Partnerships, Population Health and Planning Committee

Tue 16 April 2024, 09:30 - 12:30

Microsoft Teams

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

Agenda

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last meeting held on 31st January 2024

Attached *Chair*

1.4 Draft PPHPC Minutes 31-01-24 (Chair reviewed).pdf (13 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 PPHPC Action Log April 2024.pdf (6 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section.

3. ITEMS FOR DISCUSSION

3.1. Committee Strategic Risk Report

Attachment *Director of Corporate Governance*

Strategic Partnerships

3.1 Committee Strategic Risk Report _PPHPC_April 2024_.pdf (6 pages)
3.1a Appendix A PPHPC Dashboard and Risk Assessments.pdf (15 pages)
3.1b Appendix B PPHPC Strategic (Board level) Risk Register Database.pdf (4 pages)

3.2. Public Service Board update and action plan

Oral *Director of Public Health*

Strategic Partnerships

3.3. Regional Partnership Board Update

Attachment *Director of Strategy, Planning and Partnerships*

Strategic Partnerships

- 3.3 RPB Update APRIL 2024 SBAR.pdf (6 pages)
- 3.3a Annex 1 RPB Governance Review Action Plan.pdf (5 pages)
- 3.3a1 Gov 2 meeting.pdf (1 pages)
- 3.3a2 Gov 3 meeting.pdf (1 pages)
- 3.3a3 Gov 4 Governance.pdf (1 pages)
- 3.3a4 Gov 5 Template Report.pdf (2 pages)
- 3.3a5 RPB Presentation Master.pdf (9 pages)
- 3.3b Annex 2 Markey Stability Report.pdf (7 pages)

3.4. Regional Planning Update

Attachment *Director of Strategy, Planning and Partnerships*

Strategic Planning and Developments

- 3.4 PPHP Regional Planning Update Apr 2024 FINAL.pdf (12 pages)

3.5. Vaccination Programme Update

Oral *Director of Public Health*

Strategic Planning and Developments

3.6. IMTP Update, consequence of Board discussions and next steps

Oral *Director of Strategy, Planning & Partnerships*

Strategic Planning and Developments

3.7. Clinical Futures Programme Update

Attached *Director of Strategy, Planning & Partnerships*

Review of development of plans in respect of the key Clinical Future Priorities

- 3.7 Clinical Futures Programme Update for PPHPC April 2024.pdf (8 pages)

4. ITEMS FOR INFORMATION

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

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 is 1st July 2024

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

MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE MEETING

DATE OF MEETING	Wednesday 31st January 2024
VENUE	Microsoft Teams

PRESENT	Ann Lloyd- Chair Richard Clark- Independent Member Dafydd Vaughan- Independent Member
IN ATTENDANCE	Tracy Daszkiewicz- Director of Public health Hannah Evans- Director of Strategy, Planning and Partnerships Rani Dash- Director of Corporate Governance Paul Solloway- Director of Digital Rob Holcombe- Director of Finance Chris Dawson-Morris- Deputy Director, Strategy Planning and Partnerships Kate Fitzgerald- Clinical Futures Assistant Programme Director Phil Robson- Special Advisor Emma Guscott- Committee Secretariat
APOLOGIES	Michelle Jones, Head of Board Business

PPHPC/3101/01	**Preliminary Matters**
PPHPC/3101/01.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PPHPC/3101/01.2	**Apologies for Absence** Apologies for absence were noted.
PPHPC/3101/01.3	**Declarations of Interest** There were no declarations of interest raised to record.
PPHPC/3101/01.4	**Minutes of the previous meeting**

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	The minutes of the meeting held on the 1st of November 2023 were agreed as a true and accurate record.
PPHPC/3101/ 01.5	**Committee Action Log- November 2023** The Committee received the action log. Tracey Daszkiewicz (TD), Director of Public Health, provided an update on the outstanding action *PPHPC 1705/03.2 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.* TD informed members that work was ongoing in this area. The Chair discussed duplication of areas within both plans, the potential impact that had on resources, and welcomed an update at a future meeting. Rani Dash (RD), Director of Corporate Governance, provided an update on outstanding action *PPHPC 0111/01.5.3 Review of the Major Trauma Centre,* informing members that a draft review was in development and would be shared when finalised for publication.
PPHPC/3101/ 02	**Items for Approval/Ratification/Decision**
PPHPC/3101/ 02.1	**Annual Review of Committee Effectiveness** Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the report, summarising the findings of the Committee self-assessment. Areas identified that required strengthening were noted as follows: • The programme of induction for Committee members, • Strengthening of report templates, • Future alignment of business cases and enabling plans. The above areas were noted as common themes across Committee self-assessment feedback. These areas would be picked up under the ongoing Board Improvement Plan. The Committee was assured that the overall rating had determined that the Committee was '*Meeting the Standards'* expected.

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	The Committee **APPROVED** the template format.
PPHPC/3101/03	**Items for Discussion**
	Strategic Partnerships
PPHPC/3101/03.1	**Committee Risk and Assurance Report** Rani Dash (RD), Director of Corporate Governance, provided an overview of the revised risk reporting for assurance, including the risks delegated to the Committee. These had been presented to the Board. Ongoing work on the Committee workplan would ensure sufficient assurance mapped against risks. Two new risks had been delegated by the Board to the Committee for oversight; these were noted as *SRR 001H-Service Delivery* and *SRR 007B Transformation & Partnership Working.* The Chair flagged risks aligned to *Transformation and Partnership Working* and requested that we did not lose sight of the associated partner risks around public service funding and fragility of their services. RD suggested that both the effectiveness of partnerships and the fragility of our partners be reflected in the risk. **Action: Head of Risk and Assurance** The Committee **RECEIVED** the report for **ASSURANCE**.
PPHPC/3101/03.2	**Public Services Board Update and Action Plan** Tracey Daszkiewicz (TD), Director of Public Health, provided an update from the Public Services Board (PSB). TD presented information on Building a Fairer Gwent, rationalising the 192 Marmot recommendations into a deliverable format against the 8 Marmot Objectives, including the mapping of associated actions. The following key points were noted: • The information would feed into a five-year plan (2024-2029) with an internal public health approach for the Health Board and partnerships through a social, environmental, and economic lens. • Alongside Torfaen County Borough Council (TCBC) partners, the Health Board had been successful in

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	securing £5m to tackle health and inequalities in that area. • A delivery group, aligned to the PSB, would be overseeing the delivery of the associated actions. Building a Fairer Gwent delivery and action plan to be shared with members. **Action: Director of Public Health/Secretariat (complete)** The Committee thanked TD for her involvement in the delivery plan and was encouraged by the good progress made. The Chair congratulated the TCBC for securing such an important investment. The Chair shared concerns around the duplication of work across the PSB plans and the Regional Partnership Board (RPB) plans and suggested that the plan was shared with the RPB for alignment. TD to share the PSB delivery and action plan with the RPB. **Action: Director of Public Health** Rob Holcombe (RH), Director of Finance and Performance, discussed the need to avoid duplication for the RPB and PSB, aligning decisions with strategy, service, and resource plans. The Committee **NOTED** the update on the PSB and associated action plan.
PPHPC/3101/ 03.3	**Regional Partnership Board (RPB) and Place Based Care** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Chris Dawson-Morris (CDM), Deputy Director, Strategy Planning and Partnerships provided the Committee with an overview of the report, including information on Place Based Care. The Committee was informed of the following key points; - • An RPB workshop, discussing the work carried out within Integrated Service Partnership Boards (ISPBs) and Neighbourhood Care Networks (NCNs) had been rescheduled for March 2024. • Further work to be done on accountability on regional and local partnership working. • Progress has been made in the RPB governance review.

