Partnerships, Population Health and Planning Committee

Mon 01 July 2024, 12:30 - 15:30

Microsoft Teams

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

Agenda

1. PRELIMNARY MATTERS

1.1. 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 16th April 2024

Oral *Chair*

1.4 18.4.2024 Partnerships Population Health and Planning Minutes for APPROVAL.pdf (8 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 PPHPC Action Log July 2024.pdf (5 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Committee Forward Work Plan 2024/25

Attached *Director of Corporate Governance*

2.1 PPHPC Forward Work Plan MJ RD.pdf (4 pages)
2.1a PPHPC FWP template 2024-25 Final.pdf (6 pages)

3. ITEMS FOR DISCUSSION

3.1. Committee Risk Report

Attached *Director of Corporate Governance*

3.1 Committee Strategic Risk Report _PPHPC_June 2024_.pdf (6 pages)
3.1 Appendix A PPHPC Strategic Risk Register.pdf (3 pages)
3.1 Appendix B PPHPC Dashboard and Risk Assessments.pdf (11 pages)

3.2. Audit Recommendations Tracker

Attached *Director of Corporate Governance*

3.2 PPHPC Audit Recommendations Tracker Cover Report.pdf (7 pages)

3.2 Appendix 1_Post Update against 14 Overdue Recommendations.pdf (2 pages)
3.2 Appendix 2_Q2 Recommendations due for an update.pdf (1 pages)

3.3. Regional Planning Update

Attached *Director of Strategy, Planning & Partnership*

3.3 PPHP Regional Planning Update Jul 2024 FINAL.pdf (11 pages)

3.4. Regional Partnership Board Update

Attached *Director of Strategy, Planning & Partnership*

3.4 ABUHB PPHPC - RPB Update 01.07.24 FINAL.pdf (12 pages)

3.5. Public Services Board Update

Attached *Director of Public Health*

3.5 PPHP Committee_Gwent PSB update_01July2024 SBAR.pdf (4 pages)

3.6. Emergency Planning Assurance Report

Attached *Director of Strategy, Planning & Partnerships*

3.6 Emergency Planning Assurance Report UPDATE JUNE 24 v1.pdf (10 pages)

3.7. Long Term Strategy Engagement Update

Attached *Director of Strategy, Planning & Partnerships*

3.7 PPHCP July 24 Strategy Engagement Update FINAL.pdf (7 pages)

3.8. Nevill Hall Hospital Update, including an update on RAAC

Attachment *Director of Strategy, Planning & Partnerships*

3.8 PPHP RAAC Update June 24 FINAL2.pdf (10 pages)

3.9. Population Health Management Update and Joint Strategic Assessment Report

Attachment *Director of Public Health*

3.9 Partnerships Population Health and Planning JSAPHM June 24.pdf (5 pages)

3.10. Health Protection & Vaccination Programme Update Report

Attachment *Director of Public Health*

3.10 PPHPC Health Protection and Vaccination Programme 01072024.pdf (6 pages)

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4. ITEMS FOR INFORMATION

4.1. There are no items for inclusion in this section.

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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: 30th September 2024

Agenda Item – 1.4

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

MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

DATE OF MEETING	**Tuesday 16th April 2024 10.00-12.30**
VENUE	**Microsoft Teams**

PRESENT	Ann Lloyd – Chair
	Richard Clark – Independent Member
	Dafydd Vaughan – Independent Member
IN ATTENDANCE	Nicola Prygodzicz - Chief Executive
	Phillip Robson – Special Advisor
	Hannah Evans – Director of Strategy, Planning and Partnerships
	Tracy Daszkiewicz – Director of Public Health
	Rani Dash – Director of Corporate Governance
	Lucy Windsor – Head of Corporate Risk and Assurance
	Michelle Jones – Head of Board Business
	Emma Guscott– Governance Support Officer
	Thomas Jaynes – Governance Support Officer
APOLOGIES	No apologies received

	Preliminary Matters
PPHPC1604/ 1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PPHPC1604/ 1.2	**Apologies for Absence** There were no apologies for absence received.
PPHPC1604/ 1.3	**Declarations of Interest** There were no declarations of interest raised to record.
PPHPC1604/1.4	**Draft Minutes of the meeting held on Wednesday 31st January 2024** The minutes of the meeting held on Wednesday 31st January were ***AGREED*** as a true and accurate record.
PPHPC1604/1.5	**Committee Action Log**

	The Committee **RECEIVED** the action log with updates contained within the paper. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, advised that no update had yet been provided in respect of the Major Trauma review. In respect of the Monmouth Health and Wellbeing Centre, HE noted that Tilbury Douglas had been appointed as a design partner and that the Centre would provide additional services not currently available in Monnow Vale. **Action:** • ***Director of Strategy, Planning and Partnerships to email update note to Committee members on verbal update given on the Monmouth Health and Wellbeing Centre.*** • ***Director of Strategy, Planning and Partnerships to seek an update from WHSSC on the Major Trauma Review.***
PPHPC 1604/2.0	**Items for Approval/Ratification/Decision**
	There were no items included in this section.
PPHPC 1604/3.0	**Items for Discussion**
PPHPC 1604/3.1	**Committee Risk Report** Lucy Windsor (LW), Head of Corporate Risk and Assurance, presented the Committee Risk Report. LW noted that as at April 2024, the Committee Risk Register included four high-level strategic risks including nine sub-risks. LW advised that the Committee had accepted responsibility for overseeing two new sub-risks under SRR 001 and SRR 007, which were approved by the Board at its meeting on 24 January 2024. The Committee noted that SR007 had been expanded to include the financial landscape namely, that there was a risk that the Health Board would be unable to deliver truly integrated health and care services for the population due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint. LW advised that since January 2024, SR009 had been de-escalated from a strategic to a directorate risk and a new sub risk SR001I had been added. The Committee noted that this risk was co-owned by the Chief Operating Officer and the Director of Partnerships, Planning, and Strategy.

	The Committee was assured that work was being progressed in respect of the 4 risks which were presently managed outside of the agreed risk appetite *The Committee **NOTED** the report.*
PPHPC1604/3.2	**Public Service Board (PSB) Update and Action Plan** Tracy Daszkiewicz (TD), Director of Public Health, provided an oral update of the work of the PSB and noted that an action plan had been produced to ensure alignment of PSB priorities with Marmot principles and actions, with a focus on four key areas. TD advised that the Public Health Team would support these improvements in conjunction with the Strategic Well-Being Action Group. The Committee noted that two stakeholder workshops had taken place with a focus upon on the best start in life, with appropriate actions being identified by key stakeholders; PSBs in Wales had been approached to join three national learning cohorts as part of the agenda to shape places for wellbeing in Wales. This was a three-year programme funded by the Health Foundation to enable cross PSB learning and create evidence informed approaches to influence wider detriments of health with specific focus on economic regeneration, housing and transport networks, climate and nature. *The Committee **NOTED** the oral update.*
PPHPC 1604/3.3	**Regional Partnership Board (RPB) Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update in respect of the work of the RPB and the progress made during the last reporting period. In particular the Committee noted that progress was being made against actions arising from its Governance Review. The Committee was assured that an overarching Governance Framework was in development and was being informed by a series of workshops. HE noted that the second workshop held in March, had focussed on the sub structures of the RPB, considering the role, purpose and function of each group. It was noted that further work was required to achieve greater clarity about these arrangements. HE advised that in terms of the financial allocation, the tapering of Regional Integrated Funding would not be applied

	for the remainder of the funded programme (to 2027) which had removed the requirement to taper down direct partnership funding. The Committee was advised that although tapering had been removed the RPB remained committed to undertaking an evaluation of all programmes and noted that the RPB was in receipt of a number of revenue grant funding streams to a value of £27m, with £26m allocated to existing projects and a further £1m available for allocation. HE provided an update in respect of the Market Stability Report and noted that whilst stability and sufficiency had improved there were new challenges as a result of the financial position. Increased collaboration was vital given ongoing austerity but noted that relationships and productivity across all market segments remained strong. The elimination of profit from children's social care provided significant challenges. The Committee was informed that work was scheduled to commence on a contract addendum for the provision of equipment in care homes; a joined-up approach to fees for 2024-25 had been secured and providers had highlighted challenges with implementing the real living wage during current financial cuts. Ann Lloyd (AL), Chair, noted her concerns about the recent collapse of the Care Collective and emphasized the need for intelligence from partnerships to be shared. *The Committee **NOTED** the report.*
PPHPC 1604/3.4	**Regional Planning Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on the progress of a number of ongoing regional and South Wales service planning programmes. The Committee noted that Health Boards in South Wales remain committed to active collaboration where could this deliver added value and advised that planning teams continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience/best practice and consider future opportunities. HE advised that the collaborative programmes included 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 was a stakeholder with the Health Board overseeing ophthalmology and cancer.

The Committee noted that a Regional Executive Planning Workshop had been held and a number of work streams and actions had been progressed which included a second regional planning session arranged for June 2024, to which Health Board Chairs would be invited.

The Committee noted that the first phase of the cataract programme continued to progress to schedule, with additional interim service capacity established in Cardiff, Abergavenny and via private sector facilities in Swansea. Work was also progressing in respect of the next specialist areas to be reviewed which included glaucoma and vitreoretinal surgery. A business case for longer term cataract development was being developed. Public engagement in respect of the programme's second phase had concluded with positive and constructive feedback being received with the final report being shared with Llais for comment.

HE reported that the Diagnostics Business case development was ongoing and focussed on solutions around a managed service approach for a diagnostics hub and endoscopy service in Heath Park. The Committee was advised that the final Business Case would be presented to all Health Boards. The Digital Self Path Business Case continues to be progressed.

The Committee was assured that a spinal surgery Operational Delivery Network for South Wales had been established last September, with the provision being hosted by Swansea Bay University Health Board. The Committee noted that the governance arrangements included a Network Board, reporting to a Delivery Assurance Group and then to the Joint Committee. Initial progress had been made in establishing two key pathways.

HE noted that the Interventional Radiology service at Swansea had collapsed and was currently being supported by staff from, Cardiff & Vale and Aneurin Bevan University Health Boards. Swansea was the tertiary centre for Interventional Radiology. There was an acknowledgement that the existing arrangements were not sustainable. HE advised that options for delivering longer-term sustainability were currently under urgent consideration and that the

	support provided by the South-East clinical team had ceased in February, other than provision out of hours. The Committee was advised that discussions with a view to establishing more sustainable long-term services were ongoing. Dafydd Vaughan (DV), Independent Member, noted that there was a need to ensure business cases for regional services needed to be financially viable given the financial pressures faced by the Health Board. *The Committee **NOTED** the report.*
PPHPC 1604/3.5	**Vaccination Programme Update** Tracy Daszkiewicz (TD), Director of Public Health, provided an oral update in respect of the vaccination programme and advised the Committee that the Winter period had been focussed on Covid and Influenza with the uptake for vaccinations being variable. TD noted that flu uptake was the best in Wales at 75%, whilst for the younger age group had an uptake of 42%. TD assured the Committee that work continued in respect of the ongoing delivery of vaccinations. TD advised that the uptake for Covid focussed on eligibility groups and involved the vaccine being delivered through a blended approach, with a move away from vaccination centres. The Committee was also apprised of an outbreak of MMR which had been reported and noted that work was ongoing to ensure that staff were vaccinated. *The Committee **NOTED** the oral update.*
PPHPC 1604/3.6	**IMTP Update - Consequence of Board Discussions and Next Steps** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided a verbal update following the Board's discussion in March 2024. The Committee discussed next steps in the delivery of the IMTP and the focus of work to be undertaken in developing the detailed delivery plan for the Board to receive in July 2024. Ann Lloyd (AL), Chair, commented that the Board would expect a clear line of sight about how financial balance and breakeven would be achieved within two years, whilst ensuring sustainable and high-quality services.

	*The Committee **NOTED** the oral update.*
PPHPC 1604/3.7	**Clinical Futures Programme Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on the progress to date in respect of the Clinical Futures priority programmes. The Committee noted that the Acute Frailty Response Service had commenced in January 2024, with performance identified as being positive. The etriage system that had recently been launched had been paused due to technical issues and would be relaunched in the first quarter of 2024/25. In terms of Planned Care, Health Pathways Clinical Editors continue to develop pathways with subject matter experts. The Committee noted that the launch date was scheduled for mid- April 2024 with 40-50 pathways ready to go live, with a number in draft or in development; with Phase 2 discussions continuing. The implementation of this approach would be key in the management of demand as it ensured that advice and guidance was in place for primary care clinicians and removed the need for referral to secondary care that in turn would impact upon patients positively. HE advised that the line management of Theatres into Clinical Support Services Directorate had been reviewed and an improvement plan developed for the current financial year. HE noted that the Satellite Radiotherapy Unit development was on track for opening in February 2025 with joint operational groups working through reviews and a gap analysis of the clinical and service models. A joint workshop had been held with Velindre University NHS Trust to explore opportunities to increase levels of Systematic Anti- Cancer Therapy (SACT). It was also noted that a workshop had taken place on the medical model and outputs of service models of Enhanced Local and General Hospital Configuration. Ann Lloyd (AL), Chair, commented that Independent Members of the Board were unaware of the Health Pathways Programme and requested an overview at a future Board Briefing. ***Action:***

	• ***Director of Strategy, Planning and Partnerships, to schedule with the Director of Corporate Governance a Board Briefing on the Health Pathways Programme*** *The Committee **NOTED** the report.*
PPHPC 1604/4.0	**ITEMS FOR INFORMATION**
PPHPC 1604/5.0	**OTHER MATTERS**
PPHPC 1604/5.1	**Items to be brought to the Attention of the Board and Other Committees** No items were raised to be brought to the attention of the Board.
PPHPC 1604/5.2	**Any Other Urgent Business** No urgent business was raised.
PPHPC 1604/5.3	**Date of Next Meeting:** 1st July 2024 12:30 – 15:30

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

Partnerships, Population Health and Planning Committee
ACTION LOG

Agenda Item – 1.5

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
May 2023	PPHPC 1705/03.2	**To receive and discuss an overview of recent business of the Regional Partnership Board (RPB), including a focus on the Area Plan:** Alignments and any overlaps of priority areas between the Gwent RPB Area Plan and the Gwent PSB Well Being Plan will come back to the Committee for discussion.	Director of Public Health	**July 2024**	**Completed** The Director of Public Health has confirmed the PSB has adopted the following 4 priorities 1. That every child has the best start in life; 2. That everyone lives in a place they feel safe; 3. That everyone has the same economic chances; 4. That everyone lives in a climate-ready

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					community where their environment is valued and protected. These are in line with the findings of the Marmot Report , building a Fairer Gwent. Task groups have been established for each of these areas and these will develop the action plans to address these priorities. In order to ensure there is a consistent evidence base to inform the direction of this work, the PSB has adopted the Gwent JSA as the shared intelligence tool across the partnership.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2024	PPHPC/3101/03.2.1	**Public Services Board Update and Action Plan** Director of Public Health to share the PSB delivery and action plan with the RPB.	Director of Public Health	**July 2024**	**Completed** Director of Public Health confirmed the PSB Delivery and Action Plan had been shared with the Regional Partnership Board in March 2024
April 2024	PPHPC/3101/01.5	**Committee Action Log** The Director of Strategy, Planning and Partnerships that Tilbury Douglas had been appointed as a design partner and that the Centre would provide additional services not currently available in Monnow Vale. HE to email note to Committee members on verbal update given on the Monmouth Health and Wellbeing Centre.	Director of Strategy, Planning and Partnerships	**July 2024**	**In Progress** Report on Monnow Vale to come to PPHPC September meeting. In the interim update provided, after meeting with Chair of Committee.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
April 2024	PPHPC 1604/3.6	**Clinical Futures Programme Update** The Chair commented that Independent Members of the Board were unaware of the Health Pathways Programme and requested an overview at a future Board Briefing.	Director of Strategy, Planning and Partnerships	**July 2024**	**Completed** Health Pathways Overview Board Briefing scheduled for 7th August 2024
April 2024	PPHPC 1604/01.5	**Committee Action Log** The Director of Strategy, Planning and Partnerships to seek an update from WHSSC on Major Trauma Review.	Director of Strategy, Planning and Partnerships	**July 2024**	**Outstanding** An update from JCC has been sought and is awaited.

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.

Agenda Item – 2.1

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Partnerships, Population Health and Planning - 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 Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Partnerships, Population Health and Planning Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. 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

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:
a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;

b. plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes:
i. Joint committee and partnership planning;
ii. Engagement and communication; and
iii. Civil Contingencies and Business Continuity;
c. that partnership governance and partnership working is effective and successful; and
d. 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:
a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
b. business cases and service planning proposals;
c. the alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
d. 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
e. the Health Board's priorities and plans to improve population health and wellbeing.

Asesiad / Assessment

The Committee is requested to approve the Committee forward work plan noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

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	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:	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** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

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

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;

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- 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**	✓	✓	✓	✓
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**			✓	
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

5

Schedule of Meetings	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 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 a summary of the current strategic risks that have been delegated to the Partnerships, Population Health, and Planning Committee (the Committee) for monitoring, on behalf of the Board.

