and will offer assurance of its capability to respond to and manage a digital critical incident effectively.

Corporate Risk Register

Operational challenges, including resource constraints, prevented the Executive Team from reviewing the draft corporate risk portfolio in July 2024. However, the Corporate Risk Register will be evaluated during an upcoming Executive Team business meeting to ensure all proposed risks are thoroughly assessed.

A comprehensive report, reflecting the latest risk assessments and any new risks, will be presented to the Board in November 2024. This will provide the Board with a clear understanding of the current risk landscape and ensure continued oversight in future Committee reports.

Argymhelliad / Recommendation

The Board is requested to:

- **DISCUSS and NOTE** the delegated Committee risks as outlined in Committee Strategic Risk Register;
- **NOTE** the proposal to split SRR 004 into two separate risks;
- **NOTE** the ongoing efforts to reduce the three sub-risks to within the Board’s risk appetite;
- **NOTE** the ongoing efforts to ensure the Committee remains informed of risks that could impact the delivery of a collaborative and sustainable health service for the population of Gwent.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance



Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. N/A Choose an item. Choose an item.
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**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A



Risk ID	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being managed effectively	Target Risk Score				Review
						Likelihood Of The Risk Occurring	Impact Of Risk Occurring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occurring	Impact Of Risk Occurring	Target Risk Score	Risk Level	Last Reviewed
SRR 001	Service Delivery	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	e) Due to inadequate strategic plans which respond to population health and socio-economic needs	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 	2	4	8	Moderate	Below Appetite Level	Open = 17 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	Medium	2	3	6	Moderate	01/08/2024
				f) Due to unsustainable service models	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 	3	4	12	High	Below Appetite Level	Open = 17 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024.	Medium	2	4	8	Moderate	01/08/2024
SRR 002	Compliance and Safety	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with Health & Safety legislation Litigation & Financial Penalties 	3	5	15	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report.	Medium	1	2	2	Low	01/08/2024
				b) Due to significant levels of backlog maintenance and Structural Impairment	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with Health & Safety legislation Litigation 	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.	Medium	3	2	6	Moderate	01/08/2024

SRR 004	Director of Strategy, Planning and Partnerships.		There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	<p>a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level</p>	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings <ul style="list-style-type: none"> Harm or injury to patients and/or staff Health Board breaches statutory duties under the Civil Contingencies Act 2004 <ul style="list-style-type: none"> litigation & Financial Penalties Reputational damage and loss of public confidence 	3	5	15	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	<p>Testing programme of business continuity plans.</p> <p>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.</p> <p>Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies.</p> <p>Joint planning with PH response in response to infection disease and public health incidence.</p> <p>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).</p> <p>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Continue to promote awareness in a timely manner. Continue to promote awareness of the requirement for BC across the Health Board. A tabletop BC exercise is planned for the 10th of October 2023. Continuing participation in multi-agency exercises. Programme plan to be developed to address the weaknesses in business continuity planning.</p> <p>Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board.</p> <p>Development of Pandemic Plan.</p>	Medium	2	3	6	Moderate	01/07/2024
SRR 007	Transformation and Partnership Working	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and	<p>a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.</p>	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources <ul style="list-style-type: none"> Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 	2	4	8	Moderate	Below Appetite Level	Open = 17 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach. 	Medium	2	2	4	Low	01/06/2024

Committee Risk Dashboard and Assessments

Risk Details				Risk Score Matrix																				
				2	4	5	6	8	9	10	12	15	16	20	25									
SRR 001	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X←●																	
			f) Due to unsustainable service models				X←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	X←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
			b) Due to significant levels of backlog maintenance				X←	◇	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level				X←	◇	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.		X←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
			b) Due to the impact of fragile services across the regional and supra regional geography		X←	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effectively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficient in telling us that the controls in place are working effectively with substantial gaps identified which need to be addressed.

Key	Current Score	●
	Target Score	X
	Appetite Threshold	◇
	Current to Target	←

RISK THEME		SERVICE DELIVERY							
Strategic Risk: SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.				Publication Status Public				
Strategic Threat	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.				Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.				
Impact	<ul style="list-style-type: none"> ➤ Increased demand ➤ Increased patient acuity levels ➤ Worsening of health inequalities ➤ Worsening of health outcomes 		<ul style="list-style-type: none"> ➤ Failure to train teams in multi-morbidity management ➤ Failure to comply with the Wellbeing of Future Generations Act (Wales) ➤ Reputational damage and loss of public confidence 		Risk Tolerance Level - OPEN SCORE 17 AND BELOW Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.				
	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the set appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.								
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level					
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely)	2 (Unlikely) X					
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)					
Last Reviewed	01 August 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)					
Next Review Due Bi-annually based on current score	01 February 2025								
Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)		Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)		Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)		Assurance Rating (Overall Assessment)	
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme System level linked pathway data using SFN Platform 		<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability. 		Level 1 Operational (Implemented by the department that performs daily operation activities) <ul style="list-style-type: none"> QlikSense – performance information SFN – Pathway performance information and at system level 		Gaps in Assurance <ul style="list-style-type: none"> Effectiveness of the plans in delivering improvements 		Reasonable Assurance	
		Level 2 Organisational (Executed by risk management and compliance functions.) <ul style="list-style-type: none"> IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee Regional Planning reporting to Population Health, Planning and Partnerships Committee Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee 		Action to Address Gaps in Assurance <ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan 					
		Level 3 Independent (Implemented by both auditors internal and external independent bodies.)							
		Internal Audit Reviews 2023-24 <ol style="list-style-type: none"> IMTP Planning (Q1) Outcome – Reasonable Assurance 							

RISK THEME	SERVICE DELIVERY				
Strategic Risk: SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.			Publication Status	Public
Strategic Threat	f) Due to unsustainable service models				
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Increased demand Increased patient acuity levels 		<ul style="list-style-type: none"> Worsening of health inequalities Worsening of health outcomes Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 		
	Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.				
Risk Tolerance Level - OPEN SCORE 17 AND BELOW Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.					
SUMMARY The current risk level is OUTSIDE of target level but WITHIN the set appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.					
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 August 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review Due	01 November 2024		Quarterly based on current score		

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Development of new long-term strategy The Health Board IMPT and associated KPIs Clinical Futures Transformation programmes. Public Health Wales surveillance data – Covid, flu and other communicable diseases. QlikSense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Public Health Wales surveillance data – JSNA QlikSense – performance information. 	Gaps in Assurance <ul style="list-style-type: none"> Evidence of individual arrangements in place to deliver service plans. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> Recommendations from the Internal Audit of IMTP – Service Plans (Q2) 	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Internal Audit Reviews 2023-24 <ol style="list-style-type: none"> IMTP planning Q1. Outcome – Reasonable Assurance. Internal Audit Reviews 2024-25 <ol style="list-style-type: none"> IMTP – Service Plans (Q2) 		

RISK THEME	COMPLIANCE AND SAFETY				Publication Status	Public
Strategic Risk: SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.					
Strategic Threat	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.				Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff. ➤ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➤ Non-compliance with health and safety legislation. ➤ Loss of estate ➤ Litigation and financial penalties 				Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
					SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level		
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x		
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)		
Last Reviewed	01 August 2024	Risk rating	= 15 (Extreme)	= 2 (Low)		
Next Review Due Monthly based on current score	01 September 2024					
Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>		
<ul style="list-style-type: none"> • Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (most recent June 2023) • Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance • Remediation work to areas of high-risk areas undertaken • Controlled access to roof areas • Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. • Ongoing engagement with expert surveyor • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management • Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. <i>Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations</i> • Links with NHS England and other Health Boards in Wales for shared learning. • Fortnightly dialogue with Welsh Government and Shared Services Estates. 	<ul style="list-style-type: none"> • Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues • Review of existing arrangements to monitor, manage and mitigate issues associated with RAAC is underway with external support and advice from the surveying contractor based on their experiences in NHS England and education bodies. This will inform any additional steps to monitor manage and mitigate led by the RAAC Working Group (chaired by the Director of Estates and Facilities Division) 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Fortnightly checks in place for the props in place • Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) • Review of existing arrangements in place supported by external body 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Ongoing management of the issues. 	Reasonable Assurance		
		<p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. • Outcome of H&S risk assessment • Formal reporting to the Board • Formal update to the PPHPC in July with full SOC end of Q3. 	<p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> • Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements 			
		<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> • Nevill Hall RAAC (Q1) – In progress 	<p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> • Nevill Hall RAAC (Q1) • Review of existing governance arrangements (reporting early Q2) – report being finalised by external advisors and will be received in August for review within ABUHB 			

RISK THEME	COMPLIANCE AND SAFETY				Publication Status	Public
Strategic Risk: SRR 002	There is a risk that there will be a significant failure of the Health Board Estates.				Publication Status	Public
Strategic Threat	b) Due to significant levels of backlog maintenance and structural impairment.				Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff. ➤ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➤ Non-compliance with health and safety legislation. ➤ Litigation and financial penalties. ➤ Loss of estate 				Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
					SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	<p>SRR 002B</p> <p>Risk Score</p> <p>Month</p> <p>— Current Risk Score</p> <p>— Target Risk Score</p>	
Monitoring Committee	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x		
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)		
Last Reviewed	01 August 2024	Risk rating	= 12 (High)	= 6 (Moderate)		
Next Review Due Quarterly based on current score	01 November 2024					
Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>	
<ul style="list-style-type: none"> • Health Board Estates Rationalisation Strategy • Health Board Estates Strategy • Health Board policies and procedures related to the maintenance of Health Board estate. • 6 Facet survey completed in 2019. • Divisional Risk Register • Multiple policies and SOPs published and communicated to staff. • A robust internal training programme in place covering all aspects of estate management including food hygiene. • Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) • Asbestos reinspection programme (over the next 3 years) • Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation • HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants • A clear approach to compliance monitoring and escalation of AE reports has been implemented. 	<ul style="list-style-type: none"> • Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. • A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. • Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. • Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. • Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low. • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible. 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Divisional reporting of Statutory and Mandatory training of staff • Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. • Outcome of the Asbestos reinspection programme <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group • Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal Audit Reviews 2023- 24 Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee</p> <p>Internal Audit Plan 2024-25 Estates Assurance – Energy Management (Q4)</p> <ul style="list-style-type: none"> • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. <p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> • Performance reporting 	Reasonable Assurance		

RISK THEME		COMPLIANCE AND SAFETY					
Strategic Risk: SRR 004		There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.			Publication Status	Public	
Strategic Threat		a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.		
Impact		<ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➤ Harm or injury to patients and/or staff; ➤ Staff absence (injury, wellbeing) ➤ Financial implications due to staff absence <ul style="list-style-type: none"> ➤ Loss of infrastructure; ➤ Health Board breaches statutory duties under the Civil Contingencies Act 2004; ➤ Litigation & Financial Penalties; ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.		
					SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.		
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level			
Monitoring Committee	Partnerships, Public Health & Planning Committee						
Initial Date of Assessment	01 June 2023	Likelihood	3 (Possible) X	2 (Unlikely) X			
Last Reviewed	01 July 2024	Impact	5 (Catastrophic)	3 (Moderate)			
Next Review Due Monthly based on current score	01 August 2024	Risk rating	= 15 (Extreme)	= 6 (Moderate)			
Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>		Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>		Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>			Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>
Major Incident <ul style="list-style-type: none"> Major Incident Plan Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. Business Continuity (BC) /Critical Incident <ul style="list-style-type: none"> BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans. 3 C (Command/Control, Communication) structure in place to respond to incidents. EPRR Group Established. Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. Awareness raising of the requirement for BC across the Health Board through various training programmes Infectious Diseases <ul style="list-style-type: none"> Joint plan with PH in response to infectious diseases and public health incidence response. Overall <ul style="list-style-type: none"> Internal strategic on call training Executive Team attending 2-day strategic training. 		<ul style="list-style-type: none"> Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise. Testing programme of business continuity plans. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Develop further training programmes to support staff preparedness to response to an incident. Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (as this is not fully implemented, it is still being worked through thus would make it additional control until in place) 		Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Departmental debrief following an incident to inform learning and enhance controls. Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Debrief with key stakeholders following an incident to inform learning and enhance controls. Report to the EPRR Group from debrief of incidents Reports to the PPHP Committee on Emergency Planning Preparedness Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i> Internal Audit Review(s) <ul style="list-style-type: none"> Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance Outcome and feedback from national exercises 		Gaps in Assurance <ul style="list-style-type: none"> Robustness of service business continuity plans within Divisions Action to Address Gaps in Assurance <ul style="list-style-type: none"> Recommendations for strengthening resilience following testing of service business continuity plans 	Reasonable Assurance

<ul style="list-style-type: none">• Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)• Joint Planning and Training with LRF and across Wales.• Ongoing Participation in exercises UK, Wales, LRF and HB.• Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).				
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RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk: SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> ➤ Unmet patient need resulting in harm ➤ Ineffective use of combined resources ➤ Delayed decision making ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 August 2024	Risk rating	= 8 (Moderate)	= 4 (Low)	
Next Review Due	01 February 2025		Bi-annually based on current score		

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ol style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. <p>Through these statutory forums formal partnership arrangements take place.</p> <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach. 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	Reasonable Assurance
		<p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 	<p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach. 	
		<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p>		
		<p>Internal Audit Plan 2023/24</p> <ul style="list-style-type: none"> RPB Governance Review (Q2) – due to be reported to the Audit, Risk & Assurance Committee in July 2024. 		

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategy 2035: Developing our Strategic Themes
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director of Strategy, Planning & Partnerships Marie-Claire Griffiths, Head of Strategic Planning Amy Dolben, Senior Planning & Service Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board is developing a new strategy to build upon the success of Clinical Futures with a ten-year plan from 2025 to 2035. A timeline for development of the new strategy was agreed by the Board which included a 20-week population engagement period. A Midpoint Review of the first ten weeks of engagement was undertaken in July 2024.

This paper outlines: (i) all engagement activity undertaken to date; (ii) the methodological and analytical approach used during the Midpoint Review; (iii) the findings of the Midpoint Review; and (iiii) the development of the strategic themes for discussion.

Cefndir / Background

Clinical Futures

Clinical Futures is the Health Board's current strategy. This strategy was the driving force for large-scale service reconfigurations, including: the opening of the Grange University Hospital; the formation of the Enhanced Local General Hospital network; and developments in community services.

A new strategy



The health and care landscape in Gwent is rapidly changing. The COVID-19 Pandemic and Cost of Living Crisis have exacerbated pre-existing health inequalities; in 2024, women in Monmouthshire can expect to live 14 more healthy life years than women in Blaenau Gwent. In addition to this, there are now more people over the age of 65 living in Gwent than ever before – and fewer young people too. This pattern is set to continue in the future which will have a significant impact on healthcare provision and the overall healthcare workforce over the coming years.

Science and technology will also affect how healthcare is delivered. For example, artificial intelligence reads x-rays, remote monitoring offer peace of mind to caregivers, and pacemakers can be adjusted remotely. Furthermore, advances in genetics make curing diseases possible, and new treatments like cell therapies tackle cancers that were once considered untreatable. The Health Board needs to be able to adapt to these technological changes.

Therefore, it is timely that the Health Board considers a new long-term strategy which articulates its joint commitments with the population of Gwent through to 2035. The development of a new strategy provides a unique opportunity to look to the future with communities in order to determine: what matters to them; and how the Health Board can work in partnership to improve wellbeing through place-based care.

A set of design principles were agreed by the Board to provide a framework for which this work should be held to account:

- **People at the heart of everything we do.**
We will take time to learn about the whole person and design based on need. People, Patients, carers, families and staff.
- **Design with data.**
We will let data and evidence drive decisions, learning from what has come before.
- **Prevention is best.**
Start with prevention. Everyone to make the most of their capabilities and control their own lives.
- **Make use of what we have**
Use just the resources available within our financial means to best effect so the NHS can have a long future.
- **Act with focus to improve outcomes.**
Do what only the Health Board can do and create the conditions for success.
- **Do the hard work to make it simple.**
Make it simple and easy to use even if complex behind the scenes.
- **Make things open, it makes things better.**
Absolute transparency about challenges, opportunities and decisions. Regularly share learning and share our work.
- **Continuous Feedback.**



We will test early and continue to refine. We said, we did, we need help with; not a singular process.

- **Be consistent not uniform.**
Use the same models but apply them to the context promoting equity across Gwent.
- **This is just the start.**
We are not done; this does not finish.

A Conversation for a Healthy Future

A timeline for development of the new strategy was agreed by Board which included a 20-week population engagement period as per the diagram below.



A Midpoint Review was undertaken in July with a Board Briefing session in August to share the findings and themes from the first ten weeks of engagement.

Asesiad / Assessment

1.1. Engagement activity

As of 4 September 2024, the Health Board engaged with 3,232 people across 180 events. 26% of those engaged with were men, 63% were women and 11% were not captured. 44% of all events were open access community-based events, typically led by the Engagement Team. However, over half of the events were focussed on specific population groups, including: young people; carers (including parents); older people; people with disabilities; mental health groups; Welsh-speaking groups; black, asian and minority ethnic groups; lesbian, gay, bisexual and transgender + groups; women’s and men’s groups; refugees; and volunteers.

Within the same timeframe, 923 people had responded to the online survey. 461 of the respondents chose to complete the longer online survey with an average completion time of 24 minutes and 26 seconds, and 291 respondents chose to



complete the shorter online survey. Newport Live shared a bespoke version of the online survey which was completed by 171 people. Paper surveys have also been available to complete at a number of events; these are currently being transcribed to a digital format and the total number of completed paper surveys will be calculated at the end of the engagement period.

73% of respondents were women, compared with 50.9% of the population of Gwent. Due to the Newport Live survey, Newport was the borough with the most responses as per the table below which compares survey responses with the overall population by borough.

Borough	Survey responses	Overall population
<i>Blaenau Gwent</i>	10%	12%
<i>Caerphilly</i>	13%	30%
<i>Monmouthshire</i>	19%	16%
<i>Newport</i>	42%	26%
<i>Torfaen</i>	14%	16%
<i>Outside Health Board (i.e. Powys and Cardiff)</i>	1%	-

As the engagement period progresses, the Working Group will continue to create, collect and analyse data from events and surveys. The Working Group is committed to engaging with communities who were underrepresented within the first ten weeks of engagement to ensure that the outputs from the engagement period are representative of the Gwent demography.

Throughout the engagement period we have been engaging with staff. We have undertaken sessions with each division through their management teams and cascading further. We have had a day dedicated to our main hospital sites talking to staff and hearing their views as well consistent presence on the intranet and an email to all staff asking them to complete the survey. In total we have undertaken 25 dedicated team sessions and held 7 site drop ins. Some of the themes we have heard which relate to what they want for themselves and their patients are below;

For themselves	For their patients
Access to exercise	Transport links to our hospitals including outpatients and emergencies
Quick access when you need health services	Peer to peer support to share lived experience
Wellbeing education and support for self and family	Education for children during school years on healthy behaviours
Access to robust health literacy information	Education for the community about the services that exist and how they access them
Staff health and their workload, ensuring we can have a good work life balance	Access to consistent local services



More availability and options for healthier food in canteens

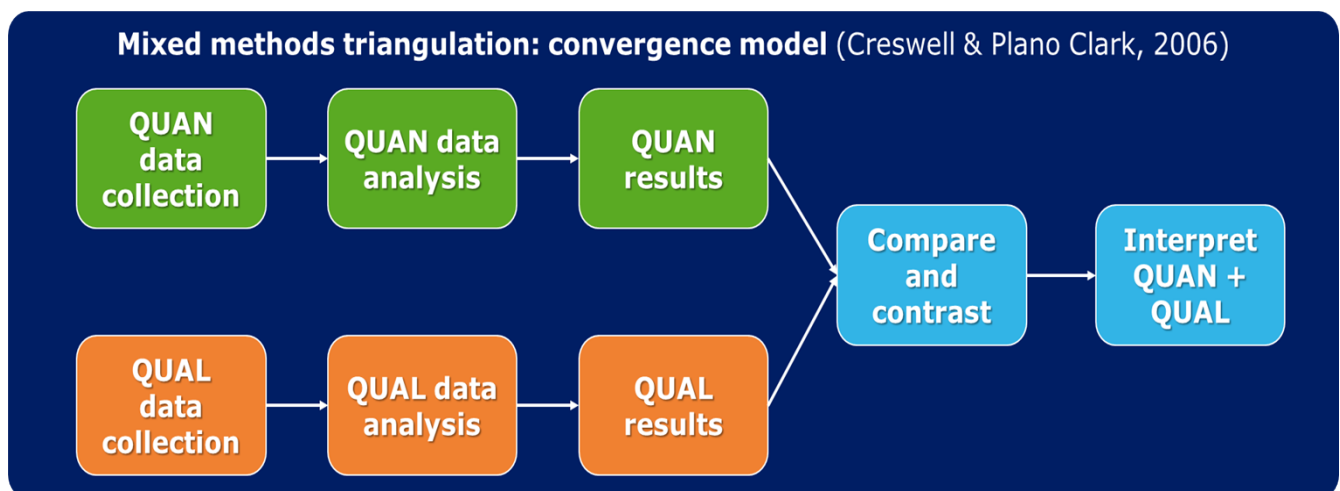
Co-location and bringing together of Health, Social Care and Leisure

There are some key pieces of engagement work planned throughout September and October that will continue to increase the depth and breadth of responses including;

- 30 more engagement events
- Emails to all public sector employees across Gwent sharing survey details
- Asking engagement question through school health nurses immunisation clinics
- Stand at the Dragons vs Ospreys Rugby Match and publication of survey details in the match programme
- Digital poster displayed at University of South Wales Campus and Newport Live facilities
- Attendance at Golf Clubs
- Surveys in Barber Shops
- Focus Groups with health students at University of South Wales
- Attendance at Men's Sheds, Dads Support Groups and other male focused community groups
- Booking teams sharing the survey details when they speak to patients and encouraging them to complete it
- Surveys in outpatients and clinics

1.2. Engagement analysis for Mid-Point Review

The Engagement Working Group has developed a comprehensive methodological and analytical approach in order to ensure that the findings from the engagement are both rigorous and truly representative of the views of the people of Gwent. The diagram overleaf outlines the mixed methods model in place.



Throughout the engagement period, qualitative and quantitative data is collected concurrently as per the table below. Reflexive thematic analysis is used to analyse the qualitative data, and intergroup comparison is used to analyse the quantitative data. Bringing together these analyses supports the development of valid and well-

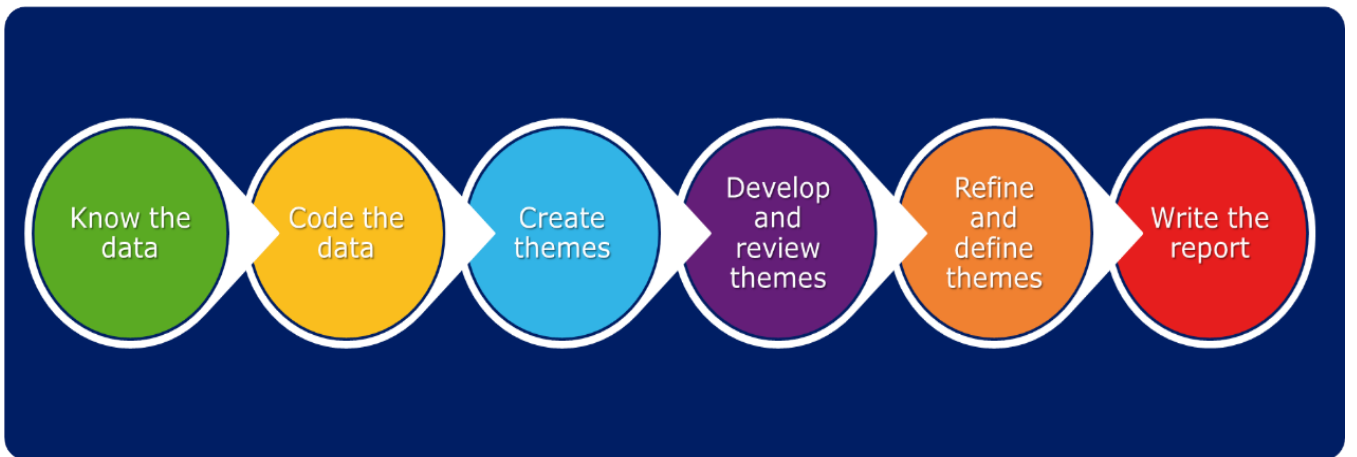


substantiated conclusions about what is important for the people of Gwent to feel healthy.

	Qualitative Data	Quantitative Data
Events	<ul style="list-style-type: none"> Engagement event template which is completed by a member of staff Post-it note responses created by attendees (where applicable) Images created by attendees (where applicable) Mentimeter responses by attendees (where applicable) 	<ul style="list-style-type: none"> Basic attendance data around total number of attendees, location and gender
Surveys	<ul style="list-style-type: none"> Written responses to survey questions 	<ul style="list-style-type: none"> Demographic data as per the terminology used in the 2021 Census, including: gender; race; sexuality; age; religion; disability status; and carer status Postcode outward code data Multiple-choice responses to survey questions

1.2.1. Qualitative analysis

The Midpoint Review provided the opportunity to develop and review themes to refine and define with the people of Gwent during the remaining weeks of engagement, whilst developing and reviewing any additional themes from new data.



A random sample of 25% of all data available on 1 July 2024 were subject to reflexive thematic analysis for the Midpoint Review; this constituted 20 events and 50 surveys. 293 individual codes were applied 1,549 times.

1.2.2. Quantitative analysis

The quantitative analysis sought to explore the relationship between the demographic information provided by survey respondents with their responses to multiple choice questions within the survey. All 168 responses to the Long Survey as of 8 July 2024 and the 171 responses to the Newport Live Survey were subject to analysis.

1.3. Analysis Findings

1.3.1. Findings of Qualitative Analysis

For the qualitative analysis two core themes of 'Needs' and 'Actions' were tentatively identified alongside six corresponding subthemes as per below diagram. Key quotations and images related to each theme and subtheme are included in Appendix 1.



Needs

Three core subthemes correspond to the overarching theme: (i) Fundamental human need; (ii) Community need; and (iii) Personal need.

Fundamental human need is aligned to Maslow's Hierarchy of Needs (1943) as the people of Gwent describe their needs as:

- (i) **Physiological** underpinned by diet and exercise, sleep and access to clean air
- (ii) **Safety** underpinned by physical safety, secure housing and financial security
- (iii) **Love and belonging** underpinned by family and friendship, and a sense of connection
- (iv) **Esteem and self-actualisation.**

The people of Gwent describe the needs of their community which include:

- (i) **Third spaces**, as described by Oldenberg (1989) which function as anchors of the community outside home and work, and underpinned by green space, sports and exercise space, and other spaces
- (ii) **Travel and access** underpinned by public transport, green transport and connecting communities



- (iii) **Health provision** underpinned by prevention-focus, balancing primary and urgent care delivery, and delivering high-quality care.

An individual's circumstance informs their personal need, including:

- (i) **Demographic factors** underpinned by childhood and adolescence, old age, gender and financial circumstances
- (ii) **Lifestyle factors** underpinned by behaviour change and weight management
- (iii) **Lived experience factors** underpinned by carer status, physical disability, sensory disability, chronic disease, chronic pain, neurodivergence, and mental ill-health.

Actions

Three core subthemes correspond to the overarching theme: (i) Individual action; (ii) Health Board action; (iii) Wider environment action.

Individual action	Personal responsibility	Underpinned by inferences to a social contract reminiscent of the Wigan Deal (Wigan Council) and allusions to 'trying' with implications around the barriers these individuals face
	Looking after physical health	Underpinned by diet and exercise
	Looking after mental health	Underpinned by meditation and mindfulness, hobbies and creativity, and spending time with loved ones
Health Board action	Improving primary care	Underpinned by improving access to deliver care at the point of need, delivering regular health checks to support early intervention and prevention, and delivering continuity of care
	Improving secondary care	Underpinned by reducing waiting times to deliver care at the point of need, and delivering care closer to home in pre-existing or novel estate
	Listening to and delivering for our population	Underpinned by developing a culture of listening, providing reassurance and security and planning for the future in response to the current Cost of Living Crisis and the socio-economic circumstances and health behaviours of the local population
Wider environment action	Improving local environments	Underpinned by improving transport infrastructure, improving access to pleasant green spaces and developing safe communities with affordable housing
	Supporting positive health behaviours	Underpinned by delivering education as a determinant of health outcomes, delivering affordable and accessible gyms / exercise classes and delivering affordable and accessible good food
	Access to social and wellbeing groups	Underpinned by growing community support groups and growing wider social opportunities within local communities.



1.3.2. Findings of quantitative analysis

The quantitative findings corroborate the findings of the thematic analysis. The key areas of corroboration are as follows:

- Proximity to and availability of GP appointments are hugely important to the people of Gwent
- Age is a key factor in determining what is important for the people of Gwent to feel healthy
- Locality informs what people feel is important for them to feel healthy.

Further detail on the findings of the quantitative analysis is included in Appendix 2.

1.4. Developing our Strategic Themes

The Midpoint Review has demonstrated that the people of Gwent have a multifaceted appreciation of the factors which are important for them to feel healthy.

In considering the next steps for strategy development, it is important that the Health Board develop strategic themes which are in plain English and resonate with our communities. There was a Steering Group discussion following the themes presented at the Board Briefing session in August and the below is the current working draft.

Themes	Actions
Helping us make healthy choices	<ul style="list-style-type: none"> Coaching each other to feel healthy Helping us to be active Helping us to eat well
Listening and taking action	<ul style="list-style-type: none"> Listening and trusting each others understanding of our own health Being there when we are really needed Planning for the future
Improving care	<ul style="list-style-type: none"> Making it easier to access care when we need it Making it easier to feel healthy in our communities Delivering care as close to home as possible
Building healthy places	<ul style="list-style-type: none"> Making it easier to travel to places that help us feel healthy Making it easier to access nature Helping us to live in homes that keep us healthy
Growing healthy communities	<ul style="list-style-type: none"> Building up community support groups Getting the best of what our communities already have Helping us to live in safe communities

These themes will continue to be tested and refined through the public engagement and with our partners ahead of them being discussed at the Public Board meeting in November.

Argymhelliad / Recommendation



The Partnerships, Population Health and Planning Committee is asked to:

- **NOTE** and discuss the findings of the Midpoint Review;
- **NOTE** and discuss the working draft of the strategic themes and actions.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	<ul style="list-style-type: none"> • Every Child has the best start in life • Getting it right for children and young adults • Adults in Gwent live healthily and age well • Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	<ul style="list-style-type: none"> • Experience Quality and Safety • Partnership First • Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	<ul style="list-style-type: none"> • Work in partnership to reduce all hate crime • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers • Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse • Improve the access, experience and outcomes of those who require mental health and learning disability services • Improve the experience of lesbian, gay, bisexual and trans (LGBTQ+) service users and staff

Gwybodaeth Ychwanegol:
Further Information:

Ar sail tystiolaeth: Evidence Base:	Clarke, V., & Braun, V. (2019). Reflecting on reflexive thematic analysis. <i>Qualitative</i>
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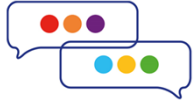
	<p><i>Research in Sport, Exercise and Health</i>, 11(4), 589-597. doi:10.1080/2159676X.2019.1628806</p> <p>Creswell, J. W., & Plano Clark, V. L. (2006). <i>Designing and Conducting Mixed Methods</i>. London: Sage.</p> <p>Finlay, L. (2013). Unfolding the phenomenological research process: Iterative stages of "seeing afresh". <i>Journal of Humanistic Psychology</i>, 53(2). doi:10.1177/0022167812453877</p> <p>Maslow, A. H. (1943). A theory of human motivation. <i>Psychological Review</i>, 50(4), 370-396.</p> <p>Oldenberg, R. (1989). <i>The Great Good Place</i>.</p> <p>Wigan Council. (n.d.). <i>The Deal</i>. Retrieved from www.wigan.gov.uk/Docs/PDF/Council/The-Deal/The-Deal-Brochure.pdf</p>
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Is EIA Required and included with this paper Yes not yet available</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<ol style="list-style-type: none"> 1. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 2. Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies 3. Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves



- 4. Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
- 5. Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives





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Midpoint Review: Tentative Themes

Fundamental human need

Physiological

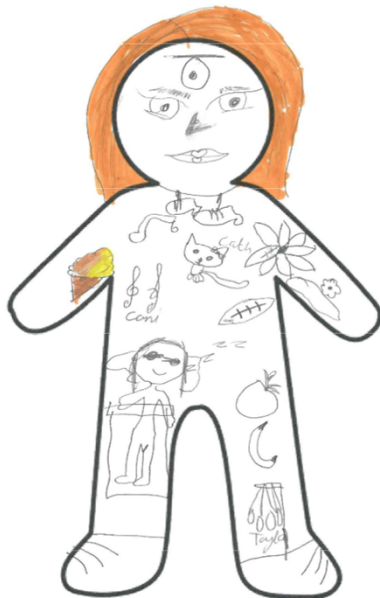
Diet and exercise

Healthy eating, balanced diet and good food are frequently cited with over 100 codes attributed to these domains across events and surveys

Similarly, exercise, sport and being active are also frequently cited with over 100 codes attributed to these domains across events and surveys

Sleep

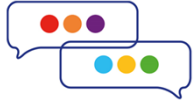
Sleep is frequently cited with 25 codes attributed to this domain across events and surveys



(20240425 Ysgol Bro Helyg)

Air

go outside for fresh air (20240307 Trinant Parent Network)



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Fresh air (20240603 Spytty Morrisons)

Fresh air and sunlight (Survey, Q.4, #67)

Safety

Physical safety

Reduction in anti social behaviour (Survey, Q.26, #40)

A safe low crime area (Survey, Q.26, #164)

Secure housing

To have housing accessible to purchase or rent for all who need it. (Survey, Q.26, #164)

Having basic needs met! Adequate housing good food less stress (Survey, Q.4, #162)

Financial security

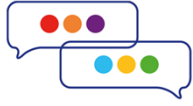
Our health board covers large areas of low income areas, high levels of smokers, drinkers, poor diets (Survey, Q.4, #154)

Money, good diet, access to timely healthcare, work satisfaction, good public transport, clean neighbourhoods (20240502 Online Adult Mental Health)

Love and belonging

Family and friendship

Friendship and social inclusion are frequently cited with over 100 codes attributed to these domains across events and surveys



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(20240605 Africa Day)

Sense of connection

The importance of not feeling socially excluded in society and being able to openly talk about mental health and wellbeing and be accepted. (20240307 Trinant Parent Network)

Feel like I belong in my community (20240411 Parkway Hotel Llais Volunteers)

I want to know my neighbours and my children to have local friends to play with. (Survey, Q.22, #71)

Esteem and self-actualisation

Self love (20240417 Coleg Gwent Cross Keys)

Being comfortable with who you are (20240417 Coleg Gwent Cross Keys)

Work on my self awareness and mental health (Survey, Q.1, #161)



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Community need

Third spaces

Green space

Good access to green spaces (Survey, Q.22, #5)

Access to green space (20240502 Online Adult Mental Health)

Safe, open spaces where you can walk within nature. (Survey, Q.22, #83)

Access to parks for all ages to assist wellbeing and intergenerational social contacts and activities/ family time. (Survey, Q.22, #200)

Sports and exercise space

Leisure including swimming. Park run. Social activities Social events (Survey, Q.22, #89)

More well being and gym activities. (Survey, Q.3, #48)

Leisure facilities that are affordable (Survey, Q.22, #111)

By improving leisure services-it is very difficult to swim in Newport. All of the outdoor areas are too dangerous to swim in or are fishing only-there are no lidos or safe ponds like Keeper's pond. All of the indoor swimming pools are closed to children's lessons after work, or are too far in traffic. (Survey, Q.22, #93)

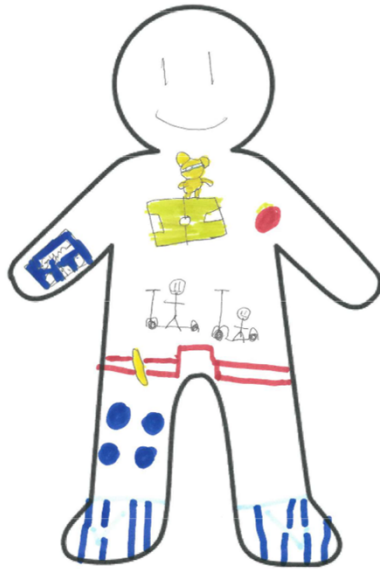


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Other spaces

Local businesses who offer healthy foods. (Survey, Q.22, #40)

Community centres and places to meet other people (Survey, Q.22, #71)

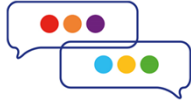
Public food events, leisure facilities, libraries, parks, green spaces, restaurants (Survey, Q.22, #84)

More clubs, fun days, community activities (Survey, Q.22, #82)

I'd like it to be clean with no vacant shops and be able to walk around the town easily without obstructions on the pavements. (Survey, Q.22, #71)

Churches offer a lot of support to community members (20240411 Parkway Hotel Llais Volunteers)

Connecting people back into the community by offering a range of group to be able to go to. (Survey, Q.22, #161)