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Phil Robson (PR), Special Advisor, suggested collaborative visioning sessions, looking at individual services and how they would be managed in an integrated way, for example through NCNs. PR thanked HE and CDM for the work undertaken outside of regular RPB meetings, noting the positive impact on strengthening partnership working.

Rob Holcombe (RH), Director of Finance and Procurement, discussed the following key points:

- The importance of resolving any issues with current partnership services.
- The current financial governance of partnerships was working well.
- Further improvement work was required around the assessments of benefits realisation of investments made into the RPB.
- The requirement to promote compliance with good governance, agreements and plans of all partners within the RPB; clear delegation, mutual agreement of expectations, and ownership from all partnership bodies was vital.
- Strategic Needs Assessments should be supported by evidence.

The Chair discussed effective use of resources and noted that the RPB's community-based teams were undertaking a review of Frailty Services and ongoing projects, to determine benefits for the population.

CDM discussed the requirement for core common clarity of purpose of delivery of services throughout the RPB, noting examples of successful partnership working for learning. CDM suggested a dedicated meeting working through some ideas for improvement of governance and arrangements with the RPB. **Action: Director of Strategy Planning and Partnerships** The Chair endorsed the meeting and suggested that a worked example to test theories and best practice for partnership working be included.

Rob Holcombe left the meeting.

The Committee **NOTED** the report for information, in relation to the development of models to support partnership working and how these models interrelate.

Strategic Planning and Developments

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PPHPC/3101/ 03.4	**Emerging Plan for 2024/25, including Pan-Cluster plans** Hannah Evans (HE), Director of Strategy, Planning and Partnerships presented the emerging plan for 2024/25, including the priorities and system change required under the five priority areas. The Committee discussed the proposed approach, noting that a detailed discussion would take place at the Board Development session scheduled for the 28th of February 2024. The following key points were discussed; - • In addition to the information outlined in the report, the planning team had received data on performance, workforce, finance, and savings plans and opportunities from Divisions. The Planning and Corporate teams were reviewing the data, which would be reported to the Executive Committee on the 1st of February 2024. • Integrated Service Partnership Board (ISPB) plans were being developed following national guidance. Further work was required to strengthen the Health Boards involvement in partnership working guidance. • Several communication and engagement events had taken place with Llais, the Trade Union Partnership Forum (TUFP) and regional Health Board colleagues. An Integrated Medium-Term Plan (IMTP) would be delivered to the Board at the end of March 2024; the Chair welcomed this approach and thanked HE. Dafydd Vaughan (DV), Independent Member, requested that the IMTP include an ordered list of achievable priority programmes, so that the Board can provide support against clear goals. The Chair suggested that there be an emphasis on providing the best care to the population with a radical review of cost-effective care models for sustainability and redesign be included in the priority programmes, noting that information suggested that the current model of care was unaffordable. The Committee received the report for **ASSURANCE** and **ENDORSED** the planning approach and the five planning principles used to develop the annual plan.

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PPHPC/3101/ 03.5	**To receive and discuss an update on Regional Planning** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update of progress in respect of ongoing regional and South Wales service planning programmes for information. The following key points were discussed: • A South East Region workshop took place in December 2023. Initial feedback was positive, noting requirements to strengthen governance arrangements and deliver on the current workstreams. • The fragility of services was discussed at the workshop, and it was determined that further regional work to be undertaken on other speciality areas. Since the workshop, national work on fragile services had been commissioned by the NHS Executive, through the National Value and Sustainability Board. Regional planning would be aligned with this. • Ophthalmology: the first regional ophthalmology patients, led by the Health Board, would be seen in the Nevil Hall Hospital hub week commencing the 5th of February 2024. In addition, outsourcing to the Ophthalmology hub in Cardiff continues, aligned with the interim business case. The impact has been significantly positive; within one week of this additional activity funded by Welsh Government, 4 weeks wait had been reduced from the cataracts waiting times. • The challenge of the Interventional Radiology (IR) service in Swansea Bay University Health Board remained. South East Wales Interventional Radiologists continued to support the service on an interim basis whilst a sustainable solution was developed. Several Health Board clinicians were supporting this service. The Chief Executive Officers from relevant all Health Boards were meeting regularly to review the situation. Fragility of services is monitored through the corporate risk register. • Hepato-Biliary services: the service is led by Cardiff and Vale, and Swansea Bay University health Boards. An options appraisal failed to be completed against original timeframes. A Clinical review was due to take place in February 2024. The Chair suggested that the Health Board review

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	opportunities for alternative services to secure the best service for the population. • The Joint Commissioning Committee: work was ongoing to establish the new Joint Commissioning Committee and its governance framework. Paul Solloway (PS), Director of Digital, informed the Committee that an options appraisal of the electronic record for Ophthalmology patients had been received from Digital Health Care in Wales (DHCW). PS shared his concerns that the appraisal did not include the impact on patients or timescales. An internal Health Board review of options for an electronic record for Ophthalmology patients and any associated risks would be undertaken. PS informed members that a Regional Digital Workshop had taken place, reviewing the best options for a single digital referral pathway system for services across Health Boards. It was noted that the workshop was positive, and that Health Boards were working through delivery options. The Committee was content that alternative digital options were being reviewed effectively. The Committee **RECEIVED** the report for **INFORMATION**.
PPHPC/3101/ 03.6	**South East Wales vascular Network Annual Report, July 2022-July 2023** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the first annual report since the establishment of South East Wales Vascular Network (SEWVN) in July 2022. The Committee was reminded that SEWVN had been established around the main hub in the Main Arterial Centre (MAC) at Cardiff and Vale University Health Board (CAVUHB), with spokes into other Health Boards. HE discussed the critical interdependencies between SEWVN, and the earlier risk discussed around the challenge of the Interventional Radiology (IR) service in Swansea Bay University Health Board. HE advised that good progress had been made, with no major safety issues reported during the transitional stage at a time of significant urgent care system pressure. System capacity was tight, noting that the full SEWVN

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	model had not yet been implemented, due to the fact that construction of the envisaged new hybrid theatre on the CAVUHB site was still to be progressed. The Chair suggested that the hybrid theatre funding be progressed with Welsh Government. The Committee **RECEIVED** the report for **INFORMATION,** and; • **NOTED** the experience and conclusions of the service in respect of the first year of the network's operation. • **ENDORSED** the proposed service priorities and engagement approach over the coming year, as set out in the report.
	Review of Development of Plans in Respect of the Key Clinical Future Priorities
PPHPC/3101/ 03.7	**Clinical Futures Programme Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, supported by Kate Fitzgerald (KF), Clinical Futures Assistant Programme Director, provided an overview of the Health Board's Clinical Futures Programme priorities. HE informed the Committee that the planning teams would be redefining plans and associated programmes of work, to include clear timescales and associated impacts on services. HE discussed the large portfolio of work underway, noting that some long-term strategies may have been reprioritised based upon new learning and emerging opportunities, noting the deep dive work undertaken on the Six Goals for Urgent and Emergency Care. The following key points were highlighted: • The nurse led Acute Frailty Response Team went live in January 2024, placing additional community teams in the Royal Gwent Hospital emergency department. This was having a significant impact in directing patients to the best care to suit their needs, with 27 avoiding unnecessary admissions. • A new falls pathway had been introduced in December 2023 to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls patients had been conveyed to the eLGHs instead of GUH for initial clinical assessment.