This report also provides an assessment of any newly identified strategic and corporate risk(s) that require monitoring on behalf of the Board.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

The Strategic Risk Register was last reported to the Committee in April 2024. At that meeting, the Committee supported the proposal to deescalate **SRR 009** to the Public Health Directorate Risk Register for oversight as agreed by the Board at its meeting in March and supported the inclusion of **SRR 001I** onto the Committee Risk Register for focused scrutiny and assurance on behalf of the Board.

The closing position as at 30 April 2024 was that the Committee Strategic Risk Register included **four** high-level strategic risks and **nine** sub-risks.

Asesiad / Assessment

Since the last report to the Committee, the risk environment has remained relatively stable, with no changes in the risk score or exposure to the nine sub-risks monitored by this Committee.

As at June 2024, the Committee Risk Register includes **four** high-level strategic risks with **nine** sub-risks, as shown in Table 1. The **nine** sub-risks have been reviewed and updated to provide the Committee with up-to-date information on the internal control system and sources of assurance for each sub-risk.

The Committee Risk Register is included in **Appendix A** and the Dashboard and individual risk assessments for the **nine** sub-risks 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**
		h) Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants.	**Extreme** **4 x 4** **16**	**Y**
SRR 001 **Theme** Compliance & Safety **Appetite** Minimal Score **8** and below		i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance	**Extreme** **4 x 4** **(16)**	**N**
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**

It should be noted that, while the risks have been updated to include improved control and assurances, the risk score and level for all nine sub-risks remain unchanged. Although we continue to manage all strategic risks, it is important to note that four of the nine sub-risks are currently managed outside of the risk domain's agreed-upon appetite level, as shown in Table 1. Recognising this, the Board must decide whether it is willing to accept the residual risk for all four sub-risks while additional mitigation is implemented, or how the risk should be treated if there is no further mitigation that the Health Board can implement to reduce the risk score and level to within appetite.

De-escalation from a Strategic to a Corporate Risk

The Committee is requested to approve the proposal of transferring SRR 001H from the strategic to the corporate risk register, thereby delegating the responsibility of monitoring the risk to the Executive Committee.

The review process has identified that, despite its association with the Health Board's IMTP objectives in terms of the delivery of whole system transformation and the prevention and population health agenda, the risk's scope is limited to financial instability and the most effective use of available resources to maintain all services. Consequently, it is deemed that the risk is more appropriately managed and held at a corporate level. The risk will be escalated in accordance with the Risk Management Framework if the Executive Team requires strategic support.

Maturing Risk Management

Work with risk owners continues to assess and improve controls and assurances, as well as to increase transparency on the work being undertaken to implement mitigation in the short, medium, and long term with a focus on the financial context

and its impact on the individual risks. In doing so, the effectiveness of controls will be evaluated, and any gaps in the internal control environment will be identified and addressed. In addition, horizon scanning remains a key focus of the risk management process.

Corporate Risk Register (CRR)

The CRR remains under development and initial meetings with Directors have been held to discuss any potential high-level operational risks in their areas of responsibility that require the Executive Team's support and management via the Corporate Risk Register.

The draft corporate risk portfolio is expected to be discussed at the Executive Time Out session in July, during which a focused assessment of these risks, as well as strategic risks, will be conducted to ensure they are reflective of the operating environment and are recorded and reported at the appropriate level. A full report, including the status of strategic and corporate risks will be presented to the subsequent Board meeting for approval. Following that all strategic and corporate risks pertinent to the remit of the PPHP Committee will be presented in a single report.

The closing position as at June 2024 is that the Committee Strategic Risk Register includes **four** high-level strategic risks and **nine** sub-risks.

Argymhelliad / Recommendation

The Board is requested to:

- **DISCUSS and NOTE** the delegated Committee risks, as contained within the Committee Strategic Risk Register.
- **ENDORSE** the proposal to deescalate SRR 001H to the Corporate Risk Register for oversight by the Executive Committee
- **NOTE** the work being undertaken to reduce the four sub-risks to within appetite level.
- **NOTE** the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact on creating a collaborative, sustainable health provision to 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.

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:	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	Choose an item. Choose an item. N/A

https://futuregenerations.wales/about-us/future-generations-act/	

Risk ID	Monitoring Committee	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 manged effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
SRR 001	Partnerships, Public Health & Planning Committee	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	•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	01/04/2024	01/07/2024
					f)Due to unsustainable service models	•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	01/04/2024	01/07/2024
		Service Delivery	Director of Public Health and Strategic Partnerships		h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Unable to substantially improve the health of the population ➢ Reputational damage and loss of public confidence ➢ Multi-year CIP calculated on non-recurrent funding ➢ Major grants subject to funding cuts 24/25 ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors	4	4	16	Extreme	Within 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.	Business cases being written for PIP to increase core funding to deliver objectives. Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to plan long term.	Negative	2	3	6	Moderate	01/06/2024	01/07/2024
		Compliance and Safety			I) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Unintended patient harm Negative patient/public experience Loss of patient/public trust and confidence Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) Punitive Action Adverse publicity Financial implications	4	4	16	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 occurance of the risk after application of controls.	6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required.	Medium	2	4	8	Moderate	01/06/2024	01/07/2024

SRR 002	Partnerships, Public Health & Planning Committee	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	•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 occurance 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	01/06/2024	01/07/2024
					b) Due to significant levels of backlog maintenance and Structural Impairment	•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 occurance 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	01/05/2024	01/08/2024
SRR 004	Partnerships, Public Health & Planning Committee		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	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Harm or injury to patients and/or staff •Health Board breaches statutory duties under the Civil Contingencies Act 2004 •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 occurance of the risk after application of controls.	Testing programme of business continuity plans. 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. Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. Joint planning with PH response in response to infection disease and public health incidence. 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). 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. Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Development of Pandemic Plan.	Medium	2	3	6	Moderate	01/06/2024	01/07/2024
						•Unmet patient need resulting in harm							• Governance review of Regional Partnership Board undertaken in August							

SRR 007	Partnerships, Public Health & Planning Committee	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 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.	•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	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.	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	01/12/2024
					b) Due to the impact of fragile services across the regional and supra regional geography	Changes of regional flow in an unplanned way Additional demand on UHB workforce to support fragile services Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence	3	3	9	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.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	Reasonable	2	2	4	Low	01/06/2024	01/09/2024

Strategic Risk Dashboard - Partnerships, Public Health & Planning Committee

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	
			f)Due to unsustainable service models	
			h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants	
			I) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	
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	
			b) Due to significant levels of backlog maintenance	
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	
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.	
			b) Due to the impact of fragile services across the regional and supra regional geography	

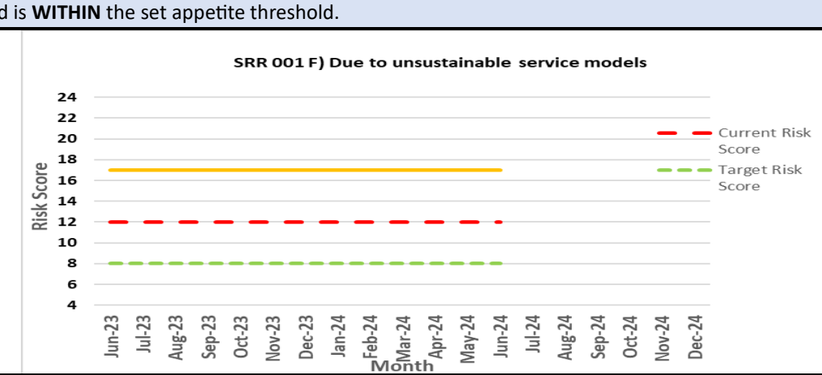
Assessment of adequacy of assurances	
	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been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

Key		
	Current Score	●
	Target Score	×
	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.**			
Strategic Threat	**e) Due to inadequate strategic plans which respond to population health and socio-economic needs.**	**Publication Status**	Public	**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	➢ 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		**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 May 2024	**Risk rating**	**= 8** *(Moderate)*	**= 6** *(Moderate)*
Next Review Due (Quarterly based on current score)	01 August 2024			

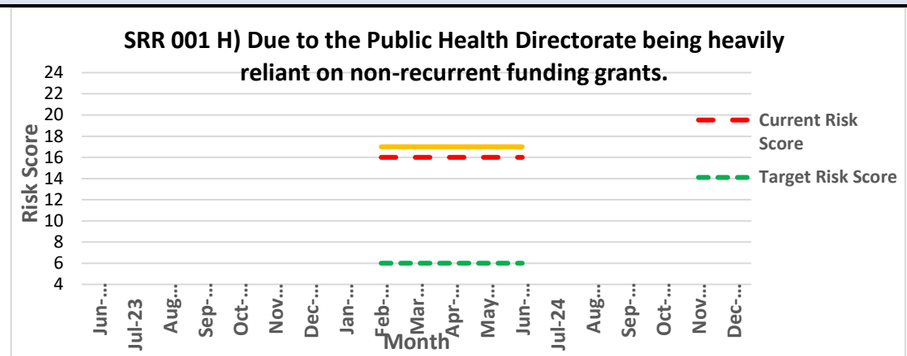
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• Health Board IMTP and associated KPIs • Public Health Wales surveillance data • Qliksense – performance dashboard • Population Needs Assessment and Area Plan • Marmot Region Programme	• 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)* • Qliksense – performance information • SFN – performance information **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • 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 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Reviews 2023-24 1. IMTP Planning (Q1) Outcome – Reasonable Assurance	**Gaps in Assurance** • Effectiveness of the plans in delivering improvements **Action to Address Gaps in Assurance** • Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan	**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.**				
Strategic Threat	**f) Due to unsustainable service models**		**Publication Status**	Public	**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	➢ 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			**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 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*	
Next Review Due (Quarterly based on current score)	01 August 2024				

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)*
• 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.	• 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** *(Implemented by the department that performs daily operation activities)* • Public Health Wales surveillance data – COVID, flu and other communicable diseases. • Qliksense – performance information. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • 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. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023-24** ○ IMTP planning Q1. **Outcome – Reasonable Assurance.** **Internal Audit Reviews 2024-25** ○ IMTP – Service Plans (Q2)	**Gaps in Assurance** • Evidence of individual arrangements in place to deliver service plans. **Action to Address Gaps in Assurance** • Recommendations from the Internal Audit of IMTP – Service Plans (Q2)	**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.**			
Strategic Threat	**h)** Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants	**Publication Status**	Public	**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	➢ Avoidable harm ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening health outcomes ➢ Unable to substantially improve the health of the population. ➢ Equity of care to patients across Gwent	➢ Reputational damage and loss of public confidence ➢ Staff impact - Possible redundancies as less roles available over the health board for redeployment ➢ Long-term financial implications – due to reduced prevention activity		**Risk Appetite Threshold – SCORE 17 AND BELOW** Risk related 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 **WITHIN** the risk appetite threshold but **OUTSIDE** of the target level. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Public Health & Strategic Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Population Health, and Planning Committee	**Likelihood**	**4** *(Likely)* *x*	**2** *(Unlikely)* *x*
Initial Date of Assessment	01 December 2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	01 June 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due (Monthly based on current score)	01 July 2024			



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)*
• Organisational Change Process (OCP) instigated which will enable change to the ways of working and moving to a fully funded permanent structure. • Meetings with finance to determine TUPE level and CIP calculation. • Local public health risk register. • Business cases been through PIP for preventative adverse deaths, Health Protection, and other public health areas, additional information required. This has been submitted; awaiting a date for Exec scrutiny and decision. • SMT meetings to discuss progress on delivery of objectives linked to the available budget. • £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. (*Just to highlight that this money will <u>not</u> be retained in public health and the majority of it will transfer out to primary care for vaccination delivery, microbiology and Local Authority (LA). This leaves circa £1.2m of the £7.3m being retained in public health and much of the remaining funding is temporary grant funding. The fund substantive budget for public health is £3, 751, 000)* • Work has commenced transferring operational delivery of the vaccination service to Primary Care with oversight from Public Health to ensure effective delivery of programmes (funded by the new recurrent funding from WG to fund Health Protection and vaccination locally	• Through the PIP process work towards a funded establishment to reduce risks associated with permanent staff being funded through temporary funding which impacts the ability to plan long-term. • Establish a Health Protection offer within the core Public Health Team to do strategic planning and mitigation and assurance around vaccination delivery.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Monthly finance meetings in place with the Director and Assistant Director • Monthly reporting on finance levels **Level 2 Organisational** *(Executed by risk management and compliance functions)* • Escalation to the Strategic Risk Register for Board oversight • Highlighted and discussed at Corporate Review **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies)* • Report delivery of local progress against the national public health strategy through Public Health Peer Group • Public Health finance to be reviewed as part of the Annual Financial sustainability Internal Audit	**Gaps in Assurance** • Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda • Outcome of PIP Business Case to determine the future structure of the PH Directorate **Action to Address Gaps in Assurance** • Through the OCP process we will be able to establish the appropriate areas to place Public Health business for efficient and effective health protection and vaccination delivery. • Developing a clear evidence base to understand population need for long-term public health planning.	**Negative Assurance**

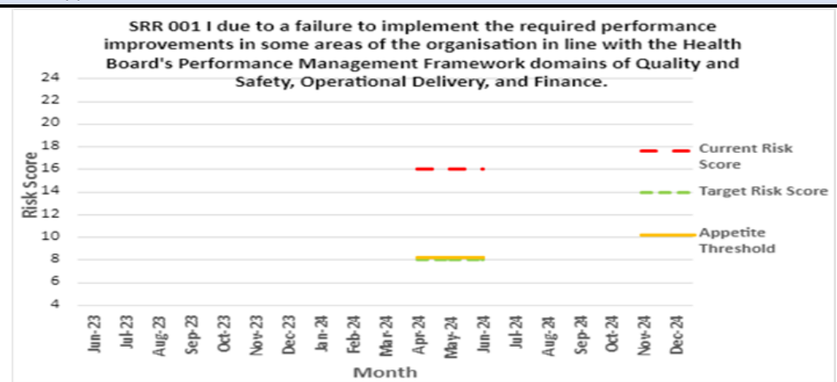
RISK THEME	COMPLIANCE AND SAFETY
Strategic Risk (SRR 001)	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population
Strategic Threat	**i)** Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.
Publication Status	Public
Impact	➢ Unintended patient harm ➢ Negative patient/public experience ➢ Loss of patient/public trust and confidence ➢ Reduced staff morale leading to potential absence from work ➢ Scrutiny from external organisations (AW/HIW/WG) ➢ Punitive Action ➢ Adverse publicity ➢ Financial implications

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.