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Travel and access

Public transport

Grassroots bus service is a good idea - more need to know about this... See the south wales Metro along Severnside - fully integrated to bus links (Survey, Q.22 and Q.26, #164)

Transport services – taxis too expensive (20240604 Brynmawr Saxon Court)

Reliable, affordable, better transport networks (20240521 Tredegar Library Art Group)

Green transport

I have to drive to these as the roads are too dangerous to cycle and feel polluted when I walk as there is too much traffic... There is a local railway bridge to Caerleon, but there should also be a cycle path next door. My nearest supermarket is the other side of the motorway so I have to drive, even though it is walking distance. (Survey, Q.1 and Q.22, #93)

Safe, clean, walking/running paths to exercise. Parks where children can play safely. (Survey, Q.26, #40)

Safe areas to walk (20240307 Trinant Parent Network)

Connecting communities

Valleys are ignored (20240411 Parkway Hotel Llais Volunteers)

Feel like they aren't a priority for things as they are on the top of a mountain (20240307 Trinant Parent Network)

Health provision

Prevention-focus

Testing as Prevention (20240411 Parkway Hotel Llais Volunteers)

More easily accessible GP appointments we all work and appointments are hard to get - longer days/weekend appointments this would take more GPs but the preventative work would release pressure on a and e services. (Survey, Q.2, #123)

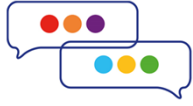
Primary care vs urgent care

More GP Surgeries, more Chemists (that actually want to help people) (Survey, Q.22, #49)

Dentists that actually accept new patients, GPs with appointments available without huge waiting times (Survey, Q.22, #133)

easy access to doctors appointments. Also wish we had a full a and e in Abergavenny as going to the Grange or Royal Gwent is a trek for many people in our area. (Survey, Q.22, #171)

Access to emergency services when needed, last visit was 18 wait. I was having a reaction to some new medication which made me quite unwell. (Survey, Q.22, #154)



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High-quality care

Good local, equitable access to health (Survey, Q.22, #200)

Good doctors surgery, chemist that is not overburdened (Survey, Q.22, #125)

Access to quality wellbeing services (20240411 Parkway Hotel Llais Volunteers)



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Personal need

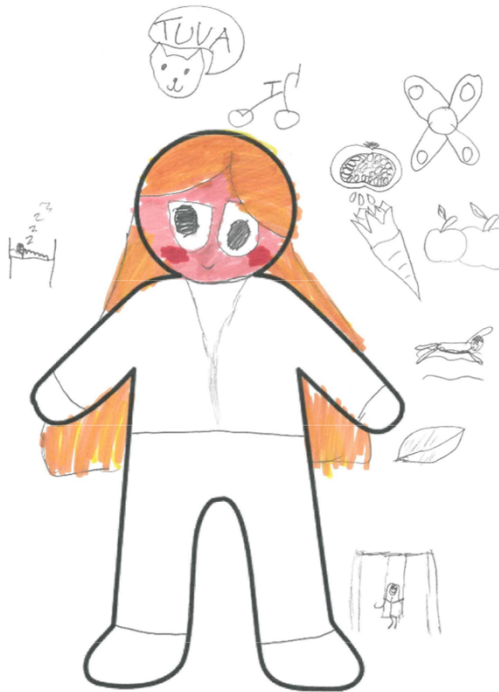
Demographic and socio-economic factors

Childhood and adolescence

Children must be made a priority first (Survey, Q.28, #116)

My children will be older than so things focused towards teenagers to help them make good choices and have places to go to avoid bad habits. (Survey, Q.3, #71)

Teenagers are the 'lost generation' (20240411 Parkway Hotel Llais Volunteers)

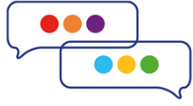


(20240425 Ysgol Bro Helyg)

Old age

Ageing as a woman – including life after menopause, incontinence and maintaining dignity and autonomy. (20240613 Diverse Communities)

A lady told us that she is of an age where her health is declining and it means more frequent trips to the GP. (20240502 Usk Coleg Gwent)



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I am 65 years old. I enjoy good health and do not require any prescribed medication, other than those available over the counter. I would like to receive an annual MOT/check up at my GP surgery as the body is getting older even though the mind is still young! (Survey, Q.2, #144)

Gender

Gentleman thinks that the older male population are overlooked – said that females always have support groups to go to but can't seem to find any for men (20240603 Spytty Morrisons)

Importance of female-only spaces (20240613 Diverse Communities)

Financial circumstances

Lengthy conversation with one lady who is currently having a particular struggle with her mental health and wellbeing given a personal financial and housing issue (20240307 Trinant Parent Network)

Being able to pay my bills (20240502 Online Adult Mental Health)

I try to manage the health conditions I have as best as I can to enable me to be able to continue working, to have the finances to travel, create a nice home, pay the bills and create some financial security... Flexible working and opportunity to work condensed hours have had a huge positive impact as I'm able to look after my grandchild and not miss out on him, like I did my daughter as we didn't have the opportunity for longer maternity leave back then. (Survey, Q.1, #200)

Broken systems across society, economy, environment cause people to become unwell (20240411 Parkway Hotel Llais Volunteers)

Lifestyle factors

Behaviour change

Manage alcohol consumption (20240502 Online Adult Mental Health)

Help me quit (20240307 Trinant Parent Network)

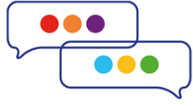
Continue free services such as common ailments scheme, smoking cessation (Survey, Q.3, #82)

Weight management

Also I could do with another Slimming World voucher. It would be a good idea if a person shows they can lose weight then support them more till the end. I been under weight management and they takes ages to get counselling about food. (Survey, Q.2, #165)

My work is less active than it used to be and I know that I am putting on weight because of not having time to have an active lifestyle. (Survey, Q.4, #93)

After waiting 2 and half years for assistance with weight management from the NHS to then be told that funding isn't available when finally get to the stage of being approved, I have been forced to pay for the injections myself. (Survey, Q.1, #135)



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Lived experience factors

Carers

Supporting me and my family with caring for my mum who is elderly by enabling the drs who look at the physical health and mental health to work together. (Survey, Q.3 #161)

Access to services for those we care for, to support carers tasks. (Survey, Q.4, #200)

Physical disability

Greater accessibility for people with disabilities. Eg parking at gp surgeries, dentist etc. (Survey, Q.2 #62)

Sensory disability

Comms – not always appropriate (eg deaf people) (20240411 Parkway Hotel Llais Volunteers)

Chronic disease

Have a strategy for FND and ensure all diagnosed with this condition receive a care plan and treatment within the authority (Survey, Q.3, #62)

Chronic pain

To be able to live my life without physical and/or mental constraints that result in excluding and/or reducing my quality of life. (20240411 Parkway Hotel Llais Volunteers)

To have no aches and pains (20240502 Usk Coleg Gwent)

Neurodivergence

Lady said her autistic child hasn't had all their vaccines due to him not being able to sit still. (20240612 Riverfront Centre Newport Carers Week)



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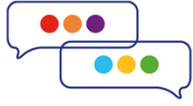


(20240425 Ysgol Bro Helyg)

Mental ill-health

Those who wrote down they need 'alone time' were very open at stating they struggled with depression/anxiety and it is healthier for them to be 'shut away in my bedroom being left alone'.
(20240417 Coleg Gwent Cross Keys)

Sit and wait GP appointments don't work for people with anxiety (20240524 Ringland Primary School)



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Individual action

Personal responsibility

Social contract

That I'm doing my bit to look after myself. I have to take responsibility for that. (Survey, Q.4, #83)

To be able to access services when I need them and not to have to wait in excess of 24 months or, go and purchase my own health care. My part of the bargain is to stay fit and healthy so I can be a productive member of our society. The Welsh NHS part of that bargain is to provide care when I need it to ensure I stay fit, healthy and productive. (Survey, Q.4, #50)

Taking personal responsibility for my health but with the vital support of doctors, nurses, pharmacists etc when required. (Survey, Q.4, #105)

People have to WANT TO improve their health....that's the most difficult thing to get across to them (it took a long time for me to actually realise this) (Survey, Q.2, #49)

Take responsibility for myself, but also have the primary care oversight/ support for health screening to pick up health conditions quickly and get an investigation and treatment plan put in place quickly (Survey, Q.4, #164)

Trying

try and do more walking (Survey, Q.1, #10)

Try to get enough sleep (Survey, Q.1, #21)

trying to keep active as much as possible even though I have arthritis (Survey, Q.1, #86)

Try to keep fit but struggle with health issues (Survey, Q.1, #98)

I try to eat a healthy diet and get out to exercise several times per week. I try to look after my mental health by having time to engage in hobbies and spending time with family and friends. (Survey, Q.1, #101)

Try to eat well and exercise. (Survey, Q.1, #162)

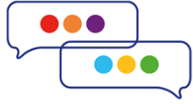
I go to the gym twice a week and try to eat healthier (Survey, Q.1, #165)

Looking after physical health

Diet

Think carefully about my diet (keep carbs low, eat lots of fresh fruit and veg, try to avoid ultraprocessed foods) (Survey, Q.1, #186)

eating smaller portions and getting more of my 5 a day (Survey, Q.1, #133)



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Exercise

Exercise four times per week (Survey, Q.1, #40)

I walk around 2 miles every day (Survey, Q.1, #48)

do at least one type of exercise per day (Survey, Q.1, #84)

keeping mobile (20240604 Brynmawr Saxon Court)

Looking after mental health

Meditation and mindfulness

Meditation (20240411 Parkway Hotel Llais Volunteers)

Forest Bathing (20240411 Parkway Hotel Llais Volunteers)

I meditate and try to sit in nature at some point in the day (Survey, Q.1, #162)

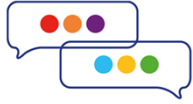


(20240425 Ysgol Bro Helyg)

Hobbies and creativity

Access to creative spaces (inc. exercise, arts and crafts) (20240411 Parkway Hotel Llais Volunteers)

Do activities that you enjoy (YP feedback)

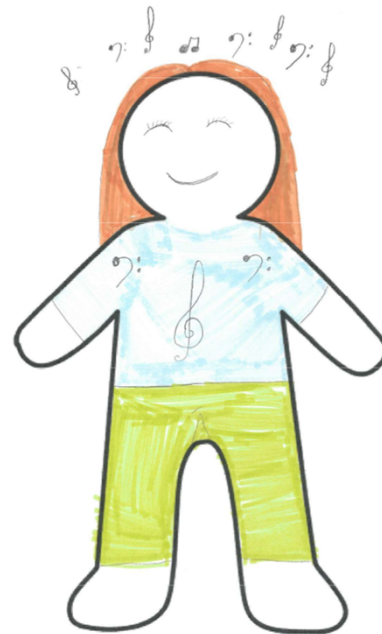


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When we have fine weather, I enjoy going in the garden which is good for relaxation, destressing and sunshine to help my bones! (Survey, Q.1, #200)

Reading (20240517 Caerphilly People First)



(20240425 Ysgol Bro Helyg)

Spending time outdoors

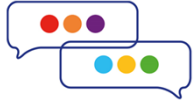
they said that getting out and about is important to their health (20240307 Trinant Parent Network)

Get outside every day for a short walk (Survey, Q.1, #71)

Spending time with loved ones

Being truthful in relationships Having friends (YP feedback)

Meeting friends Being part of a group (20240517 Caerphilly People First)



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Health Board action

Improving primary care

Improving access to deliver care at the point of need

Not having to wait for a GP appointment (20240603 Spytty Morrisons)

You have to ring them at midday to get an appointment the next day but they're always full and this is repeated every day (20240624 Cwmbran ASDA)

Make access to GP surgeries standard every one seems to be different some excellent some poor (Survey, Q.2, #36)

More efficient system at surgery, unable to get appointment over phone, more in person as before covid (20240516 Brynmawr Community)

Make booking GP appointments easier, ideally online. Also, easier access to services - I can't even find an NHS dentist accepting new patients. (Survey, Q.2, #133)

Delivering regular health-checks to support early intervention and prevention

Bring back the well man clinic for over 40's regular checks on blood pressure, cholesterol etc (Survey, Q.2, #177)

Offering regular annual checks that are more than just blood tests for cholesterol, sugar levels, hypertension, etc. (Survey, Q.2, #179)

Also frequent health checks so that conditions can be found quickly if necessary and treatment can be made in early stages, shortening treatment times (Survey, Q.4, #153)

Delivering continuity of care

Make it easier on seeing a Doctor that knows you and your history, which will make it easier for both of you when it comes to helping keeping you fit and well. (Survey, Q.2, #19)

GPs who know their patients (20240411 Parkway Hotel Llais Volunteers)

Consistency rather than adhoc health care (20240516 Brynmawr Community)

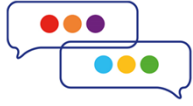
I'll be in my 60's hopefully I will remain well but holistic treatments from a GP easier access to dental care. (Survey, Q.3, #162)

Improving secondary care

Reducing waiting times to deliver care at the point of need

Quicker medical diagnosis (20240612 Riverfront Centre Newport Carers Week)

Shorter waiting times (20240624 Cwmbran ASDA)



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If I've got a major health concern I want to know that I won't be on a massive waiting list for me to get care (20240502 Online Adult Mental Health)

Easy access to services without huge waiting times or lists. (Survey, Q.3, #133)

Delivering care closer to home in pre-existing or novel estate

have hospitals spread across the county that cater to the needs of the people (Survey, Q.3, #177)

Use of NHH vs RGH for more outpatient clinics, but consider parking to reduce existing pressures. Parking at RGH and mobility access across site is horrendous, especially for those with health issues or others e.g older people, loved ones trying to visit patients where they have limited mobility or underlying health issues impacting on their ability to navigate parking, walk to the hospital and navigate the site. (Survey, Q.3, #200)

So think about accessibility of hospital and health centre sites and possibly look more into how services can be better provided closer to communities (perhaps in partnership with local authorities and others who have suitable buildings in good locations). (Survey, Q.2, #186)

Listening to and delivering for our population

Developing a culture of listening

Having access to the right professionals, being taken seriously and not being forced to wait a long time to see someone who then doesn't even investigate your problems and discharges you. (Survey, Q.2, #51)

Look at healthboard culture in some areas and how staff are treated to enable staff to be supported, valued and treated with dignity and respect to truly uphold the values it promotes. (Survey, Q.2, #200)

Actually feeling like im beinng taken seriously and being listened to. (Survey, Q.4, #64)

Providing reassurance and security

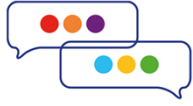
Knowing that when something goes wrong, there's someone to help you (20240603 Spytty Morrisons)

Health security (20240411 Parkway Hotel Llais Volunteers)

Peace of mind that when I need help with health issues that I will be able to access support from a trained professional in a timely manner. (Survey, Q.4, #135)

Peace of mind, knowing I can access medical help without waiting weeks or feeling I'm burdening an already stretched service. (Survey, Q.4, #153)

Education, research, choices (Survey, Q.3, #61)



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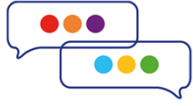
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Planning for the future

The health board cannot do this alone, this is a societal issue due to pressures such as work, lack of childcare support and the cost of living. However, the health board could help by improving services, such as emergency care and waiting times, so that any problems that do arrive can be handled with confidence. (Survey, Q.3, #106)

The health board will need to evolve massively to keep up with the demands of the increased sedentary lifestyle that people are living. If the cost of living crisis continues stress levels are also going to raise and more emphasis will be needed to reduce this. Introduce provision to reduce and manage stress - Yoga/Relaxation classes that are open to the public and free to patients. Provide an annual MOT to patients especially the over 50's. This could include a FBC, BP check, menopause chat, weight check, well women clinic etc. (Survey, Q.3, #16)

Our health board covers large areas of low income areas , high levels of smokers , drinkers , poor diets. (Survey, Q.4, #154)



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Wider environment action

Improving local environments

Improving transport infrastructure

I will be retired by 2035, good transport links needed. (Survey, Q.22, #200)

Good transport links if I have to travel further for additional healthcare. (Survey, Q.22, #144)

Improving access to pleasant green spaces

I want more access to green spaces, more cycling paths, better quality of swimming pools. (Survey, Q.22, #93)

Access to easy walking spaces close to home (20240411 Parkway Hotel Llais Volunteers)

Locations for residents to safely exercise/walk etc. (Survey, Q.22, #40)

Safe, open spaces where you can walk within nature. (Survey, Q.22, #83)

Developing safe communities with affordable housing

feeling safe when going out and about (Survey, Q.4, #61)

Safe and affordable houses (20240411 Parkway Hotel Llais Volunteers)

Having a safe community (YP feedback)

Waste management, recycling, and rodent control will be needed ongoing to maintain a safe wider environment to aid public Health. (Survey, Q.26, #200)

I would like affordable, good quality housing. (Survey, Q.26, #101)

Supporting positive health behaviours

Delivering education as a determinant of health outcomes

Education starts with children (20240411 Parkway Hotel Llais Volunteers)

Educate residents related to the benefits of healthy eating and exercise. (Survey, Q.2, #40)

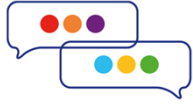
We know conversation rates for suspected cancers are low but the opportunity to educate and help individuals promote better health huge. (Survey, Q.3, #147)

Community based learning towards fitness, healthy eating etc. (20240502 Online Adult Mental Health)

Delivering affordable and accessible gyms / exercise classes

Affordable gym memberships (20240603 Spytty Morrisons)

Free gym membership or more class availability. A lot of classes are in work hours (Survey, Q.2, #48)



A conversation for a healthy future



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

Discount for my gym membership as I may have to consider leaving due to cost of living increases. (Survey, Q.2, #86)

Lobbying for leisure facilities including pools to remain open and at moderate cost (Survey, Q.2, #89)

Delivering affordable and accessible good food

I also feel that healthy foods should be discounted within shops, rather than unhealthy, processed and junk food. (Survey, Q.3, #84)

Better health choices at the restaurant maybe with subsidies? (Survey, Q.2, #61)

Legislation to limit unhealthy foods in supermarkets. (Survey, Q.2, #93)

Access to social and wellbeing groups

Growing community support groups

Less statutory services more emphasis on the community to help themselves (Survey, #86)

Also, a group of people in similar situations would be good to talk about mental health issues. Would need to be led by someone that can encourage me to talk openly, ask questions about feelings and suggest mindfulness or other things to help... I've taken part in some really good mum and baby groups that do some of these things but often they are not on consistently for long enough to get into the routine of going. Ideally there'd be groups at the same time every week for over 6 months to establish a habit. Just doing a group for 4 weeks isn't long enough. (Survey, Q.2, #71)

More peer support groups for those experiencing ongoing mental health concerns. I've had to pay for a private therapist because the mh provision in Monmouthshire isn't great. I'd love it if there were nhs run peer support groups for people like me. I'm not so bad mh-wise that that I quality for nhs therapy /help but I would like some support to prevent my depression backsliding when I feel like I'm struggling and the support just isn't there. (Survey, Q.2, #171)

Community groups for those who are isolated. (Survey, Q.22 #40)

Growing wider social opportunities within local communities

I want there to be lots of organised groups to meet up with others and spend time outside and doing useful things to help the community and ourselves. (Survey, Q.22, #71)

Vibrant with lots of leisure and social opportunities (Survey, Q.22, #89)

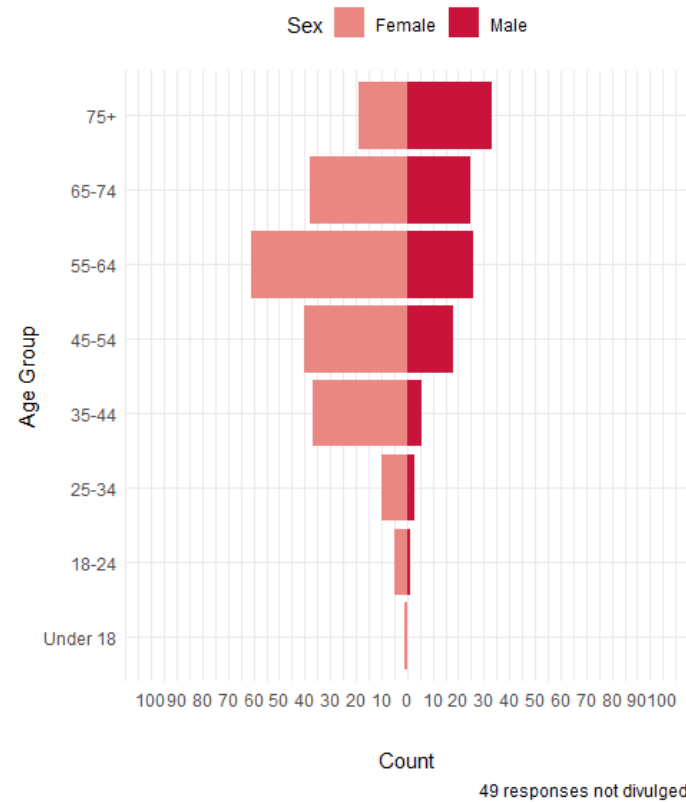
Good social network and sense of community (20240502 Online Adult Mental Health)

Demographics of Responses

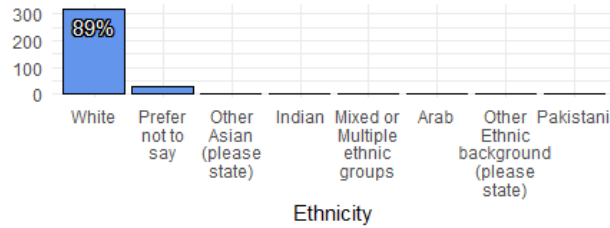
Responses Demographics

356 responses

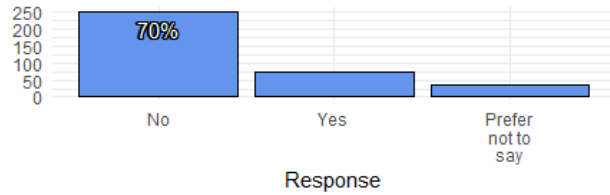
Age and Sex Breakdown of Respondants



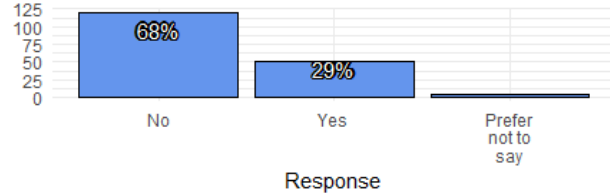
Ethnicity



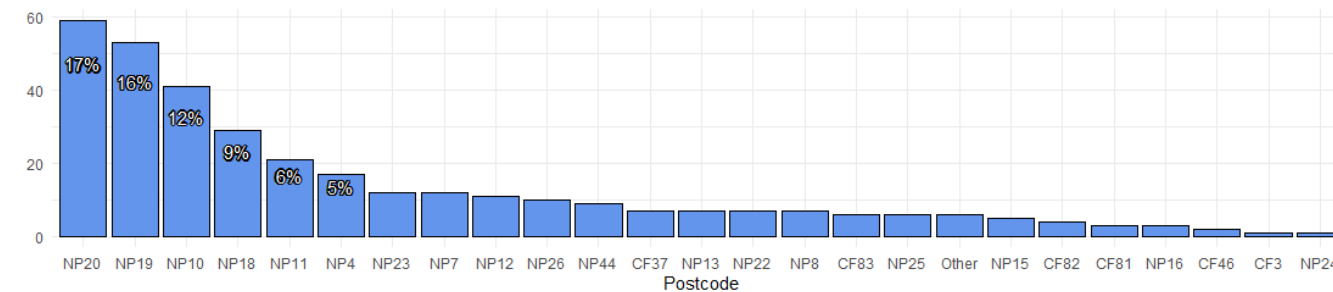
Disability



Carer Y/N



Postcode Area



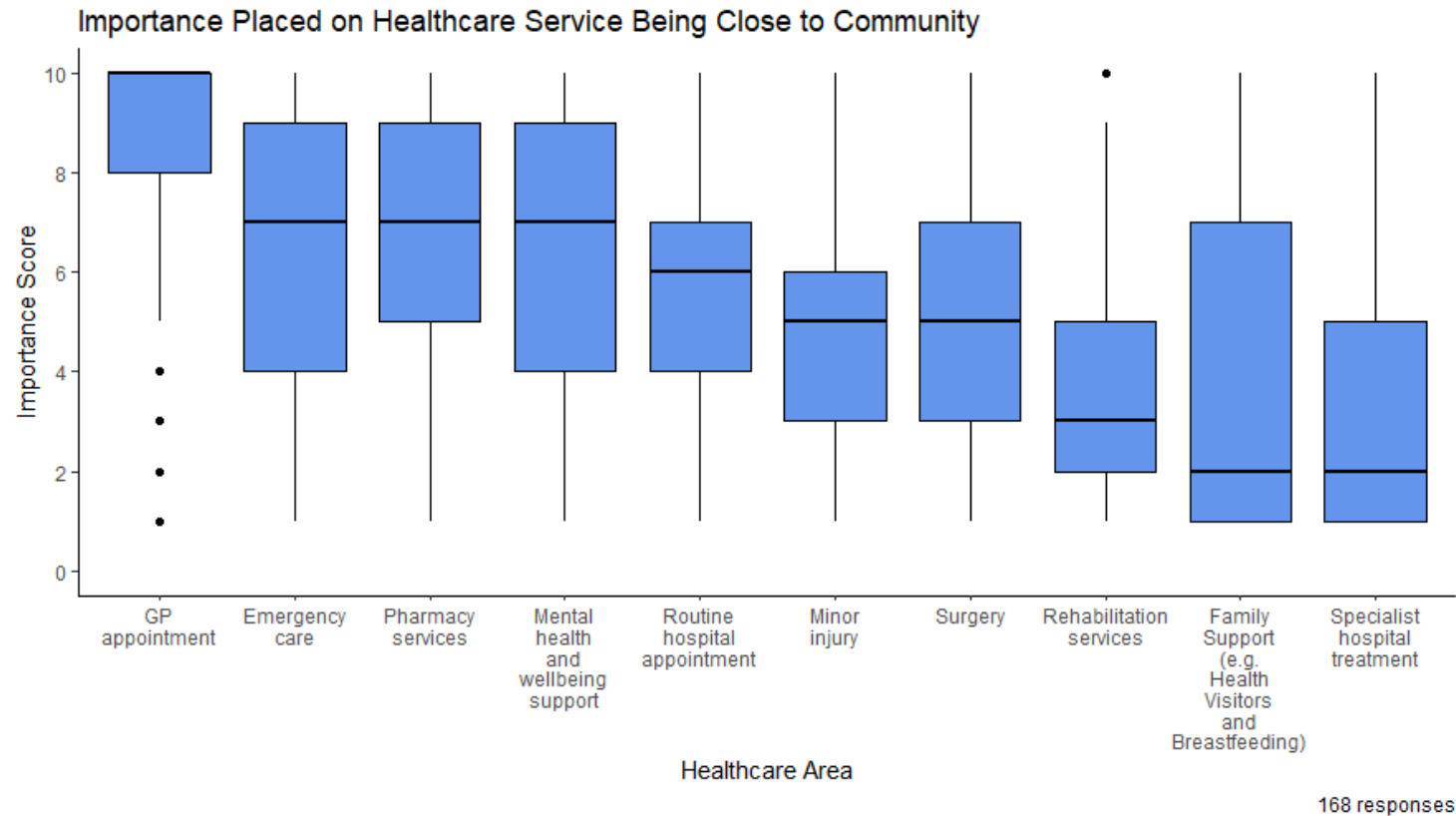
The responses current are heavily weighted towards females, with the 35-64 age group best represented.

In terms of ethnicity, 89% of respondents were white, with 8% not divulging.

20% of respondents self-identified as having a disability.

29% of respondents self-identified as caring for another person.

Importance Placed on Healthcare Service Close to Community



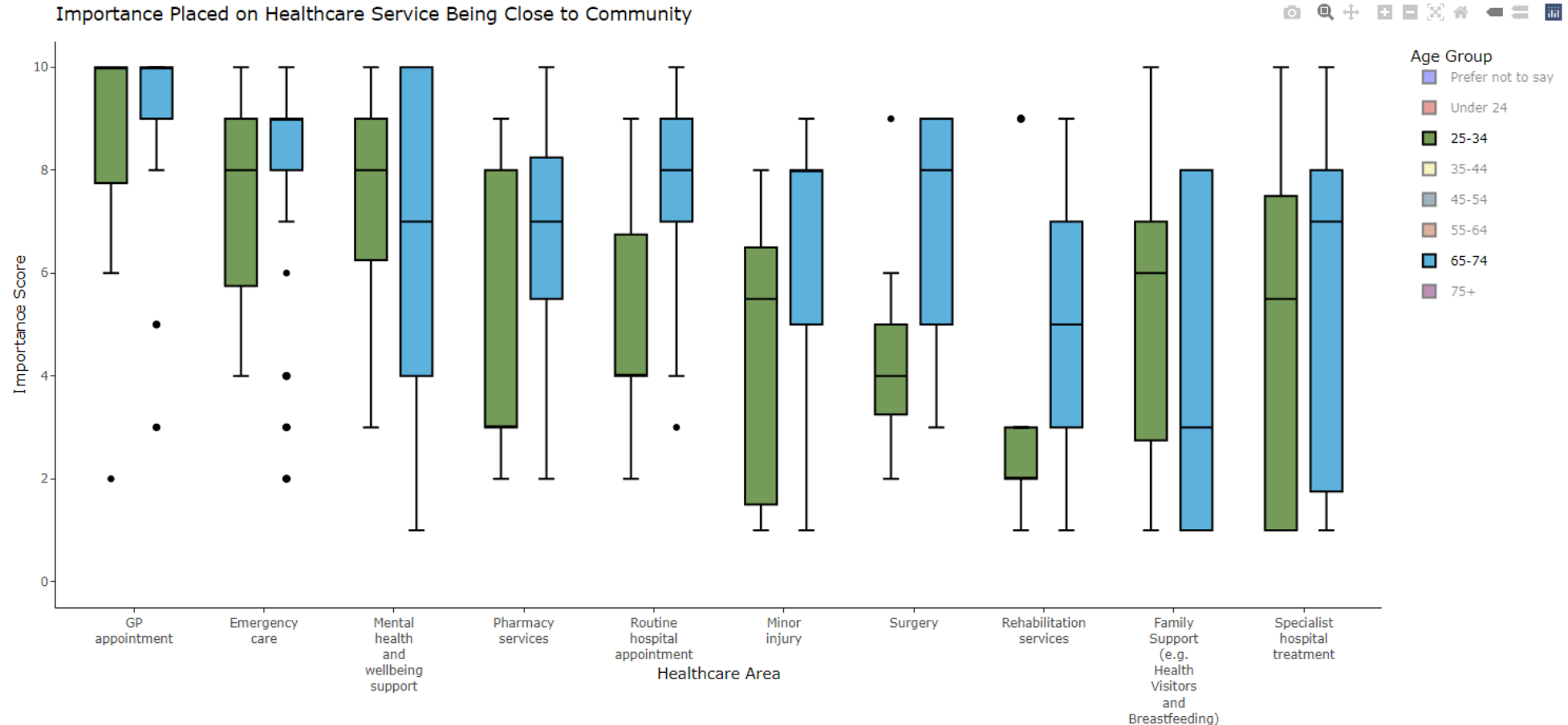
The service which respondents considered most important to have available close to their community was GP Appointments.

This was followed by Emergency Care, Pharmacy Services and Mental Health & Support.

This is heavily influenced by our sample group which skews older and female.

Access to GP and emergency care was high in importance to all age groups, but there are differences in other services.

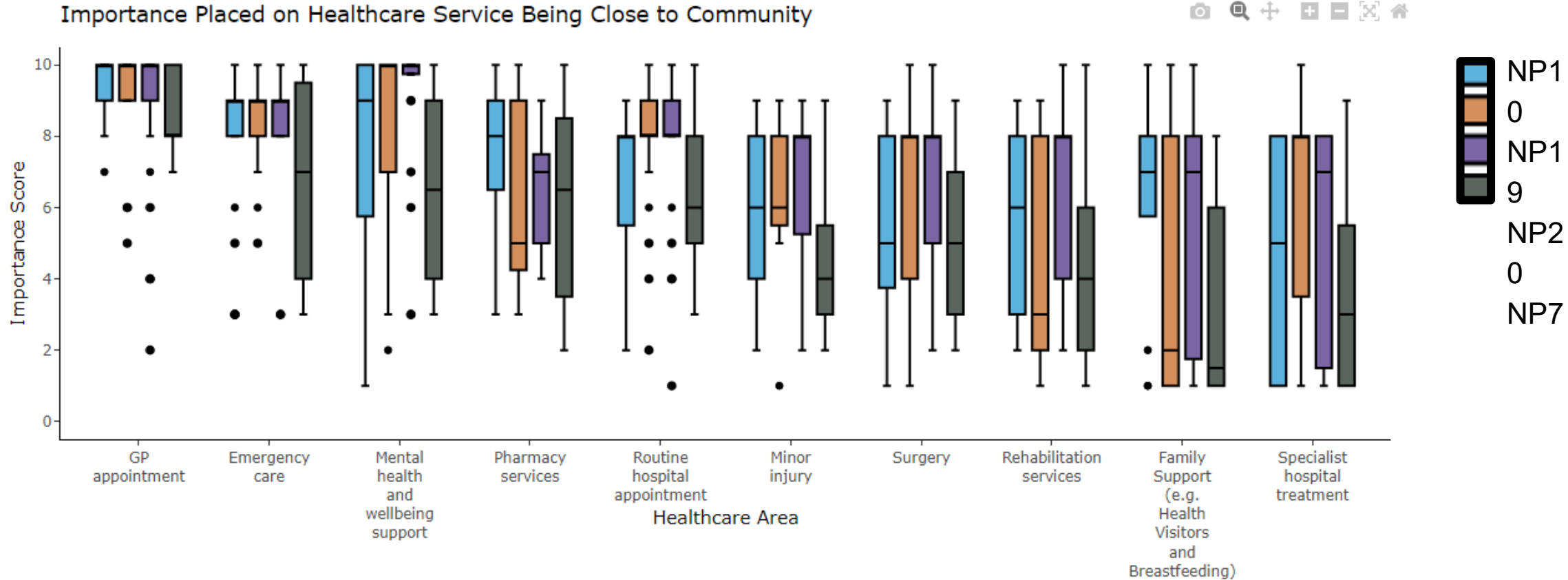
Service Importance by Age Group



To illustrate this, we compare 25-34 year olds with 65-74 year olds.

The 65-74 age group is more likely than 25-34 to rate Pharmacy, Routine hospital appointments, Surgery and Rehab services as high importance. Whereas Family support has fairly high importance to the 25-34 age group compared to 65-74. Both age groups consider GP and emergency care to be high importance, as well as Mental Health support. Mental Health is more reliably scored as high important for the 25-34 age group, with a more varied range of responses for 65-74s.