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	• Further work being undertaken on the Health Board and WAST collaborative programme, ensuring pathways were followed, in particular the use of the flow centre. • Health Pathways: finalising discussions on specialties for Phase 2 priority pathways would be discussed at the Executive Committee in February 2024. • The Breast Unit was due to open in the first week of February 2024. • Place Based Care had been deprioritized due to current operational issues. The Chair discussed planned care and the Outpatient Transformation Programme, stating that on visits, some outpatient areas looked underutilised. An update on the Outpatient Transformation Programme would be presented at the Finance and Performance Committee. **Action: Director of Strategy, Planning and Partnerships/Secretariat** Phil Robson (PR), Special Advisor, noted the 9-5 opening hours for the Acute Frailty Response (AFR) model and questioned whether or not there were plans to extend the offer. KF informed members that this was phase 1 and there were plans to review the model. In addition, alongside the AFR model, there was a pilot of a frailty consultant located in the Flow Centre to redirect care. PR flagged concern that information he had received from Home Carers, and their lack of information and knowledge on where the best place to go for appropriate care might be, noting that they manage a large amount of risk amongst elderly care in the community. HE would feed back the information to the programme teams, and assured members that learning taken from previous reviews that had highlighted issues around patients/carers navigating the system and going to the right service for best care would inform future planning. The Committee **RECEIVED** the update for **INFORMATION.**
PPHPC/3101/ 03.8	**Strategic Capital Projects Prioritisation Process** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on Strategic Capital Projects and the prioritisation process to the Committee. The Welsh Government had provided criteria to the Health

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	Board and requested that all pipeline projects for the next 10 years be prioritised using those criteria. HE informed the Committee of risks, as outlined in the report. Projects were at different levels of development in terms of detailed planning and scoping. Workshops would be held to assess the drafts of templates in due course. The final prioritisation would be presented to the Board on the 27th of March 2024. The Chair thanked HE and noted the challenge of producing a 10-year Strategic Capital Project Prioritisation plan. Dafydd Vaughan (DV), Independent Member, discussed how it would be extremely difficult to predict capital requirements for digital services in the next 10 years, due to the ever-changing advances in the digital world. The Chair discussed the Monmouth Health and Wellbeing Centre (outlined in Appendix 6) and requested further explanation on how it aligned to services provided at Monnow Vale. **Action: Director of Strategy, Planning and Partnerships** HE and members noted a special thanks to Andrew Walker, SCCC Project Director, for his contribution to planning and capital projects and wished him a happy retirement. The Committee discussed the report and - • **NOTED** the need to comply with the Welsh Government requirement to prioritise strategic capital projects and the process to be followed to achieve this, • **NOTED** the schedule of prioritised projects that will be prioritised through a workshop using WG criteria, • **NOTED** the key activities / milestones that will need to be achieved to submit the necessary information to Welsh Government by 31st March 2024, • **NOTED** the update in appendix 6 on current schemes.
PPHPC/3101/ 03.9	**Major Incident Plan** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the Major Incident

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	(MI) Plan to the Committee. The MI plan was scheduled for Board in March 2024. The Committee was reminded of the requirement to refresh the MI plan every three years and highlighted that the MI plan incorporated learning and best practice from the *Kerslake Report 2018*. There had been full engagement in the plan from partners and all Health Board Divisions, there were nominated leads from each Division; there would be a MI test exercise in June 2024. The Committee **ENDORSED** the plan for Board.
PPHPC/3101/04	**Items for Information**
PPHPC/3101/04.1	**Committee Work Programme 2023/24** The Committee **NOTED** the forward workplan for **INFORMATION**.
PPHPC/3101/04.2	**Update on the Vaccination Programme** Tracey Daszkiewicz (TD), Director of Public Health, provided an update on the Vaccination Programme to the Committee. The Committee was informed that 60% of vaccinations were delivered through primary care services. A reduction in fees paid via Welsh Government to GPs to administer vaccinations had impacted services, with an approximately 1/3 increase into the public health vaccination services. This has extended the planned delivery date for winter vaccinations to March 2024. Additional resources had been put in place to mitigate this. The Health Board had met its target relating to offers of vaccinations; however, more work was required to reach good levels of community immunity. TD highlighted that since writing the report, Welsh Government had confirmed base line funding to Public Health. TD informed members that the Public Health Team was working with Primary Care teams and Divisional leads to review the next steps for the vaccination services, to

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	provide the best service to the population. A detailed update on the Vaccination Programme to come back to the next Committee meeting. **Action: Director of Public Health** The Chair queried how the Health Board would overcome any impact from the reduction in fees paid via Welsh Government to GPs to administer vaccinations. TD informed members that conversations were ongoing at national and government level. TD discussed how the current model for vaccinations had been necessary during COVID and for the booster programme; however, there was a requirement to move towards a more efficient and financially sustainable model. The Committee **NOTED** the report for **INFORMATION.**
PPHPC/3101/ 05	**Other Matters**
PPHPC/3101/ 05.1	**Items to be Brought to the Attention of the Board and Other Committees** The Chair requested the following matters to be discussed at Board level; - • A report on the Vascular network and the fragility of IR services.
PPHPC/3101/ 05.2	**Any Other Urgent Business** There were no further matters arising to be discussed.

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

Partnerships, Population Health and Planning Committee
ACTION LOG

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**	**In progress** A set of proposed actions for the four areas of focus will be presented for agreement at the next PSB meeting on 25th April 2024. Subject to these actions being agreed, these can be examined against the RPB Area Plan priorities to assess the degree of alignment and overlap. These would be part rather than the totality of the steps in the PSB Well-being Plan.
November 2023	PPHPC 0111/01.5.3	**Committee Action Log- Closed Action PPHPC 1611/14** The Chair flagged that the Health Board had not yet received the review of the Major Trauma	Director of Corporate Governance	**April 2024**	**In progress** Update position to be sought from Managing Director, WHSSC. Update to be provided to