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 target and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

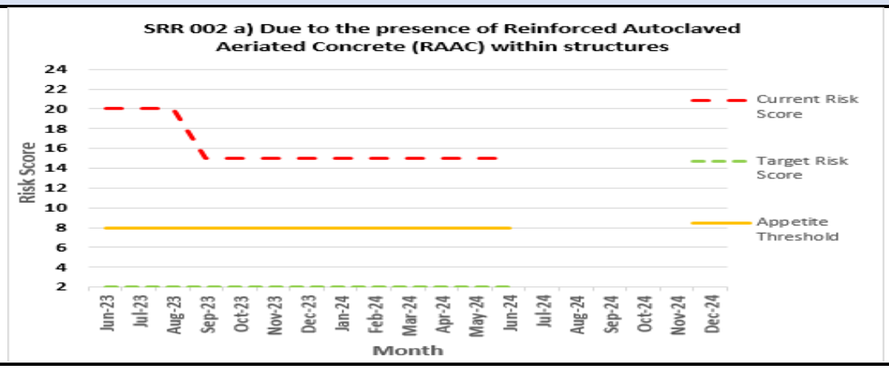
			Current Level	Target Level
Lead Director	Director of Strategy, Planning & Partnerships	**Risk Exposure**		
Monitoring Committee	Finance and Performance Committee	**Likelihood**	*4 (Likely)* x	2 *(Unlikely)* x
Initial Date of Assessment	19 April 2024	**Impact**	***4** (Major)*	4 *(Major)*
Last Reviewed	01 June 2024	**Risk rating**	***= 16 (Extreme)***	***= 8 (Moderate)***
Next Review (Monthly based on current score)	01 July 2024			



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)*
Performance Management and Assurance Framework Executive Accountability letters – to be issued by end of June 2024 Divisional Directors Accountability letters – to be issued by end of June 2024 Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at V&S Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.	6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Review of JD to explicitly include in Assistant Director of Planning and Performance role Appropriate Business Partnering Support and analytical support	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • DMTs in place for all Divisions • Divisional oversight arrangements – monthly/fortnightly meetings • Divisional plans in place and focussed agendas • Cross Divisional meeting monthly – progress the wider system way of working. • System Leadership Team for awareness and updates **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Established reporting to the Executive Committee • Established reporting to the Finance and Performance and Patient, Quality and Safety Committee • Established reporting to the Board • Routine reporting through the IQPD process **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit 2024/25 Plan ○ Directorate Review - Mental Health and Learning Disabilities (Q2) ○ Divisional Governance Arrangements (Q2) • HIW Inspections • Llais for feedback	**Gaps in Assurance** Capacity to run the performance framework. If Business Partnering Support and analytical support is in the appropriate areas **Action to Address Gaps in Assurance** Realign capacity and/or redefine roles to provide explicit support **Internal Audit 2024/25 Plan** ○ Review Divisional Governance Arrangements (Q2) ○ Divisional Governance Arrangements (Q2)	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
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.	**Publication Status**	Public	**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	➢ 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

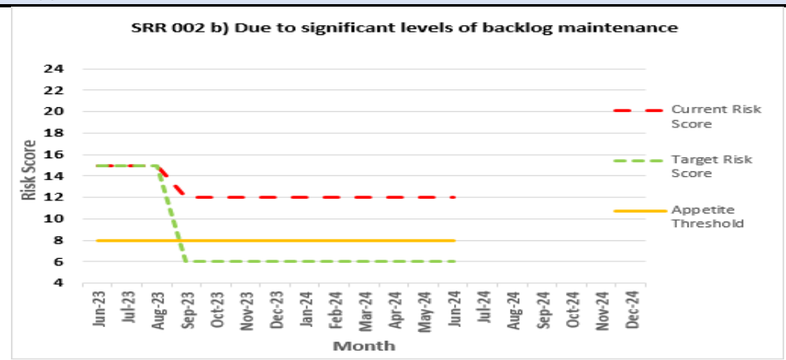
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	1 (*Rare*) x
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	2 *(Minor)*
Last Reviewed	01 June 2024	**Risk rating**	**= 15** *(Extreme)*	**= 2** *(Low)*
Next Review Due (Monthly based on current score)	01 July 2024			



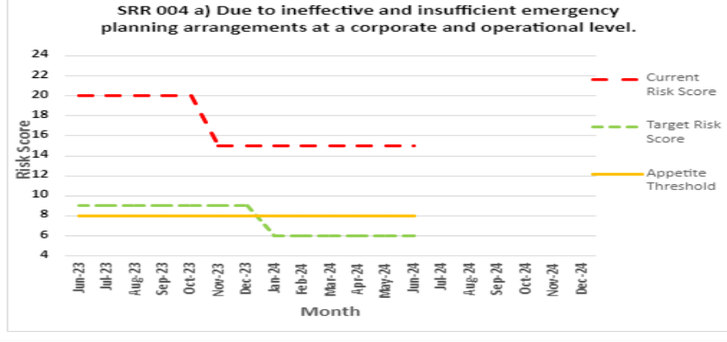
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed. • 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 • 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. *Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations* • Links with NHS England and other Health Boards in Wales for shared learning. • Fortnightly dialogue with Welsh Government and Shared Services Estates.	• 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	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Fortnightly checks in place for the props in place • Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) scheduled for June 2024 **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • 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. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit 2024/25 Plan • Nevill Hall RAAC (Q1) – In progress	**Gaps in Assurance** • Ongoing management of the issues. **Action to Address Gaps in Assurance** • Repeat surveys have been completed and additional more specific and technical surveys have been commissioned and will be undertaken as promptly as possible through the contractor to provide assurance on the work to date as well as determine further management of the risk/issues. Internal Audit 2024/25 Plan • Nevill Hall RAAC (Q1)	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk (SRR 002)	**There is a risk that there will be a significant failure of the Health Board Estates.**			
Strategic Threat	b) **Due to significant levels of backlog maintenance and structural impairment.**	**Publication Status**	Public	**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	➢ 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**
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 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due (Quarterly based on current score)	01 August 2024			



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)*
• 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.	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • 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 **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • 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 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023- 24** Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee **Internal Audit Plan 2024-25** Estates Assurance – Energy Management (Q4) • 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	**Gaps in Assurance** • If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. **Action to Address Gaps in Assurance** • 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.**				
Strategic Threat	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.		**Publication Status**	Public	**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	➢ 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	➢ 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				
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Risk Exposure**	**Current Level**	**Target Level**	
Initial Date of Assessment	01 June 2023	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x	
Last Reviewed	01 May 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 *(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)*
Major Incident • Major Incident Plan • Local/Divisional action cards are in place. • Training undertaken service-specific relating to local response. **Business Continuity (BC) /Critical Incident** • 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** • Joint plan with PH in response to infectious diseases and public health incidence response. **Overall** • Internal strategic on call training	• 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	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Departmental debrief following an incident to inform learning and enhance controls. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • 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** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** • Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance • Outcome and feedback from national exercises	**Gaps in Assurance** • Robustness of service business continuity plans within Divisions **Action to Address Gaps in Assurance** • Recommendations for strengthening resilience following testing of service business continuity plans	**Reasonable Assurance**

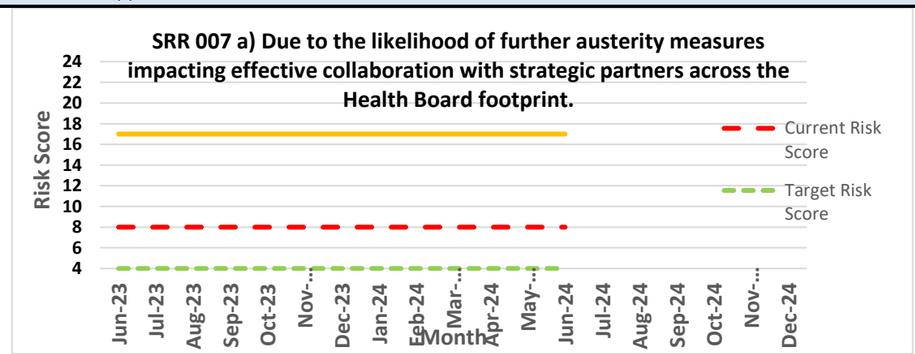
• Executive Team attending 2-day strategic training. • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) • Joint Planning and Training with LRF and across Wales. • Ongoing Participation in exercises UK, Wales, LRF and HB. • Provide quarterly training sessions for on call gold 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).	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)			

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.**			
Strategic Threat	a) **Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.**	**Publication Status**	Public	
Impact	➢ 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			
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 April 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Low)*
Next Review Due (Quarterly based on current score)	01 July 2024			

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 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.

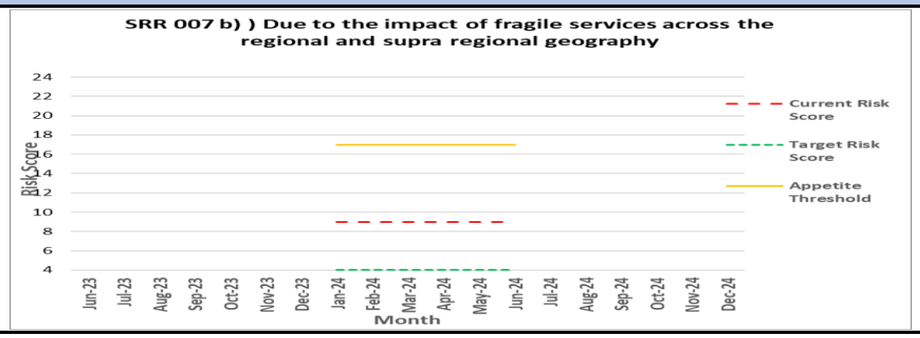
SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



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)*
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: 1. **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. 2. **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. Through these statutory forums formal partnership arrangements take place. 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. Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • PMO reporting to the Director of Strategy, Planning and Partnerships. • Regional Leadership Group Reporting **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Plan 2023/24 • RPB Governance Review (Q2) – due to be reported to the Audit, Risk & Assurance Committee in July 2024.	**Gaps in Assurance** • Systematic reporting of outcomes • Systematic evaluation of schemes • Governance of financial control arrangements **Action to Address Gaps in Assurance** • Implementation plan to be developed following RPB governance review. • Health Board strategy development approach to focus on partnership approach.	**Reasonable Assurance**

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**			
Strategic Threat	b) Due to the impact of fragile services across the regional and supra regional geography	**Publication Status**	Public	**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	➢ 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.

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Strategy Planning and Partnerships			
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	04 January 2024	**Impact**	*3 (Moderate)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	***= 9*** *(High)*	**= 4** *(Low)*
Next Review Due (Quarterly based on current score)	01 July 2024			



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)*
A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with these 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions (collaborative work has been undertaken in March with a parallel WG review of fragile services across south Wales, to ensure alignment of assumptions and priorities) • A further workshop (to include Chairs, Executives and clinicians) has been arranged for June Discussion ongoing at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Service Divisions reporting to the Chief Operational Officer **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. • Regular touchpoint meetings of all key players to review progress and issues arising **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Plan 2024/25** • Partnership Arrangements Review (Q1)	**Gaps in Assurance** • Alignment and effectiveness of partners to deliver integrated services **Action to Address Gaps in Assurance** **Internal Audit 2024/25** Recommendations from the Partnership Arrangements Review (Q1)	**Reasonable Assurance**

Agenda Item: 3.2

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Internal and External Audit Recommendation Tracker
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)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As part of the annual review of Committee Forward Work Programmes, it has been agreed that each Committee will receive an update on any internal or external audit recommendations aligned with its Terms of Reference (TORs), in order to provide greater transparency and accountability of the improvements required to mitigate risks and gaps in assurance that may threaten the organisation's ability to deliver on its statutory responsibilities and defined strategic aims/objectives.

This paper provides an overview to the Partnerships, Population Health and Planning Committee (the Committee) of all identified internal and external audit recommendations, as well as the current implementation resulting from planned audit reviews that fall under the purview of the Committee's agenda.

Cefndir / Background

All NHS Wales bodies are subject to inspection by independent auditors, known as Internal (NHS Wales Shared Services Partnership [NWSSP]) and External Audit (Audit Wales), which provide an organisation with independent assurance. The purpose of audit and assurance is to assess the presence and effectiveness

of relevant controls and procedures. The audit findings provide valuable recommendations and insights to assist management in making improvements in the audited areas and across the Health Board.

The Corporate Governance Directorate has a role in recording and tracking the findings, which are then reported as a standard item to the Audit, Risk and Assurance Committee (ARAC) for assurance, ensuring that the actions in place to implement the recommendations are carried out and completed within an appropriate time frame based on the assurance outcome and the priority rating of individual recommendations.

In receiving this report, the Committee should be able to take enhanced assurance of the controls in place to reduce the level of risk to the Health Board achieving its objectives in relation to the implementation of strategy, strategic frameworks, and plans for the delivery of high-quality and safe services, consistent with the board's overall strategic direction, and provide an additional layer of assurance to the Board that audits within this area are monitored at various levels.

The Committee will receive an update on all recommendations owned by the Director of Strategy, Planning, and Partnerships, the Director of Public Health, and, on occasion, audit reports and recommendations owned by the Director of Finance and Procurement for Decarbonisation and the Chief Operating Officer for Capital Projects.

Asesiad / Assessment

Internal and External Audit Recommendation Tracking.

The Committee has been provided with data regarding the status of all overdue and completed recommendations as at the 31st March 2024 which were presented to the Audit, Risk and Assurance Committee and approved at its meeting in May.

The criteria for determining the status of a recommendation is as follows:

1. **Not Yet Due –** Recommendations that fall within the agreed timeframe for implementation. Thus, do not require an update.
2. **Overdue** - Represents recommendations that have passed their original or revised implementation date and remain outstanding.

At the end of Quarter 4 (Q4 [January 2024 - March 2024]), there were **38** active recommendations from six audit reports that aligned with the PPHP Committee agenda; these are shown in Table 1. Across all six reports **14** of the **38** recommendations were due for review, as their deadline had passed prior to or during Q4 (January – March).

The Key represents the priority rating of recommendations, which is used to display the number and priority of recommendations in all Tables throughout the report.

Key – Recommendation Priority Rating			
N/A	**Low**	**Medium**	**High**

Table 1

Audit Type & Year	*Audit Title*	*Total Number and Priority of active recommendations on the Tracker*			*Number and Priority of recommendations requiring an update for Q4*			*Lead Director*
External **2019**	Review of Estates	**4**			**0**			Director of Strategy, Planning and Partnerships
Internal **2022**	Regional Radiotherapy Satellite Centre	1	3		1	2		
Internal **2023**	Business Continuity Planning	1	7		1	6		
Internal **2023**	Estates Condition	1	2	8	1	1	2	
Internal **2022**	Tredegar Health & Wellbeing Centre	**1**	**2**		**0**			Chief Operating Officer
Internal **2023**	Unified Breast Unit at Ysbyty Ystrad Fawr	**5**	**3**		**0**			
Total Recommendations		**38**			**14**			

There were **no** overdue recommendations relevant to the Committee that required an update from the Director of Public Health, Director of Finance and Procurement or the Chief Operating Officer as Executive Lead for the reporting period ending 31st March 2024.

Following the update, Table 2 shows the total number of completed recommendations.

Table 2

Audit Type & Year	Audit Title	Number and Priority of Recommendations Completed		Lead Director
Internal **2022**	Regional Radiotherapy Satellite Centre (NHH)	0		Director of Strategy, Planning and Partnerships
Internal **2023**	Business Continuity Planning	1	5	

Internal **2023**	Estates Condition	1	
Total Recommendations Closed		**7**	

Following the update, Table 3 shows the total number of recommendations that remain overdue.

Table 3

Audit Type & Year	Audit Title	Number and Priority of Recommendations Overdue		Lead Director
Internal **2022**	Regional Radiotherapy Satellite Centre	1	2	Director of Strategy, Planning and Partnerships
Internal **2023**	Business Continuity Planning	1		
Internal **2023**	Estates Condition	1	2	
Total Recommendations Overdue		**7**		

Appendix 1 includes additional information on the 14 audit recommendations, post update.

Since this reporting period,**18** recommendations with deadlines in the first quarter of the financial year 2024/25 have become overdue; these can be found in **Appendix 2**. These will be presented to the Committee at its next meeting in September.

Internal and External Audit Activity

2023-24 Internal Audit Plan

Seven audits that align to the Committee Terms of Reference (ToRs) were scheduled to be conducted as part of the 2023/24 Internal Audit Plan. As of March 2024, **one** has been completed and reviewed by the Audit, Risk and Assurance Committee, with recommendations recorded on the 'Tracker' for monitoring and tracking through implementation. **One** is a work in progress (WIP), and **one** has been deferred; the status of the three audits is listed below.

Completed

- Business Continuity Plan - 2023
- Estates Condition - 2023
- Bevan Health and Wellbeing Centre 2- 2023(*received by ARAC in May so not included in this report)*

Work in Progress

- Decarbonisation
- Providing Care to Asylum Seekers
- Newport East
- Regional Radiotherapy Satellite Centre (NHH)

2024/25 Internal Audit Plan

Four internal audits have been included in the schedule for 2024/25, detailed below.

Executive Lead	Audit Title	Scope	Timeframe
Chief Operating Officer	Nevill Hall RAAC	The review will focus on the works to manage and address the Reinforced Autoclave Aerated Concrete (RAAC) identified within Nevill Hall General Hospital.	**Q1**
Director of Strategy, Planning & Partnerships	Partnership Arrangements	To review the processes and procedures that the Health Board has in place to manage its partnership arrangements.	**Q1**
	IMTP – Service Delivery Plans	To provide an opinion over the arrangements in place for developing IMTP deliverables based on models of data e.g. demand and capacity	**Q2**
	Capital Systems/Major Project Provisions	To review the control framework, systems and processes in place to manage discretionary, EFAB or other capital/ estates funded schemes (not progressed through integrated audit plans (IAP) – ensuring compliance with minimum requirements. The focus of the audit may include: • initial governance arrangements, • tendering and/or selection, and • approval to award and contract completion.	**Q3**

External Audit – Audit Wales

In 2023/24, Audit Wales did not conduct any national or local audits that align to this Committee, ToRs and no such audits are planned for 2024/25.

The purpose of this report is to ensure that the Committee is informed of the audit schedule, status, and conclusions of audits that have been carried out in in line with the Committees' ToRs. It also intends to provide the Committee with assurance regarding the implementation of recommendations to mitigate any potential risks to our patients, staff, and organisation, as well as the delivery of the Health Board's strategic objectives.