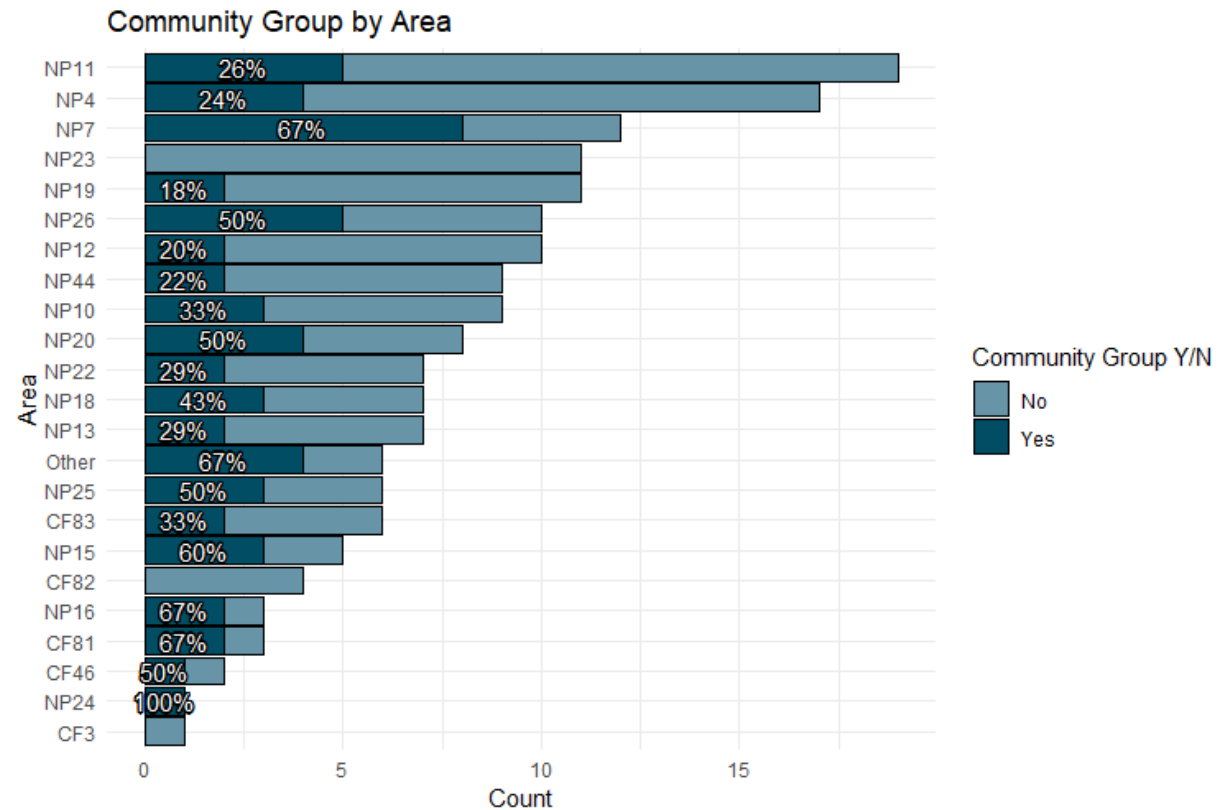
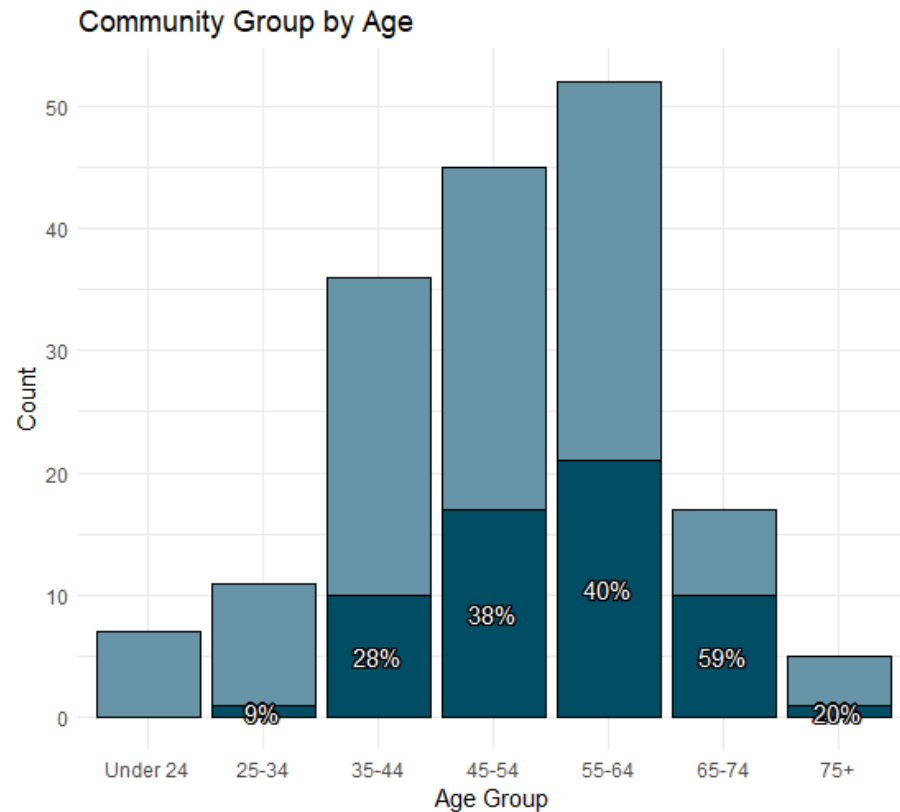
Service Importance by Area



The 3 postcode areas with largest sample sizes are NP20 (57), NP19 (51) and NP10 (38). These areas are in broad agreement regarding what services are important, with GP and Emergency Care highest, followed by Mental Health. Pharmacy appears to be mid-high importance. Routine hospital appointments are considered high in NP19 and NP20 but slightly lower in NP10. NP10 has a higher emphasis on Family support that the others.

For comparison is NP7 which is the area recently engaged with regarding MIU closure, although the sample size of this is lower at 12 respondents.

Community Group Member



A low proportion of younger people self-report as being members of a community group. The highest proportion of community group members are in the 55-64 and 65-74 age bands, but this reduces again for people over 75.

The area with the highest proportion of people self-reporting as being a member of a community is NP7 postcodes (Abergavenny), with most areas being around 54%. NP23 and CF82 had no respondents considering themselves part of a community group.

Still to come...

- Comparison by Indices of Deprivation
- Usage of token phrases
- Where is your community?

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Estates Strategy, including Nevill Hall and St Woolos Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Capel, Assistant Director of Capital

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this SBAR is to provide an update to the Committee on:

- Current progress against the Health Board's 2019 Estates Strategy
- Provide specific updates in relation to the following priorities –
 - Nevill Hall Reconfiguration
 - St Woolos Reconfiguration

Cefndir / Background

The extant Estates Strategy (2018-2028) was approved in 2019 and sets out the alignment of estates development and rationalisation with the Health Board's Clinical Futures Strategy. It sets out a vision for the estate which is:

"A future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

The Estates Strategy is underpinned by the following key principles:

- Supportive of Service Delivery - Ensure the built environment and equipment (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.
- Enabling of Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through co-location/design, where appropriate, with our key partners.
- Future focused - Fit for purpose and flexible enough to accommodate future changes.
- Sustainable - Delivers the principles of the Well Being of Future Generations (WBFNG) Act 2015 and makes effective use of all available resources.
- Fit for purpose - Supports the objectives of the Health Board by providing a clear strategic direction to optimise the configuration and utilisation of the estate.
- Motivating and Enabling - Staff are our most important asset, the estate should provide them with excellent facilities and environments, flexible arrangements and equipment to do their jobs effectively.
- Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care

The Estates Strategy was revised in 2021 confirming its 17 priority areas, which were prioritised on a high, medium and low priority basis. These are set out in Appendix 1. In March 2024, as part of an update on Estates Strategy and development, the Committee received a detailed schedule of all Health Board owned or leased estate with detail on the extant "plans" for each facility (retain, develop, dispose, partial rationalisation).

As a member of the Regional Partnership Board (RPB), the health board played a pivotal role in the development of the RPB's Strategic Capital Framework and underpinning plan. A summary of the themes and objectives are set out in Appendix 2.

In late 2023, the Welsh Government (WG) formally requested that Health Board's prioritise their forward look proposed strategic capital projects, covering all proposed projects that have not, as yet, received full and final Ministerial approval.

Despite the impact and constraints presented by Covid and other impacting factors (e.g. financial and economic constraints), significant progress has been and continues to be made in delivering the Health Board's Estate objectives.

Asesiad / Assessment

Progress against the Estates Strategy

Within the Estates Strategy, the 17 strategic priorities are categorised as follows –

Category	Number
High	10
Medium	5
Low	2

With full update provided against each priority in Appendix 1, a large amount of progress has been made since 2018. The Health Board's current financial portfolio of live capital schemes is c£118m, which ranges from new builds, to investment in existing sites.

In the last 12 months the following capital and estate schemes were delivered:

- New Endoscopy Facility in the Royal Gwent Hospital
- New Breast Unit in Ysbyty Ystrad Fawr
- Bevan Health and Well Being Centre – Phase 1

There are a number of schemes due for completion at the end of 2024/25 and beginning of 2025/26, including:

- ✓ Acquisition of Chepstow Hospital – Approval given, completion February 2025
- ✓ Bevan Health and Well Being Centre, Tredegar –Phase 2 due for completion is November 2024
- ✓ 19 Hills Health and Wellbeing Centre, Newport – Completion early 2025
- ✓ Satellite Radiotherapy Unit, Nevill Hall – Completion early 2025
- ✓ Emergency Department Waiting Room Extension, Grange University Hospital – Phase 1 completion April 25, Phase 2 completion July 25
- ✓ Decontamination Unit, RGH – BJC submitted to WG, outcome pending
- ✓ Ty Gwent – Completion November 2024
- ✓ Over £4m investment into backlog maintenance

In addition to this, the Health Board has recently appointed a Supply Chain Partner (Tilbury Douglas) to take forward the Aber Valley and Monmouth Health and Wellbeing Centres, with the Outline Business Cases due for submission to Board in quarter 4 (pending outcome of site investigations).

Following the approval of the Health Board's Organisational Strategy, which is due to be agreed by the Board in January 2025, work will commence on the refresh of the Estates Strategy. This will ensure that its focus and priorities are developed and aligned to agreed organisational direction for ABUHB.

Outcome of Prioritisation Exercise

Following approval by Board, the ABUHB 10-year priority totalling an estimated capital value of £564.6m was submitted to WG in March 2024. A formal outcome of the prioritisation exercise is still to be provided, however the WG updated at the

last Capital Review Meeting that a number of meetings and discussions are taking place internally on how some of the priorities are progressed as it is acknowledged that not all priorities fall under the category of a clinical redesign (e.g. a new build).

Update on Nevill Hall

The operational management of the RAAC situation in Nevill Hall continues on a cyclical basis, with remediation being put in place should surveys identify any further degradation to the areas.

In relation to the development of the Strategic Outline Case (SOC), the Health Board has now engaged professional advisors, Mott MacDonald, to evaluate the feasibility of various options. They will provide context and an overview of the Nevill Hall Hospital (NHH) Clinical Service Plan, as well as detail the work done to identify and assess the best approach.

Following an Executive Team discussion on 5th September, the following areas have been identified as in scope for the Nevill Hall Development as:

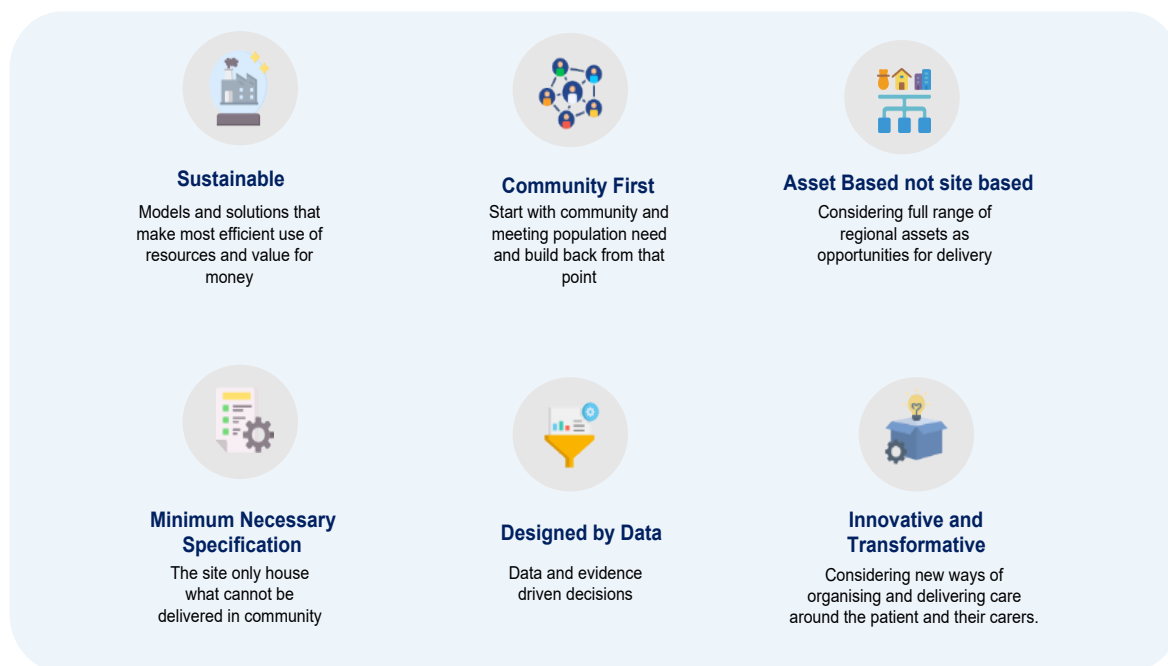
- All services currently on the Nevill Hall Hospital (NHH) site.
- Testing of opportunities for services in North Gwent that could be realised through the NHH development, including:
 - Mental Health services at Maindiff Court and Ysbyty Tri Chwm (YTC).
 - Community services involving Ysbyty Aneurin Bevan (YAB)
 - Opportunities to repatriate services to the region.
 - Exploration of regional opportunities to enhance service delivery.

This is depicted in the following map:



Embedding the following principles, the objective of the NHH Clinical Service model will be to outline and ensure an open process of identifying and confirming the preferred future for NHH that responds to population need, safely delivers quality patient centred care, workforce stability, optimal services to enhance patient outcomes and experience, essentially a future proof model of care:

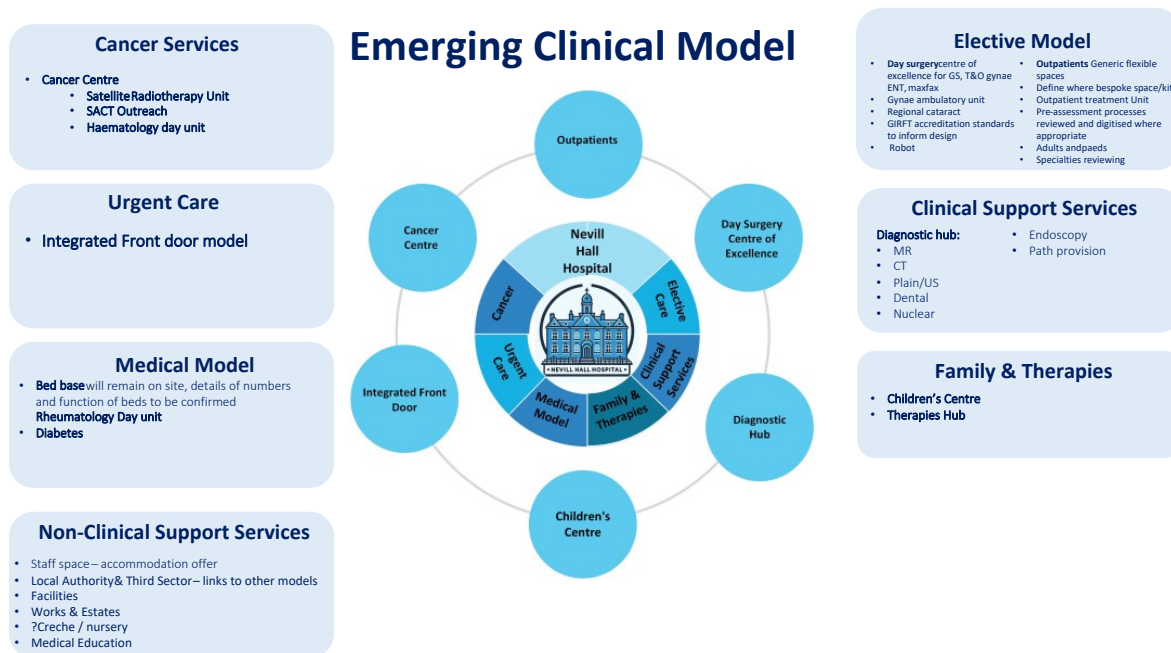
NHH Development Project Design Principles



Some service model assumptions are being tested through a Service Design Group these are:

- ✓ There will be a bed base on site, details of numbers and function of beds to be confirmed
- ✓ Alignment with regional Cancer programme, development of Satellite Radiotherapy Centre and work to increase SACT outreach across Gwent
- ✓ Future model will reflect recent changes associated with urgent care, aligned with MIU opening hours changes
- ✓ There will be an offer of elective care on site, to include outpatients, diagnostics and Day Surgery – exploration of centre of excellence for day surgery
- ✓ Children and Women’s Services will be available in North Gwent, scope delivery at NHH and in community settings
- ✓ There will need to be a level of clinical support services (e.g. pharmacy, pathology) on site to support onsite services – detail and scope to be determined,
- ✓ Non-clinical services on site, e.g., kitchen, staff wellbeing facilities

The clinical model for NHH is still emerging with future work to be done, however current thinking is outlined below:



To recap, the service model work is being driven by a number of workstreams. All of which are making progress:

- **Future assessment model and bed base** – Aligned with the outcome of the work on future “medical model” the specification of type of assessment facility and supporting bed base at NHH is underway. A number of pilots are being tested over the summer months
- **Elective services** offer in north Gwent – NHH currently provides a range of elective services including outpatients, diagnostics. Ambulatory services (e.g. gynaecology) and day case surgery, it is also home to the regional north cataract hub. The options to redefine and resize this model, in the context of the wider Gwent offer and developing regional business case are under consideration
- **Cancer services hub** - With the development of the satellite Radiotherapy service the site will become a focal point for provision of cancer care for Southeast Wales. Opportunity to align this development with an expanded offer of SACT (chemotherapy) in line with principles of the new Velindre Hospital development are being explored
- **Family and Therapy services** – a number of services are currently provided from NHH, these have all been reviewed and are being tested and service models updated.
- **Non clinical services** – delivery models for a number of FM services are already under review but scale and scope will ultimately follow from finalised clinical models.

A detailed baseline of services forms the basis of the service planning work, and a Project Initiation Document has been developed setting out the workstream, interdependencies, contracts and timelines. Due to the change in scope of the project and capacity the revised timescales for the project are as follows -

Timeline	Key activities
To date	<ul style="list-style-type: none"> ✓ Clinical Model Workshops ✓ Engaged with external advisors Mott MacDonald ✓ Draft PID ✓ Draft service model template ✓ Commenced engagement with Operational leads to develop service model specifications ✓ Scoping session with Welsh Government on SCO requirement
September – December 2024	<ul style="list-style-type: none"> ✓ Agreement on high level clinical model ✓ Modelling of opportunities (eg day surgery services and volumes) ✓ Approval of PID ✓ Formally establish project team ✓ Working with Llais on approach to engagement ✓ Develop and implement comms and Engagement action plan ✓ Ongoing development of service specifications ✓ Determine SOC deliverables
January – March 2025	<ul style="list-style-type: none"> ✓ Public engagement ✓ Finalise service specifications ✓ Identify a preferred way forward ✓ Finalise SOC
April – May 2025	<ul style="list-style-type: none"> ✓ Consulting final option, if required ✓ Submission of SOC to Exec Committee and Board ✓ Board engagement on emerging way forward as part of Board development session 26 June

As part of the development of the Project Initiation Document (PID), a detailed risk register has been developed. A significant risk to the project previously identified was the lack of a dedicated Project Manager to support the coordination and delivery of the work, which was posing a risk to achieving the anticipated timescales. There have been recent appointments of within the Capital Team which commenced in August 2024. This addition provides the necessary resources to move the project forward effectively.

In light of the recent executive decision to update the scope of the project, it is necessary to conduct a thorough reassessment of the current timescales. This review will ensure that the adjusted scope is accurately reflected in the project timeline, allowing for the incorporation of any additional requirements or changes in priorities. The intention is to establish a realistic and achievable schedule that aligns with the revised objectives and ensures successful project delivery.

Next Steps for Nevill Hall

To support the ongoing work for Nevill Hall, the next steps are as follows –

- Continue ongoing dialogue with Professional Advisors (Mott MacDonald), NHSWSSP-Specialist Estate Services and Welsh Government for management of RAAC
- Continued engagement with external Advisors Mott MacDonald to inform and support the delivery of the SOC
- Phase 1 - Continue the ongoing monitoring of the props and 6-monthly surveys in line with the guidance from Professional Advisors
- Continue to develop remediation plans alongside in parallel with the wider site reconfiguration work
- Confirm the service model for Nevill Hall Site
- Review and confirm project timescales
- Further board development on firm service proposals
- Review and update the communication and engagement plan that underpins this work
- Secure funding from WG for the 2024/25 portfolio of work

St Woolos Reconfiguration

Identified within the priorities for 2024/25 commitment was given in relation to the reconfiguration of St Woolos. Work had been completed, outlining a draft plan of services moves in order to facilitate the closure of the old part of the St Woolos site, with a high-level indication of capital investment required. Subsequently, the Community beds which were on site have now been transferred from Casnewydd to the Royal Gwent site, which provides an opportunity for service reconfiguration.

The project now has some dedicated resource to support driving it forward and the SRO confirmed as the Divisional Director of Estates and Facilities. A detailed timeline will be brought back to the next PPHP committee.

Argymhelliad / Recommendation

The Planning, Population Health and Partnerships Committee are asked to –

- Note the progress against the extant Estates Strategy and the intent to formally refresh it once the organisational strategy has been finalised
- Note the update on the NHH Development Project, particularly the change in scope, emerging clinical model and timescales.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg
Corfforaethol a Sgôr Cyfredol:
Corporate Risk Register
Reference and Score:

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 6.3 Listening and Learning from Feedback 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	NHH – Nevill Hall Hospital SOC – Strategic Outline Case RAAC - Reinforced Autoclaved Aerated Concrete GUH – Grange University Hospital eLGH – Enhance Local General Hospital RGH – Royal Gwent Hospital YYF – Ysbyty Ystrad Fawr MIU – Minor Injury Unity
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities;

	and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available EIA An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Estates Strategy Objectives

HIGH PRIORITY	CURRENT PROGRESS	TIMESCALES & STRATEGIC DRIVER
<p>SO.1 Reconfiguration & rationalisation of Royal Gwent Hospital to support the planned closure of SWH and other service developments.</p>	<ul style="list-style-type: none"> • Linked to SO.3 STW priority • 2 X Wards moved from St Woolos to RGH site • New Endoscopy Suite delivered at RGH • BJC with WG for Decontamination Unit • Programme Business Case being developed as part of STW closure to address significant infrastructure issues • Investment to address backlog maintenance issues confirmed from WG • Clinical trials investment and development Block B 	<ul style="list-style-type: none"> • 24/25 – 26/27 • <i>Continued implementation of Clinical Futures</i> • <i>Rationalisation and centralisation of certain services</i>
<p>SO.2 Reconfiguration and rationalisation of Nevill Hall Hospital post to support the planned Cancer Unit and other service developments</p>	<ul style="list-style-type: none"> • Presence of RAAC has changed scope of this work and enhanced priority • SOC being progressed – aiming for completion for completion by end of qtr3, pending discussion with WG on level of detail required • Considered against wider North Gwent model • External support to develop • Linked to SO.10 	<ul style="list-style-type: none"> • Full completion 27/28 • <i>Continued implementation of Clinical Futures</i> • <i>Rationalisation and centralisation of certain services</i>
<p>SO. 3 Reconfiguration of the St Woolos Hospital site following relocation of services to RGH, potential disposal or demolition of the old estate.</p>	<ul style="list-style-type: none"> • Linked to SO. 1 RGH priority • 2 x ward relocation • SOC developed for the Boiler house removal • Programme Business to be developed to support the closure of the old estate – requires significant capital investment in order to mobilise moves from old estate (e.g. chest clinic move to B3 at RGH – complete ventilation system required) 	<ul style="list-style-type: none"> • Full completion 25/26 • <i>Continued implementation of Clinical Futures</i> • <i>Rationalisation and centralisation of certain services</i>

Estates Strategy Priorities

HIGH PRIORITY	CURRENT PROGRESS	TIMESCALES & STRATEGIC OBJECTIVE
<p>SO.5 Chepstow Hospital - Review and understand existing PFI</p>	<ul style="list-style-type: none"> Funding approved by WG Lease terminates February 2025 Work underway to complete actions in readiness for taking ownership of the building 	<ul style="list-style-type: none"> Completion March 2025 <i>Integration with Public Sector partners</i> <i>More services provided within primary and community settings</i>
<p>SO.7 Pursue the further development of a Mental Health Specialist Services Inpatient Unit (previously Low Secure Unit)</p>	<ul style="list-style-type: none"> Linked to SO.8 OBC submitted to WG – scrutiny raised complete change of model from original SOC submissions Service model under review SOC to be redeveloped to also incorporate plans for STC services 	<ul style="list-style-type: none"> Business Case Development Stage – 24/25 – 26/28 Building Stage 28/29 – 29/30 (SISU element only) <i>Rationalisation and centralisation of certain services</i> <i>Mental Health Becoming a priority</i>
<p>SO.9 Relocate in patient services from Ysbyty Tri Cwm to YAB and explore the potential for the hospital</p>	<ul style="list-style-type: none"> Remains a strategic intent Opportunity to link wo NHH RAAC planning as YAB becomes and enabler to rationalise NHH. Further work in Division and with partners to develop service model for OAMH. 	<ul style="list-style-type: none"> Aligned to NHH timescales <i>Rationalisation and centralisation of certain services</i> <i>Mental Health Becoming a priority</i>
<p>SO.13 Adoption of Agile Working principles to assist in the reduction of the significant amount of office accommodation</p>	<ul style="list-style-type: none"> Funding for Ty Gwent approved Opportunity for consolidation of leases Reduces admin space by 2000sqm Staff engagement/ consultation underway 	<ul style="list-style-type: none"> November 2024 Advent of agile workforce Technology <i>Rationalisation and centralisation of certain services</i>

Estates Strategy priorities

HIGH PRIORITY	CURRENT PROGRESS	TIMESCALES & STRATEGIC OBJECTIVE
<p>SO.12</p> <p>Continue to review and update the prioritised plan for the creation of “Hubs” and other service changes utilising the existing estate</p>	<ul style="list-style-type: none"> • Four HWBCs currently being progressed • Bevan Centre (Tredegar) – Phase 1 complete • 19 Hills – In construction • Aber Valley – Supply Chain Partner appointed. OBC submission in development • Monmouth – Supply Chain Partner appointed. OBC in development 	<ul style="list-style-type: none"> • Bevan Centre (Tredegar) – Full completion November 2024 • 19 Hills (Newport) – Full completion est April 2025 • Aber Valley – OBC submission anticipated January 2025 • Monmouth – OBC submission anticipated January 2025 • <i>Health and Wellbeing Centre/ Hubs</i> • <i>Integration with Public Sector partners</i> • <i>More services provided within primary and community settings</i> • <i>Rationalisation and centralisation of certain services</i>
<p>SO.14</p> <p>Backlog maintenance</p>	<ul style="list-style-type: none"> • Approx potentially £4m to be awarded by WG to support backlog maintenance drawn • Internal Audit Q4 23/24 – Limited assurance • Close working between Estates & Facilities and Capital Planning • Allocated £500k ring-fenced to address some backlog maintenance for 24/25 	<ul style="list-style-type: none"> • Annual cycle • <i>Continued implementation of Clinical Futures</i> • <i>Rationalisation and centralisation of certain services</i>

Estates Strategy Priorities

MEDIUM PRIORITY	CURRENT PROGRESS	TIMESCALES & STRATEGIC OBJECTIVE
<p>SO.4 Further develop service strategy for County Hospital</p>	<ul style="list-style-type: none"> • SOC developed • Visioning session held with partner organisations 	<ul style="list-style-type: none"> • Discovery Phase 26/27 – 27/28 • Delivery Phase 28/29 – 29/30 • <i>Health and Wellbeing Centre/ Hubs</i> • <i>Integration with Public Sector partners</i> • <i>More services provided within primary and community settings</i> • <i>Rationalisation and centralisation of certain services</i>
<p>SO.8 Explore the potential for disposal / demolition of the older St Cadoc's estate.</p>	<ul style="list-style-type: none"> • Linked to SO.7 • Mental Health Specialist Services Inpatient Unit • OBC submitted to WG – scrutiny raised complete change of model from original SOC submissions • Service model to be looked at and agreed • SOC to be redeveloped to also incorporate plans for STC services • Timescales still to be confirmed 	<ul style="list-style-type: none"> • Programme Business Case Development Stage – 24/25 – 27/28 • Completed Delivery – 33/34 • <i>Rationalisation and centralisation of certain services</i> • <i>Mental Health Becoming a priority</i>
<p>SO. 11 Continue to develop Masterplan for the future use of the Llanfrechfa Grange site in conjunction with TCBC and adjacent landowners</p>	<ul style="list-style-type: none"> • Dialogue with partners maintained during 23/24 • Scope for project has changed • Being led by Local Authority • Health Board land no longer required in development • Interested on site protected 	<ul style="list-style-type: none"> • Query priority level • <i>Integration with Public Sector partners</i>

Estates Strategy Priorities

MEDIUM PRIORITY	CURRENT PROGRESS	TIMESCALES & STRATEGIC OBJECTIVE
<p>SO.17 Lease rationalisation</p>	<ul style="list-style-type: none"> • Linked to 'Adoption of Agile Working Principles' • Funding for Ty Gwent approved • Opportunity for consolidation of leases e.g. Mamhilad • Reduces admin space by 2000sqm • Staff engagement/ consultation underway 	<ul style="list-style-type: none"> • November 2024 • <i>Advent of agile workforce</i> • <i>Technology</i> • <i>Rationalisation and centralisation of certain services</i>
<p>SO. 15 Energy Strategy -to both reduce emissions and achieve the Welsh Government Energy performance target</p>	<p>High level Update</p> <ul style="list-style-type: none"> • Electricity & water consumption increases (10% & 1.2% respectively) year-to-date through increased occupancy & clinical activity • Gas consumption reduced by 12% • CO2 emissions reduced by 0.8% • ReFit Programme being rolled out focussing on traditional energy savind and renewable energy opportunities • Further scoping of PV and EV charging opportunities 	<ul style="list-style-type: none"> • Annual cycle

Estates Strategy Priorities

LOW PRIORITY	CURRENT POSITION	TIMESCALES & STRATEGIC OBJECTIVE
<p>SO.6 Ensure existing services and facilities at Monnow Vale (service plan, PFI and VFM).</p>	<ul style="list-style-type: none"> Working to maximise usage and broaden range of service delivery from site Improve efficiency of bed base Update via PPHP Committee Q2 24/25 	<ul style="list-style-type: none"> Ongoing <i>Integration with Public Sector partners</i> <i>More services provided within primary and community settings</i>
<p>SO.10 Explore the potential for disposal of the whole or vast majority of the Maindiff Court site</p>	<ul style="list-style-type: none"> Linked to SO.3 NHH redevelopment 	<ul style="list-style-type: none"> Aligned to NHH timescales <i>Rationalisation and centralisation of certain services</i> <i>Mental Health Becoming a priority</i>

Our Strategy at a glance

All priority population groups

CROSS-CUTTING PRIORITIES

1. **Strengthen Intermediate Care**, including short term step up/down and/or crisis provision
2. **Home First**, supporting people in Gwent and to be in their own homes via aids, adaptations and assistive technologies
3. **Development of Community Hub Networks**, supporting prevention, wellbeing and integrated approaches to place-based care

Children & Young People



1. We will provide care closer to home to actively reduce the number of children receiving care out of the region
2. We will increase in house provision of care for children looked after, therefore eliminating profit and improving quality of care
3. We will continue to develop alternative models of care, including respite provision, small scale accommodation for 1 -2 CYP and mixed age groups
4. We will develop **Integrated hubs** to help meet the physical, mental health, care and support needs of children, young people and families

Adults



1. We will provide care closer to home: We will put in place additional capacity across Gwent
2. **Ensure more accessible services** - Some of the current facilities will be redeveloped to improve accessibility
3. We will further develop specialist provision. This will include refuge places and 'Step-across facilities' for substance misuse
4. We will continue to develop and evaluate alternative models of care, including step up/down and rehabilitative provision for people with Mental Health conditions, additional respite for people with LD, single person accommodation and shared Lives and HomeShare
5. We will develop **integrated hubs**

Older People & People Living with Dementia



1. We will provide additional care, closer to home in order to meet the needs of our ageing population, including additional nursing, residential, respite and housing with care units.
2. We will continue to develop and evaluate alternative models of care, including step up/step down provision, a move away from residential care towards alternative models such as HomeShare and investment in digital innovation
3. We will develop **integrated hubs**, including provision of community places for lower-level support, dementia friendly places/memory cafes and focus on prevention/early intervention.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Application of the Planning Maturity Matrix as part of the Health Board escalation status
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director of Planning and Performance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

The purpose of this report is to update the Partnerships Population Health and Planning Committee on the application of the Planning Maturity Matrix which is part of the Health Board's the actions to support de-escalation and the Planning Process for 2025/2026.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Annual Plan is the key planning document for Aneurin Bevan University Health Board setting out the milestones and actions for the next year. It is based on the health needs of our population, responds to the Welsh Government's Planning Framework and Ministerial priorities, and sets out the steps we will take to deliver our long-term strategy.

In January 2024 Welsh Government issued an Oversight and Escalation Framework – NHS Organisations ("The Framework"). [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://www.gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)

The framework sets out the 6 domains of escalation and 5 levels of escalation. As previously reported to the Committee and Board, in September 2023, the Health Board was escalated to Enhanced Monitoring (EM Level 3) for '*Finance and Planning*' and in February 2024, the Health Board's escalation levels were increased to Targeted Intervention (TI - level 4) for *Planning and Finance*.

The Targeted Intervention status has implications for the approach taken to the development of, and must be taken as a starting point for, the building of the Annual Plan. The escalation status of NHS Organisations is considered at least twice a year via a tri-partite process between Welsh Government, Audit Wales and Health Inspectorate Wales.

At the March 2024 Board meeting, it was agreed that the Health Board will not be in a position to submit a financially balanced Annual Plan and therefore will be producing an Annual Plan for 25/26, set in the context of a three-year route map for financial sustainability.

In response to the framework the Health Board have confirmed the Director of Strategy, Planning & Partnerships with responsibilities of Health Board SRO and for Strategy - Planning Lead.

This report is to provide the Partnerships Population Health and Planning Committee with an update on the planning element of this escalation status, with particular reference to the Maturity Matrix. **(Appendix 2)**.

Cefndir / Background

The requirements associated with the national escalation are set out in the Health Board's bespoke Escalation Framework. The Health Board's Framework is attached in Appendix 1 and sets out:

- The oversight and reporting arrangements,
- Roles and responsibilities,
- The expected outcomes from the escalation process,
- The de-escalation criteria for both TI and EM domains.

Internally reporting arrangements have been established in line with requirements, internal oversight is managed through an Executive Oversight Meeting, the Executive Team, the PPHC Committee and the Board and externally through monthly touch points.

The national escalation framework sets out the expected outcomes, which are expected to be achieved for de-escalation. The framework also sets out the de-escalation criteria for Strategy and Planning, for Targeted Intervention these are:

1. Submission of a balanced and credible three-year Medium-Term Plan or acceptable Annual Plan, in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the Health Board's Clinical Services Plan.
3. Welsh Government's confidence in delivery based on an assessment against the Planning Maturity Matrix aiming at level 3.
4. Delivery of commitments set out within the Annual Plan, particularly in relation to the ministerial priorities.

The Maturity Matrix **(Appendix 2)** is based around 8 domains and 97 measures demonstrating assurance in the following areas:

Table 1

Key Elements	Purpose
Strategy development	To ensure local and national policy and plan alignment with key enablers quality, safety, workforce and finance fully aligned with performance and accountability that is linked to population health outcomes.
Strategy alignment and development of an Annual Plan with 3-year focus	The plan development, governance, accountability processes are robust and learn from previous outcomes.
Dynamic and engaged planning	There is joint development of the Annual Plan and long-term strategies with continuous engagement and listening to stakeholders.
Best Practice approach to improvement	There are demonstrable and evidence improvements which maintain a Value-Based approach. An ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.
Realistic and deliverable	There are sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. The plan is sustainable and affordable.
Systems and processes for performance, accountability, and improvement.	There are rigorous systems for individual, team, and organisation wide accountability with agreed escalation processes. The Plan can demonstrate a culture of ownership and improvement with an integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub-Committee's, and Divisions.
Measurable and improving performance	The plan demonstrates improved access to appropriate, timely healthcare and planned sustained improvement in performance, quality and patient experience.
Use of analysis to evidence the forward plan and assumptions	There is clear understanding of measuring the plan and robust use of the sources of information and insight that provide progress assurance and deliverability at a system level.

Assurance is assessed with each being scored on a scale of 0-5:

0 – No progress.

1 – Basic level (Principle accepted and commitment to action).

2 – Early progress (Early progress in development).

3 – Results (Initial achievements).

4 – Maturity (Results consistently achieved).

5 – Exemplar (Others learning from our consistent achievements).

One of the de-escalation criteria within the Targeted Intervention framework is the organisation achieves at least a minimum level 3 across all domains.

Asesiad / Assessment

The Maturity Matrix is a requirement, as part of our Targeted Intervention Status and seeks to baseline the Health Board against nine key domains. This highlights critical areas requiring targeted improvements. It facilitates an understanding of how we could improve our organisational planning and what would be needed to advance to each next level. This report is intended to be an open, transparent and review of and initial assessment of where the Health Board finds itself against the Maturity Matrix which has included:

1. A review of the existing planning maturity matrix against which the organisation can self-assess to identify the steps required to develop the planning processes. This review resulted in an additional domain added for data and analytics (Table 1).
2. An assessment against level 3 of the maturity matrix (Action Plan: Appendix 3).
3. A baseline assessment and set out the planning improvement journey from where we are now (Action Plan: Appendix 3).
4. A plan to hold further assessments as part of the Integrated Planning process against achieving level at least level 3 pre and post plan development.