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		Centre. The Director of Corporate Governance to pick up the review of the Major Trauma Centre with the CEO and Joint Committee.			the Committee at its meeting in April 2024.
November 2023	PPHPC/0111/03.10.3	**To receive an update on Capital & Estates** Members requested high level objective and timeline for all of our estate to be included in future reports.	Director of Strategy, Planning and Partnerships	**April 2024**	An update on Capital and Estates including a high-level objective and timeline for all estate programmes to be discussed at the April 2024 In-Committee meeting. **Complete**
November 2023	PPHPC/0111/04.1	**Committee Work Programme 2023/24** The Head of Board Business and Director of Strategy, Planning and Partnerships to meet to discuss the forward workplan (FWP) for 2024/25 outside of the meeting.	Head of Board Business	**April 2024**	Draft FWP has been developed. Meetings to finalise FWP in progress. **In progress**
Public Board January 2024	Transferred from Board ABUHB 2401/12	**St Woolos Hospital Consolidation** The target date for the full proposal for the St Woolos rationalisation to be discussed at the Partnerships, Population	Director of Strategy, Planning and Partnerships	**January 2024**	Included in agenda item 3.8 Strategic Capital Projects Prioritisation Process in 31/01/2024 meeting. **Complete**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		Health, and Planning Committee (PPHPC).			
Public Board January 2024	Transferred from Board ABUHB 2401/12.1	**St Woolos Hospital Consolidation** Route maps for each of the Health Board estates would be presented to the PPHPC.	Director of Strategy, Planning and Partnerships	**January 2024**	Included in agenda item 3.8 Strategic Capital Projects Prioritisation Process in 31/01/2024 meeting. **Complete**
January 2024	PPHPC/3101/03.1	**Committee Risk and Assurance Report** *SRR 007A Transformation & Partnership Working;* RD suggested that both the effectiveness of partnerships and the fragility of our partners be reflected in the risk.	Head of Corporate Governance/Head of Risk and Assurance	**April 2024**	Risk updated and approved at the March 2024 Board. **Complete**
January 2024	PPHPC/3101/03.2	**Public Services Board Update and Action Plan** Building a Fairer Gwent delivery and action plan to be shared with members.	Director of Public Health/Secretariat	**January 2024**	Building a Fairer Gwent Delivery and Action plan shared with members. **Complete**

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**	**In progress** A delivery plan for the PSB Well-being Plan has not been produced as yet. Since October 2023, the PSB has been developing actions to address four areas of focus; best start in life, economic chances, safe places and the climate/environment. This has taken precedence over a delivery plan for the wider Well-being Plan, although some of the areas of focus do align to steps in the plan itself.
January 2024	PPHPC/3101/03.3	**Regional Partnership Board (RPB) and Place Based Care** A dedicated meeting to be arranged to work through ideas for improvement of governance and arrangements with the RPB, including worked examples to test theories and best practice for partnership working.	Director of Strategy Planning and Partnerships	**March 2024**	A workshop took place with the RPB on the 4th March 2024. **Complete**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2024	PPHPC/3101/03.7	**Clinical Futures Programme Update** An update on the Outpatient Transformation Programme would be presented at the Finance and Performance Committee.	Director of Strategy, Planning and Partnerships/Secretariat	**February 2024**	**Transferred to the Finance & Performance Committee.**
January 2024	PPHPC/3101/03.8	**Strategic Capital Projects Prioritisation Process** The Chair discussed the Monmouth Health and Wellbeing Centre (outlined in Appendix 6) and requested further explanation on how it aligned to services provided at Monnow Vale.	Director of Strategy, Planning and Partnerships	**April 2024**	A full verbal update will be provided at the April 2024 meeting. **In Progress**
January 2024	PPHPC/3101/04.2	**Update on the Vaccination Programme** A detailed update on the Vaccination Programme to come back to the next Committee meeting.	Director of Public Health	**April 2024**	Included in agenda item 3.6 Vaccination Programme Update. **Complete**
January 2024	PPHPC/3101/05.1	**Items to be Brought to the Attention of the Board and Other Committees** The Chair requested the following matters to be discussed at Board level; -	Director of Strategy, Planning and Partnerships	**March 2024**	**Transferred to Board.** Email shared with Head of Board Business 11/03/2024

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		A report on the Vascular network and the fragility of IR services.			

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.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 April 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 (PPH&PC) 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 January 2024. At that meeting, the Committee 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, as described below.

- **SRR 001H - 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;** *due to low core funding, the Public Health Directorate is heavily reliant on non-recurrent funding grants.*

- **SRR 007B - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population;** *due*

to the impact of fragile services across the regional and supra regional geography.

At the Committee meeting in January, it was agreed that SRR 007A should be expanded to include the financial landscape that could affect effective collaboration with partners. The Board accepted the reframed sub-risk below at its March meeting, as shown below.

- **SRR 007A - There is a risk that the Health Board will 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.*

The closing position as at 31 January 2024 was that the Committee Strategic Risk Register included **five** high-level strategic risks and **nine** sub-risks.

Asesiad / Assessment

As at April 2024, the PPHP Committee Risk Register includes **four** high-level strategic risks including **nine** sub-risks, as shown in Table 1, below, for which the Board has delegated responsibility for receiving and scrutinising assurances. The Committee Risk Register is included as **Appendix A.**

Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001E - F & H **Theme** Service Delivery **Appetite** Open Score 16 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.	**High (8)**	**Y**
		F) Due to unsustainable service models.	**High 12**	**y**
		H) Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants.	**High 12**	**Y**
SRR 001I **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	**High (12)**	**N**

		Safety, Operational Delivery, and Finance		
SRR 002A & B **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 (15)**	**N**
		B) Due to significant levels of backlog maintenance and structural impairment.	**High (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 (15)**	**N**
SRR 007A & B **Theme** Transformation & Partnership Working **Appetite** Open Score 16 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.	**High (8)**	**Y**
		B) Due to the impact of fragile services across the regional and supra regional geography.	**High (9)**	**Y**

The risks monitored by the PPH&PC have changed slightly since the Committee meeting in January and a subsequent review of the strategic risks prior to the Board in March, as outlined below.

<u>De-escalation from a Strategic to a Directorate Risk Register</u>

The Director for Public Health and Strategic Partnerships determined that **SRR 009: 'The Health Board will be unable to protect those most vulnerable to serious disease; *due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, and changes to the vaccination delivery programme'*** was no longer considered a strategic risk due to the effectiveness of controls and the reduction in the risk score and level, and thus could be deescalated to a directorate risk.

The Board approved the request to deescalate and acknowledged that there may be a broader risk associated with the delivery of the wider vaccination programme, which would be determined through a thorough assessment and escalated through the risk management escalation process; if deemed a strategic risk, it will be presented to the Board in May for approval onto the Strategic Risk Register and monitored by this Committee.

New Sub-Risk

- **SRR 001I: 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;** *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.*

The Board approved the sub-risk, above, which was identified after the Health Board was placed in 'Targeted Intervention' for planning and finance, and 'Enhanced Monitoring' for performance and outcomes in urgent and emergency care under the Welsh Government's Joint Escalation and Intervention Arrangements. In addition, the Health Board has implemented local escalation procedures for Mental Health and Learning Disabilities.

Due to the complexities and sensitivities of this risk, which involves national and local escalation arrangements and is co-owned by the Chief Operating Officer and the Director of Partnerships, Planning, and Strategy, co-ordination of the risk assessment will require input from a number of stakeholders and final sign off by both Executive Directors. As a result, it has been agreed that this will require sufficient time to ensure it is reflective of the risk across all areas

The remaining **eight** sub-risks have been reviewed and updated to provide the Committee with the most recent information on how they are being managed, with a focus on the internal control system and sources of assurance for each; these are included in **Appendix B**.