Argymhelliad / Recommendation

- **NOTE** the position of completed, in progress, and planned audits that align to the Committee ToRs
- **NOTE** the Q4 closing position of the audit recommendations overseen by the Audit, Risk and Assurance Committee

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Risks associated with overdue recommendations will be captured locally and escalated to the strategic risk register if necessary.
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.
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.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	All terms are explained within the body of the report.
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**	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** https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives 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

Risk and Assurance Team												Lead Executive to Update			
Audit Type	ABUHB Ref No:	Report Title	Assurance Rating	Director	Responsible Officer	Priority	Recommen-dation No.	Recommendation	Managment Response	Agreed Deadline Date	Last Progress Update	New Progress Update	Is this recommendation completed/Closed (Yes or No)	If completed please provide a small summary of what has been implemented	If NOT completed please provide a date in which you expect to complete
Internal	2022.21	Development of a Regional Radiotherapy Satellite Centre at NHH	Reasonable	Director of Strategy, Planning & Partnerships	Project Director	Medium	R5	At future projects Contracts should be executed prior to the commencement of works / duties.	Agreed -Future Projects Contracts will be signed prior to the commencement of works	01/03/2024	Derogations were signed off by the pervious Head of Operations. VT signed off design proposals and the scrutiny process required input from Shared Services to the technical design. Discussion could not place with the Linac Supplier until after FBC submission and this has subsequently led to a number of reviews of the Bunker Layouts.	No new contracts/works have commenced.	Completed	There is currently a process in place to faciliate the signing of contracts. The contractor will deliver the signed copies of the contract to HQ, the contract is recorded, signed and sealed. One copy of the contract is retained in HQ the other posted back or collected by contractor.	
Internal	2022.21	Development of a Regional Radiotherapy Satellite Centre at NHH	Reasonable	Director of Strategy, Planning & Partnerships	Project Director	Low	R5	At future projects All contracts should be dated	Agreed - Future Projects - Contracts will be dated.	01/03/2024	At this point in time the process for the provision of collectoral warranties has not required to be actioned as the relevant works have not be completed	No new contracts/works have commenced.	Completed	Works are completed, Contractor forwards 3 copies of warranty for are prepared, 1 for AB, 1 for Contractor - 1 for subcontractor.	
Internal	2022.21	Development of a Regional Radiotherapy Satellite Centre at NHH	Reasonable	Director of Strategy, Planning & Partnerships	Project Director	Medium	R5	All contracts over £100k in value should be signed by both the Chief Executive & Chair in accordance with the UHB's Standing Orders (Scheme of Delegation)	Agreed - Future Projects Contract Values exceeding £100k will be signed by the Chief Executive & Chair in accordance with UHB Standing Orders.	01/03/2024		All future projects exceeding £100k will follow the agreed process in accordance with UHB Standing Orders.	Completed	Standing Orders.	
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R1.1	Business continuity plans and associated documentation should be completed for all service areas within the Health Board. The Health Board may wish to incorpoarte this process with the wider opeartional risk management processes. There needs to be an accountability and escalation routes if such plans/actions cards not completed.	Recommendation accepted - the requirement for business continuity plans is within the Policy and BG planing guidance. The emergency planning team have plans in place to further engage with specific service areas. The new intranet repository will provide further information and will provide further information and will be established to monitor the progress of plans. The newly established EPRR group will be well suited to be the forum for escalation.	31/01/2024					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R1.2	Buisness continuity plans/action cards should be regularly tested, to ensure steps taken are the most effective. Following a continuity event test being completed, lessons learnt and updates to the documentation should be completed.	Reccomendation accepted - This is included within the policy and buisness continuity planning guidance. Outcome from exercises and tests can be added too the repository and monitored by the emergancy planning team and be avaliable to share with others for learning and via the EPRR group.	31/01/2024					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R2	Buisness continuity should be promoted throughout the Health Board on a regular basis, to help raise awareness throughout all service areas	Recommendation accepted - Emergency planning promote buisness continuty on the intranet and to service leads, this wil be increased by quaterly updates on the intranet, using AB Pulse and with support from the communication team across other internal media platforms and through the EPRR group and the BC group.	31/01/2024					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R2.1	The training resourse on ABUHB Sharepoint should be clearly signposted so staff know what the team delivers and what training they will need either on buisness continuity or major incident.	Recommendation accepted - promote and signpost services to the guidance viw the intranet and using the EPRR and BCM group. The repository will be in place by Dec 2023, easily accessed via the front page of AB Pulse and agree a weekly promotion of teh link with the comms team for the first month, and then quaterly as per R2	31/12/2023					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R2.2	There should be regular monitoring of training delivery by the Emergency Planning Team to ensure staff have the appropriate knowledge.	This will be identified by through the tracker. The summary tracker will capture training, meetings, exersise and workshops, this wil sit within the repsoitory.	31/12/2023					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Low	R3	The Emergency Planning Team should undertake a "deep dive" of the information received on the Buisness continuity Resillence Day and implement any improvement actions required.	Recommendation accepted - The emergency planning team, divisons and directorates will continue to undertake debriefs following exercises and events to identify learning. Plans and actions card will be ammended according following this process. These will be shared via the BCM nad EPRR group as appropriate. The EP will develop a bespoke BC debrief workshop for Spring 2024	31/03/2024					
Internal	2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R4	The Health Board should ensure that operational areas incorporate best practice, learning, lessons and other experiences from the pandemic within their buisness continuity plans.	Recommendation accepted - The BC guidenace incorporates debrief requirement to identify lessons to inform planning, this will be ammended to incorporate learning from the pandemic. An updated version will be shared with BC leads highlighting this requirement to be incorporated in new plans and current plans to be reviewed to ensure learning is included. This will be highlighted in all training and at the BC group meetings. This will also be monitored on the summary tracker reported inot the BC and EPRR group as part of the planned monitoring process.	31/12/2023					
Internal	2024.02	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of Finance	Low	R3	The Health Board should assess the sufficiency of reserve funds to address backlog at the handover of PFI buildings.	Agreed - The PFI agreements include a minimum level of expected condition for buildings &/or equipment to be maintained for operational capability. Regular management review ensures these contract terms are being met. When handover of PFI assets are expected escalated arrangements are put in place to assess the level of condition. The following PFI schemes exist: NHH LLanwenarth day surgery unit, which has now gone through a process of 'buy back' of the headlease. The operating lease will end in 2024, the process of negotiating a settlement figure has agreed the equipment and building condition expected at handover date. Chepstow Community Hospital PFI is in advanced discussions with the owner/provider relating to the PFI end in Feb 2025. Negotiations relate to the building being in a Condition B status at time of any handover, a condition review has been commissioned and the PFI provider has agreed to implement improvements to meet condition B. Energy PFI (Honeywell) in NHH which ends in December 2026. This PFI is about to undergo a readiness assessment through WG for PFI end but does not relate to buildings and only relates to plant. Monnow Vale – ends in March 2036	31/03/2024			Completed	Managament of PFI schemes includes assessments of contractual conditions & compliance, at hand back, maintenance falls within the ABUHB estates and capital responsibility in line with other assets.	

Internal	2024.02	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of corporate Governance	High	R4.1	Management should review and implement effective reporting of Estates condition/ backlog across the UHB's Committee structure e.g. outcomes against targets, funding risks, risk exposure etc.	Agreed. The Board's Finance and Performance Committee has delegated responsibility to seek assurance that arrangements for the performance management of capital, estates and support services related standards and systems are sufficient, effective,and robust, including: • the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities; • the monitoring of compliance with Health Technical Memorandums; • the monitoring of progress in delivery Board-approved capital business cases and programmes of work. This is set out in the agreed Terms of Reference for the Committee. Work is ongoing to develop workplans for each Committee for the 2024/25 financial year and this will consider the role of each Committee and the work required to fulfil the respective Committee's obligations. In 2023/24, work was undertaken to revise the Capital and Capital Project governance arrangements which encompassedbacklog maintenance within the discretionary capital programme. These governance arrangements were reported to the Board's Partnerships, Population Health and Planning Committee in July 2023	31/03/2024						
Internal	2024.02	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of Strategy, Planning and Partnerships	Medium	R4.2	Management should update the Estates Strategy (or equivalent) for continued relevance to estates condition as appropriate.	Agreed – this forms part of forward work plan for the Planning, Population Health and Partnerships Committee.	31/03/2024			Capital priorisiation complete. Estate Strategy will follow org. strat.	No.		Q2 2024/25
Internal	2024.02	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of Corporate Governance	High	R6	The effectiveness of escalation and oversight of capital and estates related risks should be reviewed, notably as to the Board and relevant committees.	At its meeting in January 2024, the Board approved its Revised Risk Management Framework which set out the revised hierarchy for risk management within the organisation, alongside an agreed Risk Appetite Statement. In-line with this Framework, the Head of Risk and Assurance will work with the Divisional Director of Estates & Facilities to review the risk management arrangements in place, ensureing appropriate escalation reporting from service to Board level.	31/01/2024						

ABUHB Ref No:	Report Title	Assurance Rating	Director	Responsible Officer	Priority	Recom men-dation No.	Recommendation	Management Response	Deadline Agreed in Final Report	Proposed Revised Deadline	Final Report Deadline Status
2022.2	Tredegar Health & Wellbeing Centre Final Internal Audit Report	Limited	Chief Operating Officer	Project Director	Medium	R4	Management should obtain signed lease agreements with relevant parties at the earliest opportunity	Agreed. The provision of signed lease is being actively addressed so that they are in place well before the planned occupation of the building.	01/06/2023	30/06/2024	Overdue
2022.2	Tredegar Health & Wellbeing Centre Final Internal Audit Report	Limited	Chief Operating Officer	Project Director	High	R3	Risk monitoring should include: • quantification of all known risks (best, worst, likely case scenarios) where possible; • the quantified total of mitigated risks reported against remaining contingency; • risk costs, risk owners (named individuals), and time parameters for risk mitigations at risk registers; • an exception report of targeted risk mitigations not achieved; and • corresponding numbering / referencing of common risks at project management, and contractual versions of the register.	Agreed noting that the service and capital risk registers are quite different in context and content, the former will be addressed via the Project Team, the latter via the Commercial Meeting and the external Project Manager.	01/06/2023		Overdue
2022.2	Tredegar Health & Wellbeing Centre Final Internal Audit Report	Limited	Chief Operating Officer	Project Director	High	R10	Single Tender Quotation / Requests should be approved in accordance with Standing Orders / Standing Financial Instructions	Agreed. Non-compliance to be advised to the Programme Board via submission of this audit report and the Director of Finance.	01/06/2023		Overdue
2023.04	Buisness Continuity Planning; Final Internal Audit	Reasonable	Director of Strategy, Planning & Partnerships	N/A	Medium	R1.1	Business continuity plans and associated documentation should be completed for all service areas within the Health Board. The Health Board may wish to incorpoarte this process with the wider opeartional risk management processes. There needs to be an accountability and escalation routes if such plans/actions cards not completed.	Recommendation accepted - the requirement for business continuity plans is within the Policy and BG planing guidance. The emergency planning team have plans in place to further engage with specific service areas. The new intranet repository will provide further information and will provide further information and will be established to monitor the progress of plans. The newly established EPRR group will be well suited to be the forum for escalation.	31/01/2024		Overdue
2023.06	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of Strategy, Planning and Partnerships	Medium	R4.2	Management should update the Estates Strategy (or equivalent) for continued relevance to estates condition as appropriate.	Agreed – this forms part of forward work plan for the Planning, Population Health and Partnerships Committee.	31/03/2024		Overdue
2023.06	Estates Condition - Jan 2024	Limited	Director of Strategy, Planning & Partnerships	Director of Corporate Governance	High	R6	The effectiveness of escalation and oversight of capital and estates related risks should be reviewed, notably as to the Board and relevant committees.	At its meeting in January 2024, the Board approved its Revised Risk Management Framework which set out the revised hierarchy for risk management within the organisation, alongside an agreed Risk Appetite Statement. In-line with this Framework, the Head of Risk and Assurance will work with the Divisional Director of Estates & Facilities to review the risk management arrangements in place, ensureing appropriate escalation reporting from service to Board level.	31/01/2024		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Medium	R1.1	Minutes will be sufficiently detailed to record discussions, decisions, and actions.	Accepted. Will ensure this is undertaken for relevant project meetings and is carried forward onto other capital projects.	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Medium	2.1	Welsh Government Project Progress Reports should be fully populated at each return.	Accepted. Will ensure detail is included in the next return and for future Capital Projects	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Low	2.2	Progress reporting within the PPR should reflect the current status/ progress, rather than only reporting when a target has been achieved.	Accepted. Will ensure detail is included in the next return and for future Capital Projects	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Low	3.1	The Welsh Government funded element should be presented as a subtotal on the cost report –i.e., prior to the inclusion of fundraising.	Noted – will apply to other projects where this is relevant	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Low	3.2	Include the breakdown of the cost to an item basis where large equipment or single items are contributing to a significant financial variance from FBC costings	Noted – will apply to other projects where possible	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Medium	4.1	Change control documents should be signed/ authorised using a recognised document control programme.	Noted – however the HB does not currently have access to such document control programmes. Will be considered for future projects including any cost implications. If it is not possible to progress with this, we will continue with email and ensure the email trail/ discussion is available for review as per this project.	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Low	4.2	Change Request Forms should be completed to include 'Change Log Number' field.	ccepted – will ensure this is included in future project change control.	30/11/2023		Overdue
2023.09	Unified Breast Unit at Ysbyty Ystrad Fawr	Substantial	Chief Operating Officer	Associate Director of Capital Projects	Low	4.3	All Project Manager Instructions (including zero value and omissions) should be completed in a timely manner as required by the contract.	Noted – will endeavour to complete as recommended, however there will be some situations where it will not be possible to achieve the contractual timeline due to the complexity of the instruction/ change.	30/11/2023		Overdue
2019.01EA	Review of Estates	Not Rated	Director of Strategy, Planning & Partnerships	Associate Director of Capital Projects	High	R1	The Health Board should develop a fully costed Estates Strategy as soon as possible as recommended in our Structured Assessment 2017 (December 2017).	Draft Estate Strategy produced. Report to ABUHB Executive Team on Monday 19 November, with following recommendation:'The Executive Team is asked to consider the draft Strategy and advise of any material changes that need to be made prior to its consideration by the Health Board Development session on 19th December'	31/03/2019		Overdue
2019.01EA	Review of Estates	Not Rated	Director of Strategy, Planning & Partnerships	Associate Director of Capital Projects	High	R2	The Health Board should finalise the 'Six-Facet' survey report to inform the Estates Strategy.	6 Facet Survey information now available. Migration to Health Board preferred database ongoing. Survey data being utilised to inform Estate Strategy. Please see attachment in R1 above	30/11/2018		Overdue
2019.01EA	Review of Estates	Not Rated	Director of Strategy, Planning & Partnerships		High	R3	The Division should include a range of Key Performance Indicators in its Performance Dashboard. These should include user satisfaction and completion targets.	Overarching Divisional KPI Dashboard is currently being developed which will incorporate performance data for each service discipline within the Division. Example of Estates Maintenance performance data attached, this datasheet will be revised to include user satisfaction and completion targets	31/01/2019		
2019.01EA	Review of Estates	Not Rated	Director of Strategy, Planning & Partnerships	Associate Director of Capital Projects	High	R4	The Health Board should ensure that it completes post inspections for apercentage of repairs as part of a systematic quality control process. It should include the results in its local performance management dashboard.	Quality assessments to be undertaken for every 10 requests received, along with customer satisfaction form for completion. Feedback to be collated and reported into the Divisional KPI performance dashboard.	31/01/2019		Overdue

Agenda Item – 3.3

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 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 Wales remain committed on an ongoing basis 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

A second regional clinical summit – attended by Chairs, Chief Executives, Directors and a wide range of clinicians – took place on 5 June 2024 to consider the case for a clinical services strategy for Southeast Wales. Representatives from the participating health boards and Velindre NHS Trust took part in a wide-ranging discussion to define the remit for a comprehensive regional clinical services plan and to agree working priorities 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. The commitment to collaborative and transparent planning - supported by a common understanding and approach - was reiterated by all participants.

Further Board briefing sessions have been arranged for October, which will include reflections on lessons learned from the previous 'South Wales Programme' service review that took place ten years ago but experienced significant difficulties with implementation.

Progress will continue to be monitored through the Regional Planning Oversight Board and regular updates to Health Board Chairs.

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 continues to progress to schedule, with additional interim service capacity established in Cardiff, Abergavenny and via private sector outsourcing. Revised capacity / activity schedules are being monitored through the Ophthalmology Programme Board, linked to waiting time milestones across the region through 2024. Work is also progressing in respect of glaucoma and vitreoretinal surgery as the next sub-specialty areas to be reviewed.

Planning work is well-advanced in respect of the programme's second phase, which will consider options for ensuring sustainable in-house capacity to meet expected future demand across the region for cataracts. The formal engagement period to seek public views and feedback was completed in February and proved to be very positive with the great majority of respondents supporting the plans and welcoming the aim of providing increased in-house cataract surgery capacity. Following

feedback from Llais, the timetable for submission of a further business case has been adjusted to the autumn, to align with a projected implementation date of April 2025.

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 experienced a number of technical issues that have resulted in significant delays to implementation and operational go-live planning. Management of the programme transferred to Digital Health Care Wales (DHCW), and some subsequent delays have been experienced whilst a revised baseline plan was being developed.

Following DHCW review of the programme's commercial and contractual documentation, it was apparent that the current contract arrangements would not provide sufficient scope to support a full national roll-out and the ongoing support required. A new procurement process for the programme is now being developed, with DHCW due to submit a formal plan / proposal to Welsh Government by the end of June, in anticipation of a final decision in September. The national eye care collaborative has been re-established and consideration has been given to an electronic referral system to complement the new arrangements.