Overleaf is our initial assessment of where the health board currently is against the matrix:

Table 2

Element	Level	Assessment as at July 2024
Strategy development	3	Internal review highlighted that the planning principles and integration is evident, and this being further strengthened. At the time of review, the Performance Management Framework is not yet fully tested, over a period of time, against operational delivery assurance or the application of the joint strategic needs assessment.
Strategy alignment and development of an Annual Plan with 3-year focus:	2	Evidence of strategic alignment needs further review along with the business case process. The application of the QIA process is emerging and will be fully tested in next year's planning process. The three-year road map is in development.
Dynamic and engaged planning	3	Engagement approach can be evidenced and has been further strengthened through the development of the 10-year strategy.
Best Practice approach to improvement	2	At the time of review the process for identifying, implementing and tracking efficiency and improvement opportunities is in development with the establishment of the Value and Sustainability Board and accountability framework.

Realistic and deliverable	2	There is development of a 10-year strategy and the 3-year route map to sustainability.
Systems and processes for performance, accountability, and improvement.	3	There is evidence of an integrated approach to performance and accountability, which will be further strengthened by the application of the PMF.
Measurable and improving performance	2	Whilst there is strong evidence of understanding what of is deliverable and the ability to determine realistic delivery from operational to system level, the measure of success is delivery of the KPI's and cannot currently be evidenced.
Use of analysis to evidence the forward plan and assumptions	4	There is the functionality, understanding and focus from operational through to system level to understand cause and effect and risk. There is ability to understand access data for D and C planning for most services which supports the narrative decision and plan.

The Action Plan in **Appendix 3** sets out the baseline assessment of where we are against level 3 and the actions, we will be undertaking to strengthen the planning process and de-escalate.

Table 3

Element	Actions Summary	Progress as at September 2024
Strategy development	<ol style="list-style-type: none"> 1. Strategy engagement programme. 2. Clinical services plan assessment. 3. ELGH programme review and plan. 4. Integrated planning process review and update. 5. Timebound Plan for the integrated planning process. 6. Regional acute services plan. 7. 3-year road map to sustainability. 	<ul style="list-style-type: none"> • In place and commenced • Completed and in progress • In progress • Completed • Completed • In progress • Completed
Strategy alignment and development of an Annual Plan with 3-year focus:	<ol style="list-style-type: none"> 1. Review of the PIP process and BCs planned. 2. QIA process established. 3. PMF reviewed and in use. 4. Divisional escalation levels reviewed annually. 5. Project plan for integrated Plan. 6. Executive led meetings in place. 	<ul style="list-style-type: none"> • In progress • In progress • In progress • Completed • Completed • Completed

	<ol style="list-style-type: none"> 7. Replace the planning and strategy network with Integrated Planning Groups. 8. Alignment of transformation programmes. 9. Demand and Capacity baseline. 10. Commissioning intentions. 	<ul style="list-style-type: none"> • In progress • Completed • In progress
Dynamic and engaged planning:	<ol style="list-style-type: none"> 1. Regular, executive led meetings in place focused on the plan and plan delivery. 2. Post Annual Plan 23/24 review. 3. Develop of annual divisional plans and improvement strategies. 	<ul style="list-style-type: none"> • In progress • Completed • In progress
Best Practice approach to improvement	<ol style="list-style-type: none"> 1. QIA process. 2. Agree efficiencies and plan principles that must be included in Divisional Plans. 3. Value and sustainability Board in place 4. Executive Team prioritisation process in place of all service change. 	<ul style="list-style-type: none"> • In progress • In progress • Completed • In progress
Realistic and deliverable	<ol style="list-style-type: none"> 1. Agree efficiencies and plan principles that must be included in Divisional Plans. 2. Defined planning parameters agreed. 3. Refresh Performance Management and Accountability Framework with escalation levels and reviews. 4. Presentations at System Leadership Group to launch the planning cycle. 5. Demand and capacity baseline agree delivery mechanisms for cross-cutting workstreams. 6. QIA process for 24/25 plan. 7. Quality measures developed with an update QOF. 8. Integrated communication and meeting network. 9. Integrated plan submission process. 	<ul style="list-style-type: none"> • Completed • Completed • In progress • In progress • Completed • In progress • In progress • Completed • Completed

Systems and processes for performance, accountability, and improvement	<ol style="list-style-type: none"> 1. Process established to agree and disseminate updated planning objectives for 25/26. 2. Timeline in place from Division to Board for communication, development, feedback and sign off. 3. Demand and capacity baseline assessments. 4. Commissioning intentions issued to Divisions and NCNs. 5. Executive team prioritisation of all service change. 6. Annual Divisional plans and Improvement Strategies. 	<ul style="list-style-type: none"> • Completed • Completed • Completed • In progress • In progress • In progress
Measurable and improving performance	<ol style="list-style-type: none"> 1. Integrated Planning process Plan 2. Divisional integrated Plans and outputs under Workforce/ Planning/Finance. 3. Agree milestones July – March 25 4. Refresh Performance Management and Accountability Framework. 5. Establishment of the permanent QIA process for 24/25 plan. 6. Quality measures developed with an update QOF. 7. Services in escalation reviews to support de-escalation plans. 	<ul style="list-style-type: none"> • Completed • In progress • In progress • In progress • In progress • In progress • In progress
Use of analysis to evidence the forward plan and assumptions	<ol style="list-style-type: none"> 1. Refresh baseline for planning assumptions. 2. Demand and capacity baseline assessments. 3. Agreed Commissioning intentions issued to Divisions and NCNs. 4. Develop detailed operational plans for 25/56 for all Divisions to specialty level which can be aggregated to system level. 	<ul style="list-style-type: none"> • Completed • Completed • In progress • In progress

The Maturity Matrix has provided a valuable opportunity to reflect and review how we operate the planning process, and what we need to put in place to achieve the level required for de-escalation. Many of these actions are already progressing and have been integrated in the planning cycle for 25/26. We are also aiming to meet the requirements beyond the minimum level and ensure our planning and integration is a leading example amongst our peers.

The full action plan can be found in **Appendix 3**, with a summary of the position against the conditions and criteria and progress to date.

Argymhelliad / Recommendation

The Partnerships Population Health and Planning Committee is asked to **NOTE** the update.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.
Gwybodaeth Ychwanegol:	
Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy

	development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Appendix 1



Appendix 1
Escalation Framework

Appendix 2



Appendix%202%20ABUHB%20maturity?

Appendix 3



Appendix%203%20Maturity%20Matrix%

Appendix 1 -Escalation framework and Enhanced monitoring baseline metrics



Official Sensitive -
ABUHB - Escalation I

The Grange University Hospital Emergency Department, Aneurin Bevan UHB																	
GUH Emergency Department	Baseline Nov-23	De-escalation Requirement	Dec-23	Jan-24		Feb-24		Mar-24		Apr-24		May-24		Jun-24		Jul-24	
				Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month
Ambulance handovers over 1 hour	859	528	821	903	10.0% increase	728	19.4% reduction	691	5.1% reduction	831	20.3% increase	830	0.1% reduction	721	13.1% reduction	697	3.3% reduction
% of patients waiting 12 hours or more in ED	15.8%	5%	19.0%	19.6%	0.7 percentage point increase	19.2%	0.5 percentage point reduction	18.6%	0.6 percentage point reduction	21.2%	2.6 percentage point increase	20.6%	0.6 percentage point reduction	18.5%	2.2 percentage point reduction	16.4%	2.1 percentage point reduction
Median time from arrival at ED to assessment by a clinical decision maker (mins)	142	60	178	179	2 mins slower	169	10 mins quicker	171	2 mins slower	185	14 mins slower	206	21 mins slower	202	4 mins quicker	165	37 mins quicker
GUH Emergency Department only - Enabling measures																	
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission for Aneurin Bevan ³	753	643	743	807	8.6% increase	784	2.9% reduction	780	0.5% reduction	759	2.7% reduction	772	1.7% increase	683	11.5% reduction		
Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment	18	15	13	19	46.2% increase	23	21.1% increase	27	17.4% increase	7	74.1% reduction	13	85.7% increase	9	30.8% reduction	14	55.6% increase
Proportion of all Wales responses to ED Patient Experience Survey received by Aneurin Bevan	<1%	19% ¹				1.2%											
Average Experience Rating to ED Patient Experience Survey		7.47 ²				5.99											
Measure	Baseline Q3 23/24	De-escalation Requirement	Q3 23/24	Q4 23/24													
				Actual	Difference from previous quarter												
Number of new complaints received during the quarter where the complaint setting was the emergency department	48		48	57	18.8% increase												

¹ Based of population size of Aneurin Bevan UHB as a proportion of all Wales population (mid year 2022 population estimate sized used)

² Based on all Wales rating as at 7/2/24 (taken from Beacon dashboard)

³ Data is subject to revision each month. DHCW data extract used to calculate baseline taken at 9/4/24.

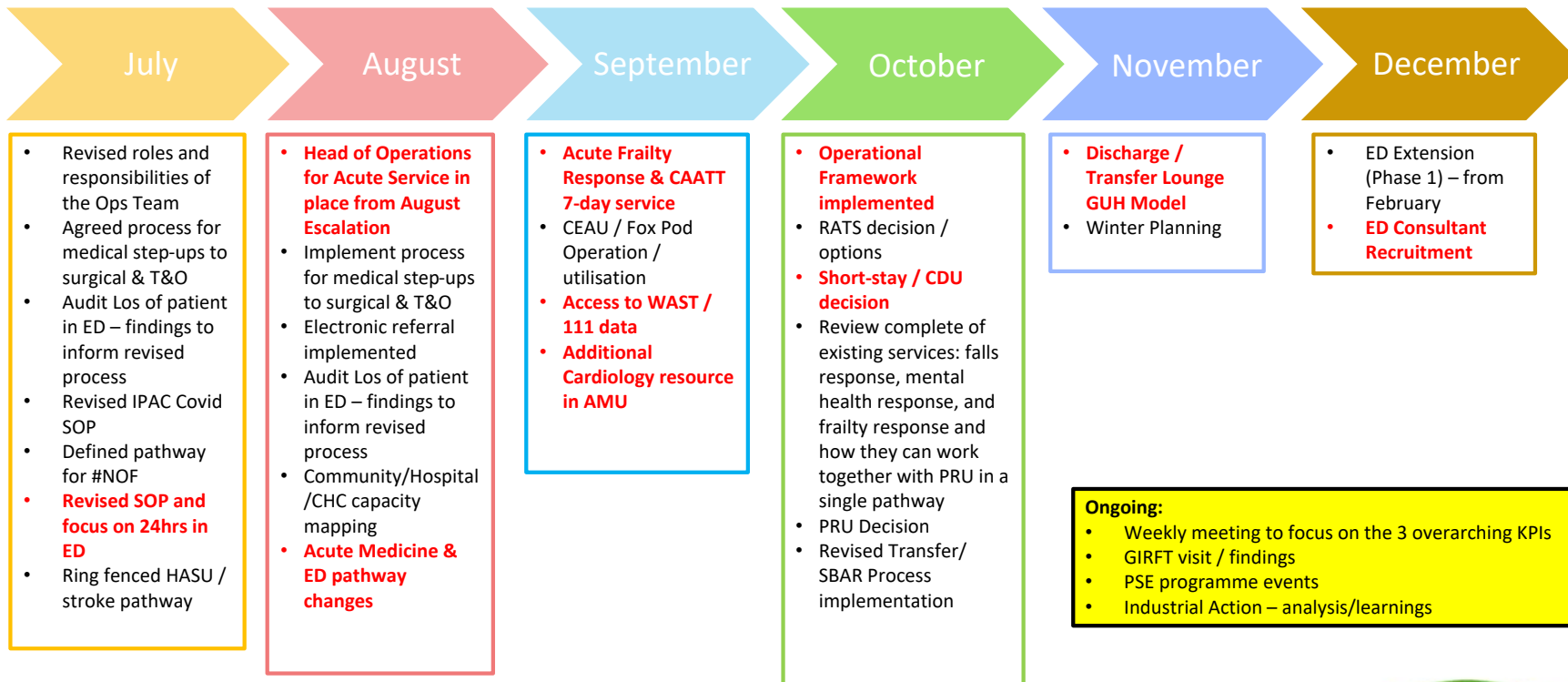
⁴ Based on date the NRI was reported to the NHS Executive, location set as 'Acute / General Hospital - Emergency Department'.

Appendix 2 Summary of actions for Enhanced Monitoring mapped to metrics

Ambulance Handover >1hr focus	WTBS push to 1hr focus incl. triage	Time in ED department <12hr focus	Misc./Wider support
<ul style="list-style-type: none"> Escalation process of actions incl. 2 & 4 hours - Steve 	<ul style="list-style-type: none"> E Triage – maximisation and evaluation – Chris 	<ul style="list-style-type: none"> Short – stay / CDU – Alistair 	<ul style="list-style-type: none"> E-referrals process – James C
<ul style="list-style-type: none"> WAST Flow centre compliance tracking re eLGH options – Carl L 	<ul style="list-style-type: none"> Business Case for Consultants – Owain 	<ul style="list-style-type: none"> 24hrs in ED refresh focus – Steve 	<ul style="list-style-type: none"> GIRFT – GP Expected – Protocol for GP expected that come to ED into assessment areas – Charlotte
<ul style="list-style-type: none"> Ambulance timely assessment – As per WAST request for portering in December 	<ul style="list-style-type: none"> Assessment space hold/SOPs/ring fenced - Paul 	<ul style="list-style-type: none"> GIRFT – Direct to specialty referral when under pressure – Owain or nominated ED consultant 	<ul style="list-style-type: none"> System to track on the day / next day staffing issues – Paul / Tracy / Julie
<ul style="list-style-type: none"> PRU case development and decision 	<ul style="list-style-type: none"> Triage Working Group Outputs and changes - Chris 	<ul style="list-style-type: none"> Acute Frailty Response & CAATT feedback and developments to 7 days 	<ul style="list-style-type: none"> Community/Hospital/CHC capacity mapping – Linda
	<ul style="list-style-type: none"> Service model for phase 2 of ED extension to support department 	<ul style="list-style-type: none"> 'Mapping workshop' outputs and next steps? 	<ul style="list-style-type: none"> UC Dashboard visibility and development - Lloyd
			<ul style="list-style-type: none"> Review the roles & responsibilities of the Ops/Flow team (inc. daily beat/meetings etc.). Carl & Steve

Timeline for ED GUH plan

U&EC Enhanced Monitoring Plan



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

Dyfodol Clinigol
Clinical Futures



**Health, Social Care and Early Years Group
Welsh Government**

Aneurin Bevan University Health Board

Escalation Framework

May 2024



Llywodraeth Cymru
Welsh Government

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Section A Introduction

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

A NHS body can be escalated for any or all of the domains highlighted below:



Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to enhanced monitoring for finance and planning.

In January 2024, the health board was escalated from enhanced monitoring to targeted intervention/level 4 for finance, strategy and planning.

Performance and outcomes

In January 2024, Aneurin Bevan University Health Board was escalated to enhanced monitoring for performance and outcomes related to urgent and emergency care at the Grange University Hospital Emergency Department.

This document sets out the key areas to be addressed as part of the escalation and the expectations for improvement.

Section A1 Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the [NHS oversight and escalation framework](#).

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Assessment and monitoring

Escalation will result in additional scrutiny being applied to those areas of concern.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- There will be quarterly escalation meetings chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Inception meeting

The inception meeting will review and agree the escalation plan (including targeted intervention and enhanced monitoring). The plan will set out the key objectives and key products; the composition of the project team; the ongoing monitoring and scrutiny approach.

Escalation Touchpoints

- Frequency of the finance and planning touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review

evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.

- An oversight meeting, chaired by Welsh Government will be established to oversee the enhanced monitoring performance recovery at the Grange University hospital. It will bring together Welsh Government, NHS Executive and Aneurin Bevan University Health Board leads to co-ordinate and deliver the interventions as required within the enhanced monitoring improvement framework to support sustained service improvements.
- A quarterly escalation meeting chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.

A2 Aneurin Bevan University Health Board - Escalation

The health board is escalated to enhanced monitoring and targeted intervention for different domains of the escalation framework.

Expected outcomes

The escalation and related interventions are designed to help support the health board to:

Finance

- Demonstrate both a robust financial governance and a robust financial control environment through undertaking a review of the financial management arrangements in place, against an appropriate best practice framework(s) and developing and implementing an action plan to address any gaps in approach.
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes. This should include having a clear and robust Opportunities Framework (and Pipeline) that contains realistic opportunities to support and manage the short-term challenges being faced, as well as driving the larger-scale transformational changes that will support long-term sustainability.
- Demonstrate a clear strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; this will need to be an integrated plan, with clear and realistic planning assumptions, which triangulates with the Organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.
- Evidence clear improvement in the planned financial trajectory for 2024/25 including significant progress towards delivery of the Target Control Total; improved grip and control of the existing financial and operational pressures; and further progress around identification and delivery of opportunities.

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition.

- Refresh the health board's clinical services strategy, underpinned by clinical and public engagement.

Performance and outcomes

- Improved access across urgent and emergency care including a sustained reduction in ambulance handovers, a reduction in the time to be seen by a clinician, reduction in the number of pathways of care delays and delivery of effective flow through the Grange University Hospital Emergency Department.

Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on developed products.
5. Direct the NHS Executive to provide support when agreed in line with the enhanced monitoring plan.
6. Provide additional analytic capacity to the health board to develop, undertake and share relevant analysis and deep dives of local and national data.
7. Provide additional capacity to the health board to support the development of specifically identified reports or products.
8. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.

Aneurin Bevan University Health Board

1. Appoint an SRO(s) for the areas in escalation.
2. Have board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. Agree the targeted intervention plan and enhanced monitoring plans and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide monthly progress reports and evidence against the escalation plan to Welsh Government.
5. Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.

Section B Targeted Intervention

Targeted intervention (Level 4) is the second highest level of escalation within the NHS oversight and escalation framework. The Welsh Government will take and co-ordinate action and direct intervention to support the NHS organisation to strengthen its capability and capacity to drive improvement. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. If appropriate, external support will be agreed with the organisation.

It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. Support will always be designed and delivered within the relevant organisational context and specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements.

B1 Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to enhanced monitoring for finance, strategy and planning as the health board was unable to produce an approvable balanced three-year plan in accordance with the direction given by Welsh Ministers and the NHS Planning Framework, which could be considered for approval under section 175(2A) of the NHS (Wales) Act 2006 ("the 2006 Act).

In January 2024, the health board was escalated to targeted intervention for finance, strategy and planning.

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?

At month 6, the health board submitted an Accountable Officer letter to revise the forecast outturn position to a deficit of £145.7m, £32.8m adverse to the original plan of £112.8m. Following receipt of the additional Welsh Government Funding (£88.4m) in month 7, the forecast deficit was revised to £57.6m which did not align to the Target Control Total (TCT) of £13.0m. At month 7, the health board did not have a plan to enable the TCT to be achieved.

The finance intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate:

Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and addresses key risks;
- Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
- Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.
- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Budget holders and managers are held to account for delivering their financial plans.
- That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The impact of the Grange investment has been fully reviewed including an assessment of reasons for deviation from the business case and any mitigating actions to be taken.
- The cost drivers and investment decisions responsible for the growth in workforce and non-pay are well understood.
- That as a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.
- Has a clear and robust Opportunities Framework and Pipeline that contains realistic opportunities to support and manage the short-term challenges being faced.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; and
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total), including further progress around identification and delivery of recurring opportunities.

Strategy and Planning Intervention

The strategy and planning intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate:

1. Submission and delivery of an approvable plan
 - Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
 - Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements.
2. Clinical strategy
 - Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

De-escalation Criteria

Finance

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

Strategy and Planning

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the health board's clinical services plan.
3. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix.
4. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.

Section C Enhanced Monitoring

Enhanced monitoring (level 3) occurs when Welsh Government has identified serious concerns related to the NHS organisation - this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

C1 Performance and outcomes related to the emergency care pathways at the Grange University Hospital Emergency Department

In January 2024, Aneurin Bevan University Health Board was escalated to enhanced monitoring for performance and outcomes related to urgent and emergency care pathways at the Grange University Hospital Emergency Department.

The performance and outcomes domain within the oversight and escalation framework gives consideration to:

- Is performance in line with agreed trajectories and national requirements?
- Are issues delivering against plan and accountability conditions identified and addressed appropriately in a timely manner?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated, and actioned promptly?
- Are contracted services managed appropriately?

There are concerns regarding the urgent and emergency care pathway including quality of care, patient experience and handover performance at the Grange University Hospital Emergency Department.

The performance and outcomes intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. Establish baseline and agree improvement plans

- Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh Government and the Board that progress is being made or where further interventions are required.
- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.

2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

3. Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care and the Six Goals for Emergency Care.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

De-escalation criteria

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

Urgent and emergency care de-escalation criteria at the Grange University Hospital Emergency Department

- A three-month continuous reduction of at least 15% in each month (from the November 2023 baseline of 859) for ambulance handovers over an hour.
- Continuous improvement towards no more than 5% of patients waiting over 12 hours – to be maintained for three months.
- Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.



The below metrics are enabling metrics to support the achievement of the above criteria, at the Grange University Hospital Emergency Department:



- A three-month continuous reduction of at least 5% in each month (from the November 2023 baseline) in the number of people admitted as an emergency who remain in hospital over 21 days since admission.
- A three-month continuous reduction of at least 5% in each month in pathways of care assessments issues (from the November 2023 baseline).
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to urgent and emergency care.
- Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.
- Evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.



The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.



Section D Document Rendition



Date Created	Updated	Review date
11 March 2024	Circulated to ABUHB for comment and discussion at their inception meeting. Meeting unable to proceed.	
21 March 2024	Revised version sent to ABUHB, and comments requested prior to the inception meeting.	
4 April 2024	Amended to include use of Datix and Civica in de-escalation criteria.	
8 April 2024	Amended strategy de-escalation criteria.	
16 April 2024	Amended in light of comments following inception meeting.	
13 May 2024	Amended strategy, planning and finance with removal of regional planning work.	
23 May 2024	De-escalation criteria for performance and outcomes amended, as agreed at quarterly escalation meeting on 17 May 2024.	



Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Strategy development: Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	<ul style="list-style-type: none"> Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales, local and partnership priorities. Establishment of a governance structure to provide oversight and direction. Clear demonstration of alignment to our Strategic and Planning Objectives, 	<ul style="list-style-type: none"> Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident. Identified clinical leads that own and drive strategic developments. The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives (and strategic objectives) and the principles of A Healthier Wales are apparent and embedded. The strategy is embedded into organisational plans and is informed by population health needs, locality needs 	<ul style="list-style-type: none"> The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population. 	<ul style="list-style-type: none"> Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness. Key enablers such as quality, safety, workforce and finance are fully aligned. A performance and accountability framework/ Performance Management Framework (PMF) is in place that delivers the strategy and is linked to population health outcomes. 	<ul style="list-style-type: none"> The strategy is responsive to national/local and partnership priorities with clear links to the Research, Innovation & Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the ABUHB population, those with protected characteristic and socio-economically disadvantaged groups.

Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
			assessments and patient/ carer experience.			
Strategy alignment and development of an Annual Plan with 3-year focus): Evidence of alignment of strategy with components of the plan.	No alignment is visible between the IMTP and national and/or Health Board strategies.	<ul style="list-style-type: none"> Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. Linked to the business case planning process, including and informed by local and national evidence base. The Board sets out commissioning intentions. 	<ul style="list-style-type: none"> Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. Directly linked to performance and accountability and informed by detailed and future facing modelling. 	<ul style="list-style-type: none"> The business case planning process informs the development of an IMTP. Prioritisation framework agreed and implemented. Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration. 	<ul style="list-style-type: none"> Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation. 	<ul style="list-style-type: none"> Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
Dynamic and engaged planning:	No evidence that IMTP is owned across the organisation and	<ul style="list-style-type: none"> Staff and partners are aware of and engaged in IMTP and 10-year strategy development. 	<ul style="list-style-type: none"> Stakeholders are engaged in and co-design priority setting using, or 	<ul style="list-style-type: none"> Joint development and communication of and 10-year strategy / IMTP with 	<ul style="list-style-type: none"> The 10-year strategy/ IMTP benefits patients, carers, the public, partners and health communities. 	<ul style="list-style-type: none"> Feedback and learning from continuous engagement activities including protected characteristic groups and

Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	within the community.	<ul style="list-style-type: none"> Organisational staff respond to corporate requirements but may not 'own' the process. 	<ul style="list-style-type: none"> 'continuous engagement' model and a patient led approach. Engagement at individual, team and organisational level is improving. Strengthened partnership working arrangements. NHS Wales Planning guidance is embedded in the planning process. 	<ul style="list-style-type: none"> key partners including other health boards, local authorities, third sector, patients, carers and members of the public. Organisational engagement is evident in practice and reflected in and 10-year strategy/ IMTP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments. 	<ul style="list-style-type: none"> Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. Track record of continuous engagement with stakeholders 	socio-economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy/ IMTP.
Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	No evidence of ambition to achieve best practice. No evidence of benchmarking.	<ul style="list-style-type: none"> Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes. 	<ul style="list-style-type: none"> Utilises a value-based healthcare approach to planning. Benchmarking within NHS delivers improvements. 	<ul style="list-style-type: none"> Demonstrable improvements that can be evidenced and delivered. 	<ul style="list-style-type: none"> Maintain the value-based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience. 	<ul style="list-style-type: none"> Centres of excellence for clinical and/or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	One-year Annual Plan developed but limited evidence that it is credible and deliverable.	<ul style="list-style-type: none"> Development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework. 	<ul style="list-style-type: none"> Development of an approvable outcomes focused IMTP that reflects the and 10-year strategy priorities and includes a robust 3-year financial plan. IMTP to reflect return on 	<ul style="list-style-type: none"> Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation. 	<ul style="list-style-type: none"> Forward look risk assessments anticipate problems to assure resilience. 	<ul style="list-style-type: none"> Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
			investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.			
<p>Systems and processes for performance, accountability, and improvement.</p> <p>Rigorous systems for individual, team, and organisation wide accountability.</p> <p>Agreed Escalation processes are operational.</p> <p>Culture of ownership and striving for improvement permeates the organisation.</p>	<p>No alignment of performance outcomes and key metrics to national strategies to drive the priorities on an all Wales or local basis.</p> <p>Accountability and escalation arrangements are not clear or operational.</p> <p>Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level.</p>	<ul style="list-style-type: none"> • Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan/ Integrated Medium-Term Plan. • Top-down performance management demonstrated in reporting and early feedback with alignment to service transformation support. • Accountability for delivery is demonstrated but is not consistently in place across the organisation. 	<ul style="list-style-type: none"> • Performance processes in place with regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board. • Early identification of sub-optimal performance managed using techniques such as Impact Improvement Plans. • Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. 	<ul style="list-style-type: none"> • Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability. • Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. • Performance and accountability processes reflect objectives, and work is in place to embed at the appropriate organisational level. • Transparent lines of accountability. Escalation and 	<ul style="list-style-type: none"> • Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. • All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. • Feedback and learning is embedded in organisational processes and benchmark reporting takes place. • Management of team and individual performance both operationally and in relation to strategic delivery. • Full alignment to the Health Board's Board Assurance Framework, 	<ul style="list-style-type: none"> • Improvement, performance and accountability is fully integrated throughout the Health Board. • The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. • Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. • All services are clear on the key organisational performance priorities over the next 5 years. • Performance focussed assessment by Board and services on developments and improvements.



Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
			<ul style="list-style-type: none"> Alignment of the transformation programme and performance priorities has commenced. 	<ul style="list-style-type: none"> ownership of performance issues is considered normal business. Matrix management/delivery to support service integration has commenced. 	<ul style="list-style-type: none"> corporate risk and service risk registers. Resources required to deliver outcomes have been quantified and funding source identified i.e. additional or re-allocation of existing resources. Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures. 	<ul style="list-style-type: none"> Peer review, transformation support benchmarking aligns and feed into the strategic planning cycle.
<p>Measurable and improving performance:</p> <p>Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach.</p> <p>Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.</p>	<p>Plans that support delivery do not have clear agreed whole system outcome measures.</p> <p>Processes for measuring performance are under-developed and not consistently applied across pathways.</p> <p>Key elements of service delivery are not quantified, and timescales are not defined.</p>	<ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Pathway plans clearly set out month on month performance trajectories. 	<ul style="list-style-type: none"> Tangible action being taken, and measurable performance improvement demonstrated across patient pathways. Operational plans are regularly reviewed, and remedial action undertaken. Service delivery is not in line with performance trajectories. 	<ul style="list-style-type: none"> Performance trajectories achieved in key priority pathway areas. Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience. 	<ul style="list-style-type: none"> The majority of national and local priority performance measures are achieved, and performance is sustained across the entire patient pathway. Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance. 	<ul style="list-style-type: none"> Health Board performance is on par with other top performing healthcare organisations across the UK.



Progress Levels  Key Elements 	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	<ul style="list-style-type: none"> Board and organisation clear on roles and accountabilities. 	<ul style="list-style-type: none"> Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP. 	<ul style="list-style-type: none"> Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place. 	<ul style="list-style-type: none"> Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives. 	<ul style="list-style-type: none"> Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.
Use of analysis to evidence the forward plan and assumptions Assurance: Clear understanding of measuring the plan and sources of information and insight that provide progress assurance. Mechanisms in place for understanding the realistic delivery of the Plan which are supported by metrics	Delivery Forecast and understanding is produced from a variety of sources, No QA in place Data cannot be tracked over time Definitions are unclear and inconsistent between years	<ul style="list-style-type: none"> Systems are in place that have the capacity and capability to produce scenarios reflecting and testing the deliverability of the plan 	<ul style="list-style-type: none"> There is understanding and evidence of the scope for producing the outputs and forecasts The scope and scale of the data to be used is defined and accessible 	<ul style="list-style-type: none"> Systems in place to track and monitor forecasts are used as intended, with the relevant context and caveats included to be able assess delivery There are skills from service to Board to design, input and inform development of the plan 	<ul style="list-style-type: none"> Evidence decisions are underpinned by a sound understanding of all relevant evidence, including associated risks and uncertainties. There is quantitative evidence which demonstrates the consistent use of planned vs actual and understanding over a number of years There is the ability to link data sets to understand patient journeys and the effect of planned changes. 	<ul style="list-style-type: none"> Evidence of understanding from operational level data through to system level and the ability of understand the cause and effect of planned changes Evidence that at all levels there is an understanding of outcome data and there is ability to understand access data for D and C planning in all services which supports the narrative decision and plan



Action Plan to support development of planning function as part of Targeted Intervention



Background to Action Plan



This action plan has been developed as part of the Health Board's response to the planning element of Welsh Government's Targeted Intervention. The Plan responds to initial review of the planning process, the maturity matrix, plus reflections and internal lessons learnt from previous plans.



Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
Strategy development: Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population.	Level 3 The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population	<ul style="list-style-type: none"> Commence engagement programme with timelines in place for the development of our long-term strategy. Assessment completed of the current clinical services plan in line with regional and Clinical Futures plans. Programme plan for NHH SOC development and eLGH's plan. Strategic population needs assessment developed and in use. Annual Plan developed and strategic engagement with Llais, TUPF and staff bodies. Integrated Planning process - Plan developed with clear deliverables and timescales. Divisional Integrated Plans developed and with clear outputs for Workforce/Planning/Finance. Agreed milestones July – March 25. Set up Acute Regional Planning Group and timescales for development of a plan. 	<ul style="list-style-type: none"> Successfully manage and improve pathways aligned to Ministerial priorities. Adopt a data-driven, patient-centric approach in plan development, which can be evidenced for each measure. Robust handling of Fragile Services: which effectively addresses and manages fragile services and those in escalation. Regional service delivery in line with agreed plans. Effective Management of Planned Care, UEC and MH Pathways. Regional acute services plan. 	<ul style="list-style-type: none"> Gwent Strategic Needs Assessment. Urgent Care and Mental Health escalation meeting and action plans. Signed of Executive Integrated planning process. Regional acute services plan. Integrated Plan Paper. Annual Plan. 3 Year Route Map to Financial Sustainability.
Strategy alignment and development of a 3-year Integrated	The business case planning process informs the	Level 2	<ul style="list-style-type: none"> Review the process and communication of the PIP process, and BCs planned. Establish formal QIA process. 	<ul style="list-style-type: none"> Board Approval of Annual Plans and achieve Board approval for long term strategy. 	<ul style="list-style-type: none"> Urgent Care and Mental Health Escalation meeting and action plans. Signed off the Executive Integrated planning process.



Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
Medium Term Plan (IMTP): Evidence of alignment of strategy with components of the plan.	development of an IMTP. Prioritisation framework agreed and implemented. Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	The business case planning process informs the development of an IMTP. Prioritisation framework agreed and implemented. Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	<ul style="list-style-type: none"> • PMF reviewed and in use. • Divisional escalation levels reviewed annually in line with the plan. • Project plan in place with clear milestones to the end of March. • Regular, executive led meetings in place focused on the plan and plan delivery. • Replace the Planning and Strategy network with Integrated Planning Executive Oversight Group and Integrated Planning Group. 	<ul style="list-style-type: none"> • Ensure plans align with Health Board's strategic direction. • Adopt a data-driven, patient-centric approach in plan development, which can be evidenced for each measure. • Robust handling of Fragile Service, which effectively address and manage fragile services and those in escalation. • Regional service delivery in line with agreed plans. • Effective Management of Planned Care, UEC and MH Pathways. • Regional Acute Services Plan. • QIA reviews and outcomes. 	<ul style="list-style-type: none"> • Regional Acute Services Plan. • 3 Year Route Map to Financial Sustainability. • Approved Annual Plan. • PIP outputs and reviews. • QIA Framework. • Escalation Action Plans. • PMF.
Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	Joint development and communication of and 10-year Strategy/IMTP with key partners including other Health Boards, Local Authorities, Third Sector, Patients, Carers and Members of the Public.	Level 3 Joint development and communication of a 10-year Strategy/IMTP with key partners including other Health Boards, Local Authorities, Third Sector, Patients, Carers and Members of the Public.	<ul style="list-style-type: none"> • Regular, executive led meetings in place focused on the plan and plan delivery. • Post Annual Plan 23/24 review of performance against plan and KPIs in operational services. • Develop Annual Divisional plans and Improvement Strategies aligned with Clinical Futures plans with clear annual 	<ul style="list-style-type: none"> • Engagement process which is representative of our population and communities. • Completed D and C for all operational areas which go beyond the MDS. • Ensure Balanced Decision-Making and be able to demonstrate financial sustainability and high standards of patient care. 	<ul style="list-style-type: none"> • D and C Plans. • MDS completed. • Commissioning intentions .



Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
	<p>Organisational engagement is evident in practice and reflected in and 10-year Strategy/ IMTP.</p> <p>Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.</p>	<p>Organisational engagement is evident in practice and reflected in and 10-year strategy/IMTP.</p> <p>Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.</p>	<p>deliverables delivered through the PMF.</p> <ul style="list-style-type: none"> • Through Clinical Futures design principles and reporting, set out how enhanced governance and risk management in projects. • Ensure alignment of operational plans from Directorate to specialty level through to system. • Demand and Capacity baseline assessments completed in July. • Agreed Commissioning intentions issued to Divisions and NCNs. 		
<p>Best Practice approach to improvement:</p> <p>Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.</p>	<p>Demonstrable improvements that can be evidenced and delivered.</p>	<p>Level 2</p> <p>Utilises a Value-Based healthcare approach to planning. Benchmarking within NHS delivers improvements.</p>	<ul style="list-style-type: none"> • Ensure QIA process in place to assess risk for service change and potential reduction. • Set out and agree efficiencies and plan principles that must be included in Divisional Plans. • Value and sustainability Board in place with clear objectives. • An Executive Team prioritisation process in place of all service change that is not cost neutral or generates savings captured through the Divisions integrated plans. 	<ul style="list-style-type: none"> • Greater understanding of staff in post and variable pay usage. • Greater understanding of core activity and efficiency opportunities. 	<ul style="list-style-type: none"> • QIA outcomes. • MDS. • Annual Plan. • Outcomes of scrutiny meetings. • 3 Year Route Map to Financial Sustainability.

Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	Level 2 Development of an approvable outcomes focused Annual Plan that reflects the ABUHB priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.	<ul style="list-style-type: none"> • Set out and agree efficiencies and plan principles that must be included in Divisional Plans. • Value and Sustainability Board in place with clear objectives. • Defined planning parameters agreed. • Refresh Performance Management and Accountability Framework with escalation levels and reviews. • Scheduled presentations at System Leadership Group to launch the planning cycle, agree demand and capacity outputs and agree delivery mechanisms for cross-cutting workstreams. • Establishment of the permanent QIA process for 24/25 plan. • Quality measures developed with an update QOF. • Integrated communication and meeting network set up. • Integrated plan submission process in place led by BP's split into the following outputs. <p>Planning</p> <ul style="list-style-type: none"> • Delivery Plan: Milestones, Workforce, Finance, Benefits & Risks. • Efficiency Targets: Quarterly trajectories. • Bed Plan: Funded WTE. • Interdependencies and Risks. • Discretionary Capital Requirements. 	<ul style="list-style-type: none"> • Greater understanding of staff in post and variable pay usage. • Greater understanding of core activity and efficiency opportunities. • Board Approval of Annual Plans and achieve Board approval for long term strategy. • Ensure plans align with Health Board's strategic direction. • Adopt a data-driven, patient-centric approach in plan development, which can be evidenced for each measure. • Robust handling of Fragile Services which effectively address and manage fragile services and those in escalation. • Regional service delivery in line with agreed plans. • Effective Management of Planned Care, UEC and MH Pathways. • Regional Acute Services Plan. • QIA reviews and outcomes. 	<ul style="list-style-type: none"> • QIA outcomes. • MDS. • Annual Plan. • Outcomes of scrutiny meetings. • 3 Year Route Map to Financial Sustainability.

Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
			<ul style="list-style-type: none"> • Service Change. • Enablers: Intents & Opportunities e.g. Digital, estates. <p>Workforce</p> <ul style="list-style-type: none"> • Staff in Post and WTE workforce requirements. • (investment, savings). • Retirements and Turnover. • Variable Pay. • Educational Commissioning. <p>Finance</p> <ul style="list-style-type: none"> • Financial Plan. • Risks. • Opportunities. • Inflationary Pressures. • Savings. 		
<p>Systems and processes for performance, accountability, and improvement.</p> <p>Rigorous systems for individual, team, and organisation wide accountability.</p> <p>Agreed Escalation processes are operational.</p> <p>Culture of ownership and striving for</p>	<p>Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval.</p> <p>Performance and accountability processes reflect objectives, and work is in place to embed</p>	<p>Level 3</p> <p>Performance processes connect to agreed strategic priorities, including those of other key partners and reflect an integrated approach to performance and accountability.</p> <p>Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval.</p> <p>Performance and accountability processes reflect objectives, and</p>	<ul style="list-style-type: none"> • Establish a process to agree and disseminate updated planning objectives for 25/26, which engages the senior leadership of the organisation. • Timeline in place from Division to Board for communication, development, feedback and sign off. • Demand and Capacity baseline assessments completed in July. • Agreed Commissioning intentions issued to Divisions and NCNs. 	<ul style="list-style-type: none"> • Regular, Executive led meetings in place focused on the plan and plan delivery. • Agreed process and assumptions for 25/26 plan. • Regular BP led planning meetings with Directorate and Divisions about the plan. 	<ul style="list-style-type: none"> • Performance Management Framework. • Escalation meetings. • Integrated Planning meetings.

Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
<p>improvement permeates the organisation.</p>	<p>at the appropriate organisational level.</p> <p>Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business.</p> <p>Matrix management /delivery to support service integration has commenced.</p>	<p>work is in place to embed at the appropriate organisational level.</p> <p>Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business.</p> <p>Matrix management/delivery to support service integration has commenced.</p>	<ul style="list-style-type: none"> • An Executive Team prioritisation of all service change that is not cost neutral or generates savings captured through the divisions integrated plans. • Develop annual Divisional plans and Improvement Strategies aligned with Clinical Futures plans with clear annual deliverables delivered through the PMF. • Refresh Performance Management and Accountability Framework with escalation levels and reviews. 		
<p>Measurable and improving performance:</p> <p>Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach.</p> <p>Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.</p>	<p>Performance trajectories achieved in key priority pathway areas.</p> <p>Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.</p>	<p>Level 2</p> <p>Tangible action being taken, and measurable performance improvement demonstrated across patient pathways.</p> <p>Operational plans are regularly reviewed, and remedial action undertaken. Service delivery is not in line with performance trajectories.</p>	<ul style="list-style-type: none"> • Integrated Planning process Plan. • Set out the Divisional integrated Plans and outputs under Workforce/Planning/Finance. • Agree milestones July – March 2025. • Refresh Performance Management and Accountability Framework with escalation levels and reviews. • Establishment of the permanent QIA process for 24/25 plan. • Quality measures developed with an update QOF. • Put in place dates for Services in escalation to have regular monitoring and review of de-escalation plans. 	<ul style="list-style-type: none"> • Prioritise patient safety and complete quality impact assessments for any service reduction. • Achieve balanced financial position, any service developments funded within budget. • Achieve a reduction in variable pay and admin, any workforce increases funded within budget. • Prioritise their capacity on treatment of Cancer. • Achieve activity efficiencies. • Deliver Ministerial Targets. 	<ul style="list-style-type: none"> • Urgent Care and Mental Health escalation meeting and action plans. • Signed of Exec Integrated planning process. • Regional Acute Services Plan. • 3 Year Route Map to Financial Sustainability. • Approved Annual Plan. • PIP outputs and reviews. • QIA Framework. • Escalation Action Plans. • PMF.

Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	Level 3 Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	<ul style="list-style-type: none"> As part of the planning process set dates and sessions for Board scrutiny Develop a 3-year road map to sustainability which is signed off by the Board Include the priorities in the 3-year road map in the Divisional Plans 	<ul style="list-style-type: none"> Signed off Annual Plan From Directorate to Board participation in development of the plan triangulated at every level 	<ul style="list-style-type: none"> 3 Year Route Map to Financial Sustainability. PMF. Annual Plan. D and C plans.
Use of analysis to evidence the forward plan and assumptions Assurance: Clear understanding of measuring the plan and sources of information and insight that provide progress assurance. Mechanisms in place for understanding the realistic delivery of the Plan which are supported by metrics.	Systems in place to track and monitor forecasts are used as intended, with the relevant context and caveats included to be able assess delivery. There are skills from service to Board to design, input and inform development of the plan.	Level 4 Evidence decisions are underpinned by a sound understanding of all relevant evidence, including associated risks and uncertainties. There is quantitative evidence, which demonstrates the consistent use of planned vs actual and understanding over a number of years. There is the ability to link data sets to understand patient journeys and the effect of planned changes.	<ul style="list-style-type: none"> Update and refresh baseline for planning assumptions and align in data platforms agreed with Divisions. Demand and Capacity baseline assessments completed in July. Agreed Commissioning intentions issued to Divisions and NCNs. Develop detailed operational plans for 25/56 for all Divisions to specialty level which can be aggregated to system and as a minimum understand the following pathways and the interdependencies: <ul style="list-style-type: none"> Emergency Elective (inc day case) Diagnostic Treatment Outpatients Pathways of Care Discharge GMS, Dental, Optom Cancer Mental Health CHC Develop Comprehensive Planning and Communication: Create 	<ul style="list-style-type: none"> Planning tools developed and in used in key areas. Implement Plans in Key Areas: Effectively implement and deliver operational plans in specified areas (Ministerial Priorities). Ensure Balanced Decision-Making: Maintain financial sustainability and high standards of patient care. Utilise planning tools effectively in key service areas including Dynamic Planner, trackers, accountability framework. Align with 25/26 Overall Plan: with operational plans. Transformation plans in place for key change areas, as agreed by Executive and Board. An understanding of Balance Workforce and Service Delivery Needs: Achieve balance between staff well-being and service delivery? Evidenced Prioritise Quality of Patient Care: Focus on quality 	<ul style="list-style-type: none"> 3 Year Route Map to Financial Sustainability. PMF. Annual Plan. D and C plans. MDS.

Progress Levels  Key Elements 	Target Minimum Level 3	Initial assessment as at June 2024	Actions	Success Measures	Evidence of progress
			detailed change plans with clear roles and communication.	of patient care in planning decisions.	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2023
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Monmouthshire Locality arrangements for the Monnow Vale Health and Social Care facility and General Medical Services, and proposed plans for development of Dixton Health and Wellbeing Centre
CYFARWYDDWR ARWEINIOL:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director for Primary Care, Community Services and Complex Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

To provide an update to the PPHPC on the current Monmouthshire Locality arrangements for the Monnow Vale Health and Social Care facility and General Medical Services, and proposed plans for development of Dixton Health and Wellbeing Centre.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Monmouthshire locality has the highest proportion of elderly population in Aneurin Bevan University Health Board (ABUHB) and the town of Monmouth is a major area of predicted population growth, in addition to the growth that has already taken place over the past 15 years. The Monmouthshire Local Development Plan (LDP) included an additional 7,483-8,232 dwelling units from 2018–2033, with a forecasted population growth in the Monmouth District of 17,000 people.

New housing developments are in progress with 500 + additional homes in and around Chepstow, approximately 1500 situated near Caldicot, 400 in and around Abergavenny and potentially 900 in the Monmouth Town area, all impacting on the ability of our health and social care workforce to deliver services across a widely rural area.

It is predicted that the population structure in Monmouthshire will change and there will be reduction in 0–17-year-olds, an increase in over 75-year-olds with increased complexity in terms of living with long-term conditions. By 2036 it is projected that the number of people in Monmouthshire as a whole, aged 85 and over will increase by 147% from 2011 figures.

A major challenge with this increase in the elderly and very elderly population is:

- The estimated 71.6% increase in those aged 65 and over who will be unable to manage at least one domestic task on their own;
- Concerns arising over meeting the needs of those living with dementia - there is a forecasted 97.1% increase in those aged 65 and over, living with dementia. Primary Care and Community services must plan to respond;
- Appropriate and, of necessity, work with Local Authority and Third Sector partners to plan a community response; and
- There is expected to be a 14% increase in sight impairment of those who are 65 years plus and an anticipated increase of 58.9% of people aged 65 plus who will be providing 50 hours or more of unpaid care. Therefore, of further concern is meeting the needs of the force of unpaid carers who will need support to meet the challenges of their role.

With this predicted change the proposed development of Dixton Health and Wellbeing Centre will support in growing the multi-professional workforce, implement a robust model of 'place-based care' and allow the expansion of a range of services including; health, social care and the third sector, being structured conterminously and working together seamlessly around this rural geographical area and population.

Fundamentally, there is a need for more physical capacity to be utilised outside of the hospital setting in the coming years. The Health Board Estates Plan recognises that the current Dixton Surgery building is beyond capacity and is no longer fit for purpose. To play its part within the "virtual hub", the surgery requires more space to provide ongoing General Medical Services (GMS).

- This development will also offer space to include a wider group of professionals into the clinical teams, for example specialist nursing services, specialist practitioners, pharmacists, urgent care practitioners, and social prescribers/connectors.
- It will also afford improved sustainability of health and social care service by offering space to the wider network of health professionals, voluntary groups, and care providers within the locality, using a collaborative model of health provision.
- Neighbouring GP Practices, Castlegate Medical Practice and Wye Valley Practice, are keen to collaborate on joint services, using the expanded Hub and Wellbeing provision to provide the optimal solution for the population of Monmouth, not only for health services locally but also for the long-term sustainability of Primary Care in the wider.

Cefndir / Background

Monnow Vale Health & Social Care Hub

Monnow Vale Health and Social Care facility [MVH&SC] was procured under a Private Finance Initiative [PFI] contract in 2003 and has played a key role in the provision of integrated services for the residents of Monmouth, Raglan, Usk and outlying areas.

The centre was the first of its kind in Wales, and was developed in partnership between ABUHB, Monmouthshire County Council and local voluntary organisations. This integrated approach is funded through a Section 33 arrangements with 72% funding

provided by health and 28% by Social Services. This is in addition to the unitary costs of the PFI. Set out in **Appendix A**

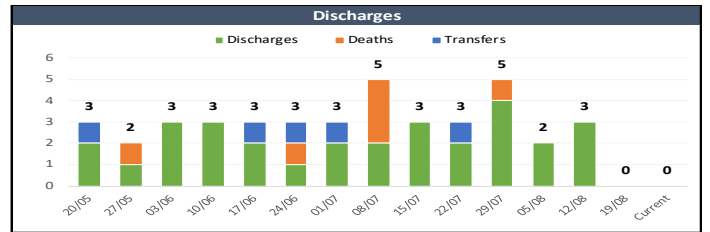
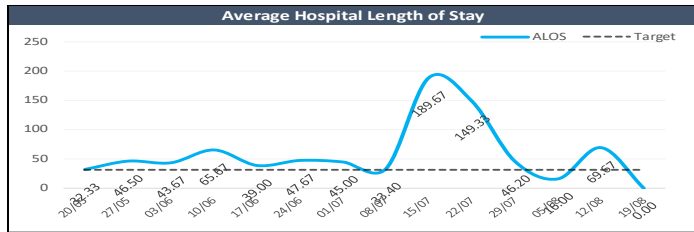
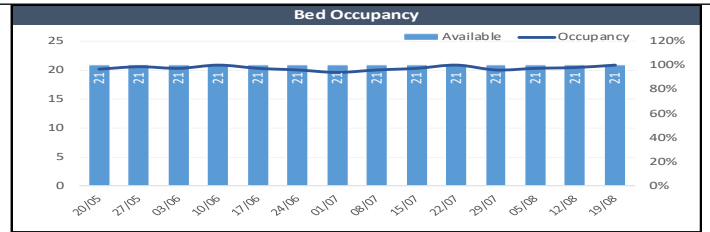
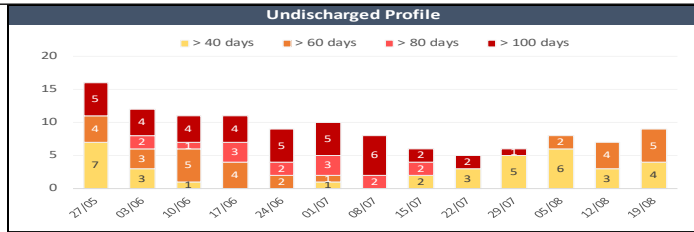
The centre provides many services for people living in Monmouth, Raglan, Usk and outlying areas, including;

- Care-at-Home
- Reablement
- Social Work
- Carers Support
- District Nursing
- Health Visiting
- Gardening Group
- Older Adult Mental Health base
- Frailty/Rapid Medical services to commence shortly
- And a wide range of Therapy and diagnostic services and Outpatient Clinics which include:

Cardiology	Substance misuse	Podiatry	Psychiatrist
Retinopathy	Physiotherapy	Memory Clinic	Phlebotomy Clinic
CST	SALT	X-Ray	Parkinsons Clinic
Surgical Podiatry	Enuresis Clinic	AAA Screening	COTE
Day Service	Midwives	Childrens Nurse	Respiratory
Contraception Clinic	PCMHSS	PHP	CMHT
Hearing Aid Clinics – Adult and Children		Audiology – Adult and Children Clinics	

In addition, there is a 19 bedded inpatient ward [Trefynwy] with the ability to flex up to 21 beds during times of Health Board escalation. The ward provides care and treatment for patients requiring rehabilitation / reablement, palliative care services and complex discharge planning from hospital to their own home in the community, or to residential or nursing placements. The ward nursing team are supported by a social worker, specialist palliative care nurses, registered mental health nurses, occupational therapists, and physiotherapists. Individuals can be admitted directly from the community or transferred from Enhanced General Hospitals. Medical support is provided through a Service Level Agreement with both Dixton and Castlegate surgeries.

The data below demonstrates bed occupancy has remained at 21 beds consistently throughout recent months due to escalation levels. However, the appointment of a new ward manager in May and a more recent change to the senior management of the ward in July this year has resulted in a radical reduction in length of stay with more patients being discharged as well as more appropriate patients being transferred. This combined leadership approach is set to continue going forward.



Recruitment and retention of nursing staff to the ward has been a significant challenge, coupled with the need to address the out of hours Fire Regulations [evacuation procedure by night, warranting an additional Healthcare Support Worker] but improvements have been made and all healthcare support worker posts have now been filled and only 0.76wte Registered Nurse hours are outstanding to recruit.

Shortfalls in Therapy staff have been due to vacancies and sickness, and these have been supported by a Locum Physiotherapist and Occupational Therapist within the financial envelope. With the support from the health board Professional leads for Physiotherapy and Occupational Therapy, progress is being made. To note therapists, carry a caseload for the wider community and the inpatient ward.

Bridges Centre

The Bridges Centre is a third Sector run facility offering a wide range of wellbeing support to compliment the health services offered in Monnow Vale and is located next to the MVH&SC building. Together with the two GP surgeries in the town, the current Monmouth "virtual Hub" consists of a virtual network of these facilities, working together to provide the Monmouth population with a comprehensive service.

Services include:

- A Car scheme for those with transport difficulties, including those caring for residents with dementia;
- Befriending service which links volunteer befrienders to people who need a little company;
- Young people aged 14 to 25 with additional needs;
- Meaningful activities for children with additional needs;
- Autism family support for parents and carers;
- Twice weekly sessions for older generations experiencing loneliness; and
- Regular events: Art classes/table tennis/tea dances/quiz nights/Zumba/yoga/Nordic walking / singing for breathing/lunch club/ drama academy/crafts.

Dixon Road Surgery

Dixon Surgery is a dispensary GP practice in Monmouth. The GP's work alongside a wide range of health professionals as part of a multi-disciplinary team to ensure provision by the most appropriate health care professional. It houses a total of 30 staff including Doctors,

Dispensary, Nursing, Midwifery, Administration and Reception staff. [5 Doctors, 5 nursing and midwifery staff, 16 administration and reception staff and 4 dispensary staff]

The original Dixon Surgery building has been extended on three separate levels over the last 30 years and there is no further expansion or development potential on the site. The practice has, for some time, reached physical capacity and was identified in 2007 by Monmouthshire Local Health Board as a priority for development. Having already accommodated a significant increase in its list size, the practice will need to be relocated in the near future if it is to meet the demands of General Medical Services, Enhanced, Social and Health and Wellbeing Services that it provides, to an increasing and complex population.

Monmouth has two GP surgeries which are approximately 1 mile apart; Castlegate Medical Practice has a current list size of approximately 12,400 patients (plus a small branch surgery situated in Raglan) and Dixon Road Surgery has a current list size of **5,043**. In 1991 Dixon Surgery was converted from a residential bungalow with a population size of 1,200, whilst Castlegate Medical Practice (then Chippenham Surgery) had 11,900 patients.

Asesiad / Assessment

The growth in the elderly population is expected to result in an increasingly frail and vulnerable group of people with complex health and social care issues. Residents will require more joined up multi-agency input, which necessitates better integration between all elements of the health and social care system.

Added to this, the national strategy to provide more care closer to home has meant an increase in services previously delivered in secondary care transferring to a community/primary care delivery model. This includes Direct-Access Physiotherapy, Children's Services, Diabetes Services, minor surgery, and point-of-care testing as an alternative to hospital lab testing, among many other examples.

In response to the Health Board Estates Plan recognising that the current Dixon Surgery building is beyond capacity and is no longer fit for purpose, a successful bid has been made to utilise Welsh Government strategic capital funding to develop an outline business case for the proposed Dixon Health and Wellbeing Centre. Tilbury Douglas were appointed as the Supply Chain Partner (SCP) for the proposed development in April 2024 to progress the development of a full business case for further consideration by Welsh Government.

The development of Dixon Health and Wellbeing Centre will support the need for:

Improved capacity and access by:

- Support workforce diversification and attraction of staff including GPs, ANPs, pharmacists and physician associates;
- Local GP and nursing recruitment strategy based on *Train, Work, Live* campaign;
- Prioritise staff wellbeing and enhance professional development opportunities; and
- Work with GP partners to develop sustainable working patterns and work-life balance.

New Ways of Working and Demand Management

- Optimising use of place-based resources and assets to meet demand;
- Develop equitable approach to self-management enabling people to live with long term conditions;
- Improved integration and emphasis on proactive and preventative care; and
- Improved integration to allow local solutions through professional collaboratives and NCNs.

Infrastructure and Partnership Working

- Modernise estates to ensure it is fit for purpose;
- Expand clinical space to accommodate extended roles and multi-professional workforce to meet the increasing population needs;
- Invest in Locality Hubs;
- Integrate primary care, community, local authority and third sector services; and
- Promote social connectedness and community resilience.

Proposed room usage for the new Dixton Health and Wellbeing Centre [**Appendix B**]

The new facility will provide advice, treatment, information, and community support seamlessly within the Dixton Health and Wellbeing Centre. It will provide a modern, clean, and flexible environment which will contribute to improved access and signposting to services within the locality; it will provide the environment for a vital extended and integrated range of both clinical and prevention services; it will provide the environment for sustainability of our service delivery within the locality, with improved integrated efficiencies.

The centre will be able to host a range of health, social and voluntary sector services; this will reduce the current health inequalities by providing a broader range of health and social care services locally within the expanding but, for some, geographically isolated community of Monmouth.

- There are positives in co-locating differing services, often working within separate organisations, but all impacting on the health and wellbeing of the community. This not only encourages closer, stream-lined working between practitioners from different skill bases, but there are fewer places for individuals to navigate to receive the appropriate response to their needs.
- The centre will become a place to support those who are lonely and isolated, offering community space to sign post people to access the help they need, whether that be clinical, economic, or social, often a place to offer social interaction.
- It is also the place where clinical services work together and not in isolation, managing chronic conditions in a more joined-up way.
- The result is improved access, a less complex system to navigate, and practitioners supporting each other. This model will offer a wider response to an increasingly older population, for the more complex family problems which need resolution and the increased presentation of people with mental health concerns, low mood, and poor well-being.

- Providing the space and estate to enable this approach also supports sustainable Primary and Community Care. The provision of space to allow for multi-professional working allows the development of the Primary Care Model for Wales, with the opportunity to reduce the dependency on the more traditional, paternalistic models of care.
- To continue to provide robust and progressive GMS services, in line with National models and strategic direction, primary healthcare services urgently require more capacity within Monmouth town, which has an existing integrated health and social care facility at Monnow Vale, Monmouth.
- Whilst it is recognised that Monmouth has an ageing population there are a significant number of unmet needs for younger people; local children and young people who experience challenges with their mental health and substance misuse struggle to access support and services. Currently many of the specialist services are based many miles away and are difficult for families and young people to access, especially given the limited public transport links from Monmouth.
- The location of the proposed Wellbeing Centre is within walking distance of the bus station and both primary and secondary schools, which may better enable children and their families to access the specialist services that could be based within the centre.
- Both the internal and external features of the development can be designed to enable individuals to feel comfortable, secure and at ease and promote better engagement.
- It will enable the development of signposting, triage, and navigation with room for a multi-disciplinary workforce supporting the GPs and opportunity for technological advances.
- It will ensure strong links and working with the Integrated Health and Social Care Teams, Monnow Vale, Secondary Care and Voluntary sector.
- It will support the urgent and increasing need to provide improved services for people with dementia.
- It will facilitate networking and collaboration, particularly with neighbouring GP Practices.

It is important to note that consideration needs to be given to the various and significant flood risks which exist in and around Monmouth Town, in recent years parts of the community have been cut off from healthcare services, including access to emergency care, to medication and to support.

The provision of services across a number of sites ensures robust options for business continuity, in the event of extreme weather. With Monnow Vale Health and Social Care facility and the Bridges Centre in the South, Castlegate Medical Practice in the Centre, and a newly developed Health and Wellbeing Hub/Dixton Surgery proposed in the Northwest of the town, by using an integrated IT infrastructure the healthcare providers within the town will offer seamless collaborative care throughout adverse weather conditions.

The interaction between the newly developed health and Wellbeing hub along with Bridges and Monnow Vale will be a vital part of the planning process to ensure a seamless approach is in place to support all the community needs. We have established management structures in place across all three sites which lends itself to continued good communication. Part of the planning process will be to ensure the schedule of work and services on offer at each site is available and shared using an integrated IT service to support where the resident will be best referred into and avoid duplication.

Argymhelliad / Recommendation

The Partnership Population Health & Partnership Committee is asked to **NOTE** the contents of the report.

APPENDIX A: Financial Overview

Monnow Vale Health and Social Care Facility is funded via a pooled budget arrangement between Aneurin Bevan University Health Board and Monmouthshire County Council. The Council, Gwent Healthcare NHS Trust and the Health Authority entered into a Collaboration Agreement on 24th March 2003 in relation to the procurement, under the Private Finance Initiative, of the health and social care facility at Monnow Vale.

Partners make annual budget contributions into the pooled fund in line with agreed budgetary contributions detailed below. Any overspend against the total pooled budget allocation of £3.069m is funded on a percentage basis with ABUHB funding 72% of any generated overspend and Monmouthshire County Council funding 28%.

	Partner Organisation	Annual Budget 24/25 £
Admin/Domestics/Catering	ABUHB	169,015
District Nursing	ABUHB	541,159
GP Bed Fund	ABUHB	122,195
Trefynwy Ward	ABUHB	933,196
Day Hospital	ABUHB	23,529
OT	ABUHB	61,845
Utilities	ABUHB	102,272
MH Day Hospital	ABUHB	172,959
ABUHB TOTAL BUDGET CONTRIBUTION		2,126,170
Day Centre Staff	MCC	296,642
Business Support Team	MCC	149,467
Community Care Team	MCC	497,225
MCC TOTAL BUDGET CONTRIBUTION		943,334
TOTAL ANNUAL POOLED BUDGET		3,069,504

Appendix B: Proposed Schedule of Accommodation in Dixton HSC&WB Hubb

Room	Monday		Tuesday		Wednesday		Thursday		Friday	
	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm
ROOM 1	HV Chippenham surgery	H.V. Dixton Road	Midwife Dixton Road	PHP Chippenham Surgery	PHP Dixton Road	CAMHS (Julia Jones)	Alzheimer's Society (Louise Nicholas)	Midwives Chippenham Surgery	*School Nurses (Angela Phillips & Angharad Griffiths)	Deborah Lipiatt/Kate Mcdougall/Gavin Jones GDAS
ROOM 2	PHP Chippenham Surgery	PHP Chippenham Surgery	Audiology Wax service (Wendy Trump ACUTE)	MIND Mons (Bernadette Kelly)	Deborah Lipiatt /Kate Mcdougall/Gavin Jones GDAS	HV Chippenham Surgery	Dementia Services (Ceri Miller)	Diabetic Nurse Chippenham Surgery	*Domestic Violence (Lisa Meredith)	
ROOM 3	*Mental Health & LD (Clare Morgan MCC)	H.Visitors (Jo Jones)	*Social Care Children (Charlotte Drury MCC)	*Social Care Children (Charlotte Drury MCC)	H.Visitors (Jo Jones)	Substance Misuse Chippenham Surgery	Memory Clinic adhoc need (Jayne Barrett)	Wax Service (Wendy Trump ACUTE)	H.Visitors (Jo Jones)	H.Visitors (Jo Jones)
Room 4	HV	HV	HV	HV	HV	HV	HV	HV	HV	HV
Room 5 non-clinical. To include IT and telephone lines Wi-Fi etc	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS	6 X ADMIN DESKS

NB: The following services are currently not available in Monnow Vale Hospital

- Audiology Wax service
- MCC Mental Health & Learning Disability
- GP surgery services are labelled by the practice name in the above SOA.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 5. Timely Care 6. Individual care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper

<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Protection & Vaccination Programme Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Prof. Tracy Daszkiewicz, Executive Director of Public Health and Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Michael Allum, Consultant in Public Health Medicine

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides a quarterly update on work undertaken within health protection and the vaccination programmes. It will summarise key work and incidents of quarter 2 2024/25 and outline key areas of work going forward.

Cefndir / Background

The Organisational Change Process (OCP) outlined in the previous PPHPC update, to transfer the Vaccination Service and Health Protection Clinical Response Service to the Primary Care and Community Services Division and make permanent the health protection capability within the public health team, has continued during this quarter and is near conclusion. **Appendix 1** provides further detail.

The formal transition date to the new division was 01 September 2024, and there has continued to be significant work undertaken, working closely with human resources and workforce colleagues to ensure the transition process is managed effectively.

Throughout this period, there has continued to be significant proactive and reactive work undertaken within the health protection work areas. This includes, but is not limited to:

- Development and launch of the new RSV vaccination programme for maternity and older adults;

- Preparedness for Mpox in light of the World Health Organisation's (WHO) declaration of a Public Health Emergency of International Concern;
- Winter Respiratory Vaccination Programme development, including staff flu.

Asesiad / Assessment

Health Protection Incidents

Gwent Measles Outbreak

In April 2024, the ABUHB Gwent area declared a measles outbreak. The outbreak control team consisted of multi-agency partners and a large amount of resource was required across the health board. ABUHB had already completed preparatory work as directed by the measles WHCs, but the ABUHB health protection team was involved in various work, including the development of pathways, action cards and testing plans as well as facilitating vaccination programmes for staff and residents of Gwent. The outbreak was declared over in July 2024 and stood at 17 confirmed cases. A de-brief session has been held by Public Health Wales (PHW) and the outbreak report is in the process of being written, with an ask for contributions from various teams including health protection, which will be provided in due course.

Infected Blood Inquiry (IBI)

In May 2024, a response was mobilised to the forthcoming IBI report publication. At short notice, the health protection team along with other key partners across the health board, led the health board response to the inquiry.

The response required the development of various services and products at pace to meet the possible public reaction to the publication of the IBI report. Prior to the report being published, the demand patient enquiries would place on the NHS and health board services was unknown, but it was anticipated that there would be a significant increase in requests for blood borne virus (BBV) testing and/or information from the public.

An IBI Action Group was established with the purpose of mobilising the operational response for ABUHB. Areas of work included:

- Communications – while communications were led nationally, work was completed internally to align local information and messaging and share meaningful communications to the public and internally to staff. Briefings were developed for staff, including primary care, to enable the re-direction of patients to TAP services and alternatives.
- ABUHB patient offer – Clinic spaces were secured and made available to patients that were unable or unwilling to access the TAP service. This included the development of clinical SOPs and testing and results pathways to align services.
- Call handling and email function – A call handling and email function was stood up and made available to patients from the publication date. This included the identification of IT and telephone infrastructure, identification of call handling capacity (health protection team identified given short timescales), development of scripts and SOPs, including an escalation process. It also included SOPs for handling and monitoring a bespoke email

address as well as data capture processes in line with clinical system requirements.

- Testing – An option of venepuncture testing was made available, taking into account the sensitivity of the situation. Pathways were also put in place for the results process to ensure the rapid follow up of patients in existing services but also the monitoring and surge response required, should existing services be overwhelmed. A surge plan incorporating additional clinics was developed for this reason.

Following an assessment of the initial demands to the response, based on numbers accessing testing, a report was taken to the Executive committee to decommission the IBI response and put in place steps to bring it into business-as-usual arrangements. This was completed at the end of June.

Vaccination Programmes

RSV

This is a new vaccination programme, which commenced in September 2024. There are two programmes: one for those aged 75 and over, and another which targets newborns via maternal vaccination.

GPs have been commissioned to deliver the service to the 'rising 75s' and those women turning 28 weeks pregnant from the 01 September 2024. Ten practices have opted out and these patients will be offered their vaccination through vaccination service clinics.

The catch-up campaign for women already 28 weeks pregnant from the 01 September 2024, is being offered by the health board vaccination service in antenatal settings through September (midwives to be trained to provide access from October onwards and access will be available at key vaccination service clinics). Communications have generated significant interest in the vaccine, and we have seen a high demand.

The catch-up campaign of those patients already aged 75–79 years from the 01 September 2024, will be delivered from January/February 2025. It is yet to be confirmed whether GPs will be commissioned, or whether this cohort will be invited for catch up vaccinations via the health board vaccination service).

Influenza

This will be primarily delivered by GPs, community pharmacists and the school nursing team, with the health board 's vaccination service providing additional support and offering co-administration through COVID-19 clinics where appropriate. Staff will be offered vaccinations through divisional flu champions and across COVID-19 clinics.

Blaenau Gwent is collaborating with the vaccination service to deliver Fluenz to the 2-3 year olds in the borough, via Flying Start and nurseries, building on the success of last year's pilot.

COVID-19

The health board's vaccination service no longer offers a service through large static clinic venues and has adapted delivery during recent campaigns to smaller

localised pop-up clinics, including the use of community hospital outpatients' facilities. Therefore, the autumn 2024 campaign will be delivered through a blended model of primary care and the health board's vaccination service.

The health board's vaccination service will take responsibility for care home residents and staff, endeavouring to co-administer flu where possible. This will also be delivered to domiciliary patients and those aged under 18 who are eligible. GPs have been commissioned based on previous campaign achievements and agreement to criteria. Specific community pharmacy locations have also been approached for expression of interest in locations not necessarily supported by GPs or local pop-up venues.

School Influenza Immunisation Programme

The School Nursing Service deliver the school age vaccination programme between September and December. In 2023/24, an e-consent app was developed; this has been enhanced this year. 204 primary schools and 43 secondary schools are being targeted, with an eligible cohort of over 82,000 children being offered the vaccination. The service will be offering catch up clinics across Gwent following the success of clinics last year. Initiatives are in place to target home educated children and children attending alternative education provision. Service delivery has been adapted to incorporate the principles of proportionate universalism, to ensure vaccine equity across health board areas, with targeted action plans in place to increase uptake of vaccinations. The service is piloting the provision of gelatine free vaccinations for religious or lifestyle choices.

Vaccination of children to protect against measles

In response to the WHC (2024) 008, targeted action was made for the uptake of the measles vaccination in school age children. The school nursing service initiated a local plan to target children in school with outstanding MMR vaccinations. The model of delivery included the 'ABUHB (School Nursing) Measles Elimination Plan', visiting 39 secondary school settings and completing 21 twilight/weekend sessions between March 2024 to September 2024, resulting in 302 additional MMR vaccinations given, increasing our overall uptake to 90.1% in primary schools and 91.8% in secondary schools. This achievement reduced the number of schools remaining under 90% uptake to 17 primary and three secondary schools. The School Nursing Service have an action plan to continue increasing uptake of MMR vaccinations with all school age children.

School Age Children Vaccination Catch-up Programme

HPV

The School Nursing Service delivered the HPV vaccination schedule in schools between April–July 2024 and introduced a new model of delivery with a focus to increase uptake. Local data indicates an increase in uptake, and we are awaiting the July–Sept 2024 COVER report. To date, local data indicates that 5,323 HPV vaccines have been administered. Catch-up continues through a clinic-based model throughout this academic year.

ABUHB Winter Respiratory Staff Vaccination Programme (formerly Staff Influenza Immunisation Programme)

Several debrief sessions, focus groups and a comprehensive evaluation were undertaken at the end of the 2023/24 season to examine uptake, reporting methods and delivery models (quantitative), and also programme and contextual factors (qualitative). This has allowed us to revise our delivery model as necessary and plan for the upcoming season accordingly.

The Winter Respiratory Staff Vaccination Programme Working Group has been established and planning is underway to deliver the staff vaccination programme for 2024/25, as per the WHC (2024) 033.

Hepatitis B & C Elimination

The multi-agency steering group which has oversight of the implementation of the Joint Recovery Plan (JRP) continues to meet quarterly to take forward local plans, and membership has been extended to include inclusion health.

The JRP was originally submitted in July 2023. Positive feedback was received on the plan from the Welsh Government Oversight Group in March 2024, and an update on progress for 2023/24 actions was submitted to this group on 31 May 2024.

There is ongoing commitment to the delivery of the JRP through collaborative working across the health board, Area Planning Board, drug and alcohol services, community pharmacies and criminal justice partners. Particularly during this phase, we are increasing testing within high-risk groups through increased outreach clinics; organising community health events where BBV testing is available; providing testing for people in contact with the criminal justice system through probation testing events; and offering in-reach BBV testing through community pharmacies in Gwent. Preparations have commenced for objectives outlined in the next phase of the JRP.

Planning for future health protection threats

Mpox

In response to the WHO declaration of Mpox as a public health emergency of international concern and subsequent publication of briefings from Welsh Government and Public Health Wales, ABUHB established an Mpox preparedness working group.

The group, chaired by the consultant in public health for health protection, consists of a multi-disciplinary team from across ABUHB and PHW and has met to look at the health board's response to a clade I Mpox case. This has included:

- The review and development of pathways for clade I HCID as well as a review of the clade II existing processes;
- Review of microbiology and laboratory testing methods/processes;
- Communications to staff;
- A bespoke Mpox intranet resource for staff;

- Participation in the all-Wales Mpox exercise 'Fad Felen' and planning for an ABUHB internal exercise;
- Refresh of pathways and development of an action card for sexual health services;
- Review of post exposure vaccination pathways for staff and community contacts.

Work continues in this area as new information emerges.

Measles

Gwent had an outbreak of measles declared in April 2024 overseen by an incident management team (IMT), led by PHW. Work was already ongoing as part of the preparedness work for the increase of measles cases in the UK and following the publication of the Welsh Health Circulars. Actions have included targeted communications to clinicians, staff and the public, assistance with information to contacts of cases and the provision of human normal immunoglobulin (HNIG) where pathways need to be developed to facilitate this for immunocompromised contacts.

Despite the outbreak being declared over, this remains a priority area of work for the ABUHB health protection service, and they are currently supporting this ongoing work across the health board.

Various task and finish groups are being chaired by the consultant in public health for health protection. Work ongoing in this area includes:

- MMR staff catch up campaign task and finish group;
- Data and surveillance;
- Testing and HNIG - Development of community surge testing models and SOPs, as well as working on streamlining the pathways for HNIG;
- As per the WHC, a 'Vaccination Outbreak Response Plan' has been developed and is undergoing final edits ready for internal sign off in October 2024;
- A focus on MMR vaccination in schools with lower uptake as per the WHC. School nurses continue to target schools with lower uptake as part of their established vaccination plans, with assistance as required from the health protection vaccination service;
- Promotion to patients at all available opportunities, identification of communities and groups with lower uptakes, post-natal patients, and recent entrants from abroad. This includes bespoke community offers;
- MMR catch up sessions are being held at all venues currently offering the COVID-19 booster.