It should be noted that, while the risks have been updated to include improved control and assurances, the risk score or level for the seven previously identified risks under the purview of this Committee has remained unchanged. Although we continue to manage all strategic risks, it is worth noting that four of the eight sub-risks are currently managed outside of the agreed-upon appetite level for the risk domain, as shown in Table 1.

Work with risk owners continues to assess and improve controls and assurances, 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.

The closing position as at April 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.
- **NOTE** the work being undertaken to reduce the four sub-risks to within appetite level.

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:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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

Reference				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	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	◄–

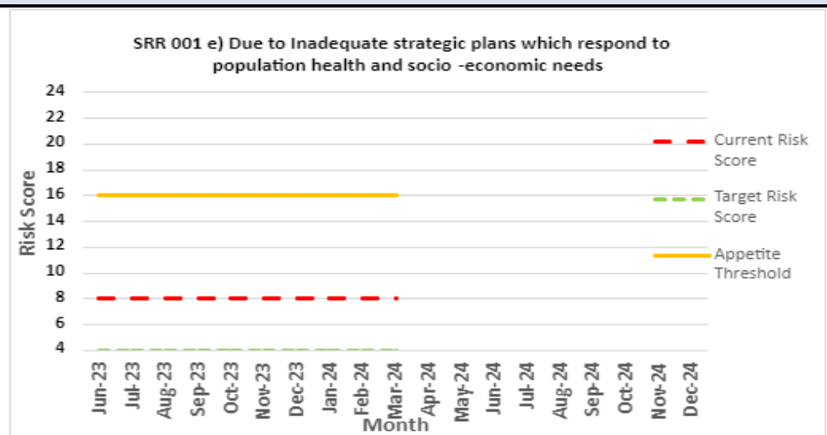
RISK THEME	SERVICE DELIVERY
Strategic risk (SRR 001)	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**
Strategic Threat	**E) Due to inadequate strategic plans which respond to population health and socio-economic needs.**
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 Appetite Level - Open
Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.

Risk Tolerance Level - Open Score 16 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.

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Strategy, Planning and Partnerships.			
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	12 January 2024	**Risk rating**	**= 8** *(High)*	**= 6** *(Moderate)*
Next Review Due	12 April 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** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

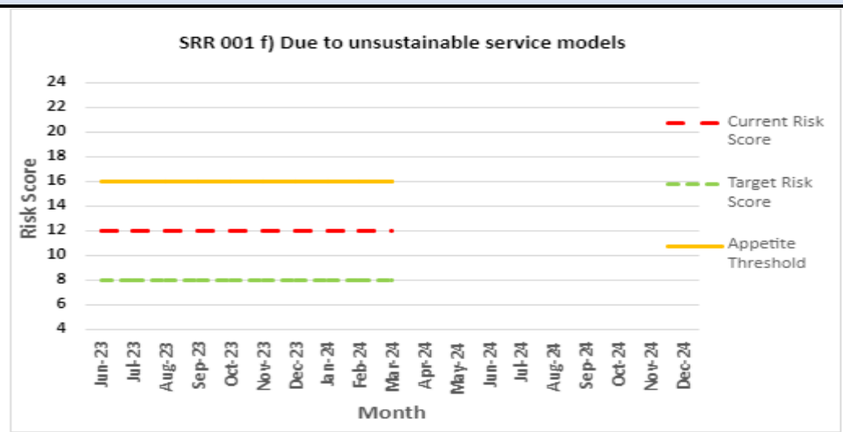
RISK THEME	SERVICE DELIVERY
Strategic risk (SRR 001)	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**
Strategic Threat	**F) Due to unsustainable service models**
Impact	➢ Harm 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 Appetite Level - Open
Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.

Risk Tolerance Level - Open Score 16 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 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	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due	12 April 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 1. IMTP planning Q1 Outcome – Reasonable Assurance.	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

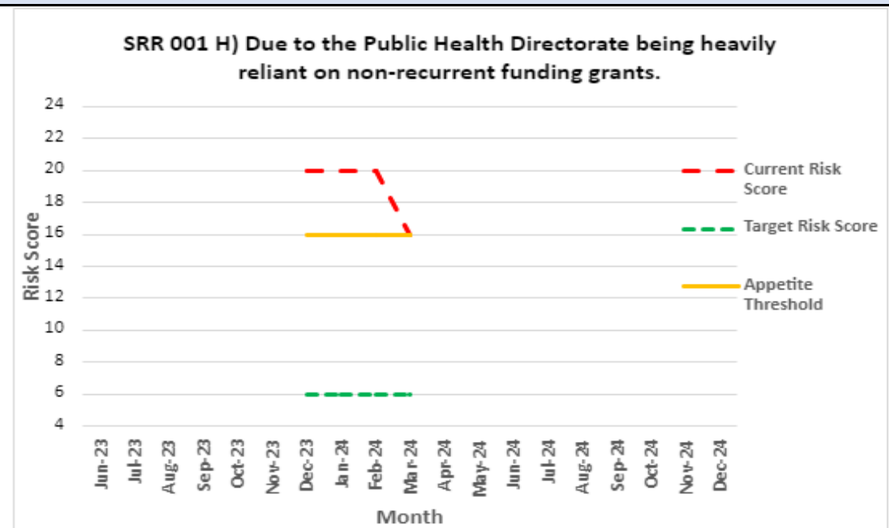
RISK THEME	SERVICE DELIVERY
Strategic Risk (SRR 001H)	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.**
Strategic Threat	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.
Impact	➢ Avoidable harm ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening 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. ➢ 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

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 16 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 **outside** of the target level but **within** the set appetite threshold. The target level to be achieved is **within** the set appetite threshold.

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Public Health & Strategic Partnerships			
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	18 March 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due	18 April 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. • Identified risk relating to structure and finance. • Business cases being written for PIP for preventative adverse deaths, Health Protection, and other public health areas. • SMT meetings to discuss progress on delivery of objectives linked to the available budget.	• Business cases being written for PIP to increase core funding to deliver objectives. • 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)*	**Gaps in Assurance** • Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda **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.	**Negative Assurance**

• £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. • 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)		• Report delivery of local progress against the national public health strategy through Public Health Peer Group	• Developing a clear evidence base to understand population need for long-term public health planning.	