Aneurin Bevan University Health Board service and clinical representatives are closely involved with the process and are monitoring progress closely – 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 good progress through a number of key work streams. A well-attended clinical workshop took place on 15 May, where all participating services presented on progress achieved towards common standards and best practice in short stay arthroplasty, thereby enabling collaborative working in a future regional centre. Good alignment has been achieved between the regional and national programmes, with the latter also supporting the region in clinical network development, pathway transformation (e.g. follow up protocols) and organisational reform (e.g. consolidation of clinical coding).

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 is focussed on 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. Discussions are ongoing between the health boards to determine what activity levels are required for case viability and what levels can be committed to by each participating service. It is considered that this will require a clear specification and clinical model to be agreed, to provide sufficient assurance for formal commitments to be made.

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.

Work continues to finalise and agree the procurement / tendering documentation, including service specifications, clinical model and subsequent business case. Operational and planning engagement is being maintained in respect of this process, whilst setting out the in-house development plan as an alternative option. As previously noted, local teams continue to emphasise the importance of collaborative workforce planning to ensure full utilisation of existing radiology assets in other parts of the region, as this is seen as an essential requirement before additional funding is likely to be approved.

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. A draft national business case has been developed for this purpose and has been circulated to health boards for comment. This has significant recurrent revenue cost implications for health boards and is currently undergoing detailed scrutiny through internal governance processes before being presented to Boards.

Progress has been made with finalisation of the definitive regional demand and capacity position, with standard assumptions and definitions to ensure a consistent picture. A supporting workforce plan will follow, based on consistent activity and performance assumptions, with the aim of submitting a capital bid for a high-level regional facility. An options appraisal workshop is scheduled for 14th June, to ensure a common understanding of the case for change and to agree the most appropriate future service configuration (on which the bid would be based).

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 workshop took place in January, providing an opportunity for Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg University Health Boards, and Velindre Cancer Centre colleagues to discuss and progress work, on the future of regional working in Cancer Services across Southeast Wales. To build on the

momentum of this workshop, there have been some clear actions and workstream developed for the next six months, focusing on the agreement of an Alliance Approach and Digital Discovery Phase to review the data and digital models and resources available. 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 regional satellite radiotherapy unit (SRU) at Nevill Hall Hospital continues to progress to schedule, with completion anticipated in February 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, with the final detailed arts strategy due to be signed off by the SRU Project Board during June.

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. The latest programme progress is as follows:

- The redirection of acute forensic cases in the south-east Wales region is complete, with acute cases from Merthyr Tydfil and Risca now being seen at Ynys Saff Hub in Cardiff. All other services – crisis workers and achieving best evidence interviews, counselling, and independent sexual violence advisors - continue to operate from Merthyr Tydfil and Risca as they become service 'spokes' for their local communities.

- Extensive work has been undertaken to develop the 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. This has involved wide engagement with a arrange of internal and external stakeholders, including previous clients, all health boards, police services, local authorities and third sector partners. A series of documents covering all of the above service elements has been circulated for comment, with the aim of finalising by the end of July. Detailed costing has been undertaken to inform health board IMTPs / annual plans.

- A separate workstream (led by the police) continues to review the configuration of the forensic medical examination (FME) service.

Future SARC arrangements will fall within the remit of the new Joint Commissioning Committee. In preparation for this, the next steps for the programme include:-

- Review of Delivery Assurance Group membership and terms of reference ahead of a September workshop to discuss second stage implementation
- Agreement of schedule for the review of each element of the framework
- Confirmation of longer-term governance arrangements post-implementation

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 last September, 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 new Joint Commissioning Committee. Network arrangements remain at a relatively early stage, but initial progress has been made to establish two key pathways / guidelines, relating to cauda equina and metastatic cord compression, with emphasis on ensuring comprehensive communication and sign-up from all parties. Inter-service collaboration is now considered by the network to be good, with information and documentation available via Sharepoint / Teams sites. Of necessity, the initial work has been of a strategic nature, with operational emphasis over the coming months as arrangements mature and settle.

Communication arrangements include a quarterly information bulletin and bespoke communications / engagement initiatives with participating Health Boards. Recent activity has focussed around consultation on further prospective common patient pathways (including adult elective pathway and spinal bracing), with the aim of reducing variation, ensuring consistent clinical prioritisation and clarifying the respective roles of the multi-disciplinary team. Commissioning implications and arrangements are planned to be addressed later in 2024.

Health Board clinical, operational and planning representatives remain fully engaged with progress, including one of the spinal surgeons as the network clinical governance lead.

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 in due course for the programme, 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 southeast Wales, Cardiff is the tertiary centre for vascular services. There are ten vascular interventional radiologists within the region, supporting delivery across the three Health Boards via an agreed operational policy. The service is considered to be robust, with active succession planning in anticipation of future retirements.

Within southwest Wales, Swansea is the tertiary centre for vascular services. The service has experienced significant workforce / sustainability issues over recent

months, necessitating emergency short-term support from some of the clinical team from the southeast, pending a parallel piece of work to develop a sustainable long-term model for interventional radiology across south and mid Wales. The short-term support arrangements have now ceased, but following the failure of alternative locum-based arrangements, progress has been made very recently with the appointment of three new consultants to the southwest service, bringing significantly improved resilience. It is hoped that this will provide the basis for a long-term solution, but the position will continue to be monitored as required.

Hepatobiliary and Pancreatic Surgery

This programme 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), with the Project Board terms of reference updated (additional representation from all Health Boards on the Project Board is considered important), to ensure delivery of these objectives. A new project manager has been appointed and an updated timeline has a target date of September for the launch of the initial shared service model.

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.

The Project Board meeting scheduled for May was stood down to allow for further work to be progressed on the shared service model. A number of draft documents, covering pathways, service specification and clinical guidelines are currently out for consultation with clinical and operational teams, and it is intended that these be approved at the next Project Board meeting at the end of June.

Health Board representatives remain fully engaged in the planning programme, with consideration of the options for future commissioning of this service.

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

Full engagement with the national programme is being maintained to ensure local population needs get optimal benefit from the new arrangements and any central resource opportunities. Progress at national level has been affected by organisational changes relating to the NHS Executive and revised national network governance arrangements. The new arrangements are now in place and it is anticipated that revised plans and timelines (together with realistic funding assumptions) will emerge shortly in respect of the development of a national business case for acute service reconfiguration across other health boards in Wales.

Argymhelliad / Recommendation

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

Further updates will be provided to future meetings – it is proposed that this continues on an alternate meeting basis.

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 prrioritise 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 https://futuregenerations.wales/about-us/future-generations-act/	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

Agenda Item – 3.4

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 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 Committee 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 deliverables of the RPB portfolio in 2023-24, following conclusion of annual reporting activity.

Cefndir / Background

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

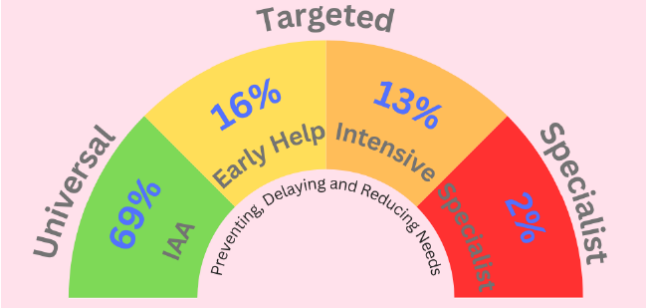
Assessment

Revenue Programme Summary 2023-24

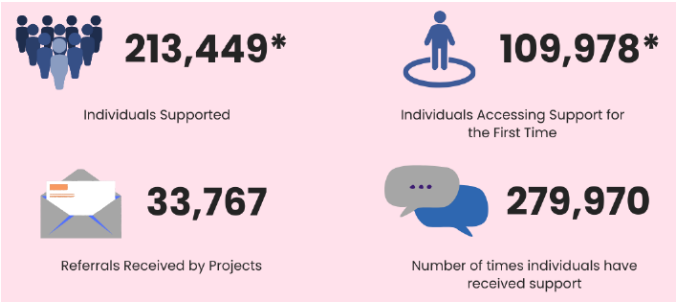
The Regional Integration Fund (RIF) revenue portfolio for the Gwent Regional Partnership Board has been delivered via 12 Strategic Programmes, consisting of 28 workstreams and 148 projects. Projects and services within this portfolio have been enabled via £27.2m of revenue funding.

During the 2023-24 period significant efforts have been undertaken to strengthen the data and reporting provided from delivery partners, whilst also developing national performance and outcomes frameworks in collaboration with other RPB support teams.

Whilst work remains ongoing to improve data quality and consistency, the assessment of the RIF portfolio within the prevention continuum identifies the majority of regional activity supports early intervention and prevention (69%).



As a key headline for the reach of the regional portfolio, the adjacent visual highlights the volume of individuals supported via strategic programmes. Whilst data quality and validation will continue to be strengthened, the early developments of this reporting tool suggest 50% of those are accessing support for the first time, evidencing the preventative nature of the strategic programmes.



These figures demonstrate significant reach and engagement with the portfolio across the region. The number of new individuals indicates an expanding reach, suggesting the portfolio is attracting fresh participants. While the referral rate is lower than overall access, it still signifies a substantial population receiving targeted support.

Approximately **36%** of the Gwent population was reached by the portfolio based on the number of individuals who accessed the project (HM1). This signifies a substantial reach within the Gwent community, highlighting the potential of the projects within the portfolio to create a significant positive impact.

Detailed 'Story of Change' reporting is produced for all Programme workstreams, as required by Welsh Government. This provides a comprehensive and very detailed story telling approach across the Regional Integration Fund portfolio. A cross-cutting review of strategic programmes identifies the following key successes:

- Rapid Response and Timely Service Delivery: Multiple projects reported a highly effective rapid response to referrals, often responding on the same day and usually within four hours. This quick turnaround is critical in enhancing the efficiency and impact of the services provided, particularly in healthcare and emergency support settings.

- Effective Discharge Planning: Several projects highlighted their success in determining the optimal discharge pathways for individuals at the earliest opportunity.

- Prevention and Self-Management Promotion: Projects have successfully utilised follow-up phone call to offer prevention and self-management opportunities, promoting the use of community resources and services.

- Integrated Communication and Service Co-ordination: Enhanced communication and coordination between different service providers were noted as a significant success. This includes ensuring clear communication through meetings, reducing inappropriate referrals and effective planning between secondary care and community services.

Delivery via Strategic Partnerships

There are a number of thematic Strategic Partnership overseeing programme development and delivery for specified population groups, reporting to the Regional Partnership Board. Appendix A provides a visual illustration of the reach of the RIF funded activity taking place under each Strategic Partnership.

RIF Fund Utilisation 23-24

The RPB is required to provide finance reports on a quarterly basis consisting of forecasts, spend to date against budget, risk analysis and an overall delivery status for the projects, via the RIF Financial Framework prescribed by Welsh Government, attached as Appendix D to this report.

At the end of the financial year for 2023/24, full utilisation of the RIF funding was reported to Welsh Government, along with assurance that 20% of the RIF Revenue funding was invested in the social value sector and 6% was invested into direct support for unpaid carers. The minimum expected investment level for each criterion was 20% and 5%, respectively. The RPB therefore met or exceeded the prescribed targets for fund allocation.

Summary

The Regional Integrated Fund has had significant reach across Gwent supporting more individuals than ever and many for the first time. There are some notable impacts from the schemes captured in the infographics in Annex A, notably;

- 42% of carers felt less isolated following the support they received and 79% felt more confident,
- For our children and families' programmes, 73% of participants reported feeling less isolated with 75% prevented from an escalation of their level of care,
- Many of the system resilience and winter interventions are in the Gwent Adults Strategic Partnership Programmes where 98% received support which prevented an escalation of the level of their care and 90% reported maintaining or improving their emotional health and wellbeing,
- For our Mental Health and learning disability programmes 80% had their independence maintained or improved
- 81% of participants in dementia projects felt more confident in accessing services.

These outcomes demonstrate positive impact of the fund. Whilst there is more to do to evaluate and understand the impact of specific programmes there is progress in supporting the population.

Capital Programme Summary 2023-24

Welsh Government provided significant growth in partnership capital funding at the outset of the 2022-23 financial year, building on the successes and learning from the ICF Capital programme. Welsh Government have therefore introduced two sources of capital funding for the region are the Housing with Care Fund (the successor to the ICF Capital programme), and the new Integration and Rebalancing Capital Fund. Both funding streams support key programme for government commitments and are intended to be complementary and supported by RIF revenue to develop new models of preventative care.

A requirement of Welsh Government to enable access to funding was the production of a 10-year capital plan during 2023-24. During the Autumn the Regional Partnership reviewed and approved an integrated Regional Capital Strategy and 10-year Strategic Capital Plan.

2023-24 activities prioritised the development and implementation of the Regional Capital Strategy, within which there are 9 key strategic priorities. During 2023-24, the RPB progressed 23 applications for capital resources in support of the following strategic priorities (as identified within the Regional Capital Strategy).

As an assessment of progress within the first 6 months of the strategy, the following progress has been made against the strategic priorities.

Strategic Priorities: Children and Young People

1. We will ensure provision of care closer to home: for Gwent children and young people. This will include:

a. An additional +60 residential placements to bring children in-region. **39 beds in pipeline. 7 delivered.**
b. As additional +67 placements for care experienced children to support within county in appropriate accommodation. **16 beds in pipeline. 0 delivered.**
c. Accommodation on a small scale for 1 or 2 Children and Young People. **5 beds in pipeline. 3 beds delivered.**

2. We will increase in house provision of care for children looked after, therefore eliminating profit, by:
   a. Developing an additional +103 in-house / not-for-profit residential placements required to have all children in local authority care. **55 beds in pipeline. 12 beds delivered.**

3. We will continue to develop and evaluate alternative models of care. These will include:
   a. Extend respite provision in region based on the Oaklands model. **0 beds in pipeline. 0 delivered.**
   b. Mixed age groups to support integration. **16 beds in pipeline. 0 delivered.**
   c. Further variety in options for care experienced children.

4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families. Provision will include:
   a. Welcoming contact centres. **1 project in pipeline. 0 delivered.**
   b. Easy access wellbeing/mental health support.
   c. Easy access support for care leavers.

Strategic Priorities: Adults

1. We will provide care closer to home: We will put in place additional capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home.
   a. We will support people to remain in their own home with appropriate adaptations. **8 projects in pipeline. 1 project delivered.**
   b. +40 MH placements (residential/nursing) and +64 LD placements (residential/nursing) to support people within area (excl. supported living). **0 MH beds in pipeline. 5 LD beds in pipeline. 0 MH beds in pipeline. 0 LD beds in pipeline.**
   c. +5MH supported living and +23 LD supported living. **32 MH beds in pipeline. 17 LD beds in pipeline. 0 MH beds delivered. 3 LD beds delivered.**
2. We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility. **2 projects in pipeline. 0 delivered.**
3. We will continue to develop and evaluate alternative models of care. These will include:
   a. Extend step up/down and rehabilitative provision for people with MH. **5 units in pipeline. 5 units delivered.**
   b. Extend respite provision for people with LD. **0 in pipeline. 0 delivered.**
   c. Single person accommodation. **49 units in pipeline. 0 delivered.**

   d. Shared Lives and Home Share schemes. **0 in pipeline. 0 delivered.**
4. We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:
   a. Refuge places. **0 in pipeline. 0 delivered.**
   b. 'Step-across facilities' for substance misuse. **2 unit in pipeline. 0 delivered.**
   c. Framework approach to adaptations. **No progress as yet**
5. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care **1 unit in pipeline. 0 delivered.**

Strategic Capital Priorities: Older people

1. We will provide additional care, closer to home to meet the needs of our ageing population. This will include the following:
   a. Supporting people to remain in their own home with appropriate adaptations. **8 projects in pipeline. 6 projects in pipeline.**
   b. Between 5 – 11 respite support units **0 in pipeline. 0 delivered.**
   c. Between 60 – 296 additional nursing units **0 in pipeline. 0 delivered.**
   d. Between 52 - 340 additional residential units **0 in pipeline. 32 beds delivered.**
   e. An additional 2,232 housing units and 547 housing with care units **7 housing units in pipeline. 0 housing with care units in pipeline. 2 units (4 beds) housing units delivered. 0 housing with care delivered.**

2. We will continue to develop and evaluate alternative models of care. These will include:
   a. Step up/down provision to support independence. **0 in pipeline. 0 delivered.**
   b. Move away from residential care to alternative models, for example Home Share. **0 in pipeline. 0 delivered.**
   c. Investments in digital innovation, including use of assistive technology. **0 in pipeline. 0 delivered.**

3. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of older people and people with dementia. Provision will include :
   a. Community places for lower-level support. **3 units in pipeline. 0 delivered.**
   b. Appropriate accommodation for Multi-Disciplinary Team working. **3 units in pipeline. 0 delivered.**
   c. Dementia friendly places/ memory cafes. **0 in pipeline. 0 delivered.**
   d. Focus on prevention and early intervention. **3 units in pipeline. 0 delivered.**

The visual below illustrates the volume of activity and associated funding commitment supporting developments in 2023-24.