Argymhelliad / Recommendation

The Partnership, Population Health and Planning Committee is asked to **NOTE** the update for health protection and vaccination programmes.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention and Control (IPC) and Decontamination
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	WHC – Welsh Health Circular TAP service – Test and Post Service COVER report – Public Health Wales national childhood immunisation uptake data
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans;

	investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Yes not yet available [completed as part of Organisational Change Process]</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>

Health Protection capability within the local Public Health team

1) Rationale for the investment

The transfer of Local Public Health Teams into Health Boards from Public Health Wales in October 2022 did not transfer the resources needed to undertake the full range functions at local level, particularly in relation to Health Protection.

In relation to health protection functions the *Review of the Health Protection System in Wales* recognised that the significant changes made in working practices during the COVID-19 pandemic should be retained for the management of future incidents, outbreaks and emergencies. Consideration should also be given to continuing those practices that could strengthen routine endemic infectious disease control and prevention and/or mitigation of environmental hazards. This includes a combination of local activity including effective surveillance, vaccination, environmental regulations, case finding in high-risk populations, management of cases and contacts and infection control in health and care settings.

It is critical that all agencies involved learn from the way the system operated during the pandemic and in the protracted recovery phase so that opportunities can be taken to understand and strengthen the new arrangements, and to contribute to more equitable health benefits across the nation.

The recurrent Welsh Government funding, received December 2023, provides an opportunity to design a sustainable, fit for purpose, workforce model to deliver Health Protection within the Public Health Team. This is a new service to the Health Board, as previously it was all delivered nationally through Public Health Wales.

The Welsh Government allocation is explicitly related to the costs of delivering core local activity to underpin the National Health Protection Framework which is currently in development. The following activities demonstrate the breadth of work in terms of preparedness and response, but crucially the need to support a system-wide approach to health protection which needs to have strategic input and oversight from within the Public Health team locally:

- Working with local government partners to sustain agile, integrated teams who work on a health board footprint using an 'all-hazards' approach to support health protection measures and respond to future threats.
- Respond to outbreaks and wider threats using the agreed process outlined in the Communicable Disease Outbreak Control Plan for Wales, recognising the peaks of activity through the year according to national and regional demand.
- Have preparedness plans in place to scale up in the event of a threat and future pandemic scenario, within the context of a national framework.
- Deliver on the National Immunisation Framework for Wales and ensure a high take up of vaccination across our programmes, including by ensuring equitable access to and opportunity for vaccination.
- Deliver a sustained increase in the provision of prevention, testing and treatment to meet the World Health Organisation's 2030 global disease elimination targets which include TB, hepatitis B and C (by progressing actions identified in [WHC/2003/001](#))

and your Joint Recovery Plans developed in 2023) and HIV (by progressing actions in the [HIV Action Plan](#)).

- Undertake wider health protection work delivering a local approach under national frameworks and guidance. For example, to support those seeking refuge in Wales, support messaging in schools, provide support to care homes etc.
- Work together locally and nationally to support and deliver work to address equity of access and opportunity.

We need to have the capacity to deliver a sustained increase in the provision of prevention, testing and treatment to meet the World Health Organisation's 2030 global disease elimination targets which include TB, hepatitis B and C (by progressing actions identified in [WHC/2003/001](#) and the Joint Recovery Plans developed in 2023) and HIV (by progressing actions in the [HIV Action Plan](#)). This means that we need the following work programmes to ensure that the disease elimination targets are met and maintained to achieve World Health Organisation goal of 2030:

This means that we need the following work programmes to ensure that the disease elimination targets are met and maintained to achieve World Health Organisation goal of 2030:

- **HIV elimination programme** to increase the early diagnosis and prompt treatment to reduce the incidence of HIV to support a high quality of life, prevent the spread of the virus and ultimately eliminate the disease.
- **Hepatitis C** elimination programme is needed due to the serious health risks posed by the virus and the potential for widespread public health benefits, Hepatitis C can lead to chronic liver diseases, earlier detection will reduce the number of people needing liver transplant.
- **TB elimination programme**, TB is both preventable and curable, new incidents of TB in Wales are increasing (23% increase in 2022)

We need a preventative approach to **sexual health** and ensure we can develop a tailored approach those most vulnerable in society, this can include people from ethnic minorities, people with chaotic lives and women in violent and/or coercive relationships and sex workers. This will also encompass the need to develop a children and young people enhanced emergency contraception programme to reduce the teenage pregnancy rate across Gwent in 15 -19-year-olds (17 in 100, 000 population).

This new Health Protection function within the Health Board Public Health team will lead the delivery and development of the health protection agenda locally, as expected with the new recurrent funding from Welsh Government.

The team will also work to provide local public health support and seek assurance on the delivery of the national screening programmes. These programmes are delivered by Public Health Wales, in collaboration with local Health Board clinical teams. The Health Protection team will work closely with key partners and communities to promote screening uptake, seek assurance on the delivery of the programmes, and have a particular focus on working to reduce inequities in screening uptake.

2) Level of investment – staff and non-staff

Role	WTE	Band	Costs
Consultant in Public Health	1	Consultant	151,975
Public Health Strategist	1	Band 8B	75,768
Public Health Strategist	1	Band 8B	75,768
Public Health Principal	1	Band 8A	65,279
Public Health Senior Practitioner	3	Band 7	55,876
Public Health Senior Practitioner		Band 7	55,876
Public Health Senior Practitioner		Band 7	58,820
Public Health Scientist	1	Band 7	58,820
Public Health Practitioner	1	Band 6	44,969
Staff			643,151

Public Health practitioner workforce will comprise of a Consultant in Public Health, Public Health Strategist, one Principal, three Senior Practitioners, a Public Health Scientist and Practitioner. This range of seniority reflects other teams within the Public Health department, ensuring there is capacity for operational and strategic work. Furthermore, there are higher time-critical risks associated with health protection workstream, including risk to individuals and communities but also reputational and institutional risk. Therefore, there is a need for capacity and service resilience at the Senior Practitioner level, to ensure the team is able to deliver locally as required and deliver the Health Protection programmes, ensuring in-reach into communities.

Data analysis and pathway development is a key area of work within local health protection. For example, the most recent Welsh Health Circulars with regards to healthcare staff MMR uptake and school-aged MMR uptake have required a significant amount of specialist data support to ensure accurate and timely understanding of the vaccination uptake. The specialist public health scientist will provide this capacity to ensure the local health intelligence can be used effectively.

Non-staff budget - £630K/annum

Programme	Costs
Health Protection	200,000
HIV Elimination / Hepatitis C Elimination	200,000
TB Elimination	80,000
Preventive sexual health and Children and Young People enhanced emergency contraception programme	150,000
Total	630,000

Non-pay budget will be required to support the delivery of the range of planned workstreams undertaken by the local Health Protection team, including exercising and planning, as well as unscheduled resource requirement as part of an acute response, alongside the programmes of work as above.

Key areas of work include:

1) *Exercising and training*

A new Public Health incident plan has been reviewed and is due to be approved by the Health Board. This has been developed in collaboration with Emergency Planning, and will require ongoing exercising and training to implement, including resource development (e.g. action cards, communications) and 'live' exercises.

A key expectation of the recurrent funding for local health protection systems is to build on the learning from COVID-19 and have preparedness plans to scale up in the event of future large-scale communicable disease threats. Plans will need to be exercised, and also communicated to key stakeholders involved, and this will require non-staff resourcing.

2) *Community outreach to address identified inequities.*

The local health protection team will provide strategic leadership on identifying and addressing inequities within established preventative programmes (e.g. vaccination, screening). The team will also lead the implementation of key public health interventions related to communicable disease – for example, leading the implementation of the joint recovery plan towards elimination of hepatitis B and C by 2030. Evidence-based interventions to address these identified local needs may require targeted community outreach, to engage with those communities and with the partner agencies who already work with them. This could include provision of on-site service at 'pop-up' events, but also work to build relationships with communities to support discussion around health and healthcare hesitancy (e.g. in area of low childhood vaccination uptake, working with local communities on an ongoing basis to provide accessible information and resource to answer queries).

Examples of this type of work to date:

Three community health events have been held for diverse communities in Newport with the first event held at Community House, Eton Road Maindee, Newport on 30th September 2023, the second event at Newport Central Mosque, Stow Hill on 18th November and a third event held in IQRA Mosque, Corporation Road on 20th January 2024. Approximately 120 people have been tested for Blood Borne Viruses (BBV) at these events.

Following on from a successful pilot of BBV testing in probation settings in Swansea Bay, the Health Protection Team, working with GDAS and BBV Specialist team have undertaken a 4-week pilot for BBV testing in probation settings in Newport. This commenced on 11 January 2024. To ensure all patients received an active offer, members of the health protection team have accompanied the testing team to help support the offer to test people on probation for BBVs. The team have also been collating feedback on those who decline.

3) *Facilitate local health protection response to incidents and outbreaks.*

As the local health protection team, it will be required to work as part of the multi-agency incident management team in response to public health incidents or outbreaks. The roles

and responsibilities for the Health Board are outlined in key documents such as the new Communicable Disease Outbreak Plan for Wales, and are being further developed in the emerging National Health Protection Framework for Wales.

Resource will be required to support public health control measures in response to an outbreak. These may be clinical actions e.g. large scale community testing or vaccination, or additional communications, information sharing and engagement with the communities affected, often at pace. The health protection team will facilitate these as part of the Health Board response, and recognise the implementation of these measures at pace may require additional resourcing.

4) HIV elimination programme

We need to develop routine regular HIV testing for all individuals, especially those at higher risk, to ensure early diagnosis and treatment initiation. The programme needs to ensure that we are testing earlier to ensure treatment is started appropriately. The programme also needs to in-reach into our communities where there is HIV-related stigma and challenge discrimination to encourage our communities to be tested. The programme needs to tailor prevention and treatment efforts to address the specific needs of key populations disproportionately affected by HIV, such as men who have sex with men, transgender individuals, sex workers, and people who inject drugs. Antiretroviral Therapy (ART) needs to be provided to all people living with HIV, regardless of CD4 count, to suppress the virus, improve health outcomes, and reduce transmission risk. The programme also needs to consider retention in care, ensuring regular healthcare visits and adherence to treatment regimens to maintain viral suppression.

5) Sexual Health and Children and Young People enhanced emergency contraception.

Public Health needs to develop a preventative approach to sexual health and ensure we are providing tailored approach those most vulnerable in society, this can include people from ethnic minorities, people with chaotic lives and women in violent and/or coercive relationships and sex workers. We need to meet the needs of our communities and offer age-appropriate and culturally sensitive enhanced emergency contraception to reduce the incidents of teenage pregnancy across Gwent. We need to develop youth friendly services to ensure access to confidential, non-judgmental, sexual health services, this should also include STI testing and treatment, contraception (including Long Lasting Reversible Contraception (LARC), pregnancy testing and counselling, and HIV prevention. The programme needs to implement a holistic, youth-centred approach to sexual health support to ensure children and young people can be equipped with the knowledge, skills and resources to make informed decisions to maintain their sexual health and well-being.

3) Return on investment

Health protection is a core pillar of Public Health practice. Following the review of health protection systems in light of the COVID-19 pandemic, there is increasing emphasis on local public health leadership to lead, collaborate and deliver the health protection agenda locally, and therefore there is a need for dedicated workforce and resource within the Health Board.

As noted above, key areas of work from the team will include:

- Emergency preparedness and planning for public health incident and threats, in close collaboration with EPRR partners.
- Support acute health protection response locally, linking with Public Health Wales, local authorities, and Health Board clinical teams as required.
- Strategic oversight, identifying and addressing needs within key preventative programmes e.g. vaccinations; screening.
- Delivery against health protection related Welsh Health Circulars – to note in the last 18 months these have included hepatitis B and C elimination, staff MMR catch up, MMR catch up in schools - all requiring significant co-ordination and strategic oversight.
- 2030 Elimination programme implementation
- Increase availability of emergency contraception to reduce unwanted teenage pregnancy and lower the rate of abortions being carried out.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2020
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Population Health Management Update Report and Joint Strategic Assessment Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Deputy Director of Population Health and Business Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Welsh Government have been developing a Population Health Management Framework within the Population Health Management sub-group of the Health Inequalities Steering Group. Public Health has developed a Population Health Management Strategy to support the Population Health Management Pioneer work taking place 24/25. The Partnerships Population Health and Planning Committee is being asked to approve the Strategy.

Public Health have developed a Gwent Joint Strategic Assessment that was published December 2023, it has been accepted as the main source of evidence for the RPB. Partnerships Population Health and Planning Committee is being asked to discuss the next edition of the Joint Strategic Assessment that is being refreshed on an annual basis.

Cefndir / Background

Population Health Management is an emerging policy area in Welsh Government. Executive Directors signed off a test and learn with the managed practices in November 2022 which took place April – September 2023 with an external provider. July 2023 Public Health developed the Population Health Warehouse to ensure we can perform public health intelligence across the Health Board.

The Population Health Warehouse currently has health board secondary data. To implement the Population Health Development Programme (see Population Health Management Strategy) the public health intelligence team will develop a 'Population Health Platform' that will require data flows from primary care, this data will be de-identified and linked creating a 'whole person view'. This will be supplemented with mosaic software which enables intelligence about the wider determinants.

The work will be future proofed to ensure that it can be transferred into the NDR and Director of Digital is briefed. The Population Health Management Strategy and the pioneer work with primary care starts to understand the art of the possible using data to improve the health and wellbeing of our population in a focused, targeted way. This work aligns with the draft Population Health Management Framework.

The Gwent Joint Strategic Assessment (JSA) provides a comprehensive overview of the health and well-being of the people of Gwent in an accessible way. It builds on the template provided by the Joint Strategic Needs Assessment that is a statutory requirement in England. The JSA provides a broad range of indicators including topics such as Life Expectancy, Disease, Health Behaviours, Housing, Education and other Wider Determinants.

The focus of the JSA is Gwent residents and the indicators are often presented at local authority level providing visibility of geographic inequalities. Indicators were collated from many publicly available datasets such as Stats Wales, Wales Public Health Outcomes Framework and Office of National Statistics. The 2023/24 publication was presented at multiple forums and has been recognised and highlighted by Welsh Government as best practice.

In 2024/25 the JSA will expand on the 1st edition with additional metrics, it will increase the accessibility of the products and broaden the methods of promotion and engagement.

Asesiad / Assessment

The Welsh Government Population Health Management Framework remains in draft format and is expected to be endorsed by NHS Executive over the Summer. Aneurin Bevan University Health Board and Cwm Taf Morgannwg University Health Board are the only Health Boards actively working on Population Health Management and Aneurin Bevan University Health Board is the only Health Board to have a run a Population Health Management Development Programme in primary care and to develop a Population Health Management Platform.

Aneurin Bevan University Health Board will also be the first Health Board in Wales to directly flow primary care data into Warehouse, advice has been sought both from IG and the National Director of Digital at Welsh Government. DCHW have not worked within the Population Health Management area before and risk adversity pertaining to data sharing could potentially delay the work significantly. This risk has been highlighted to Welsh Government. Person-level linked data is also a new way of working within the Health Board.

This work has been funded via RPB intelligence workstream and primary care have not asked for backfill or payment, there is an opportunity for them to use the

platform to target patients to generate income through primary care initiatives and also have different plans for 'high intensity users of primary care', they will also have the opportunity to manage people that have multiple LTC differently. This means there is no financial implications for the Health Board.

The Population Health Platform will be developed with primary care and will improve patient quality and safety through better coding, the patient experience will be enriched as the clusters will be able to refer people to community resources for non-clinical issues such as loneliness and isolation, debt and risk behaviour opportunities.

Aneurin Bevan University Health Board is the first Health Board in Wales to develop a Joint Strategic Assessment, it has been highlighted as an area of good practice by Welsh Government. This will support and drive decision making within Gwent.

Argymhelliad / Recommendation

The Partnerships Population Health and Planning Committee is asked to: -

- **DISCUSS** the Joint Strategic Assessment
- **DISCUSS** and **APPROVE** the Population Health Management Strategy.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Strategic Risk Register Reference and Score:	SRR 001
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital Primary care

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

It's a way for the Health Board to use data to design new models of proactive care, targeting and personalising interventions to deliver improvements in health and wellbeing which make best use of the collective resources.

Population Health Management (PHM) places the individual at the centre of their care and asks how the whole system can work better together to meet their individual needs to stay healthy, make informed choices and be supported by joined-up, integrated care when necessary.

What is Population Health Management?



Why is this different?

Taking a PHM approach in **Newport East and Monmouthshire South** will give an opportunity to use data and work in a different way to transform care, target resources and support sustainability. As a way of working, PHM drives the design and delivery of proactive, personalised healthcare models, which can help us to reduce health inequalities, make better use of resources, and sustain health and care services and this will provide better care for people. This gives the **Newport East and Monmouthshire South PHM Pioneers** an opportunity to co-develop the PHM platform to ensure that it's fit for purpose and drives local care.

Working Collaboratively

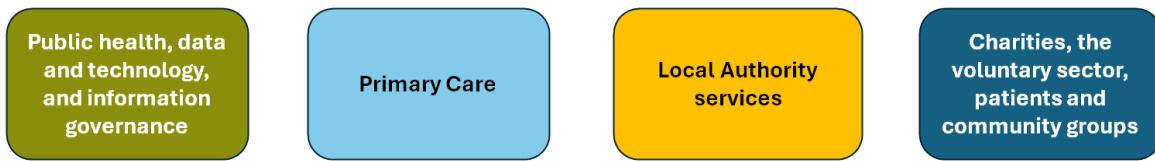
Our collective resources mean working across Gwent to co-ordinate services and plans to improve population health and reduce inequalities. We want to ensure the PHM delivers Gwent wide care and local co-ordination of care. Our system contains:

1 Health Board

5 Councils

14 Neighbourhood Care Networks

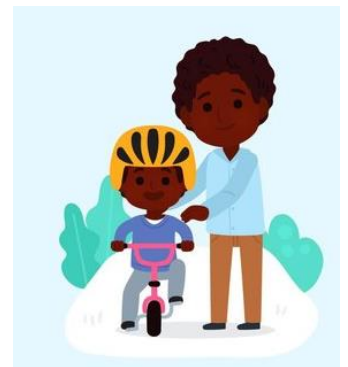
Population Health Management (PHM) requires collaborating with communities and partner organisations. It is vital that the leadership team driving this forward at every level includes representatives from all parts of the system. The following groups will be involved in this work:



Our vision



We want to provide pro-active joined up care and support for our local communities and help them stay well by sharing data and ensuring we treat people considering all their needs, including understanding the wider determinants impacts on how they live their lives.



Our Strategic Priorities across the life-course

We have identified five strategic priorities which will underpin and define our vision for change and priorities for our population and our lifestyle goals. There are also six “enablers” or groups that will support the delivery of these priorities.



Why do we need to do this?

- The demand for health and social care services now and in the future will become increasingly challenging for NHS and local authority budgets.
- We need to address the wider determinants of health, including things like education, housing, and work, which can affect people's health.
- We need to tackle health inequalities (unfair and avoidable differences in the health of different groups of people).
- As a Health Board we need to work differently together as effectively and as efficiently as possible.
- We need to do more to provide more targeted, proactive, personalised care that improves the people experience and prevents illness.

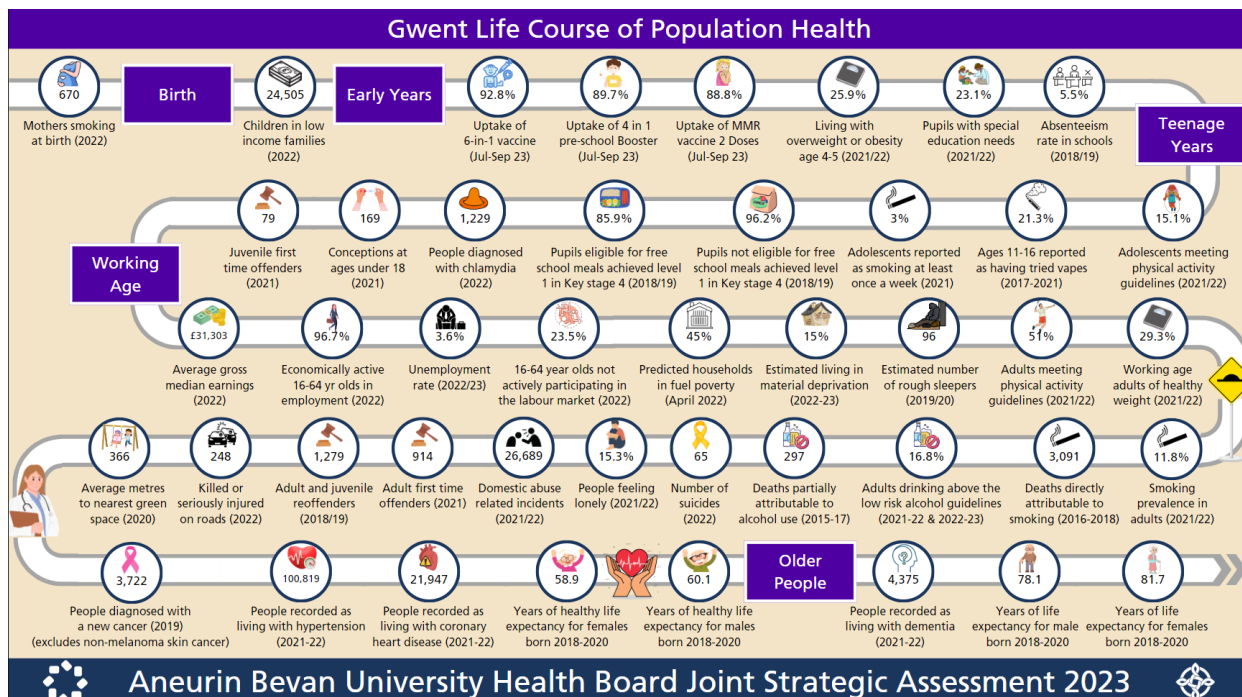


Source: Institute for Healthcare Improvement

Our legal purpose

The Public Health Team have a Population Health Warehouse to analyse data for population health purposes. We have a Data Protection Impact Assessment (DPIA) in place to define our accountability and legal purpose. This is a requirement under General Data Protection Regulation (GDPR). GDPR is the legal framework that sets guidelines for the collection and processing of personal information, we follow all seven principles of the GDPR and these are set out in the DPIA. The functionality of the warehouse will enable us to link primary care data and development a PHM platform. This means it will be easier to see how many patients at a cluster level have the same long-term conditions, how many children with asthma may be living in damp homes. We will also link the primary care data to secondary care data, this will enable primary care to understand the 'whole person' in relation to health care, there will also different types of views on deprivation which will add to the richness of the data.

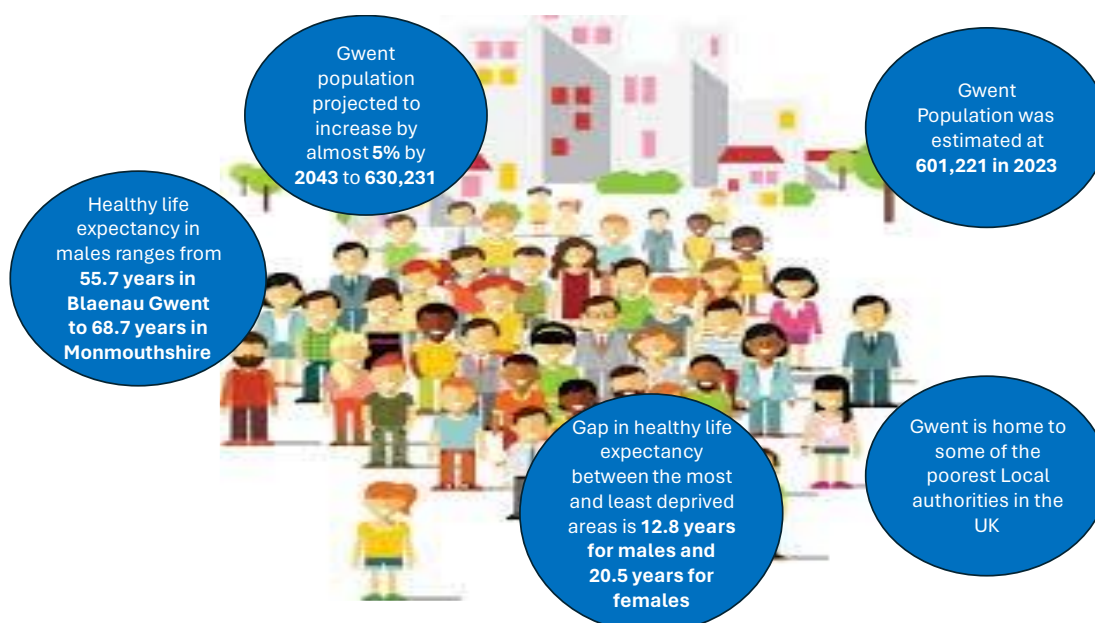
Gwent Joint Strategic Assessment



In 2023 ABUHB developed their first Joint Strategic Assessment (JSA) [Gwent Joint Strategic Assessment - Aneurin Bevan University Health Board \(nhs.wales\)](https://www.nhs.uk/healthcare-boards/aneurin-bevan-university-health-board/) at a strategic level this identified areas of priority. The JSA gives us rich information on the ‘what’, the next stage in this journey is the ‘why’ and the ‘how’ this is informed by taking a PHM approach.

Our local population

We share many of the same challenges as other areas of the UK.



PHM is crucial in Gwent as it adapts to the changing health landscape and evolving care needs of its residents. With people living longer but experiencing more years in poor health, and the prevalence of multiple long-term health conditions on the rise, PHM plays a vital role. It allows the Health Board to proactively address these challenges by using data to focus on early intervention, and personalised care.

The benefits of this work

We want to:

- Improve the health and wellbeing of local people by putting people needs at the heart of our decision-making.
- Reduce health and care inequalities.
- Reduce costs and improve value for local people.
- Deliver care tailored to the needs of individuals and improve individual experiences of care.
- Increase engagement with our health and care staff to improve their wellbeing.
- Focus on people outcomes regardless of organisational boundaries.

By linking data, different organisations will be able to have a shared understanding of the challenges and problems faced by their residents, and be better able to work together to improve the delivery of care and address other issues that impact on people’s health.

How we will deliver – Our Approach

The Public Health Team will be coordinating the delivery of the work. For PHM to function effectively we need to build three building blocks, we call these the 3i’s.



Innovation

Systems leadership’ requires collective action and outcomes. The health and care system share a cohesive approach to working together to improve health and wellbeing for a population.



Intelligence

System wide intelligence capability to generate actionable insight into opportunities to improve care quality, efficiency, and equity.



Implementation

Using intelligence to change care delivery and inform new service models based on population need.

These capabilities will become our workstreams:

1. **Innovation** - Having dedicated system leadership that will drive action-orientated, data-led decision making, while we use whole population data to improve the health and wellbeing of the local people now and in the future.
2. **Intelligence** – Having person-level linked datasets that link secondary and primary care. Developing our own PHM platform, co-designing insights that generate action to understand population needs and to support the planning and delivery of services.
3. **Implementation** - We will work with two neighbourhood care networks to implement the PHM improvement cycle to ‘test’ the platform.

What we have achieved so far

- Leadership for PHM with an agreed vision for how this works in THE Health Board
- Development of a Population Health Warehouse, with linked secondary care data.
- Data Protection Impact Assessment (DPIA) in place to define our accountability and legal purpose.
- Identified resource to support 1-3 GP practices working together (Neighbourhood Care Networks) to use a PHM approach.
- Development of dashboards for Warmer Homes, Serious Violence, Deprivation and Diabetes

What we will deliver

- Arrangements to enable data sharing and linkage across different data sources and organisations.
- Development of a PHM Platform
- Increase access to data and analysis for clinical staff to better understand the current and future population health needs.
- Accessible data (e.g. dashboards) available to front-line staff to take forward a PHM approach.
- More proactive personalised health and care plans for people with long term conditions
- Greater focus on areas where our health and care providers can deliver better health, care and wellbeing for people, focusing on reducing inequalities.
- Adopt PHM approaches that shift the focus from organisations to the needs of the population to make the best use of our resources, improve people’s experience of health and care services and their health outcomes.
- Develop a PHM Development Programme.

How we will deliver - PHM Improvement Cycle

We will use the PHM improvement cycle to co-create a development programme that supports identification cohorts, creates new insights by linking data and using wider determinants data and is action oriented by collaborating for change.

Not about admiring the data



How we will measure our success

To demonstrate the value of adopting the PHM approach, it is vital that we measure how successful we have been in meeting our objectives. In March 2022, The Gwent Public Services Board (PSB) committed to become the first Marmot region in Wales. Both the Marmot approach and Population Health Management (PHM) are aimed at improving population health and reducing health inequalities by addressing social determinants. They both recognise the importance of collaborative efforts and early intervention strategies to tackle these determinants effectively. We will be using the eight Marmot Principles below to frame how we approach PHM across Gwent.

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

We will measure this by:

- How well we deliver on our priorities and can demonstrate improved outcomes for people.
- The number of Neighbourhood Care Networks (NCNs) adopting the PHM approach, using the improvement cycle.
- Outcomes measures relating to:



Accountability

Within the Health Board, the Director of Public Health and Strategic Partnerships, holds accountability for the development of PHM across the health board, ensuring alignment with strategic goals and objectives. The Assistant Director of Population Health, leads the implementation efforts, coordinating initiatives and fostering collaboration across external partners. The Director for Digital is responsible for the enabling infrastructure.

Infrastructure

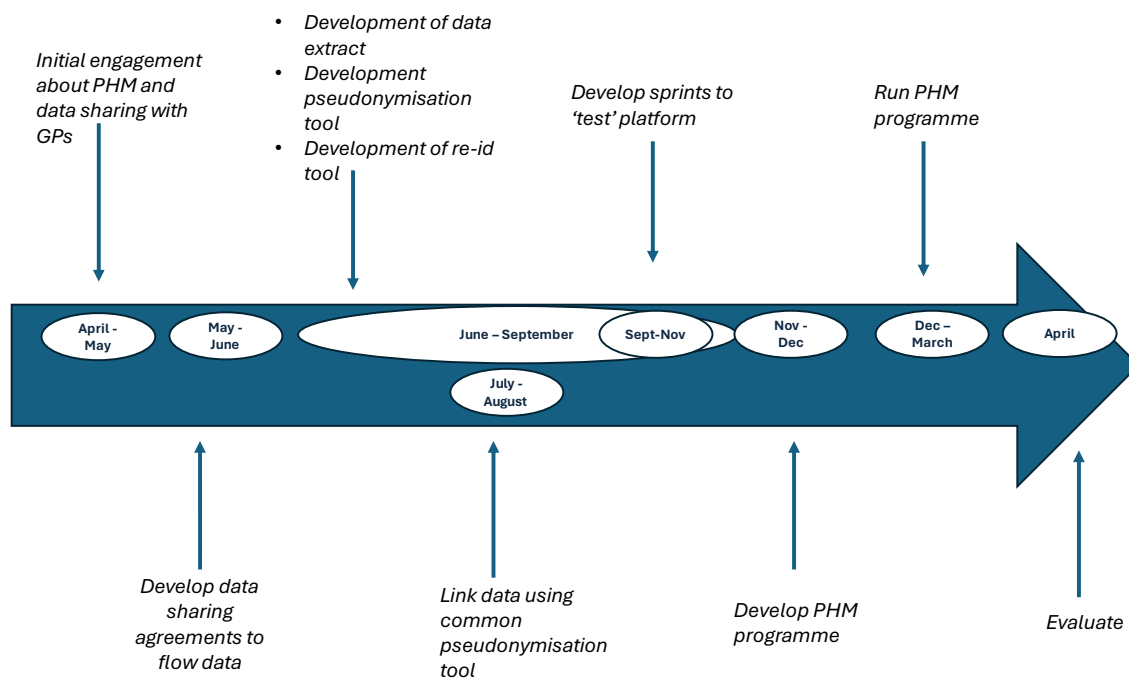
A critical part of the PHM journey is having the right enabling infrastructure, this needs to be cloud based. The proof of concept laid out in the 'What we will deliver' and 'PHM journey'. To deliver scale, pace and sustainability the platform will need to transfer to the Health Board's section of the National Data Resource (NDR). The proof of concept will use the Public Health Population Health Warehouse. This is not scalable so the transfer to the cloud vital after the proof-of-concept year.

What does success look like?

- Support for those at high risk of respiratory illnesses - Identify those living in fuel poverty and poorly insulated/unfit homes that could be contributing to their respiratory conditions by linking housing data with deprivation data with health records to identify those who are eligible for grants to improve the insulation of their homes.
- Support those at risk of future CVD morbidity and mortality. Link data from primary care, including risk factors, to secondary care and mortality data to show what may happen in future for a cohort on CVD trajectory. Development of different models of care to target resources to particular groups of people.
- Support vaccine equity by linking immunisation and vaccine data with school data to produce heat maps to target school nursing and vaccination resource for catch-up campaigns.
- Support vaccine equity understanding deprivation and care home coverage and housebound patients in flu and covid campaigns.
- Support frailty projects in by identifying further patients (beyond eFI scoring) that are clinically frail that are suitable for holistic patient reviews and SMART meetings.
- Better understand impact of the holistic patient reviews and SMART meetings by being able to use PHM data to analyse the impact of the intervention and identify next steps forward.

Our PHM Journey

2024/25 is a proof-of-concept year for the Health Board. Welsh Government are developing a national PHM framework that will outline ways of working to take a PHM approach. The proof-of-concept year gives the Health Board an opportunity to understand how to develop principles and understand capacity required to scale.



Evaluation

Evaluation will be over three distinct parts:

- We will develop evaluation of the development of the dashboard and evaluate the process and clinical co-development and the useability of the dashboard.
- We will evaluate the Development Programme
- We will evaluate the outcomes of the people in the cohorts to understand the impact of the interventions.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson Morris, Deputy Director Strategy, Planning and Partnerships

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

This report is to provide the Partnerships, Population Health and Planning Committee (PPHPC) with information in relation to the Regional Partnership Board activities and progress made during the last reporting period.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to meet the needs of their respective populations.

This report provides an update on the activities of the RPB.

Cefndir / Background

This report is being provided to the Board for information, to ensure consistent messaging and updates are communicated between the Regional Partnership Board and the Health Board.



Assessment

System Resilience

Traditionally the RPB has utilised funding with the aim of alleviating system pressure in the winter period. Feedback from previous winter plans was that projects were not given enough time to maximise impact, and it was accepted that system resilience is required around the year rather than just during winter. As a result, it was decided in October 2023 that some system resilience projects would be funded on an 18-month basis until March 2025. 13 projects were supported at a GASP meeting in October 2023 – 4 projects were supported until March 2024 and 9 were supported until March 2025.

Gwent Adult Strategic Partnership (GASP) evaluated previously funded winter activity and developed priorities to support the System Resilience plan, these include:

Priority	Intent
1. Education and engagement	Robust comms and engagement to manage expectations, educate on appropriate attendance/discharge across the following groups: <ul style="list-style-type: none">• Current professionals working within the system (relates to several areas below)• Individuals and the public• Graduate programmes across disciplines (e.g. medical, AHP, nursing, etc.)
2. Clear roles and responsibilities for dedicated discharge resource	To mitigate confusion and duplicated effort, ensure clarity on the roles holding responsibility to manage oversight of clear discharge processes and D2RA pathways. Where necessary strengthen capacity to ensure assessments and care plans can be produced to facilitate discharge, embedding the functionality of the trusted assessor approach.
3. Implementing Trusted Assessor functionality across the system	Scaling the positive benefits of the Balancing Rights and Responsibilities training and mentorship programme, education and training to targeted staff groups in the first instance will ensure the right strengths-based conversations are held with individuals/patients, to support maintaining independence wherever possible, managing expectations and mitigating avoidable deconditioning
4. Preventative Community Capacity	Strengthen the community preventative offer, reflective of the pareto principle whereby 80% of the community activity should be a generic prevention model, providing 20% as more specialist services, such as Frailty Rapid Medical, etc. This will include scoping of a TEC responder service, and a regional model of assistive technology availability. In addition, scaling of current strategic programme activity within the Place Based Graduated Care Programme will be considered.



5. Alternative capacity to support discharge	Develop a range of solutions that can support individuals to leave hospital when waiting a package of care for a short-term period, taking the learning from the Step Closer to Home model and work undertaken to date with the care home sector.
6. Workforce development	Maximising the reach of the Workforce development programme within the RIF Strategic Plan, offer an integrated approach to recruitment where needed to resource the system resilience plan, as well as the development of a Volunteering Strategy to mitigate the noted reduction in the volunteer workforce

At the end of quarter one 24/25, a mid-point review has been undertaken of the projects and the findings presented to the RPB. Following the review GASP is taking action to realign projects or end projects which are not delivering the anticipated system impact. A full report is available to Board members; however, some highlights include:

- Piloting of a mental health response vehicle, the pilot demonstrated a reduction in conveyances to emergency departments, with many cases being treated and resolved at the scene. The team treated 74% of patients at the scene without further conveyance. Further piloting of the vehicle is needed, whilst there was a positive impact for those the vehicle reached this was only a small number across the pilot.
- Step Closer to Home, is a project that involves spot purchasing case home places on a short-term basis for patient who are waiting for large packages of home care to be put in place. The number of people supported through this project has dropped significantly due to the improved domiciliary care position across our region, therefore these is an opportunity to repurpose this resource
- Hospital to Home is a scheme which uses Healthcare support workers outside of the hospital environment preferably in their own homes with personal care, mobility, meal preparation and medication prompting until longer-term support can be arranged. The scheme has enabled faster discharge. 11% of patients discharged no longer require long-term care. 26% have received support from H2H that has potentially avoided their re-admission.
- Additional Pharmacy support in Community Resource Teams, further equipment provision and additional transport have proven benefit.