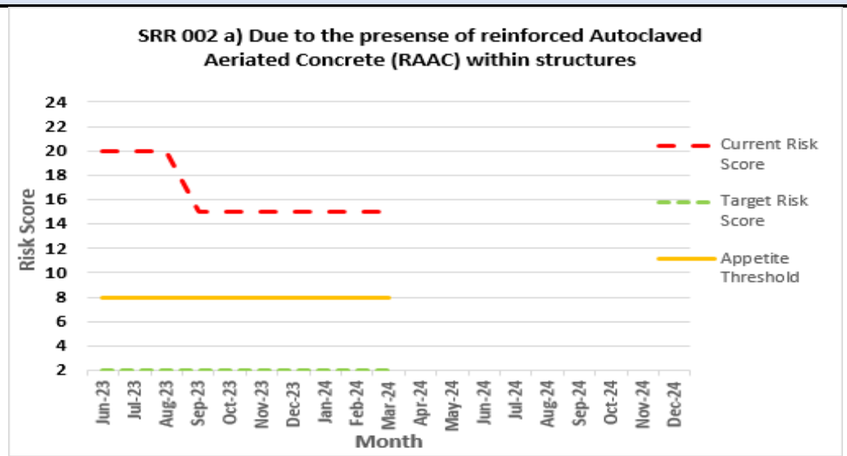
RISK THEME	COMPLIANCE AND SAFETY
Strategic Risk (SRR 002)	**There is a risk that there will be significant failure of the Health Boards Estates.**
Strategic Threat	**a)** Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.
Impact	➢ Harm or injury to patients and/or 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

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 the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold

		Risk Exposure	Current Level	Target Level
Lead Director	Chief Operating Officer			
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	12th January 2024	Risk rating	**= 15** *(Extreme)*	**= 2** *(Low)*
Next Review Due	12th February 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	• Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Fortnightly checks in place for the props in place and will be reduced to fortnightly as the frequency of checks is not demonstrated to be of benefit or required. • Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing. • The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas.	**Gaps in Assurance** • Ongoing management of the issues.	**Reasonable Assurance**
		Level 2 Organisational *(Executed by risk management and compliance functions.)* • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management. • Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. • Risk assessments completed by the Health and Safety function in those departments with props to manage any consequences of the presence of props. Note: H&S assessments were around the location of props not of RAAC itself and they flagged no issues or alterations.	**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	

		Level 3 Independent *(Implemented by both auditors internal and external independent bodies.)* • Weekly dialogue with Welsh Government and Shared Services Estates. • Links with NHS England and other Health Boards in Wales for shared learning. • Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines.	determine further management of the risk/issues.	

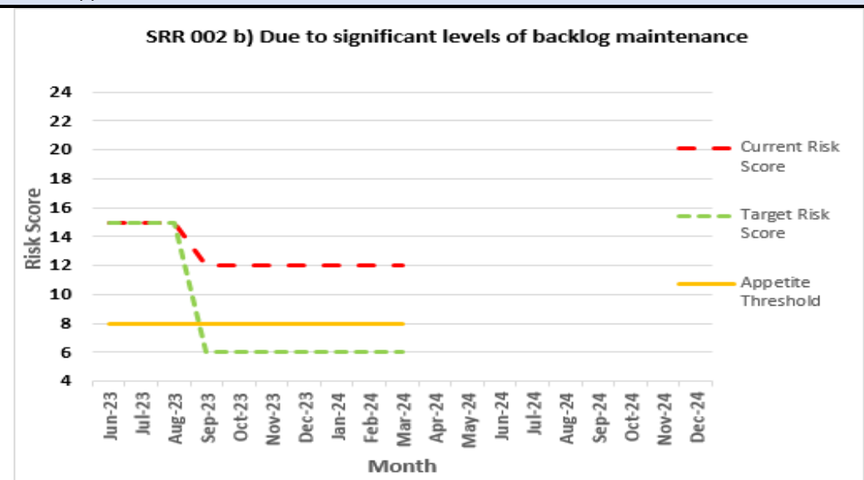
RISK THEME	COMPLIANCE AND SAFETY
Strategic Risk (SRR 002)	**There is a risk that there will be a significant failure of the Health Board Estates.**
Strategic Threat	B) **Due to significant levels of backlog maintenance and structural impairment.**
Impact	➢ Harm or injury to patients and/or staff. ➢ Adverse 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.

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 the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.

		Risk Exposure	Current Level	Target Level
Lead Director	Chief Operating Officer			
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	12 January 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due	12 April 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.	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) • 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. • The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Outcome of the Asbestos reinspection programme	**Gaps in Assurance** • AE reports have shown a deterioration in ratings last year. • Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues. **Action to Address Gaps in Assurance**	**Reasonable Assurance**

• A robust internal training programme in place covering all aspects of estate management including food hygiene. • Asbestos reinspection programme (over the next 3 years)	• 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.	• 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** 1. Estates Assurance - Estate Condition audit completed and will be with Audit Committee in February • 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	• The Divisional Director (and DP) has implemented a clear approach to compliance monitoring and escalation of AE reports. • HB-wide groups on compliance (such as Ventilation and water) are being widened in membership to ensure clinical services are active participants.	

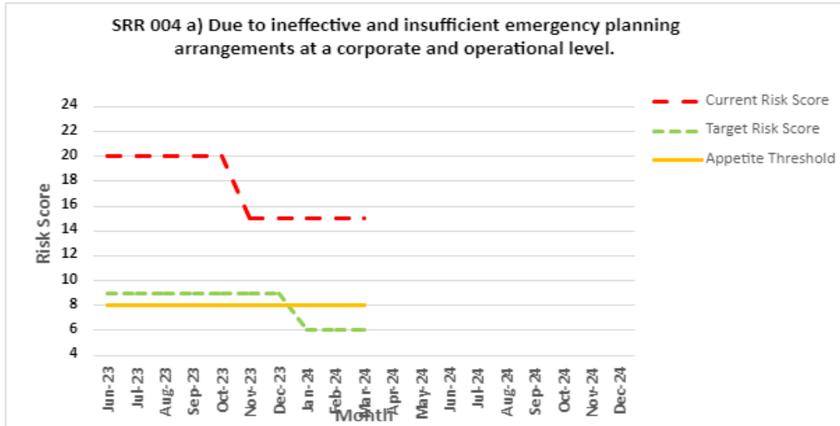
RISK THEME	COMPLIANCE AND SAFETY
Strategic risk (SRR 004)	**There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.**
Strategic Threat	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.
Impact	➢ 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

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**	5 (*Catastrophic)*	3 *(Moderate)*
Last Reviewed	01 March 2024	**Risk rating**	**= 15** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due	01 April 2024			

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**.**

Risk Appetite Threshold – Minimal 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 and 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)*
Major Incident • Health Board major incident plan in place, refreshed plan going to Board March 2024. • Local/Divisional action cards are in place. • Training undertaken service-specific relating to local response. • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) **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)	• 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. • Repository on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. • Joint planning with PH in response to infectious diseases and public health incidence response. • Develop further training programmes to support staff preparedness to response to an incident. • 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).	**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 Executive Committee following any incident.	**Gaps in Assurance** • Robustness of service business continuity plans • Further strategic and tactical training to be prepare to response to an incident. **Action to Address Gaps in Assurance** • Recommendations for strengthening resilience following testing of service business continuity plans	**Reasonable Assurance**

structure in place to respond to incidents. • Ongoing Participation in exercise UK, Wales, LRF and HB. • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance and review of interdependencies. • Executive Team attending 2-day strategic training.	• 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. • Continuing participation in multi-agency exercises. • Internal strategic on call training	**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** 1. Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance • Outcome and feedback from national exercises		