In addition to bed spaces, a range of aids and adaptations in support of care closer to home and home first priorities were delivered in 2023-24.

Fund Utilisation

Development and delivery of the capital programme is enabled by various key sources of capital infrastructure funding; the Housing with Care Fund (HCF), the Integrated Rebalancing Capital Fund (IRCF) and ICF Legacy Programme Managed Fund (ICF).

The Region utilised £21.5m of funding to support the development of schemes progressed in 23/24. This included £7.8m of HCF Funding, £10.5m of IRCF Funding (Capital and Revenue) and £3m of ICF funding.

The table below summarises the 2023/24 utilisation by funding stream, reporting an under-utilisation of £4.66m, of which £1.27m of ICF Legacy funding can be re-programme managed into the 2024/25.

GWENT REGIONAL PARTNERSHIP - CAPITAL PROGRAMME SUMMARY	FUNDING AVAILABLE £	FUND UTILITSATION AS AT MONTH 12 £	YEAR END (SURPLUS) / SHORTFALL MONTH 12 £
HOUSING WITH CARE FUND (HCF) - MAJOR SCHEMES	9,350,405	6,136,284	(3,214,121)
HOUSING WITH CARE FUND (HCF) - MINOR SCHEMES	1,120,800	1,103,964	(16,836)
HOUSING WITH CARE FUND (HCF) - DFG FUNDING	560,400	560,400	0
HOUSING WITH CARE FUND (HCF) - CAPITAL RESOURCE	176,395	176,395	0
INTEGRATED REBALANCING CAPITAL FUND (IRCF)	10,046,000	10,046,000	0
ICF LEGACY PROGRAMME MANAGED FUND (PM)	4,257,658	2,987,757	(1,269,901)
TOTAL GWENT CAPTIAL PROGRAMME	**25,511,658**	**21,010,800**	**(4,500,857)**
IRCF CAPITAL RESOURCE (Revenue)	200,000	152,296	(47,704)
IRCF STRATEGIC CAPITAL FUNDING (Revenue)	470,000	356,353	(113,647)
TOTAL GWENT CAPTIAL PROGRAMME	**26,181,658**	**21,519,450**	**(4,662,208)**

Continued Programme Development

Activities continue to support capital strategy implementation and programme development, within a rolling programme of partnership capital considerations. There is a committed programme within 24-25, however, significant momentum is needed across the partnership to develop a programme and pipeline for the full

term of the capital strategy (2023-2033). A regional capital workshop is planned on 25 June 2024 across all sectors to promote the priorities and showcase examples how gaps in the pipeline could be addressed.
Argymhelliad / Recommendation The Committee is asked to note the update on the deliverables of the RPB portfolio in 2023-24

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 Termau: Glossary of Terms:	Explained within the report.

Partïon / 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** 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 Choose an item.

Appendix A: Strategic Partnership Portfolio Visuals

Carers Strategic Partnership

How Much?

No. of individuals accessing the project: 19197

No. of new individuals accessing the project for the first time: 1505

No. of referrals received: 2692

No. of contacts (count multiple contacts per individual): 26583

Difference Made?

% of individuals feeling less isolated as a result of project support: 42%

% of individuals maintaining or improving their emotional health and well-being: 35%

% of individuals who feel they have influenced decisions that affect them: 24%

% of individuals whose independence has improved or remained the same with the support of the project: 37%

% of individuals who feel more confident accessing services following project support: 79%

% of individuals who received support that has prevented them from escalating their level of need: 20%

Children & Families Strategic Partnership

How Much?

No. of individuals accessing the project: 16980

No. of new individuals accessing the project for the first time: 3007

No. of referrals received: 11298

No. of contacts (count multiple contacts per individual): 28271

Difference Made?

% of individuals feeling less isolated as a result of project support: 73%

% of individuals maintaining or improving their emotional health and well-being: 73%

% of individuals who feel they have influenced decisions that affect them: 68%

% of individuals whose independence has improved or remained the same with the support of the project: 68%

% of individuals who feel more confident accessing services following project support: 71%

% of individuals who received support that has prevented them from escalating their level of need: 75%

Gwent Adults Strategic Partnership

How Much?

No. of individuals accessing the project: 121422

No. of new individuals accessing the project for the first time: 63572

No. of referrals received: 11890

No. of contacts (count multiple contacts per individual): 150211

Difference Made?

% of individuals feeling less isolated as a result of project support: 84%

% of individuals maintaining or improving their emotional health and well-being: 90%

% of individuals who feel they have influenced decisions that affect them: 85%

% of individuals whose independence has improved or remained the same with the support of the project: 89%

% of individuals who feel more confident accessing services following project support: 91%

% of individuals who received support that has prevented them from escalating their level of need: 98%

MH & LD Strategic Partnership

How Much?

No. of individuals accessing the project: 45045

No. of new individuals accessing the project for the first time: 36306

No. of referrals received: 551

No. of contacts (count multiple contacts per individual): 58336

Difference Made?

% of individuals feeling less isolated as a result of project support: 76%

% of individuals maintaining or improving their emotional health and well-being: 84%

% of individuals who feel they have influenced decisions that affect them: 73%

% of individuals whose independence has improved or remained the same with the support of the project: 80%

% of individuals who feel more confident accessing services following project support: 72%

% of individuals who received support that has prevented them from escalating their level of need: 21%

Regional Dementia Board

How Much?

No. of individuals accessing the project: 6493

No. of new individuals accessing the project for the first time: 3851

No. of referrals received: 4921

No. of contacts (count multiple contacts per individual): 11080

Difference Made?

% of individuals feeling less isolated as a result of project support: 63%

% of individuals maintaining or improving their emotional health and well-being: 62%

% of individuals who feel they have influenced decisions that affect them: 65%

% of individuals whose independence has improved or remained the same with the support of the project: 70%

% of individuals who feel more confident accessing services following project support: 81%

% of individuals who received support that has prevented them from escalating their level of need: 56%

Housing Strategic Partnership
(AT Programme)

How Much?

No. of individuals accessing the project: 365

No. of new individuals accessing the project for the first time: 237

No. of referrals received: 640

No. of contacts (count multiple contacts per individual): 395

Difference Made?

% of individuals feeling less isolated as a result of project support: 19%

% of individuals maintaining or improving their emotional health and well-being: 52%

% of individuals who feel they have influenced decisions that affect them: 100%

% of individuals whose independence has improved or remained the same with the support of the project: 95%

% of individuals who feel more confident accessing services following project support: 23%

% of individuals who received support that has prevented them from escalating their level of need: 100%

Agenda Item 3.5

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Consultant in Public Health

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 paper has been written to provide Committee members with an update on the current work of Gwent Public Services Board (PSB).

Cefndir / Background

Gwent Public Services Board brings public bodies together to work to improve the economic, social, environmental and cultural well-being of Gwent. The PSB is responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of a local (five year) well-being plan. The statutory member organisations are:

- Blaenau Gwent County Borough Council
- Caerphilly County Borough Council
- Newport City Council
- Monmouthshire County Council
- Torfaen County Borough Council
- Aneurin Bevan University Health Board
- South Wales Fire and Rescue Service
- Natural Resources Wales

Gwent Public Services Board approved its first five year well-being plan in July 2023. The plan contains two strategic objectives and five delivery steps. These are:

Strategic objectives:

1. We want to create a fairer, more equitable and inclusive Gwent for all
2. We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations

Delivery steps:

1. Take action to reduce the cost of living crisis in the longer term.
2. Provide and enable the supply of good quality, affordable, appropriate homes
3. Take action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment
4. Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles.
5. Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe.

A copy of the Gwent well-being plan is available at:
https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/

Asesiad / Assessment

Gwent Public Services Board last met on the 25th April. At the meeting there was a presentation on the Gwent Joint Strategic Assessment (JSA) by the Health Board's Executive Director for Public Health & Strategic Partnerships. The main findings of the JSA were discussed, as well as the potential of the JSA to help the PSB develop its approach to carrying out well-being assessments in future. PSB members recognised the value and importance of this work as a tool for measuring outcomes in Gwent and agreed to adopt the approach. The JSA is available at https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/.

Public Health Wales attended to present the Shaping Places for Wellbeing in Wales programme. Shaping Places focuses on local partners taking system-wide action on the wider determinants of health. The Shaping Places for Well-being in Wales programme will provide a national resource to support all Public Services Boards in Wales to take a theory and evidence informed systems approach in their work to influence wider determinants of health as they implement their well-being plans. The programme will establish three national learning groups who will each work on a different theme for a period of two years. The themes below have been agreed with PSBs across Wales and are based on existing PSB well-being plans.

- Climate and Nature Emergency
- Poverty and Inequalities
- Neighbourhood well-being

Gwent Public Services Board has nominated a number of officers from across its member organisations to participate in this programme across each of the three themes.

Work taking place nationally on the provision of Gypsy, Roma and Traveller transit sites in Wales was also discussed.

The PSB also discussed the development of proposals to address four at scale areas of focus to improve well-being in Gwent. The four areas of focus are:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected.

A paper with options on outcomes and a proposal for developing integrated delivery plans and leadership groups for each topic was tabled at the April meeting. PSB members agreed to discuss this item outside the meeting to provide a steer to officers on taking this work forwards.

Argymhelliad / Recommendation

The Committee is asked to examine and **NOTE** the implications of this paper.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy Choose an item. Choose an item. 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	Partnership First
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:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/

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:	None

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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Agenda Item - 3.6

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnership, Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Emergency Planning and Assurance Report
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 (CCA). 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 Health Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack. Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial. The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

There is also a requirement to work together with partner organisations in Gwent Local Resilience Forum and from across Wales to plan, prepare, train and exercise in collaboration to enable a wider response to events impacting on the community.

Cefndir / Background

This report is provided to the Committee to demonstrate the planning, preparation, participation, training, exercising and partnership working that takes place to enable the Health Board to meet the requirements of the CCA, and be able to reduce, control, mitigate and respond to a Major Incident or Business Continuity incident.

Asesiad / Assessment

To ensure that the Health Board meet the requirements of the CCA 2004 there are structures in place to enable emergency preparedness resilience and response.

The Executive Director for Strategy, Planning and Partnerships is the Health Board lead executive for emergency planning and the team, Head of Civil Contingencies, Emergency Planning Manager and Emergency Planning Lead Nurse, lead on a programme of work across the Health Board and with partners across Gwent and Wales to identify risks, support planning, provide teaching and facilitate exercises.

There are business continuity leads identified in each Division, and a business continuity group where leads meet and plan together. There is an Emergency Preparedness Resilience and Response group chaired by the Director for Strategy, Planning and Partnerships with membership from across Divisions and Directorates where compliance, delivery, strategy, feedback and challenges are addressed.

The Emergency planning team are members of the Local Resilience Forum (LRF) and strategic and coordination group level and at subgroups where plans are developed in collaboration. The Director of Public Health also sits on the LRF. Additionally, there is an all-Wales Emergency Preparedness Resilience and Response Group where Emergency Planning leads from Health Boards and Trusts come together to horizon scan, learn from Wales and UK wide events and plan together.

Major Incident

The updated Major Incident Plan was approved in the Board meeting of March 2024. This plan is supplemented by Hospital Major Incident site procedure documents.

The Major Incident plan:

- outlines the responsibilities for emergency preparedness, resilience, response and recovery and those specific to divisions and staff members
- defines what constitutes a major incident or emergency
- outlines the structures, systems, processes, and procedures that are in place to ensure that ABUHB, in collaboration with partner agencies, is prepared for, can respond to, and recover from major incidents and emergencies.
- outlines the roles and responsibilities of key partner organisations.
- outlines the national, regional, and local NHS response, and how this dovetail with other multi-agency partners through multi-agency command and control

- describes in detail the actions required by Health Boards staff in the event of Major Incident. At each stage - Stand by, Declared, Standdown, Scene Clear

The Hospital Major Incident Site Procedure outlines the specific roles, responsibilities and actions of each area and allocated role in the event of a major incident, to include activation procedures, site management of the incident, receipt and management of casualties and recording of decisions at operational, tactical and strategic level.

The plan and procedures are developed by the Emergency Planning team in collaboration with the services involved. This engagement enables a clear understanding of roles and responsibilities, training and the development of specific action cards for each area and role to support response during a major incident. The Emergency Planning team review the interface between the roles and action cards to ensure an effective response, avoid duplication and avoid gaps in the response. The responses are then exercised at local level and as part of a full Major Incident exercise.

Major Incident planning also addresses the planning response to specific events which may include a response required to chemical, biological, radiological or nuclear (CBRN), mass casualties, which draws on the all-Wales Mass Casualty response plan, and the management of VIPs where specific security requirements may be in place.

Business Continuity

There is a Business Continuity Policy in place which outlines the requirements of the Health Board to meet the requirements of the Civil Contingency Act 2004 and outlines roles and responsibilities for business continuity across the organisation.

To meet the business continuity duty of the Act, an internationally recognised business continuity lifecycle tool is used to embed contingency planning. The lifecycle's business impact assessment identifies key service functions and applies a risk matrix to gauge the impact and likelihood of a loss or disruption. Plans are then developed to mitigate or reduce the impact to local services. Plans are then tested and reviewed to provide assurance that the service is able to alert, respond and manage a loss or disruption to one of the key business continuity themes.

The key themes for such plans are, loss or disruption to:

- IT networks or applications
- Staffing
- Departments or Buildings
- Utilities
- 3rd suppliers or key equipment

Emergency Planning have developed a business continuity repository to store all service plans and provides services with BC templates, response guidance and any emergency preparedness resilience and response legislation. Embedded into each service a BC lead who take responsibility for uploading service plans to the repository, they also are part of the Health Board's BC Group.

Testing an exercising of plans is an important part of the BC lifecycle and this is achieved by working with services to deliver workshops or tabletop exercises to familiarise staff with plans and their response actions.

Each Division is responsible for developing their own plans within services as they are the experts in their area, understand what could go wrong and what can be done to mitigate, resolve or manage these issues.

There are some Health Board wide plans developed by the Emergency Planning team, these include Severe Weather and Fuel plans, these provide an overarching approach to these issues which then need to be supported by local planning. The Health Board also works with Local Resilience Forum partners to produce Gwent wide response to areas of shared risk, these include plans for Flooding and loss of Fuel.

Business continuity is a continuous process and all areas will prioritise the highest risk issues when planning. Business continuity is a standing item on the Emergency Preparedness Resilience and Response group and provides an opportunity to monitor progress and support the development of plans.

Public Protection, Health Incident Response

Emergency Planning work in collaboration with the Health Board's Public Protection team and Infection Protection and Control to plan, prepare, respond and recover to public health incidents.

There is in place a Public Health Incident Response Plan. The Public Protection team have in place a surveillance framework for horizon scanning and incidence response and processes in place to plan, train, educate, exercise and review.

This plan follows the same processes as Emergency Planning and Business Continuity processes using the 3C structure for the management on an incident.

The Health Board chairs the LRF the Human Infectious Disease group, a sub group of the LRF coordination group to plan a partnership response to public health related incidents.

Command Coordination and Control (3C command structure)

The Health Board bases its emergency response arrangements on the management functions of control, command and coordination

During a Major Incident, Business Continuity Incident or response to a Public Protection Health Incident the 3C structure is utilised. This process supports response and decision making at the appropriate level during each event.

The levels of response are Operational, Tactical and Strategic, respond to, mitigate the impacts, and return to business as usual. Where it is possible to respond to an incident impacting at an operational level this would be managed accordingly and tactical advised, if an incident impacts on wider services the tactical level would take command and control and strategic advised and if the incident has a

whole organisational impact then strategic structure would take command supported by tactical and operational processes.

Incident response levels:

1	An incident that can be managed locally without invoking of a specific business continuity plan
2	An incident that requires invoking specific service plans. If the incident impacts on a number of local services areas or interdependencies. Consider setting up a local Tactical Hub to coordinate, Command and Control the Incident
3	An incident that requires invoking of more than one response plan across Divisions requiring strategic coordination, an incident that can have adverse risks to patients, staff, reputational harm or media attentions. Consider a Health Board Strategic Coordination Group.

Command and Control

Response Level	Description
Strategic (Gold)	The Strategic level response is represented by incident response team (gold) chaired by the Executive on call. This team is formed by a group of senior managers. Its role is to coordinate and control the resources needed to respond to very serious incidents which could threaten the Health Boards operations.
Tactical (Silver)	The Tactical level response is provided by the Silver Incident response teams. These teams comprise groups of managers (these may differ by incident type and area of service delivery) who provide leadership for the operational teams and coordinate support for the recovery of services.
Operational (Bronze)	The operational level response comprises staff who carry out the incident plans to recover operations.