Governance Review

Progress is being made against the actions set out in the Governance review. The role of the Leadership Group has been strengthened therefore there is already greater ownership, clarity and scrutiny of items going to the RPB. Actions relating to the simplification of processes and papers have been completed. An overarching Governance Framework has been developed and will go to the September meeting of the RPB.

On 27 August 2024, the Cabinet Secretary for Health and Social Care made:



- [National Framework for the Commissioning of Care and Support in Wales Code of Practice and the Revised Code of Practice \(General Functions\) \(Appointed Day\) \(Wales\) Order 2024](#) ("the order"), which will bring the national framework and the part 2 code of practice (general functions) into force on 1 September 2024
- [The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024](#) ("the direction"), which provides that local health boards and NHS trusts must carry out their functions in accordance with the relevant provisions of the national framework

These pieces of legislation place additional requirements on RPBs in relation to self-assessment, reporting and membership. The Welsh Government are finalising the Regulations and the accompanying Statutory Guidance, which will be laid before the Senedd in the autumn. It is intended that the Regulations and Statutory Guidance will come into force by the end of the year.

Review of RPB Schemes

Following initial impact assessment categorisation by Strategic Partnership and programmes, reviews are currently taking place of schemes identified as not performing (Red/Amber). This work will conclude in quarter 3 and inform funding for 25/26.

Eliminate Agenda

In order for the local authorities in Gwent to be compliant with the Elimination of profit legislation by March 31 2027, they require an additional 52 placements for children who are currently residing in for-profit placements. This does not address children currently in independent fostering placements, of which a percentage may require residential provision if IFA's do not convert to not-for-profit models and the local authorities are unable to develop their fostering provision to meet the shortfall.

Welsh Government has written to RPBs to recommend the prisonisation of capital in order to support the eliminate agenda. This presents risk due to the current full commitment of capital and the current approval timescales enabling delivery of projects by 2027. The Leadership Group of the RPB will review the capital programme with consideration of the eliminate agenda alongside the regional capital strategy.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to note the update.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR009 – Transformation and Partnership Working
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	Explained within the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning, Partnerships and Population Health Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

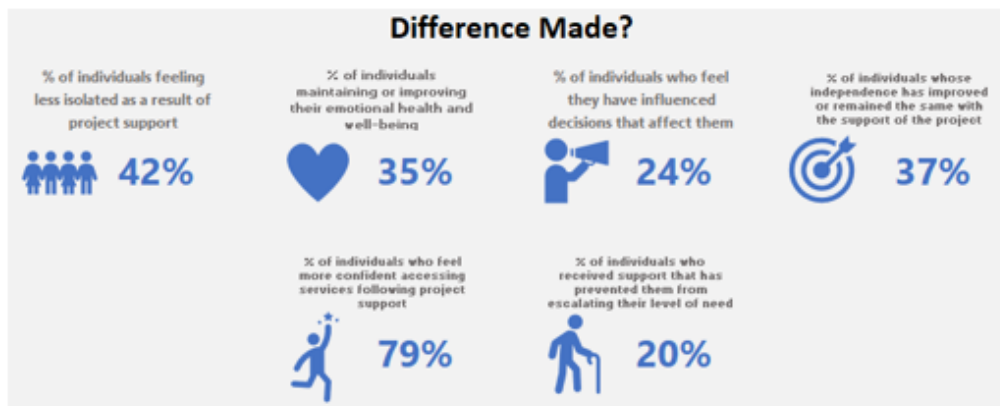
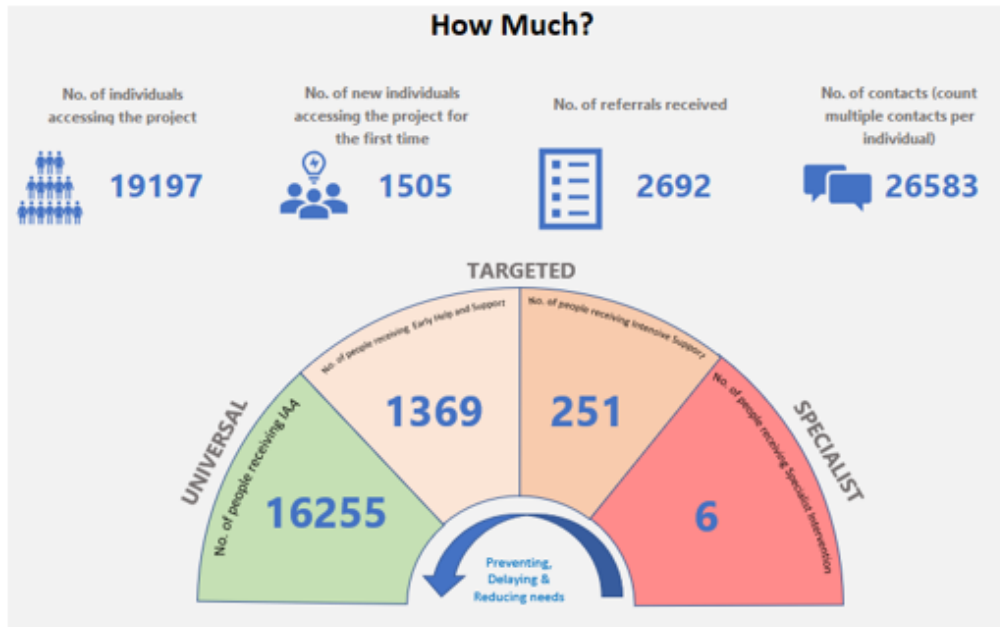


	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Choose an item.</p>

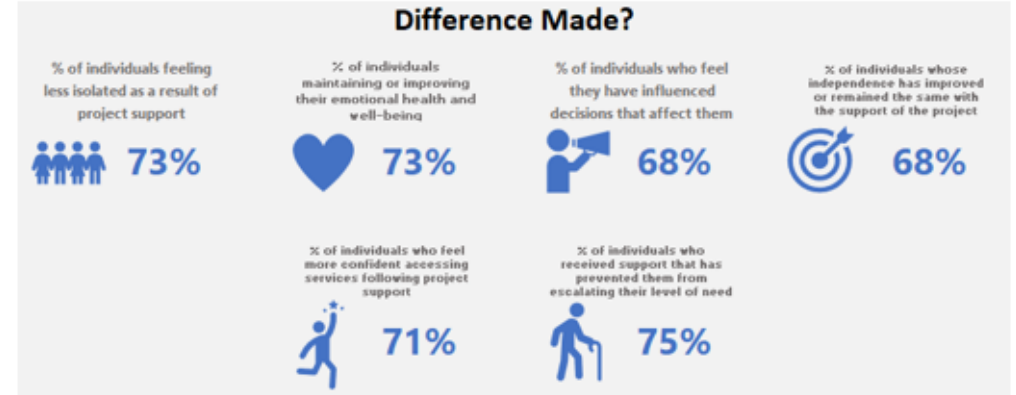
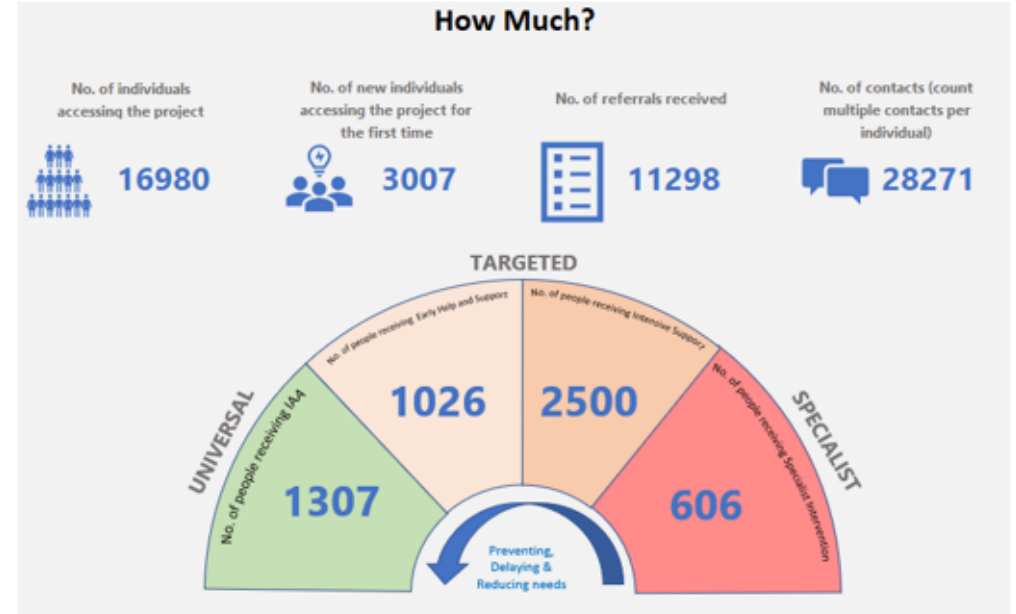


Appendix A: Strategic Partnership Portfolio Visuals

Carers Strategic Partnership

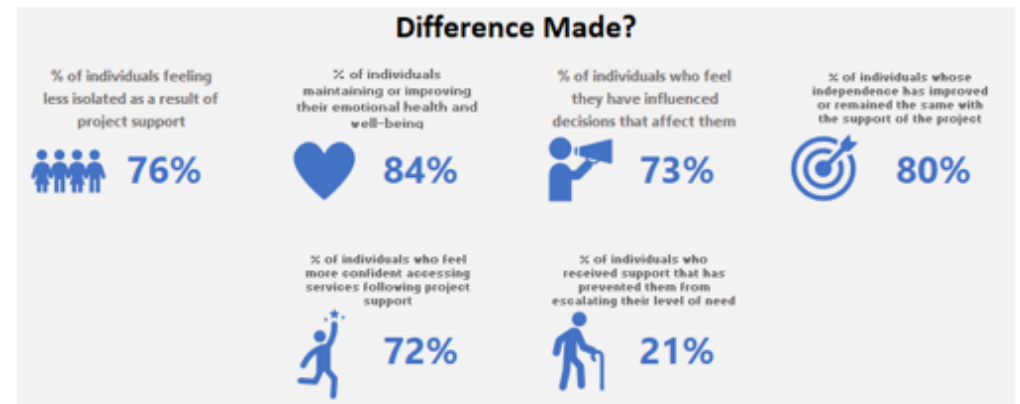
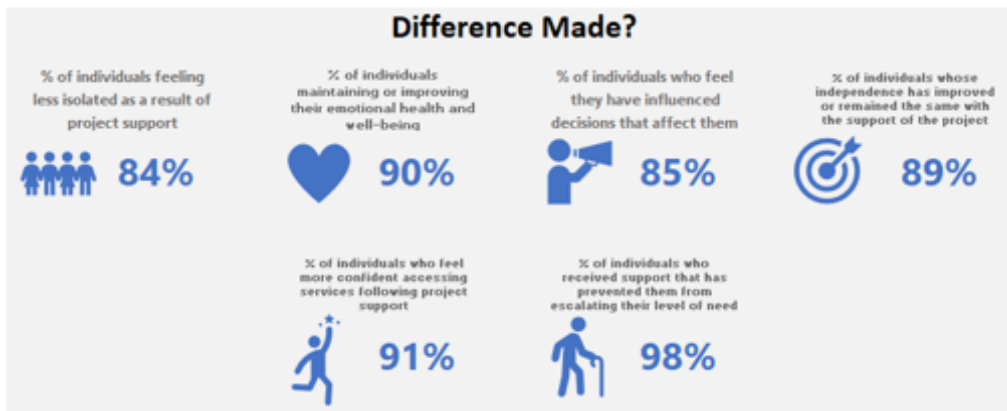
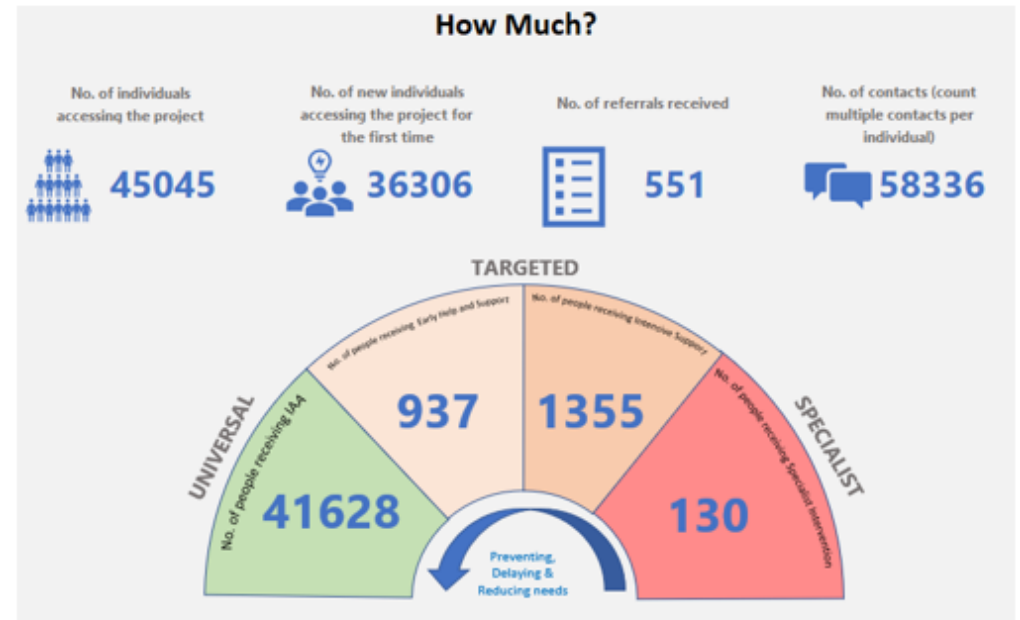
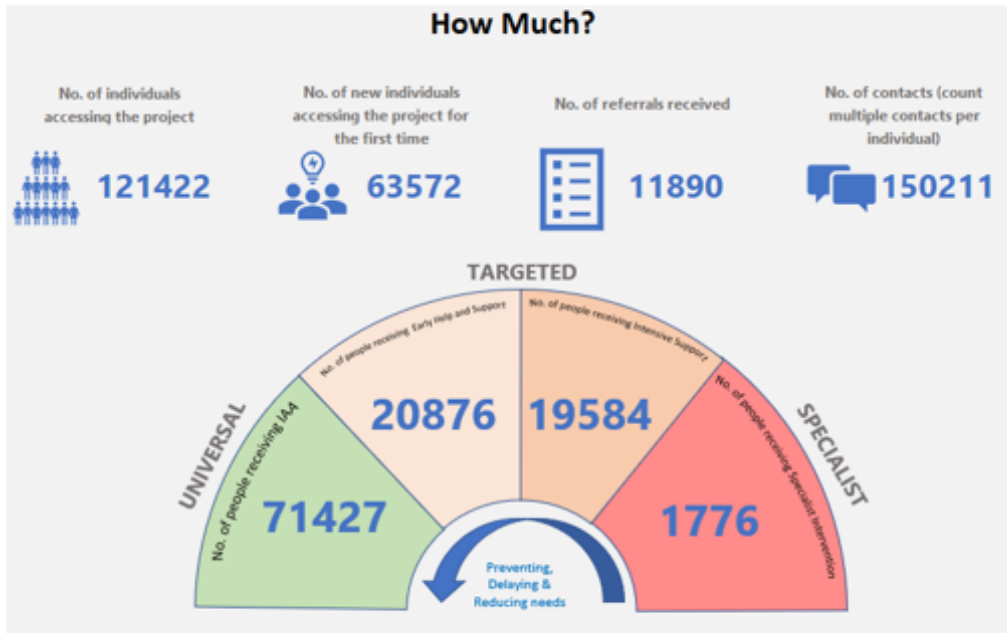


Children & Families Strategic Partnership

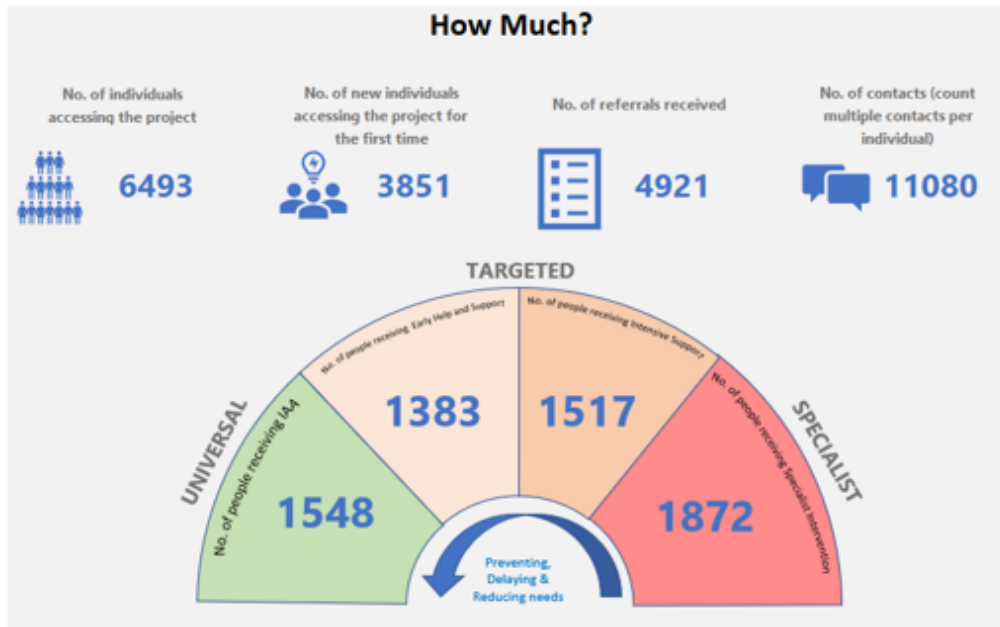


Gwent Adults Strategic Partnership

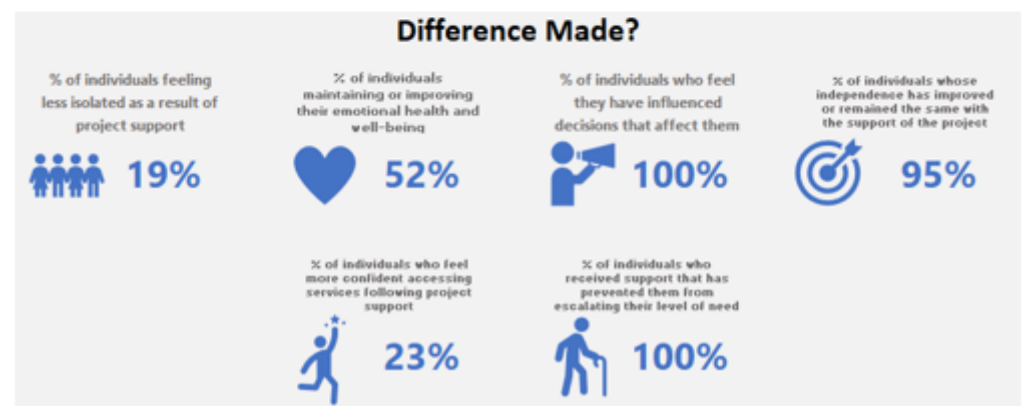
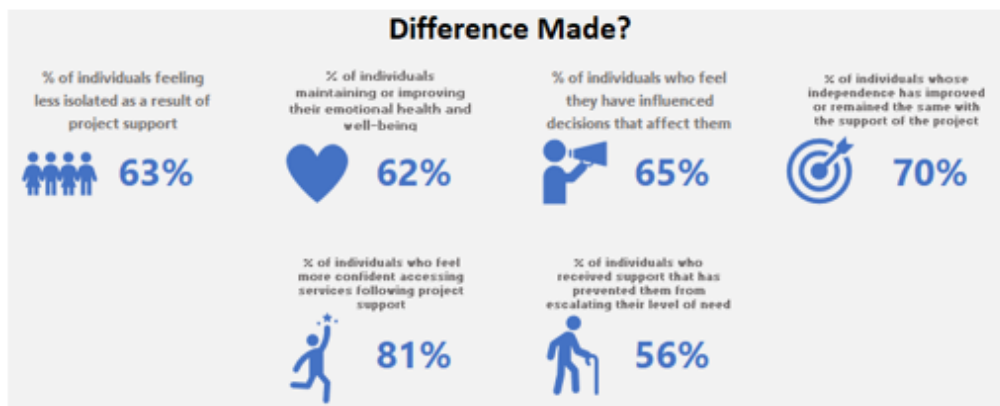
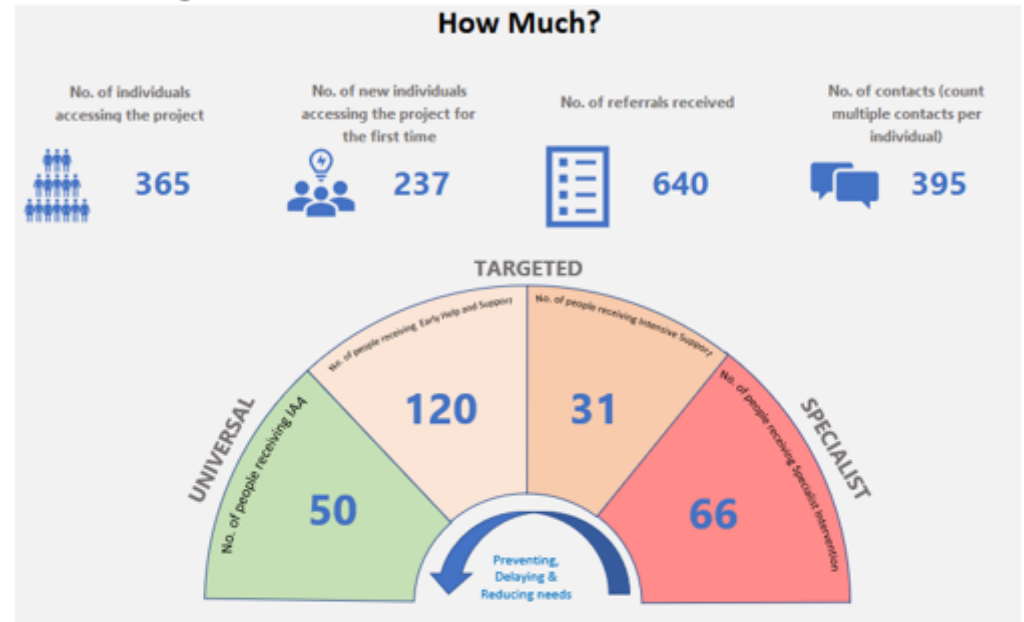
MH & LD Strategic Partnership



Regional Dementia Board



Housing Strategic Partnership (AT Programme)



DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Planning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	David Hanks, Head of Service Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes.

Cefndir / Background

Health Boards in south east Wales have committed to active collaboration where this delivers added value to clinical service delivery, access and sustainability. Health Board planning teams (joined by clinical, operational and other colleagues where beneficial) continue to 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.

Collaborative programmes include formalised arrangements for prescribed services within the southeast, together with the wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology and cancer, Cardiff & Vale University Health Board overseeing orthopaedics and stroke and Cwm Taf Morgannwg University Health Board overseeing diagnostics (consisting of endoscopy, pathology and community diagnostic hubs)



Asesiad / Assessment

An overview of current programmes is set out below:

Regional Programme Review

An extended briefing session has been planned, with the aim of bringing the Executive teams of all four regional partners together, to further embed collective commitment to regional working by: -

- Noting the progress that has been made across regional planning and delivery in Southeast Wales over the last two years.
- Recognising the opportunities that exist to further enhance existing partnership arrangements, but at the same time acknowledge the challenges in planning and delivering services across multiple boundaries.
- Collectively understanding the important role that all partners retain in championing, facilitating and enabling continued joint working in order to address collective longer-term clinical sustainability.

The session will offer the opportunity for question and answers as well as enabling open discussions across the Executive teams of Aneurin Bevan UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB and Velindre UNHST. Recognising the challenges that have been experienced in progressing some elements of the programmes, the timing of the session has been postponed to later in the autumn, to allow for some outstanding issues to be further discussed between the planning teams.

Work is progressing in parallel (via a series of working groups) to develop a wider regional clinical services plan for long term service sustainability, informed by the recent Welsh Government review of fragile services within NHS Wales and aligned with individual health board strategic plans. Progress will continue to be monitored through the Regional Planning Oversight Board and regular future updates to Boards.

Ophthalmology

The ophthalmology collaborative regional programme continues to make good progress, guided by the key planning priority areas of:

- Ensuring sustainability of key sub-specialties e.g. vitreoretinal services
- Development of sustainable long-term additional cataract surgery capacity
- Agreement of a comprehensive regional training plan
- Developing the vision, principles and scope of a future regional eye care centre, where specialist tertiary eye care could be focussed

The first phase of the cataract programme has now been running for several months, with nearly 5,000 patients treated through the additional capacity established in Cardiff, Abergavenny and via private sector outsourcing. Revised capacity / activity schedules are monitored through the Ophthalmology



Programme Board, with future projections now being finalised following progress with financial and workforce plans across the participating health boards. Following feedback from Llais, a review of the implementation timetable for the next phase of the programme has been undertaken, and it has been agreed to extend the first phase capacity for a further 18 months to maintain the impact on waiting times, whilst considering the next phase service plans in more detail e.g. optimal workforce and shared waiting list arrangements. A further business case for the long-term enhanced service should then be submitted for consideration in 2026/27.

Future programme priorities and timelines e.g. in respect of glaucoma and vitreoretinal surgery will be considered at a review workshop later this autumn.

Ophthalmology Electronic Patient Record - The Committee will be aware from previous updates that this national programme to deliver a comprehensive electronic patient record for ophthalmology has been subject to significant delays to implementation and operational go-live planning. Since the transfer of the programme to Digital Health Care Wales (DHCW), a revised baseline plan and procurement process has been developed with contractual actions as follows: -

- Cardiff & Vale UHB to retain the Eye Care contract with the current supplier TKL until natural expiry in January 2025
- DHCW to then commence a new contract with TKL, enabling all assets to transfer to them, along with revised maintenance and support agreements
- Further decisions will be made between now and January in respect of technical arrangements e.g. system hosting, support standards etc
- Detailed plans (covering the implementation of the electronic patient record and the procurement of an electronic referral system) are to be submitted to Welsh Government by the end of September.

Commencement of the new DHCW contract will address a number of the outstanding concerns / pre-requisites highlighted by the Health Board's digital team and will enable acceleration of the programme. However, Welsh Government have confirmed that there is no further national funding available to support the implementation of Open Eyes, with Health Boards expected to pick up respective costs.

Aneurin Bevan University Health Board service and clinical representatives remain closely involved with the process, and a local EPR Board continues to meet on a monthly basis.

Orthopaedics

This programme is overseen by a regional board chaired by the Chief Executive of Cardiff & Vale University Health Board and with regional clinical / workforce lead roles from Aneurin Bevan University Health Board. The agreed collaborative aim of the programme is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency in a sustainable way.



This has been broken down into three working objectives:

- Adoption of best practice systematically across the region
- Optimisation of currently underutilised capacity
- Identification of options to provide orthopaedic capacity to address existing backlog and unmet demand

The programme continues to make steady progress following completion of the exercise to refresh demand / capacity positions, with key current work streams as follows: -

- Ongoing work to establish common standards and processes (now looking at pre-operative health screening)
- Planning for the implementation of the 'perfect week/month' pilot for theatre arrangements
- Working group to finalise and agree the clinical model for a potential regional facility at Llantrisant Health Park
- Establishment of a new working group to review the trauma pathway and agree next steps, including a heat map to assess current baselines

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level.

Diagnostics

The governance arrangements for the regional diagnostic programme are made up of an overall programme board (chaired by the Chief Executive of Cwm Taf Morgannwg University Health Board), and supported by three project boards for endoscopy, community diagnostic centres / radiology and pathology

Endoscopy

This project is exploring a form of regional working that potentially includes:

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support Bowel Screening Wales screening optimisation
- Professional 'JAG' accreditation across all facilities (actual or equivalent)
- 'Single team' philosophy – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc)
- Movement towards a single regional waiting list
- Shared approach to effective training, working in collaboration with HEIW via an Academy model
- 'Good enough' IM&T systems to share data including e-referral, reporting and onward referral.

The project continues to progress the procurement / tendering process for a managed service contract for activity at Llantrisant Health Park (LHP). Planning



and operational engagement is being maintained in respect of this to ensure consistent standards and processes, although it is not currently anticipated that our local service would wish to use this option to support core activity in the near future (local priority would be for full utilisation of the new suite in the Royal Gwent Hospital).

A supporting business case is being developed for the establishment of the LHP facility, based on a first phase involving just Cwm Taf Morgannwg University Health Board, followed by a second phase including all health boards and encompassing additional screening and surveillance activity, plus the incorporation of a training academy (for which a separate business case is being developed by Health Education and Improvement Wales).

Discussions have progressed in respect of second phase capacity commitments (from 2027/28) for each health board, and it is anticipated that these can be agreed for incorporation into a business case later this year, subject to demonstration of cost-effectiveness. A clinical summit is also being arranged to ensure a robust consensus on the future clinical model and associated regional working / workforce arrangements.

Community Diagnostic Hubs / Radiology

The project board is overseeing arrangements for the establishment of community diagnostic hubs (CDHs) across the region to address existing waiting times, backlogs and accessibility constraints. The nationally agreed overarching criteria for these are:

- The need for accessibility
- To be sited in areas of deprivation
- Able to be accessed across Health Board boundaries

Whilst colleague health boards are prioritising use of a managed service contract with a private sector partner for the delivery of this, the preferred option within Aneurin Bevan University Health Board remains an in-house development, as this is considered to provide the best option in terms of affordability, deliverability and sustainability. This is based on the provision (via capital funding) of a second MRI scanner at the Grange University Hospital (GUH), thereby freeing up capacity for a CDH on a local general hospital site (likely to be Ysbyty Ystrad Fawr) and additionally bringing benefits of new service capacity to meet expected future demands and of addressing the 'single point of failure' risk of the existing scanner at GUH. A business justification case for this is being prepared for submission to Welsh Government.

Pathology

This project is overseeing the identification, development and implementation of regional pathology solutions in Southeast Wales to create a robust, sustainable, future proofed and patient-focussed service. A Regional Pathology Steering Group is considering options in this respect, with initial priorities centred on cellular pathology.



It is acknowledged that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. The Health Board raised a number of queries in response to a draft national business case, and the replies to these are currently being assessed to ensure that all potential programme steps, costs and risks have been identified. There are significant recurrent revenue cost implications, and further scrutiny of these is required prior to consideration of formal Health Board approval later this financial year.

An options appraisal workshop took place in June, when it was agreed in principle to move towards regional centralisation of cellular processing and a central consultant base. It was recognised that this should be preceded by work to establish a common regional management structure, and that this should proceed as the next main phase of the project. Project documentation and governance is being updated to reflect the latest developments, and a revised regional steering group will oversee progress.

Aneurin Bevan University Health Board representatives remain fully engaged with the programme at a planning, clinical and operational level.

Cancer Services

Following the revised governance approach to cancer planning in the southeast, this programme is hosted by Aneurin Bevan University Health Board, with the Chief Executive acting as the Senior Responsible Officer. Following this agreement to bring the regional cancer services agenda into the regional planning portfolio, the first regional Cancer Programme Board took place in September, providing an opportunity for Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg University Health Boards, and Velindre Cancer Centre colleagues to shape the programme and priorities. There was emerging consensus that the development of a regional strategy would be key whilst at the same time progressing some immediate projects and priorities.

Key priorities include systematic anti-cancer therapy (SACT), standardisation of service pathways and the integration of cancer with existing wider pre-habilitation and acute oncology work streams.

Construction of the new satellite radiotherapy unit (SRU) at Nevill Hall Hospital continues to progress to schedule, with completion anticipated in February 2025 and first patient treated in April 2025. This will provide radiotherapy services fully aligned with the satellite specification issued by Velindre NHS Trust and will provide additional capacity to deliver a range of patient benefits, with the aim of fully aligning with the future regional programme approach. The work of the supporting arts and environment steering group (chaired by the Executive Director of Therapies & Health Science) is also progressing to schedule, following Project Board sign off of the final detailed strategy.

The bi-lateral partnership group set up between Executives of the Health Board and Velindre Trust continues to meet regularly to ensure there is joint and collective oversight and ownership of mutual projects and priorities.



Welsh Sexual Assault Service (WSAS – formerly SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners continue to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys and Gwent. This involves an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation as a forensic standard for the collection of evidence.), and ensures robust governance arrangements.

Now that the reconfiguration of acute forensic cases in the southeast Wales region (as previously outlined) is complete, management of the remaining elements of the programme is transferring to the recently established Joint Commissioning Committee, which is reviewing the arrangements for transitioning the long-term service into an operational network. A new network implementation manager has been appointed and the current programme status is as follows: -

- The revised standards and specification to be followed as part of the new 'Caremore' service model (based on the National Health and Care Quality Standards recently agreed for use in Wales) are essentially complete, pending final JCC review.
- Contracts for the future forensic medical examination and independent sexual violence advisor services have been awarded
- Preparations are progressing for the ISO accreditation revisit to the Cardiff Royal Infirmary service hub in 2025.
- The future commissioning framework / arrangements are being developed, with the service likely to sit within the mental health & vulnerable groups team. A recent workshop to progress this was postponed, pending finalisation of JCC governance processes

Health Board clinical, finance and planning representatives remain fully engaged with the programme.

Spinal Surgery

A spinal surgery operational delivery network for south Wales was established in 2023, following confirmation of service sign up in principle (via a memorandum of understanding) and enabling funding from Welsh Government. The network is hosted by Swansea Bay University Health Board and has the following remit: -

- To ensure effective clinical flows
- To enable a whole system, collaborative provision approach
- To provide consistent provider guidance and improved service standards
- To provide a focus on quality and effectiveness through benchmarking and auditing of services



- To provide assurance to providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across wide geographical areas
- To support capacity planning and activity monitoring with collaborative forecasting of demand, and matching of demand and supply
- To provide oversight of clinical & operational governance
- To develop a network training programme
- To facilitate the development of clinical guidelines & operational policies

Governance arrangements include a Network Board, reporting to a Delivery Assurance Group and then to the Joint Commissioning Committee.

The Network has been working extensively with various stakeholders across South Wales to develop clinical guidelines, operational policies and clinical pathways. Key current workstreams include the following:

- Review of spinal MRI provision to ensure universal 24/7 availability
- Disposition plan to define referral pathways, transfer times and destination for patients with suspected or confirmed spinal pathology
- Development of a network communication plan, in liaison with all stakeholders
- New guideline for spinal trauma
- Establishment of the first supra-regional MDT for complex neuro-spinal cases
- Review of the metastatic spinal cord compression pathway
- Research project to review key performance indicators across the network

As an operational delivery network, Health Board engagement is primarily service & clinically led (including one of the ABUHB spinal surgeons as the network clinical governance lead), with planning and commissioning input as / where required.

Thoracic Surgery

This programme is led by Swansea Bay University Health Board with the objective of establishing the centralisation of thoracic surgery services for South Wales in new facilities in Morriston Hospital in Swansea.

The key aims and benefits of this programme include:

- Provision of an additional 300 case surgical capacity to deliver a total of 1,500 cases per annum (increased as a result of the projected future lung cancer screening programme)
- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients
- Improved equity of care across Wales e.g. resection rates, surgical procedures and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.



Considerable work was undertaken in 2023 to progress the above through a series of work streams, with a view to developing an Outline Business Case with preferred service specification option for submission to Welsh Government by the end of the year. The programme has not progressed further in 2024, pending confirmation of OBC funding from Welsh Government. It is anticipated that revised timelines will be issued later this year, pending the outcome of capital prioritisation processes, but full implementation of the new service is now unlikely to be achieved until 2027/28.

ABUHB remain fully engaged with regular clinical, planning and financial / commissioning input.

Interventional Radiology

Interventional radiology (IR) refers to minimally invasive, image-guided medical treatments. These can be broadly split into the following:

- Vascular IR for minimally invasive vascular (arterial and venous) procedures, such as stenting or angioplasty.
- Non-vascular IR for a range of procedures, including unblocking of kidneys or the liver
- Neuro IR for vascular disease in the central nervous system

Within south east Wales, Cardiff is the tertiary centre for vascular services. There are currently eight vascular interventional radiologists in post within the region, supporting delivery across the three Health Boards via an agreed operational policy. The service remains robust and sustainable, with active succession planning in anticipation of future retirements.