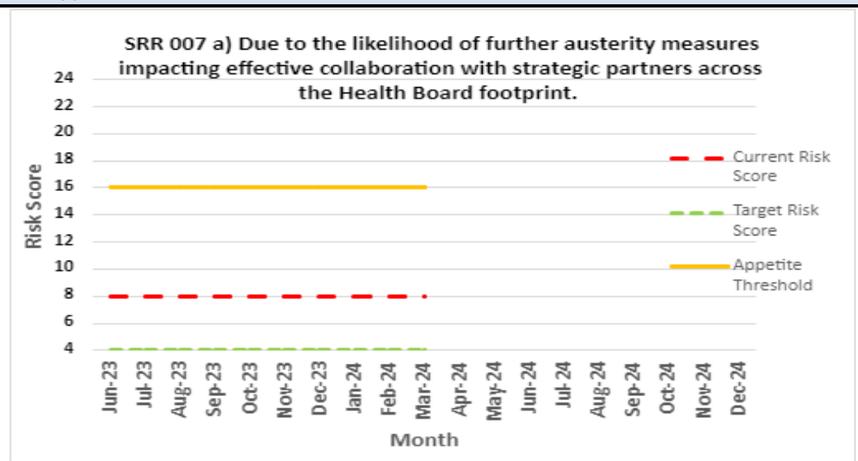
RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING
Strategic Risk (SRR 007)	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.**
Strategic Threat	a) **Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.**
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 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 16 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**	2 *(Unlikely)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	10 January 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Moderate)*
Next Review Due	10 April 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 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.	• 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.)*	**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**

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		• Internal Audit Governance Review 2023/24 (Q2) – Underway – due to be reported to the Audit, Risk & Assurance Committee in February 2024.		

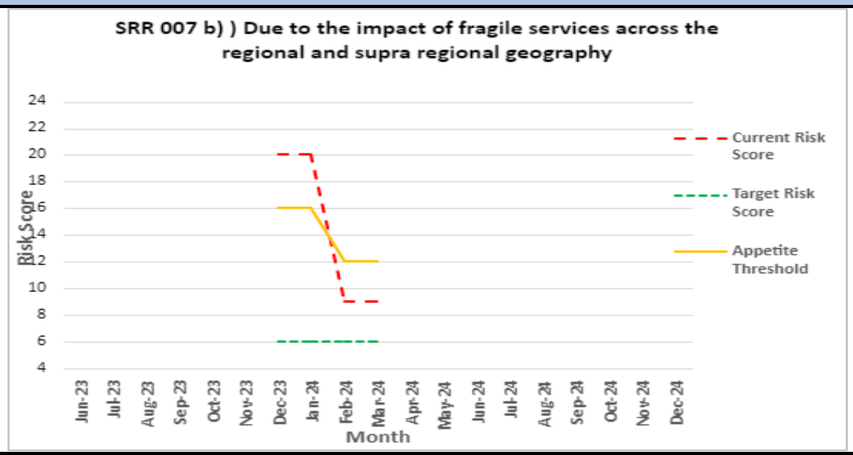
RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING
Strategic Risk No: SRR 007B	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population**
Strategic Threat	b) Due to the impact of fragile services across the regional and supra regional geography
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 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 12 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	16 January 2024	**Risk rating**	***= 9*** *(High)*	***= 4*** *(Moderate)*
Next Review Due	16 April 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. 4 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	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.	**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. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*	**Gaps in Assurance** • Under review **Action to Address Gaps in Assurance**	**Reasonable Assurance**

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.	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			

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	High	Below Appetite Level	Open = 16 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	Low	12/01/2024	12/04/2024
					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 = 16 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	3	6	Low	12/01/2024	12/04/2024
		Service Delivery			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 = 16 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	01/03/2024	01/04/2024

			Director of Public Health and Strategic Partnerships																
		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.	Under development	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.	Under development	TBC	3	2	6	Low	tbc	tbc
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	Very Low	01/03/2024	01/04/2024
					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	Low	12/01/2024	12/04/2024
													Testing programme of business continuity plans.						

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.	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	Low	01/03/2024	01/04/2024
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	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	•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	2	4	8	Moderate	Below Appetite Level	Open = 16 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.	• Governance review of Regional Partnership Board undertaken in August 2023. • Renewed Strategy for strategic partnership Capital in place and revised governance processes. • New Long-Term Strategy for Health Board to focus on Partnership approach. .	Medium	2	2	4	Low	10/01/2024	10/04/2024
													The southeast Wales health boards have agreed revised joint priorities and working							

				population	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 = 16 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.	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	16/01/2024	16/04/2024

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:**	16 April 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)

Er Gwybodaeth/For Information

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, developments within the RPB, including progress in implementation the recommendations of the Governance Review and updates to the Market Stability Report.

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.

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

Since the last reporting period, several activities have taken place and continue to be taken forward. These include considerations of the relationship between RPB and other partnership structures such as Integrated Service Partnership Boards, consideration of the role of the sub groups of the RPB and finalisation of funded programmes for 2023/24.

Assessment

The Committee is asked to note that since the last reporting period (November 2023) the following progress updates in relation to key areas of work for the Regional Partnership Board (RPB) and via the Strategic Partnership meetings and the Regional Leadership Group.

Governance Review

Progress is being made against the actions set out in the Governance review. The full action plan progress report is at Annex 1. The role of the Leadership Group has been strengthened therefore there is already greater ownership, clarity and scrutiny of items going to the RPB. Actions relating to the simplification of processes and papers have been completed. An overarching Governance Framework is in development and being informed by a series of Workshops.

As reported last month the first of these workshops considered strengthening the strategic focus of the RPB and the following four areas were agreed:

1. **Focus on prevention.** This was not seen as solely as primary prevention but prevention across care pathways, focusing on activities which prevent decline in citizens health and well-being.
2. **Focusing on the longer term.** It was acknowledged the RPB is increasingly being drawn into immediate acute pressures, however it may add best value by focusing on longer term sustainability and preventative activity in order to break out of cycles of seasonal pressures. This was seen as particularly important given the demographic changes in the Gwent population.
3. **Focus on Early Years.** In the context of a longer-term preventative focus it was acknowledges focusing on early years is essential
4. **Relentless focus on citizen need.** Across all areas, ensuring a focus on understanding and meeting the needs of the population of Gwent working with citizens.

A second workshop took place in early March. This workshop focussed on the sub structures of the RPB, considering the role, purpose and function of each group under the RPB. The workshop considered how these groups could maintain focus on key strategic issues and resolution of population challenges rather than a perceived existing focus on allocation of grant funding. The second part of the workshop considered the relationship between RPB and the Primary Care Partnership Infrastructure with a particular focus on Integrated Service Partnership Boards. There is further work to do to bring clarity to these arrangements.

2024/25 Financial Allocation

It has now been formally confirmed that tapering of Regional Integrated Funding will not be applied for the remainder of the funded programme (to 2027). This would have been a process which required partners to taper down direct partnership funding from projects and replace this from existing budgets or close projects.

Whilst Tapering has been removed the RPB is still committed to undertaking evaluation of all programmes. Following RPB approval a two phased evaluation approach, has been implemented. A initial impact assessment of projects, based on agreed criteria, for assessing all ongoing Regional Integrated Fund revenue projects has been applied to the portfolio. There are several schemes that have been excluded from the impact assessment process due to the short-term nature and specific separate evaluation requirements. This relates to the System Resilience Plan activities (winter schemes), Community Voluntary Council Small Grants and the Neurodivergent Improvement Programme.