Training

- Major Incident

Training takes place relating to each aspect of emergency planning as outlined above focused on type of emergency, generic overview of organisational impact and as applied to areas, the impact an event can have on them and the actions they need to take to respond and maintain or recover to business as usual. There is an all Wales training package on ESR that provides a generic understanding of Emergency Planning, this is not statutory or mandatory training but provides a baseline understanding of the principles of Emergency planning. Training provided by the Emergency Planning team to individuals and areas will cover these basics and how it applied specifically to their area/role.

Each person who joins the 'Gold' (strategic) on call will receive individual or small group training to understand their role during a major incident, this is undertaken at the Hospital Coordination Centre at GUH where the 'Silver' tactical group would be based, which is equipped and ready for immediate use, and walk through how the response process works. Training is also provided to each person joining the 'Silver' rota tailored to the role they would play.

Both Gold and Silver have an action card, and in the on call 'virtual bag' an on line folder with useful documentation for those who do on call all supporting documents for major incident response is available along side operational on call documents. The major incident documentation is also held in hard copy at the hospital coordination centre and Health Board Head Quarters, updated as documents are reviewed.

Refresher training workshops have also been set up for those on the 'Gold' rota, which will take place four times a year. This provides a refresher and any updates relating to their Health Board role during a major incident and also incorporates the interface with the Local Resilience Forum (LRF) and what is expected when attending a Strategic Coordination Group, a multi-agency meeting that may be called with LRF partners to provide a joint response to an incident. Within this training there is also a scenario to exercise to explore joint decision making using the Joint Decision Making model

Additionally, there is LRF joint 'Gold' training provided once each year where partners train together over two days, work through a scenario, face challenges, make decisions together, receive input from expert speakers addressing, humanitarian, legal, media and police disaster investigation. This helps to build knowledge, confidence and networking opportunities in anticipation of a real incident. There are challenges with capacity on this course. Via the EPRR group, more detailed analysis of training is underway.

- Business Continuity

Training takes place relating to each aspect of Business Continuity as outlined above. There is a Business Continuity lead that has been nominated by each Division, initial training takes place with the leads going through the principles of the Business Continuity model and cycle. The training includes going through how to undertake a business impact assessment and how to use this to prioritise and develop plans based on the risks identified. Any training goes through the business

continuity flow chart, use of templates and provides support for each lead. There are also workshops provided for Divisions where the Emergency Planning Manager will work with the lead to develop the knowledge and skills of staff in that area in how to undertake the Business Continuity process, and embed with staff.

- Loggist Training

During incidents the role of the loggist is essential to ensure capturing issues, discussions, decisions and rationale. There are a cadre of trained loggists across the Health Board training and refresher training is provided to ensure availability of individuals when required for real events and exercises.

Exercising

Exercises are undertaken within the Health Board and with partners in the LRF and across Wales, and the UK. In 2023 there were multiple UK and Wales wide exercises, testing Strategic and Tactical response to incidents, this ranged from national power loss to a counter terrorism event. The Health Board participated in the exercises, utilised joint LRF plans and Health Board plans and participated in debriefs to identify areas for the improvement of plans.

The Health Board also participated in an all Wales Mass Casualty exercise with Health partners across Wales and established a strategic and tactical response based in the Hospital Coordination. This has informed the recently updated Health Board Major Incident plan and the refinement of the all Wales Mass Casualty plan.

Internally there has recently been an IT incident Business Continuity exercise developed and run together with Digital, Data and Technology, with participants from across Divisions. This included a presentation from the Out of Hours service outlining the processes followed during the recent Adastra outage and how the team drew on their business continuity plans and the 3C structure to manage the process and shared the learning from this event.

There has also been a measles outbreak exercise, bringing together the Health Board Public Protection team, Primary Care, Paediatrics, Maternity, Infection control, pathology and wider Health Board partners, and Public Health Wales, developed and facilitated by emergency planning. This tested the plans in places for infectious diseases, including the templates for meetings, agendas, participants, proposed actions, cross organisational working, communication, as the scenario unfolded, also the 3C structure for management and decision making. The outcomes from this exercise supported the response to the recent outbreak in Gwent.

The templates for meetings, agendas, participants, and processes form part of a suite of resources that can be applied to incidents. Many of these initially were developed in response to the risk of monkey pox and have evolved through exercises and real events and can be applied immediately if an event occurs. Most recently in relation to the Health Board response to the Infected Blood Inquiry.

Following incidents and exercises a debrief will take place, from this there is continuous development to inform future planning.

Major Incident Exercise 2024

There is a full Major Incident Exercise, planned for June 2024 led by the Lead Nurse for Emergency Planning. This is a table top exercise taking place in GUH with participants from across Divisions. Planning has been underway since autumn 2023 with a faculty in place since December working together to plan the response to the scenario which will be presented to participants on the day of the exercise, which includes profiles of patients received from the scene on the incident and the pathway through each aspect of care delivery depending on their presentation. Strategic and Tactical groups will be set up to manage the exercise and each service involved have created injects to challenge services and the scenario unfolds. Teaching and the review of action cards for each participating service has taken place over the last few months, these will be tested within each area and as part of the overall Health Board response to the incident. The exercise is being undertaken in the context of daily pressures to test the management the incident and business as usual and decision making at all levels.

There are facilitators for each service engaged in the exercise, observers to capture processes and some of the activity will be films (with participant consent to further learn from observation). A hot debrief will be undertaken following the exercise and a full debrief to follow. There will be an exercise report produced and issues identified will form the basis of changes to plans and action cards as required.

Internal Audit

A Business Continuity audit was undertaken towards the end of 2023 and it reported reasonable assurance. All recommendations have been completed as required, and integrated into plans and processes that are now in place.

Understanding and learning from the outcome of incidents

Following incidents and exercises a debrief is undertaken. Ideally a 'hot' debrief would be undertaken immediately following the event where initial thoughts are captured in relation to the incident or exercise, to capture thoughts while they are fresh in peoples mind, this is then followed by a formal debrief to capture reflections in a structured way. Debriefs will be led by the operational, tactical or strategic group and can be supported by the emergency planning team. Key learning points captured will be used to review plans in place and to revise these as required. Outcome of debriefs will be shared at the Emergency Preparedness Resilience and Response group to enable wider learning and with wider partners as appropriate.

An example of learning from an internal incidence was from the telecom/ICT outage in 2023, which was reported to the Executive Committee and used to influence the Health Board response to ICT business continuity planning.

The outcome from external events and incidents also to influence internal planning and planning with partners. For example in response to the Kerslake Report, following the Manchester bombing in 2017, emergency planning health across Wales have developed a Mass Casualty Plan, which was exercised in 2023 and further refinements made.

The process of continuous learning and development of plans to enable organisational resilience is and a core part of the work undertaken.

Argymhelliad / Recommendation

The committee are asked to note the update with respect to Emergency planning, preparedness and response

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):	Choose an item. 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.

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:	
• **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** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Agenda Item – 3.7

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Long-Term Strategy: Engagement Update
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

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper follows a Board Briefing session on 10 April 2024 which focussed on shaping the engagement approach in the development of a new long-term strategy. This strategy will build upon the success of the Clinical Futures Strategy with a ten-year plan from 2025 to 2035.

The paper outlines the feedback received during the Board Briefing session and a subsequent meeting of the Strategy Steering Group on 11 June. Committee members are requested to:

- Note progress to date, and
- Note the initial findings from the first eight weeks of engagement.

Cefndir / Background

Clinical Futures

Clinical Futures is the Health Board's extant 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 is being used to clinical prioritise x-rays, remote monitoring offers 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, and wider health economy 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 the resources available 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 Figure 1. A Midpoint Review will be undertaken in July 2024 with a proposed Board Briefing session in August to share the findings and themes from the first ten weeks of engagement.

Engagement is framed around 'A Conversation for a Healthy Future' with the focus on a single question of 'What's important to feel healthy?'. An Engagement Working Group has developed an extensive engagement timetable with visits to existing events in Gwent; there is a deliberate focus on 'going to' the people of Gwent, rather than asking the population to 'come to' the Health Board. An online survey has been published to complement the engagement activity, with long- and short-options available.

Figure 1

Asesiad / Assessment

Engagement progress

From March to end of May, 780 people were engaged across 71 events. 29% of those engaged with were men, and 71% were women. Just over 50% of all events were community-based events, typically led by the Engagement Team. However, nearly 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; women's groups and volunteers.

As of 10 June, 159 people had responded to the survey. 157 of the respondents chose to complete the longer survey with an average completion time of 14 minutes and 42 seconds. 79% of respondents were women, compared with 50.9% of the population of Gwent. Caerphilly was the borough with the most responses as per Table 1 which compares survey responses with the overall population by borough.

Table 1

Borough	Survey responses	Overall population

Blaenau Gwent	17%	12%
Caerphilly	39%	30%
Monmouthshire	11%	16%
Newport	18%	26%
Torfaen	15%	16%

Key findings

Similar themes have emerged from engagement events and the survey. In response to the question of 'What's important to feel healthy?', people have identified three key actors which support them to feel healthy as per Figure 2.

Figure 2

Individual
- Looking after physical health, including eating well and exercising
- Looking after mental health, including spending time with loved ones, hobbies, spending time outside and being creative

Health Board
- Easier access to primary care
- Shorter waiting times
- Feeling listened to by healthcare professionals
- Care closer to home

Wider environment
- Access to public transport
- Access to pleasant green spaces
- Safe communities with affordable housing
- Affordable and accessible gyms / exercise classes
- Access to social and wellbeing groups

People have discussed each person's responsibility for maintaining their physical and mental health, with exercise and eating well emerging as predominant themes in supporting physical health among children, young people and adults alike. In particular, analysis of survey responses has demonstrated that people would like to remain active in order to support their mobility, minimise pain and allow them to enjoy their daily activities as follows:

> *Being able to be mobile to enjoy time within areas I enjoy*
>
> *To be able to continue to be fully mobile and healthy to continue to work and look after my children*
>
> *Good mobility, independence and pain free.*

People have also identified the ways in which the Health Board can directly support them to feel healthy. Access to primary care – including GPs and dentists – is a key concern for many people, with 55% of survey respondents ranking GP as the service which is most important for them to have nearby from a list of ten services. Indeed, people would like to access care at the point of need with reduced waiting times and

shorter travel distances. They would also like to meaningfully engage in a two-way dialogue with healthcare practitioners, with survey respondents noting:

> *To have someone listen, help, investigate and treat you*
>
> *Support and advice when my family need it that is not difficult to understand or access*
>
> *Actually, feeling like I'm being taken seriously and being listened to*
>
> *Being able to get hold of prescriptions, proper urgent Dr referrals and scans and not being palmed off all the time.*

Finally, people have described how the wider environment can support them to feel healthy. The Health Board will need to work in collaboration with partners to impact this area. For example, people have explained that they would benefit from better access to: public transport; pleasant green space; affordable housing in safe communities; affordable gyms and exercise classes; and social and wellbeing groups. People have described how these factors support their mental health which has a positive impact on their physical health: *I think the biggest factor that helps me to feel healthy is maintaining good mental wellbeing - This has a knock-on effect when it comes to other areas of my life and as long as I am feeling mentally well I am able to focus greatly on my physical health and wellbeing.*

This rich feedback will be used to shape the themes of the strategy. At the Midpoint Review in July the team will begin to set out these themes and start to shape an outline for the strategy. The second phase of the engagement process will then start to test some of these themes alongside continuing to capture feedback on the core engagement question. This is in line with the design principle of continuous feedback.

Information on the development of the strategy is continuously being updated on the Health Board website and a weekly blog is provided as part of the transparent nature of the work. A conversation for a healthy future - Aneurin Bevan University Health Board (nhs.wales)

Argymhelliad / Recommendation

The Committee is asked to **NOTE** progress made and the initial findings from the first eight weeks of engagement.

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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right first time for children and young people Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life
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.

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:	
• **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** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Agenda Item: 3.8

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nevill Hall Hospital Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jamie Marchant, Divisional Director for Facilities and Estate Hannah Capel, Assistant Director of Capital

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 purpose of this SBAR is to update the Board on:

- Operational management of the Reinforced Autoclaved Aerated Concrete (RAAC) at NHH,
- Commencement of Phase 2 – Programme of remediation
- Progress with development of a Strategic Outline Case (SOC) for review by Board in Q3

Cefndir / Background

The Committee and the Board have been previously appraised on the prevalence of Reinforced Autoclaved Aeriated Concrete (RAAC) in Nevill Hall Hospital (NHH) following a Welsh Government alert and ensuring structural investigations. The Health Board has been working with structural engineers Motts McDonald and the

Shared Service Estates team in the investigations, progression and monitoring of the required, surveys, checks and mitigations.

As previously reported through to Board, a fortnightly operational oversight meeting is established under the leadership of the Director of Estates and Facilities with fortnightly review meetings with Welsh Government and Shared Services to ensure ongoing compliance with extant guidance.

Legal advice was also sought on the level of risked posed to the Health Board given its duties under the Health and Safety at Work Act (1974) and the Corporate Manslaughter and Corporate Homicide Act 2007. The corporate Health and Safety Team is actively engaged to ensure any risks or remediation works do not compromise the health and safety of staff, patients or visitors.

The longer-term response to the challenges of RAAC in NHH are being managed through a clinical review of services in NHH to establish a future clinical, and service model which sets out the next phase of its development as an Enhanced Local General Hospital.

The Health Board is now just over three years into the implementation of this new clinical model, noting that the enhanced Local General Hospital (eLGH) sites are a key component supporting the operational function of the Grange University Hospital (GUH) and wider system. In essence, to enable the wider system to operate successfully, the eLGH sites must be fit for purpose, with a stable workforce, delivering optimal care to meet the needs of our local population.

The eLGH Reconfiguration Programme is one the Health Board's priority programmes, established to take forward clinical reconfiguration opportunities and service redesign. The NHH Service Model is a key workstream within the eLGH Reconfiguration Programme. A fortnightly NHH Planning Working Group has been progressing the development of the NHH clinical service model, chaired by the Executive Director of Strategy, Planning and Partnerships.

The following paper is set in the context of previous RAAC updates to Executive Committee, Board and Planning, Partnership and Population Health Committee in January 2024 and prior to that to Board in September 2023. Following the identification of RAAC in the buildings on the NHH site, the urgency to develop a long-term service and site solution aligned to the three phases which have been described in previous updates

- Phase 1 – Immediate issues and operational management
- Phase 2 – Ongoing risk management and mitigation
- Phase 3 – Longer term strategic configuration for Nevill Hall Hospital

These phases are being progressed concurrently rather than sequentially.

Asesiad / Assessment

Phase 1 - Operational Management of RAAC

The fortnightly RAAC Working Group continues to meet and is chaired by the Director of the Estates and Facilities Division. The membership of this group consists of operational estates and capital projects team members as well as colleagues from Health & Safety and Fire teams and representation from the Health Board's Communications Team.

This group continues to monitor the ongoing management of any actions and work associated with the presence of RAAC.

- ***Prop Inspections*** - Bi-weekly checks of all props are in place and are carried out by an external contractor. There are no risks associated with the presence of props to escalate at this stage.
- ***Health and Safety Assessments*** – health and safety assessments have taken place in those departments where props have been installed, in order to assess any safety impact to the working of that department. All assessments have been shared with the departments and any small adjustments required to working practices in the department have been set out by the Health and Safety function.
- ***Fire Assessments*** - A review of any fire impacts were carried out at the time of any props being installed and have been reviewed by the Fire team with no untoward issues. Links are in place with the Fire team as necessary if any additional props are added or moved
- ***Risk Register Management*** - This group also provides the information which supports the management of the Health Boards Strategic Risk Register entry SRR 002A.

The Health Board continues to work with its Professional Advisors, Mott MacDonald and in line with their guidance are undertaking 6 monthly surveys to monitor any change in the status of RAAC. The last round of inspections were undertaken in December 2023, where minor adjustments were made to previous arrangements. The third round of inspections are being completed during June 2024 and will continue on a 6-month cycle in line with expert advice.

Following initial surveys, a number of steps have already been undertaken in line expert advice. This includes:

- Props have been installed in departments where ceiling areas demonstrated a higher risk,
- Specific departments where a number of props were needed, altered the functionality of the department, or props would have caused other specific issues, addition measures were put in place as 'remediation', which provided.
- For clarity, no interventions have resulted in the removal of RAAC,

Regular dialogue has continued throughout the last year regular dialogue between the Health Board, NHS Wales Shared Services Estates (NHSWSES) and Welsh Government Capital and Estates Division, with fortnightly meetings including the

Executive Director of Strategy, Planning and Partnerships, Divisional Director of Estates and Facilities and Assistant Director of Strategic Capital.

The work outlined above, resulted in a capital spend, with Welsh Government support, of £750,000 in 2023/24.

Alongside this work, the Director of Estates and Facilities Division is working with Motts McDonald to review the actions relating to risk assessment, monitoring and management. This has been informed by work Motts McDonald have done with NHS Trusts and other bodies in England. This review is in progress and will inform any additional steps relating to the governance and management of the issue. Such actions and new processes will be reported to the relevant Committee, probably alongside the output from the current Internal Audit on RAAC.