Within south west Wales, Swansea is the tertiary centre for vascular services. Over the past year, the service has recently addressed some significant workforce / sustainability issues, resulting in operational support from the south east, but has been successful in recruiting three new consultants to the service, who are now expected to take up post during November. It is hoped that this will provide the basis for a sustainable long-term solution - the south east service continues to provide out of hours cover to the south west and accepts occasional day time referrals, but this is seen as reasonably sustainable in the short to medium term. The situation continues however to be closely monitored by clinical and planning teams.

Hepatobiliary and Pancreatic Surgery

This project to develop proposals for improving current service provision for hepatobiliary and pancreatic (HPB) surgery is managed jointly between Cardiff & Vale / Swansea Bay University Health Boards. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepatobiliary and pancreatic service, in south Wales these services are currently split (with liver surgery undertaken at the University Hospital of Wales and pancreatic surgery undertaken at Morriston Hospital)



The Programme Board (alternately chaired by the Medical Directors of Cardiff & Vale / Swansea Bay University Health Boards) has overseen a comprehensive review of future service delivery options (by an external clinical advisory group), which has indicated that the only viable future options are a combined single site based either in Cardiff or Swansea.

Progress stalled at the end of 2023, primarily due to a lack of operational and project capacity to undertake the necessary work. The position was reviewed by the combined Cardiff and Swansea Regional & Specialised Services Provider Planning Partnership (RSSPPP), which concluded that insufficient evidence had been gathered to enable a fully informed decision about the location of a future integrated HPB service, but recommended that there should be an urgent move towards a combined management team across the two sites and to operate collaboratively in advance of any formal service reconfiguration. A project plan has been endorsed for a three-stage model as a way forward (interim shared network (six months) / medium term shared delivery (two years) / permanent single integrated service) The Project Board terms of reference have been updated to ensure additional representation from all Health Boards and delivery of these new objectives, and a new project manager is in post.

As all patients are considered to benefit from the proposed changes, all participating Health Boards are being approached to seek a financial contribution to the development of the project support and network establishment from 2025/26. Future finance and commissioning options are currently being considered, with adoption by the JCC currently considered the most appropriate way forward.

Project Board meetings were stood down whilst the above project scoping work was being finalised, but are recommencing in September when approval will be sought for draft service specifications, clinical guidelines and network job descriptions. Development of the network launch plan and associated service business case will then follow.

Health Board representatives remain fully engaged in the planning process and associated decision making.

Stroke Services

The National Stroke Programme Board is supporting health boards in taking forward a national piece of work to re-design stroke services across Wales into a Hyper Acute Stroke Model. This involves the setting up of regional stroke centres and is well-advanced in areas where significant collaboration between health boards is required to deliver sustainable reconfigured services e.g. between Cardiff & Vale / Cwm Taf Morgannwg University Health Boards and between Swansea Bay / Hywel Dda University Health Boards

Aneurin Bevan is established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy. Acute services are already configured in a form consistent with national guidelines and Getting It Right First Time (GIRFT) programme recommendations, and the key recent priority for the service has been the configuration of rehabilitation services (acknowledged as being spread too thinly to



be effective against the latest service delivery guidelines, and with insufficient workforce to ensure appropriate service levels on a safe and sustainable basis).

An urgent service change to temporary consolidated single site working at Ysbyty Ystrad Fawr was agreed with Llais and was implemented during November 2023. This has ensured service safety and continuity on an interim basis, pending wider public engagement later this year, linked to the wider longer-term configuration of enhanced local general hospital services in support of the critical care centre at the Grange University Hospital. Discussions are ongoing to finalise the details of the latter, whilst liaising with Llais colleagues in respect of the consequent engagement plan. The Health Board's Pre-Investment Panel has recently issued a positive report on the benefits delivered by the consolidation, which will inform decisions on the long-term position.

Full engagement with the national programme is being maintained to ensure that local population needs get optimal benefit from the new arrangements and any central resource opportunities. The new national network arrangements are now fully in place within the NHS Executive, with stroke now sitting within a wider cardiovascular network, and Health Board service representatives attend regular national meetings for updates on common issues and strategic direction.

Progress in implementing the GIRFT action plan and the new network arrangements within Aneurin Bevan University Health Board continues to be overseen by the Stroke Delivery Group (chaired by the Executive Director of Therapies and Health Science), with regular performance updates to the Health Board's Finance and Performance Committee. A full-time programme manager has been in post since July and notable progress in some service performance metrics has been achieved, supported by additional protection of hyper-acute stroke beds and hence an improved ability to progress patients through the acute stroke pathway within established intervention timescale targets.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to:

- **NOTE** the updated report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



<https://futuregenerations.wales/about-us/future-generations-act/>



DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health and Planning Committee – Review of Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Board Business

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Partnerships, Population Health and Planning Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A**.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee

business are scheduled in across the year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period of July to September the following requests and/or changes to the Forward Work Plan have been included:

Items deferred on the Forward Work Programme:

- Emergency Planning Assurance Report deferred to the Committee’s meeting in January 2025, however the Health Board’s return to Welsh Government in respect of emergency planning has been included on the Committee’s agenda for September 2025 for information.

Additions to the Forward Work Programme:

- An update on Monnow Vale Hospital, including an outline of the current service model, has been added to the Committee’s agenda for its September 2024 meeting at the request of the Chair.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Partnerships, Population Health and Planning Committee Forward Work Plan as provided in **Appendix A**.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Not Applicable Choose an item.

<https://futuregenerations.wales/about-us/future-generations-act/>

Annual Programme of Business for 2024-25

Committee Name: Partnerships, Population Health and Planning

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: Joint committee and partnership planning; Engagement and communication; and Civil Contingencies and Business Continuity;

- That partnership governance and partnership working is effective and successful; and that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
- The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- The Health Board's priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 16/04/24	QTR 2 July to Sept 01/07/24	QTR 3 Oct to Dec 30/09/24	QTR 4 Jan to Mar 28/01/25
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2024/25	DoCG/ Chair	AN				✓
Annual Review of Committee Effectiveness 2024/25	DoCG/ Chair	AN				✓
Committee Annual Report 2023/24	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Overview of Audit Recommendation Tracking	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Long Term Strategy Development • Strategy 2035	DoSP&P	SI	✓	✓	✓	✓

IMTP/Annual Plan Development	DoSP&P	An			✓	
Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An			✓	
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓
Planning Maturity Matrix	DoSP&P	AN			✓	
Monnow Vale Update	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Armed Forces Covenant	DoWD	An		✓	✓	
Population Health						
Population Health Management Update Report	DPH	An		✓	✓	

Joint Strategic Needs Assessment Update	DPH	Bi-An		✓		✓
Director of Public Health Annual Report	DPH	An				✓
Health Protection & Vaccination Programme Update	DPH	SI	✓	✓	✓	✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnership, Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Emergency Planning Annual Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Wendy Warren, Head of Planning – Civil Contingencies

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board have defined roles and responsibilities under the Civil Contingencies Act 2004. These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). The Health Board must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

The NHS Emergency Planning Annual Report is a requirement from Welsh Government as a mechanism for providing assurance to the Health Board, the NHS Executive and the Welsh Government of the arrangements in place within the organisation to meet the duties under the Civil Contingencies Act. The NHS Executive has mandated the template for the Annual Report.

Cefndir / Background

This report is being provided to the Committee to demonstrate the emergency planning arrangements, preparedness and resilience within the Health Board.

The committee did receive a comprehensive update on Emergency Planning on 1 July 2024.

This is an annual report which is provided to the NHS Executive and Welsh Government together with plans and structures previously received by this Committee.

Asesiad / Assessment

The emergency planning annual report provides an opportunity to demonstrate key aspects of the Health Board's structure, processing in place and preparedness to respond to the key risks outlined.

The report identifies the leadership and reporting mechanisms within the Health Board and representation on the Local Resilience Forum partnership at operational and strategic level. Internally the governance and risk processes are reported including inclusion on the risk register.

Specific aspects of the emergency planning agenda are included to enable the Health Board to provide specific aspects of the identified risks, these include:

- Major Incident/Emergency Plan – this is provided by the emergency planning team;
- Terrorism – this is provided by the security lead for the Health Board;
- Power Outage – this is provided by facilities and links with wider business continuity planning;
- Mass Casualty Incidents – this is provided by the emergency planning team and aligns with the All-Wales mass casualty plan;
- Cyber-attack – this is provided by the Cyber Manager;
- Communicable Diseases and Pandemics – this is provided by Public Health Protection together with infection protection and control and emergency planning;
- Chemical, Biological, Radiological, Nuclear (CBRN) – this is provided by the emergency planning team together with the emergency department;
- Training and exercising – this is predominately provided by the emergency planning team and reflects a comprehensive overview of the ongoing training in relation to major incidents and business continuity that is undertaken across the Health Board and exercising which this year includes Exercise Euclid which took place in June 24 which was a full major incident exercise including over 100 staff;
- Communication – this relates to the close collaboration with Local Resilience partners. There are a number of subgroups of the LRF and there is relevant representation on each group to support the development of joint planning and resilience.

The emergency planning report highlights activity and progress against recognised risks and an opportunity to identify any gaps needing additional input. The report also demonstrates that the preparation and planning to provide resilience, although led by the emergency planning team, encompasses engagement from across the organisation and robust collaboration and team working.

Argymhelliad / Recommendation

The Partnership, Population Health and Planning Committee is asked to note the report as assurance of the current emergency planning arrangements, preparedness and resilience.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 004
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. N/A

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Resource Assessment:

• Workforce	Not Applicable
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<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Not Applicable Choose an item.</p>

NHS EMERGENCY PLANNING ANNUAL REPORT 2023/24

**Name of NHS
Organisation**

**Aneurin Bevan University Health
Board**

Date

**Signature of Chief
Executive Officer**

Purpose

The NHS Emergency Planning Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive who will review reports from across the system, seeking assurance that organisations:

- Mitigate where possible the against the risks identified within the NSRA,
- Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber-attacks etc),
- Have appropriate business continuity arrangements in place,
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command-and-control processes and maintain their skills and knowledge including through CPD opportunities.

Governance

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Hannah Evans – Executive Director of Strategy, Planning & Partnerships

2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

N/A

3. Please provide the name and position of your officer(s) who has led day to day responsibility for your civil contingencies/emergency preparedness arrangements.

Wendy Warren - Head of Civil Contingencies and Emergency Planning

4. Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.

Andy Goodenough – Emergency Planning Manager

5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

Wendy Warren - Head of Civil Contingencies and Emergency Planning

6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES – The Emergency Planning and Preparedness (EPRR) Strategy Group

7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

Emergency Planning sits within the portfolio of the Executive Director of Strategy, Planning and Partnership. There is a Health Board EPRR Strategy group that meets bi-monthly to provide a forum to assess risks, associated with emergency planning and the impact on service delivery, identifying actions to limit or, mitigate against/eliminate risks. Review plans and supportive documents, to include, Major Incident, Business Continuity, Human infectious diseases.

The group reports into the Executive Team and on to the Health Board, Population Health, Planning and Partnerships Committee. The most recent update going to the July Committee.

8. Is there a mechanism for discussing and co-ordinating your emergency planning arrangements externally with NHS organisations in Wales and partner agencies, including within the LRF area?

YES

Please provide further details.

This is achieved via the Wales Emergency Planning Advisory Group, the Pre-Hospital Group for NHS organisations in Wales, and the Gwent LRF Strategic Group, LRF Coordination Group and its sub groups for multiagency partners.

9. If applicable, who represents your organisation at the Local Resilience Forum meetings?

Gwent LRF Strategic Group:

- Tracy Daszkiewicz, Executive Director of Public Health
- Wendy Warren Head of Civil Contingencies and Emergency Planning

Gwent LRF Coordination Group:

- Andy Goodenough EP Manager

10. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board?

The Health Boards BC policy was reviewed in January 2022. Service plans are audited/reviewed biannually or if an incident or event influences a change.

A Business Continuity Audit was conducted in Q3 of 2023/24 and received a rating of "reasonable assurance". The Action plan was subsequently signed off at the Health Board Audit, Risk and Assurance Committee.

11. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and how they are managed within the organisation.

Major Incident, Business Continuity and Critical incident are on the corporate risk register (SRR004) as one risk issue. The risk is currently scored as 15. Following the effectiveness of a June 24 Major Incident exercise the combined risks will be divided into respective MI and BC risks as the MI exercise has proven that the extant plan provides an effective response.

Major Incident/Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

The Major Incident Plan was last updated and approved by the Board in March 2024

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

The MI Plan was updated in line with the Kerslake Review during Q4 of 23/24 and approved by Board in March 2024

14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES - these were updated as part of the March 24 update

15. If NO, what are the gaps and how are these being addressed?

Terrorism

16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES

If there are changes in the national threat level the organisation would form a security advisory group to assess the threat and credible risk to the organisation and put in place security/warn & inform arrangements to protect staff, patients and visitors.

This is included in the Major Incident Plan

When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
July 2024	Tabletop exercise to assess current site emergency and planned lockdowns was undertaken by the Head of Facilities and Security Manager

17. Were any issues identified as a result and if so how has / is your organisation addressing these?

Planned Lockdown:

There are established planned lockdown processes in place across Health Board estate. These processes range from site lockdowns by Security Officers at large sites through to designated building occupants at smaller community premises.

At all hospital sites there are a mixture of digital and analogue access-controlled doors, deadlocks and thumb locks. There have been issues identified where doors with thumb locks have been used to exit the building out of hours and later found to be open.

To address this the use of thumb locks will be reviewed by the Security Manager, Head of Estates and Fire Officer. There will be education for Health Board staff with a targeted drive to implement a pro-security culture.

Emergency Lockdown:

The ability to lockdown hospital sites varies across the Health Board. For example there is a SOP, staff training and testing in place in The Grange University Hospital (GUH). In The Royal Gwent Hospital (RGH) there is a less structured approach to emergency lockdown. This is a particular challenge due to the site having a high number of access and egress points.

The Security Manager will assess all current emergency lockdown procedures and consider unique site challenges. SOPs and testing programmes, using a multi-disciplinary approach, will be developed for each of the hospital sites.

Power Outage

18. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES

19. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

In the event of prolonged loss of power, essential electrical services would need to rely on generator support. At our key sites, (GUH, RGH, NHH, YYF and YAB), tertiary power is provided by means of automatic standby generators, adequately sized and connected, ready to be able to satisfy the requirement. In the event of loss of power these generator sets would automatically start and, within 15 seconds, restore essential electrical supply to the affected site.

Once Mains power has been restored, after a period of approximately 4 minutes the generators will disconnect and the site will be back to primary supply. The key risk associated with such a scenario would be the fuel for the generators.

Each site has bulk fuel storage to facilitate extended generator run time however the bulk storage is not infinite and could be exhausted during prolonged runtime periods. This risk is controlled by having the ability to arrange additional fuel deliveries to refill bulk storage tanks whilst the generators are running if required.

Further potential risk could be generator failure. The generator sets across ABUHB are maintained under an SLA by the health board's specialist contractor in line with respective guidance and are tested monthly by the Estates team, providing a level of assurance that the generators will be ready to run in such an event. During generator run periods, an appropriate Low Voltage Authorised person will be on site taking overall control of any electrical related actions, managing Works & Estates competent staff who would be tasked with monitoring the generators, any electrical switchgear, as well as fuel levels, reporting any concerns directly to the Authorised person for appropriate escalation.

Should extraordinary runtime periods be required the Health Board Specialist Generator service contractor would be requested to attend site to oversee generator performance and provide additional support.

During unexpected generator run periods the Authorised person will provide regular updates to local site teams and incident control teams as necessary.

Mass Casualty Incidents

20. Please describe how your emergency planning arrangements fulfil the roles and responsibilities placed on your organisation as set out in the “Mass Casualty Incident Arrangements for NHS Wales” document, agreed by Chief Executives.

The Health Board major incident plan has been updated to ensure the roles and responsibilities as an organisation are being fulfilled, these include the internal mechanisms to create the capacity to meet the agreed first 2 hour casualty dispersal plan with ABUHB being able to receive 8 P1, 10 P2 & between 20-30 P3 patients. This has been recently tested (June 24) and achieved within an exercise.

Within our 3C command structure we are able to provide representation to attend the coordination structures of a Mass Casualty Incident, providing medical representation at the Clinical capacity and strategic representation at the Strategic Health group.

We currently have 78 trained MERIT nurses, enabling us to provide a 24/7 cover of 2 MERIT nurses rostered on shift.

There is an internal transfer practitioner team and vehicles, appropriately trained to support the ongoing care of existing patients to step down capacity at our ELGH's but also to support transfers of MCI patients to the Major Trauma Centre if required.

Cyber Attack

21. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES

22. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted?

The risks associated with cyber incidents are captured on the IT Operational risk register. Ownership and mitigation are captured as part of the risk assessment and reporting process. Risks are reviewed monthly at the Service Delivery Management Board and also form part of the monthly Cyber Report.

The newly implemented Governance and Assurance framework allows those risks that are above appetite to be escalated to Senior Information Risk Owner (SIRO)

The Cyber Team has a responsibility under Network and Information Systems Directive to escalate any reportable incident to Cyber Resilience Unit and guidance on reporting is included within the Cyber Incident Response Plan (section 22)

The Cyber Manager also represents Aneurin Bevan Health Board on the Gwent Local Resilience Forum and has contributed to the Gwent Local Resilience Forum Cyber Response Plan which aims to provide a co-ordinated approach to a cyber incident

business continuity incident that may impact Local Authorities Blue Light and Health across greater Gwent.

Communicable Diseases and Pandemics

23. Do your business continuity arrangements include plans to respond to a new pandemic?

Aneurin Bevan University Health Board has developed a 'Public Health Incident Response Plan' which is a document that outlines the actions required by the Health Board to prepare for, respond to and recover from a public health incident. This includes, but is not exhaustive of, relevant governance arrangements, command and control procedures, communications, workforce training and deployment, and debriefing & recovery following an incident.

The document aims are to:

- Ensure that the Health Board is prepared to respond to and recover from public health incidents.
- Establish the key actions required to respond to public health incidents dependant on the categorisation (normal, enhanced or major response).
- Reduce, control and mitigate the impact of standard public health incidents (which, nevertheless, remain significant e.g., the re-emergence of Measles, increase in tuberculosis) within normal working arrangements and processes.
- Ready the Health Board to respond if an enhanced incident, or major public health incident

If formally declared, the plan outlines three levels of response:

1. Normal – Incidents of this nature will be responded to within business-as-usual operational arrangements led locally by the Health Protection Service.
2. Enhanced – Public Health Incidents that require co-ordination and resources above those provided by the Health Protection Service and will initially be sought from the wider ABUHB Public Health team.
3. Major - The scale of the response requires a more significant mobilisation of resources and a level of strategic response across the organisation.

The plan provides a framework for establishing, reviewing, and improving resilience to enable the Health Board to undertake an effective, appropriate, and timely response to a public health incident when required. The plan has been through the sign off process with the Emergency Preparedness, Resilience & Response Group as well as the Executive Committee.

The plan is a live document which is regularly updated. This will be particularly relevant following any reports and guidance issued after phase one of the UK Covid -19 inquiry and the plan will be reviewed and updated as necessary in light of this and any emerging information.

24. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The level of response that is required depends on the scale of the incident or emergency, and the associated public health threat. Whilst there will always be a risk in the face of a new pandemic, the development of the ABUHB 'Public Health Incident Response Plan', used in conjunction with existing ABUHB Major Incident procedures has helped mitigate those risks and gives the guiding principles for an appropriate response to the majority of scenarios.

Dependant on nature of the 'new' pandemic arising, the Health Board does have a generic plan that can be flexed and adapted to meet the demands of the emerging risk. Again, based on the findings of phase one of the UK Covid-19 Inquiry, Health Board plan can be reviewed and strengthened in response.

Learning from Covid-19 the Health Board recognise the impact on staff well-being, also a number of staff will have left the organisation or moved to new roles.

There are a high number of single occupancy rooms across hospital sites, there is however aged estate across supporting enhanced Local General Hospitals (eLGHs) with multiple bedded bays with the subsequent risk of infection consequently effective bed management is essential.

Patient pathways for infectious diseases have been established and tested

There is training and experience re donning and doffing PPE, this and fit testing for respiratory protection would need immediate action/mobilisation.

There would be increased demand on microbiology services – work would need to be prioritised dependent of the nature of the pandemic.

The health service already under considerable pressure with year-round systems pressures this would affect ability to release capacity.

25. Please describe your organisation's readiness to deal with one or more patients presenting with a suspected high consequence infectious disease. Please include details of facilities, patient pathways, IP&C procedures, workforce and training.

Public Health Incident Response Plan and Infection Prevention and Control pathways for infectious diseases identify the following processes in readiness:

- Negative pressure rooms are available within ED, MAU, ITU and C4 at Grange University Hospital (GUH) however always in use so quick access to capacity is essential.
- Policy and procedures available would link to national guidance
- Admission assessment screening questions in ED
- Mask fit testing promoted

The Health Board does not have an Infectious Disease Consultant/Team. Two substantive and one locum consultant have training in infectious diseases whilst working in other specialities, but not role specific. One of these consultants attends ID MDTs in Cardiff to provide a link with the South Wales Infectious Disease Service commissioned in CVUHB

Sustainability of PPE training very challenging and would use more experienced staff

The Health Board is in communication with PHW to outline 'Train the Trainer' HCID PPE training and outline supply of the HCID PPE ensemble packs.

Key teams are ready to take up the opportunity for training and to install packs in key areas when available

CBRN

26. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

The organisation has a CBR plan and actions cards in place to respond to patients self-presenting at ED having been exposed to a chemical, biological or radiological substance. ED nursing staff receive training / refresher training on an annual basis. There is a bespoke decontamination facility located at GUH and storage for Powered Respirator Protective Suits (PRPS) PPE.

A senior service tech engineer from Respirix Group check and test our PRPS equipment annually.

The Health Board has PGDs in place to administer CBRN countermeasure medication if required.

27. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

There is a significant Control of Major Accident Hazzard (COMAH) site in the Health Board footprint, there is an incident response plan co-ordinated by Monmouthshire County Council, which incorporates the risks and response from partners. There was a table top exercise to test plans 14th June 2023.

Training and Exercise

28. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES

Please describe these below

When plans are being reviewed to register is checked also if there is a significant event nationally changes to plans are considered based of outcomes of reports or inquiries

29. Please provide the dates when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
11 Sep 23	MERIT Activation and HCSSW via Everbridge
26 Nov 23	Wales Connect
29 Feb 24	WAST Everbridge Major Incident/MERIT activation Test Call
20 Mar 24	Wales Connect
17 Apr 24	Wales Connect
26 Apr 24	WAST Everbridge Major Incident/MERIT activation Test Call
15 May 24	Health Board Major Incident Test staff call in

b. Carrying out a tabletop training exercise within the last year. Please provide details below

Dates	Details of tabletop training exercise
17 Jul 23	Estates/ICT Business Continuity Exercise
10 Oct 23	Business Continuity cross Division Exercise
6 Dec 23	Measles table top exercise
20 Jun 24	Exercise Euclid, Full hospital table top exercise, testing ABUHB's 3 C Structure, Emergency Department, Critical Care Unit, Theatres, Site Operations, Medical admissions unit, Surgical admissions unit, Radiology, Pathology and communications team. The exercise was a full day event with the overall aim to test the ABUHB Major incident response procedures. To objectives were <ol style="list-style-type: none"> 1. to assess staff awareness of their roles and responsibilities in the event of a major incident 2. To identify any gaps within action cards to ensure a resilient response to a major incident 3. To test ABUHB's agreed first two hour casualty dispersal numbers 4. To test our ability to release WAST vehicles to respond to a major incident.

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below

Dates	Details of major live or simulated exercises undertaken
	Simulated as 20 June above

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30. Has your organisation had to initiate your major incident / emergency plan between April 2023 to March 2024?

NO

a. If YES, what was the nature of the incident?

N/A

b. Were post-event reports produced for these incidents?

c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

N/A

31. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES

Please provide further information

As part of the ongoing development of local plans and action cards training is provided for each area – this is a systematic approach to cover all areas.

32. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES

Please provide further details including

- **Number of staff trained in Gold, Silver, and Bronze roles;**
- **Number of your Executive Team who've attended Wales Gold in the last 3 years; and**
- **Number of Senior Managers who've attended Wales Gold in the last 3 years.**

Every staff member who joins the on-call rota will receive internal training of their role to respond to a Major Incident. Silver and Bronze training is included in training when developing action cards, this work is

ongoing with departments.

32 x Silver on-call managers trained

There have been 1 executive and 5 senior managers attend the Wales Gold in the last 3 years.

The Gold on call rota has a mixture of Executives and Senior Managers (approx. 40)

The Health Board have also developed an internal 'Gold' training session which includes- internal response to a MI, attendance at SCG and a table top exercise which requires using the JDM and action logging to emphasise decision making, rationale and record keeping.

An equivalent 'silver' training session is being developed.

All key area's within ABUHB major incident plan have a 3 yearly action card review, as part of the review a training programme is provided with relevant updates this is a rolling programme.

Communication

33. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES

Please provide details.

We work with our LRF partners and share plans. All internal and shared plans have a communications element within them

Assurance

34. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	X		
2) Put in place Emergency Plans	X		
3) Put in place Business Continuity Management arrangements	X		
4) Share information with other organisations to enhance co-ordination and efficiency	X		

5) Cooperate with other organisations to enhance co-ordination and efficiency	X		
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	X		
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds in to EPAG?		X	In 2024 the Health Board established an EPRR group this will be the forum to receive lessons identified and learned and will now feed into EPAG

DRAFT

Priorities

35. What are your priorities for 2024/25 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

- Raise awareness and continue to embed BC planning across the organisation, develop risk-based plans to respond to incidents, and test & Exercise BC plans at a local service level.
- Increase and strengthen staff knowledge of the BC incident alert & escalation procedures for service plans.
- Reinvigorate the operational BC planning group that will report the EPRR group.
- Produce the post exercise report following the MI exercise, identify learning, revise actions and plan local exercises to further test departmental plan interoperability
- Review pandemic planning following release of Covid-19 module one

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure; and**
- **an organisational chart setting out your organisation's emergency response structure.**

Completed and signed report forms with any attachments to be returned following consideration by your Board at its July meeting.

By email to: Rebecca.Luffman@gov.wales

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2024
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Armed Forces Covenant
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and OD
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Brown, Assistant Workforce Director; Daniel Madge, Senior Education and Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In May 2024 the Chief Executive of NHS Wales wrote to all Health Boards asking for confirmation that they were adhering to the duties of the Armed Forces Covenant. Specifically, we were asked to report on how we:

- identify and record members of the Armed Forces;
- consider the Armed Forces community when planning services;
- raise awareness of the Armed Forces Covenant and how we adhere to it; communicate with our local Armed Forces community;
- highlight areas of good practice.

This paper shares the response that was submitted and provides an update on ongoing work to promote the Armed Forces agenda within the Health Board.

Cefndir / Background

The Armed Forces Covenant was enshrined in law in November 2022. It places a specific duty on health organisations to consciously consider the Covenant when developing or delivering policy decisions that may affect members of the Armed Forces Community and to ensure that veterans receive priority access to services where they require treatment for an injury that was caused as a result of service.

Asesiad / Assessment

The Health Board has responded positively to the request for assurance. A full copy of the letter, **Appendix 1**, is enclosed for information. The letter highlights that the Health Board:

- Actively requests members of the Armed Forces to identify themselves during recruitment processes and that we provide a guaranteed interview scheme where candidates met all essential requirements.
- Works with our Primary Care colleagues to promote the Armed Forces Aware GP scheme.
- Tracks veteran status through the patient records and our informatics systems.
- Provides specialist veteran Mental Health Services including Psychiatry and a unique Peer Mentor Service.
- The Health Board has achieved the Employer Recognition Scheme Gold Award (the highest award available).

In addition to this, the Health Board are actively developing the Armed Forces Agenda. Recent activity has included:

- Hosting the regional South-East Wales Armed Forces Forum designed to promote greater partnership working between the Armed Forces Community and a range of statutory and third sector organisations.
- Maintaining our in-house Armed Forces Staff Network to ensure that Reservists, Veterans, Adult Cadet Volunteers and family members of serving personnel are involved in decision making and feel supported as employees and service users.
- Initiating the process to appoint an Armed Forces/Equality, Diversity and Inclusion (EDI) post. This is initially funded until the end of March 2025 but with the aspiration of identifying resources to continue this role on a permanent basis.
- Arranging to host a series of information and recruitment stands in Royal Gwent Hospital and Grange University Hospital to promote Reservist and Adult Volunteer Cadet opportunities to NHS staff whilst also raising the profile of the strategic partnership between the NHS and the Armed Forces. These will run monthly and alternate between the two sites from September 2024.
- Submission of a Health Board team to participate in the Medical Stretch Exercise that will run in September 2024. This exercise is hosted by the reserves for NHS staff and aimed at sharing leadership skills and promoting enhanced partnership working.
- Promoted Armed Forces week through the Communications Team at the end of June.
- Met with the veterans Commissioner for the UK.
- Currently exploring options to introduce the Poppy Scheme so that veterans can have a magnetic poppy attached to their bed to identify their veteran status.

Over the Summer of 2024, the Health Board completed its application to renew its Employer Recognition Gold Award, and we are awaiting confirmation from the Ministry of Defence that this has been successful.

Argymhelliad / Recommendation

The Partnerships Population Health and Planning Committee is asked to **NOTE** the contents of this report for information.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	AFLO – Armed Forces Liaison Officer EDI – Equality, Diversity and Inclusion
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities;
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	and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>

Ann Lloyd CBE, Cadeirydd | Chair

☎ 01633 435 957

✉ Ann.Lloyd@wales.nhs.uk

Nicola Prygodzicz, Prif Weithredwr | Chief Executive

☎ 01633 435 958 ✉ CEOabuhb

✉ Nicola.Prygodzicz@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our ref: **NP/SS/jac**

27th June 2024

Judith Paget CBE

Director General Health and Social Services/NHS Wales Chief Executive Health &

Social Services Group

Welsh Government

King Edward VII Avenue

Cathays

Cardiff

Dear Judith,

Re: **Armed Forces Covenant**

Thank you for writing to ask for a baseline assessment of our current arrangements to ensure our compliance with the Armed Forces Covenant. We are committed to continuing to embed and improve our application of the duty and supporting our Armed Forces and Veteran communities. Our responses are outlined below in relation to awareness and compliance with the specific questions asked to inform our baseline position.

- **How the Armed Forces Community is identified and recorded across healthcare settings.**

Patients are identified through the electronic patient record and information coding system. Patients are requested to identify their Armed Forces connections to their GP. This is then coded into all new referrals for secondary care treatments and the code is tracked through the patient informatics system. Armed Forces status is identified in the electronic patient record. We are currently aware that not all patients choose to register their Armed Forces connections with their GP. We have taken steps in the past to promote the need to share this information and also practically taken actions to ensure that there is a section on the bottom of the GP referral which informs if the patient is a veteran and when the referral is processed, booking clerks will check that a keynote is active on our systems.

We recognise that there is more to do to raise awareness and support compliance and recently have been reviewing and planning to consider adopting the Magnetic Poppy scheme adopted by some of the Health Boards and NHS Trusts in England. This will be a visible reminder to all staff that patients are part of the Armed Forces Community and act as a reminder to staff, patients and carers that someone's Armed Forces connections should be identified. We are supporting GP practices in Gwent to become accredited Veteran-friendly practices in order to provide specialist care for current and former military personnel and importantly help patients to identify if they are with the Armed Forces community.

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys, Ysbyty Sant Cadog
Ffordd Y Llodj, Caerllion, Casnewydd NP18 3XQ

☎ 01633 436 700 f BwrddIechydPrifysgol ✉ BIPAneurinBevan

Rydym yn croesawu gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg heb oedi.
Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan.

Dyfodol
Clinical Futures

Aneurin Bevan University Health Board
Headquarters, St Cadoc's Hospital
Lodge Road, Caerleon, Newport NP18 3XQ

☎ 01633 436 700 f AneurinBevanHealthBoard ✉ AneurinBevanUHB

We welcome correspondence in Welsh and we will respond in Welsh without delay.
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board.

In relation to staff groups, we operate a number of mechanisms that enable us to monitor and track members of the Armed Forces Community working for the Health Board. First, we operate a guaranteed interview scheme for all members of the Armed Forces Community identifiable through self-disclosure of a tick box within the NHS Trac recruitment system and our commitment is clear on our recruitment webpages and recruitment processes. This includes Reservists, Veterans and Adult Cadet Volunteers. This information then transfers into the ESR system for monitoring and review purposes upon successful recruitment. If staff are not identified at this stage the Armed Forces Covenant is identified as part of our Corporate Induction. We maintain a vibrant Armed Forces staff network. This circulates relevant information to staff by direct mail and maintains a regular presence on the internet pages and in staff newsletters. Each news briefing acts as a reminder to staff to identify their membership of the Armed Forces Community.

Finally Reserve Units write annually to confirm their current membership and we retain a record of staff who are engaged in dual careers within ABUHB and their respective Reserve Unit.

- **How information on the Armed Forces Community and around concentrations of veterans/service families is used for service planning.**

Service planning for specific patient communities is undertaken at service planning level and with strategic partners. This includes provision of the specialist Veteran Mental Health Service and our commitment to provide specialist Psychiatry support to Veterans.

Strategically we host the regional Armed Forces Forum. This is an opportunity for the Armed Forces Community, third sector organisations the five local authorities and ABUHB to come together to share information and best practice and to identify gaps in service provision. ABUHB also have an Executive and Trade Union presence at the National Welsh government-hosted Armed Forces and Veterans Champions Meeting.

- **The methods and/or channels used to raise awareness and disseminate information to staff on the Covenant Legal Duty and issues surrounding the Armed Forces.**

Across the Health Board we adopt a multimedia approach to communicating with staff about the Armed Forces Covenant Duty and other related matters affecting the Armed Forces Community.

We have a detailed Armed Forces page on both our intranet and internet pages. This is regularly updated with news stories. The Armed Forces Covenant and associated duties are included in our newly revised Corporate Induction. The Health Board Armed Forces network is open to all staff who have or who are serving and to close family members of those currently serving in the Armed Forces. Until recently a member of the Workforce and Organisational Development team who was an Armed Forces Veteran was the chair of this group, however they have recently moved on from the organisation for promotional opportunities within the NHS. Having a Veteran steering this key network is critical and we are exploring creative avenues to replace them.

For example, we have recently agreed funding to appoint a fixed term until March 2025 joint EDI/Armed Forces Covenant lead role to sit within the Workforce and Organisational Development Team Structure. This role is identified as requiring lived experience of being part of the Armed Forces community. This role will take a lead in enhancing our offer and our internal procedures for meeting the duties contained within the Armed Forces Covenant and addressing issues that arise and promoting awareness. Moving on from March 2025 we are considering a regional joint appointment with neighbouring Health Boards and are in the very early stages of exploring this opportunity. This will support our ability to continue promoting

initiatives such as Armed Forces Week, the work of our Armed Forces forum through internal and external communication channels.

We have recently met with the UK Veteran's Commissioner, Colonel James Phillips, to discuss our arrangements for meeting the duties of the Covenant. Overall, he stated that he was pleased with our current progress and looked forward to a continued dialogue with us. During the meeting we also committed to exploring the option of seeking accreditation with the relatively new Veterans Covenant Healthcare Alliance designed to support NHS trusts in understanding and meeting the needs of the Armed Forces community.

Locally we have also recently met with the Regional Employers Engagement Manager appointed to promote and coordinate the Armed Forces Employer Engagement Award. ABUHB is proud to hold the Gold Award of the Employer Recognitions Scheme and we are delighted to be able to maintain close working relationships with the scheme's representatives. As part of this scheme, I can confirm that we are current signatories to the Armed Forces Covenant. During this meeting we identified the possibility of inviting Brigade representatives (Captain Huw Williams) to host information and recruitment stalls across our hospital sites.

- **Any specific services or considerations you offer the Armed Forces Community and to highlight areas of good practice.**

In line with NHS Wales recommendations, we offer bespoke Armed Forces Veterans psychiatry support to the community. We have developed and established a Peer Mentor Service that is embedded into our Veterans Service within Mental Health. This ensures that patients within this service have added support from a range of community networks that we are in regular contact with and able to access to support individual needs across a range of issues.

In the longer term we have discussed with the Veterans Commissioner and the Armed Forces Engagement Director the value of establishing regional leads that cover all NHS organisations in Wales. This is a regional infrastructure development we would want to support and play an active role with. We have also proactively appointed a member of our Board to lead on the Armed Forces agenda and attend regular regional and national meetings.

The Health Board is proud to support the Armed Forces and adhere to the requirements of the Armed Forces Covenant and welcome the opportunity to share the progress we are making and fully recognise the importance to maintain this focus and seek opportunities to improve. The work to reapply for our Employers Recognition Gold Award and the recruitment of a lead officer will support our ability to strengthen our commitment to this important agenda.

If you have any further queries, I would be very happy to discuss them in more detail.

Yours sincerely



Nicola Prygodzicz
Prif Weithredwr/Chief Executive