Phase 2 – Programme of Remediation

The extent and scope of work required in the remediation phase will be influenced by any change to risks identified through phase 1 and the timing, scope and changes emerging from phase 3. The level of remediation which has been undertaken is not exhaustive and as such work is ongoing to assess next steps.

Work is progressing with external advisors Motts McDonald to shape this stream of work and the anticipated phasing of remediation and the Health Board are reviewing draft proposals for a programme of work which would provide remediation to those departments where props are installed or where other factors necessitate actions.

This is a wide-ranging programme of work which would encompass the two financial years of 2024/25 and 2025/26 and therefore aligning this phase to the wider site reconfiguration and service planning work is key. Discussions are underway with Welsh Government and Shared Services on how we do this considering the technical solutions, staging of the works and capital implications.

Phase 3 – Site and Service Reconfiguration Development

As informed previously, it is anticipated that the Strategic Outline Case (SOC) for Nevill Hall, will be developed by Q3 for review by the Executive Committee and the Board. The achievability of the will be dependent on the ongoing discussions which will be taking place with Welsh Government and the level of requirement which they need presented within the SOC.

In order to develop the SOC, the Health Board are proposing to engage with professional advisors, looking at the feasibility of a number of options and will set the context and provide an overview of the NHH Clinical Service Plan and the work undertaken to define and assess options for the best approach.

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 safely delivers quality patient centred care, workforce stability, optimal services to enhance patient outcomes and experience, essentially a future proof model of care:

1. **Sustainable**- models and solutions that make most efficient use of resources
2. **Community First-** start with community delivery and build back
3. **Asset Based not site based-** considering full range of regional assets as opportunities for delivery
4. **Minimum Necessary Specification –** the site only house what cannot be delivered in community
5. **Designed with Data-** data and evidence driven decisions
6. **Innovative** and transformative, considering new ways of organising and delivering care around the patient and their carers.

Some service model assumptions are being tested through the service planning 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 and diagnostics. The day surgery offer need to be confirmed.
- ✓ 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 (eg 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 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 (eg 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 South East 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.

Some of the key activities (not exhaustive) as set out below:

Timeline	Key activities
2023/24	✓ Whole system service planning workshop testing principles scope and ambition ✓ Detailed baseline mapping of all services and staff currently on site ✓ Scoping with Velindre on opportunities for SACT Outreach across Gwent, with focus on NHH ✓ Early staff engagement and coms
April 2024	✓ Engagement with Service Leads to set out the purpose and aim of the NHH Clinical Service Model and required engagement with their teams ✓ Undertake stakeholder mapping exercise ✓ Prepare Project Initiation Document setting out milestones, deliverables and interdependencies ✓ Medical Model Workshop ✓ Feedback from Medical Model Workshop, establish Task & Finish Group to take forward the workstream ✓ Detailed planning and baselining for Family and Therapy Workshop
May 2024	✓ Family and Therapy Workshop – testing baselines against opportunities across north Gwent ✓ Refine proposal re Medical Model and engage with Health Board stakeholders ✓ Detailed planning and baselining for Elective model workshop ✓ Established regional cancer workstream
June 2024	• Elective Model Workshop – testing scope, scale, options and ambition • Further refinement of Medical Model with stakeholders • Refine proposal for therapy and children's services engagement with Health Board stakeholders • Satellite Radiotherapy Centre "stocktake" workshop – assessment for readiness and NHH interdependencies • Commence development of interdependent services modelling e.g., clinical support services • Engage professional advisors to undertake a feasibility study for the site in order to develop a long list of options. • Board engagement on emerging way forward as part of Board development session 26 June

July 2024	• Draw in professional advice and capacity in modelling • Family and Therapy Service model specifications completion for initial review • Day surgery offer – detailed analysis with teams on options and model • Tests of change with respect to assessment models in NHH to inform future offer and bed base • Further Development of Cancer services model, service model working with Velindre • Increase in internal and staff engagement on emerging models • Engagement with Llais and Trade Union Partnership • Alignment of engagement model with strategy engagement in in North Gwent – opportunities to do focus pre-engagement as part of strategy plan
August/ September 2024	• Focused session on NHH as part of Senior Leadership Group • Public engagement re future service model at NHH • Further refinement of all service models and interdependent services articulated in service model spec • Interdependencies workshop • Board development session on emerging model
October/ November 2024	• Finalise service and estates models, Divisional sign off • Draft Strategic Outline Case
December 2024	• Outline Strategic Outline Case (SOC) to Executive Committee/Board

Risk Assessment

As part of the development of the Project Initiation Document (PID), a detailed risk register will be developed which will reflect the risks set out below:

Issue	**Risk**	**Mitigation**
Interdependencies with other workstreams, limits progress	Lack of co-ordination and progress across redesign service programme	Co-ordinated through the eLGH Reconfiguration Programme, fortnightly Programme Board chaired by the Chief Co-Operating Officer
Alignment with Clinical Futures Strategy, care close to home delivery model	Service redesign/reconfiguration, in patients may travel further distance to receive care	Principles of care closer to home where possible, aligned to the delivery of safe quality service
Public opinion and interest in the new clinical service model	Health Board reputation, poor public profile	Promote key messaging, delivery of quality

		services, aligned to Clinical Futures Strategy
Low staff morale at NHH due to redesigned services, loss of identity at NHH site	Loss of staff	Reinforce opportunities as a result of the relocation, positive site developments – Satellite Radiotherapy Unit
Resource to deliver NHH Clinical Service Plan and SOC at pace	Number of priority areas of work for delivery 2024/2025	Priority work stream, resourced from Clinical Futures/Capital Planning, led by Executive Director of Planning
Full benefits realised over time, long term service transformation	Delivery of sustainable services, patient experience and outcomes	Robust programme management arrangements, benefits mapping

A significant risk to the project is the lack of dedicated Project Manager to support the co-ordination and delivery of this work, which is presenting as a risk to achieving the anticipated timescales. However, following a recent appointment, support has been secured within the Capital Team from August 2024 in order to take this work forward. Alongside this, it is also deemed necessary to appoint external Advisors to be able to inform some of the technical detail within the SOC. This appointment is still to be agreed but some funding is allocated in the Discretionary capital programme.

Next Steps

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
- Secure Project Management support and external Advisors 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 in line with the timescales set out above
- 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

Argymhelliad / Recommendation

The Committee is asked to note:

- The updates in relation to the work which has been undertaken and is ongoing for the next steps of each of the 3 phases.
- The risks highlighted, but also the mitigation to manage this.
- Note the position with respect to service model development and the next steps as set out

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

Agenda – Item 3.9

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 2024
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 November2022 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 algins 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 and note the strategic approach to Population Health Management.

The Partnerships, Population Health and Planning Committee is asked to discuss and note the Joint Strategic Assessment.

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 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:	
Rhestr Termau: Glossary of Terms:	
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	Choose an item. Choose an item.

https://futuregenerations.wales/about-us/future-generations-act/	

Agenda Item:3.10

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 July 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

Recurrent Welsh Government funding for local delivery of health protection has provided an opportunity to review, design and invest in a sustainable and fit for purpose workforce and service model for Aneurin Bevan University Health Board. This development has been undertaken through an Organisational Change Programme, the Pre-Investment Panel, and Executive Board sign-off.

This report provides an update on the proposed new ways of working and plans for vaccination delivery going forward.

Cefndir / Background

Prior to the start of the COVID-19 pandemic in 2020, health protection was predominantly delivered centrally by Public Health Wales, as well as via Local Authorities Environmental Health Teams.

The Welsh Health Protection System Review (October 2022)[1] was commissioned in recognition of the significant system shift that occurred for the COVID-19 pandemic

response. It 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. The review noted that a 'gold standard health protection system needs to have the resilience to managed business as usual at all times and especially during emergencies, to constantly improve the health equity of the population, and to be prepared to manage and response to health security threats. Building on this, a National Health Protection Framework for Wales is in development, which will outline the 'all-hazards' approach to health protection systems at local, regional and national level.

The National Immunisation Framework was built on the Winter Respiratory Vaccination Strategy, which has already integrated planning and delivery of COVID-19 and influenza vaccination. It highlights the Health Board responsibilities in relation to vaccination equity, catch-up programmes for MMR and HPV, new scheduled programmes such as RSV and shingles and the need for agility to mobilise an early response to emerging threats as was seen for the polio outbreak and our response to mpox.

Nationally and locally there has been a 10-year decline in pre-school immunisations and coverage. For many vaccination programmes uptake rates are lower than the WHO-specified threshold and lower than in other advanced economies. Below-threshold coverage risks outbreaks, as we have seen for measles, and the return of diseases not seen for a generation.

COVER data shows that for the 4-in-1 preschool booster and MMR2 there has been a significant downward trend in uptake in 2021-22 and 2022-23 (see Figure 1 and 2). There is significant variation in uptake across local authority areas in Gwent. Vaccination uptake is particularly low in Newport (around 85%) but also in Torfaen and Blaenau Gwent with all localities below the 95% level required for herd immunity.

Figure 1 – Local authority trend chart for uptake of 4 in 1 preschool booster by 5 years of age (by financial year)

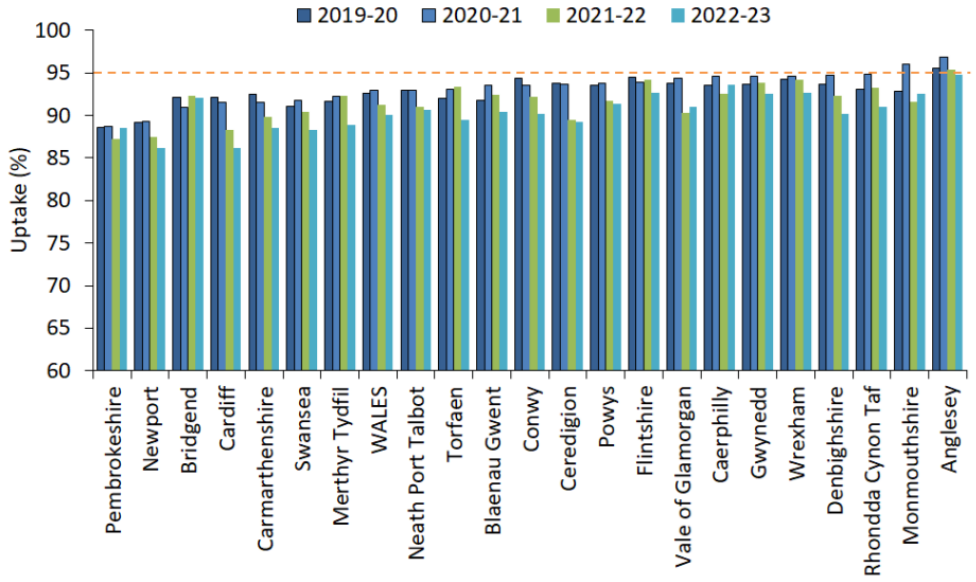
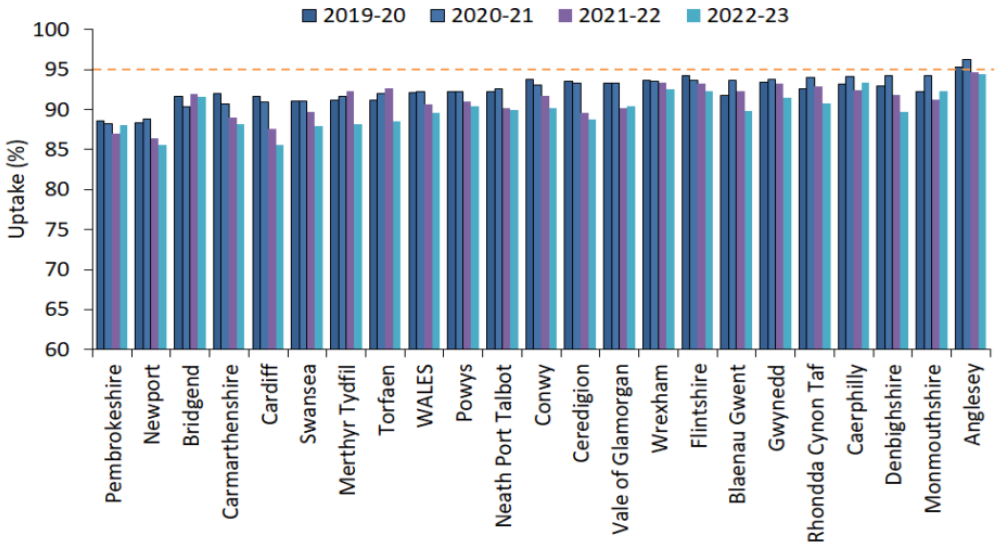


Figure 2 – Local authority trend chart for uptake of MMR by 5 years of age (by financial year)



Recent outbreaks, including lesser-known diseases such as mpox, remind us of the ever-evolving nature of infectious disease. We need to ensure that across the Health Board region we are prepared to respond effectively to new and emerging threats, as well as to implement new vaccines and other technologies as they are developed, for example, options for RSV and varicella programmes.

The development of a sustainable, resilient and agile local health protection system is essential for the Health Board and key partner organisation to be able to:

1. Deliver the National Immunisation Framework for Wales to ensure high uptake and equitable access to vaccination

2. Deliver against national programmes of work e.g. Hepatitis B and C elimination targets

3. Bolster the preparedness and readiness of health protection system to respond to future threats through plan development and exercise

4. Reduce inequalities within established health protection programmes (e.g. vaccination) as well as communicable disease incidence/prevalence

[1]Report of the Independent Review of the Health Protection System in Wales | GOV.WALES

Asesiad / Assessment

The provision of recurrent discretionary allocation for Health Protection has therefore presented an opportunity to review the structures, services and systems which have evolved during the last 4 years as an emerging local Health Protection system. This has been developed in four components:

1. Vaccination service and health protection clinical response team within Primary Care and Community Services
2. Health Protection capability within the local Public Health team
3. Microbiology services for health protection
4. Partnership working with local authority Public Protection teams

Vaccination Service

The 2024/25 delivery programme for the ABUHB Vaccination Service includes the seasonal campaigns for COVID-19 (including care homes and housebound patients),

staff vaccination, MMR and HPV catch up, and support for the school health service with influenza vaccination in primary and secondary schools. The ABUHB Vaccination Service will support a new model of influenza vaccination for 2- and 3-year-olds in nursery and childcare settings and for adult cohorts in areas which uptake in general practice has been low in previous seasons. Two significant new programmes for RSV vaccination, for older adults and infants via maternal vaccination, will also be supported in implementation and catch-up campaigns.

The vaccination service will: support large-scale vaccination programmes in partnership with GPs and other healthcare services; address vaccine inequities in partnership with Public Health with focussed outreach, communications and engagements with different communities and groups in our population; and provide a key response in the acute management of vaccine-preventable disease outbreaks.

Health Protection Clinical Response team
The Health Board is required to deliver diagnostic testing, treatment (including post-exposure vaccination) and public health risk management as part of an 'all hazards' communicable disease approach to prevent and reduce risk from infectious disease and strengthen infection prevention and control practice. The Health Protection Clinical Response Team is based on key functions in the Health Board's Public Health Incident Response Plan. This relates to sampling and testing to assist with outbreak control and Tuberculosis and Hepatitis C elimination, COVID-19 antiviral treatment and the development of processes for post-exposure prophylaxis for vulnerable groups such as household contacts, pregnant women or individuals who are immunosuppressed. This proposal is seen as an emerging national example of innovative local health protection work.

Health Protection within Local Public Health team
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. There is now national expectation for the delivery of health protection workstreams at a local level with this funding, with regular reporting to Welsh Government in terms of activity metrics (e.g. Joint Recovery Plan for Hepatitis B/C elimination requires reporting on testing levels). The Health Protection function will provide leadership and accountability for these, working in partnership with key stakeholders.

Microbiology
Microbiology plays a crucial role in the health protection system to process urgent respiratory testing and provide 24/7 cover for Winter pressures, as well as supporting public health incidents involving communicable disease. There is a requirement to ensure that the Microbiology department is prepared for Winter pressures and surge testing, able to support outbreak control, and equipped to deal with future epidemics, as part of the wider health protection system.

Local Authority
The partnership approach between local authorities and public health protection will help sustain teams working on a Health Board footprint to reduce the risk from and prepare for challenges in an 'all-hazard' approach. Local authorities play a leading role in public protection and regulatory functions. This includes food safety recovery, food sampling, private water supply registers, basic infection prevention and control in primary schools and care settings, health and safety for events and mass

gatherings. Local authority public protection officers also lead in areas such as health and safety inspections, gas and electricity safety, food inspections, and safeguarding, which all have a direct impact on the health of the population.
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:	NA
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	Choose an item. Choose an item.
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 prrioritise 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)**	
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**	Choose an item.
• **Service Activity & Performance**	Choose an item.
• **Financial**	Choose an item.
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**Yes not yet available** **[completed as part of Organisational Change Process]** 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.