The following table provides a summary of the impact assessment categorisation by Strategic Partnership and programme. The purpose of the impact assessment is to identify where schemes may not be performing (Red/Amber) and therefore target deeper evaluation methodologies in these areas to inform future funding agreements.

Strategic Partnership	Programme	No. of Schemes	Green	Amber	Red
Carers	SP01 Support for Unpaid Carers	9	8	0	0
Children & Families	SP02 Children's Early Intervention & Resilience	21	21	0	0
	SP04 Children's Emotional Health & Development	7	7	0	0
Dementia	SP06 Dementia: Assessment & Diagnosis	5	1	2	1
	SP07 Dementia: Living with Dementia	11	2	8	0
Gwent Adults	SP05 Workforce Development	3	1	0	1
	SP08 Prevention & Wellbeing	17	5	6	0
	SP10 Place Based Graduated Care	21	11	7	1
	SP11 Improving System Flow	18	2	7	4
MH&LD	SP08 Prevention & Wellbeing	2	2	0	0
	SP12 Neurodivergent & Learning Disabilities	11	9	0	0

	Improvement Programme				
ALL	SP09 Assistive Technology	7	2	4	0
Totals		133	71	34	7

Gwent Regional Partnership Board is in receipt of a number of revenue grant funding streams, issued by a number of Welsh Government departments to support a range of policy funding guidance. The summary below provides a position statement of in relation to the know allocations for 2024/25.

Budgets Confirmed

- Main RIF Revenue
- Ringfenced Integrated Autism Service
- Unpaid Carers Hospital Discharge
- Further Faster
- Dementia Action Plan
- Dementia Memory Assessment Services

Budgets awaiting confirmation

- Carers Short Breaks
- Neurodivergence Improvement Programme

The RPB therefore has approximately £27m revenue to allocate in 2024/25, of this around £26m will be allocated to existing projects, with the caveat they are subject to evaluation. Around £1m remains available for allocation which will be informed by discussions at the RPB.

Market Stability Report

Market stability reports (MSRs) are a legal requirement under section 144B of the Social Services and Well-being (Wales) Act 2014. The duty to prepare and publish an MSR sits with each local authority, but the Regulations require LAs to carry out this function on a regional footprint and in partnership with the Health Board so that one report is prepared for each of the seven RPB areas across Wales. MSRs must be published every five years, and the they must be reviewed annually and amended or updated as necessary.

Market stability is defined in the underpinning codes of practice as:
an assessment of the stability of the market for regulated services providing care and support (care homes for adults and children, domiciliary care, fostering services, adoption services, secure accommodation for children, adult placements, advocacy, and residential family centres). The current Gwent RPB Market Stability report is available on RPB website. Home - Gwentrpb

The MSR has been reviewed and updated with latest data; and priorities identified as set out below:

- Increased collaboration is vital as we move into a new phase of austerity.

- Relationships remain strong and productive across all market segments. However, it would be complacent to rule out provider withdrawals, failures and sufficiency impact on quality of services, straining of relationships etc.
- The elimination of profit from social care provides significant challenges and provider uncertainty for local authority Children Services
- Good progress on regional working in many areas building on earlier good practice to include:
    - Regular monthly performance and information exchange meetings with Care Inspectorate Wales and all commissioners
    - Template contract and performance management framework for domiciliary care and care home accommodation for older people.
    - Work to commence on contract addendum for the provision of equipment in care homes.
    - A joined-up approach to fees for 2024-25
- Providers are highlighting challenges with implementing real living wage during current financial cuts.
- Opportunities for pooled budgets is kept under regular review.

Overall, an improving picture for both stability and sufficiency are now threatened by financial cuts. The full report is attached at Annex 2.

Argymhelliad / Recommendation

The Committee is asked to note the update on the Regional Partnership Board.

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	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	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.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

RPB Governance Review Action Plan

Completed	
On track	
Problems	

Recommendations	Lead	Update	RAG
R1 Develop an overarching Governance Framework that sets out how the RPB will conduct its business. This should include how the RPB will work with its partners and how the ISPBs fit into the overarching framework.	**TE/PD**	The RPB recognised the need to shape the Governance Framework and in doing so has to date held 2 workshops in November 2023 and March 2024. The first workshop focused on the priorities. The second workshop focused on the number of partnerships that sit underneath the RPB to ensure they are fit for purpose plus focus on the ISPBs interface with the RPB. The outcome of these workshops will support to shape the development of the Governance Framework	
R2 Review and simplify the terms of reference for the RPB and reporting groups.		This recommendation links to Recommendation 1. Once the governance framework is agreed then the TOR for the RPB and supporting partnerships will be reviewed and simplified	

R3 Develop the Regional Leadership Group's role to provide the RPB with assurance concerning all aspects of setting and delivering the strategic direction for Gwent RPB.		The role of the leadership group has been strengthened. All papers/reports now go via the leadership group to provide a quality assurance and challenge function before progressing to the RPB for ratification. The flow chart below outlines expectations in relation to how agendas and papers are managed. Gov 2 Meeting Flow diagram.docx	
R4 Review the current process of Chairs Action which will include setting out the circumstances in which Chairs Action may be invoked and outlining why the matter was considered to be urgent and why an extraordinary meeting could not be arranged.	**RD/PD**	Action is currently defined by 2 paragraphs in the current TOR for the Regional Partnership Board. This does not define circumstances in which Chairs action may be invoked. These circumstances are currently being defined. Also is has been agreed that the chairs action should be signed of by the full RPB (virtually if necessary) as opposed to 2/3 individual RPB members. The amended chairs action process will be incorporated in the finalised Governance Framework	
R5 Develop a Risk Management Framework that sets out the approach and arrangements for risk management within the Regional Partnership Board (RPB); and arrange a		As Torfaen host the Reginal Partnership Team the task and finish group felt it appropriate to adopt their corporate risk management approach for RPB members to consider adopting. A risk management template is due to be shared at the next T& F meeting.	

development session for members of the RPB to agree on the 'risk appetite' for the RPB.			
R6 Consider and agree on the formal reporting mechanisms and frequency for the reporting to the Partnership Bodies and in doing so, further develop the decision log to capture details of the decision-making process by statutory bodies.		Recommendation 6,7, 8 and 9 are interlinked. Leadership group on the 11th of December 23 and RPB on the 30th January 24 agreed to adopt the templates embedded below The round up document provides a simplistic template to provide partnership bodies and members of the public with information on • RPB agenda • Key discussions held. • Key decisions made. This template will now be completed following each RPB, circulated to partners and posted on the RPB website. This template will provide each partnership body to report on a bi monthly basis on the work of the RPB into their organisations. A decision log has also been developed and is being maintained by the RPT for audit purposes Gov 3 Meeting round up.docx Gov 4 Governance Decision log.docx **Work is still needed** to be clear about more detailed reporting back into partner bodies plus look at a scheme of delegation to be included in the governance framework. Rani Dash and Phil Diamond are leading on this piece of work	

R7 Review what and how external messaging needs to take place.		See above	
R8 Review the current website to make information related to RPB meetings publicly available. At a minimum, this should include agenda, minutes, and papers.		See Above	
R9 Develop a 'communication brief' following each RPB meeting, which should be shared with all Partners to aid consistent messaging across the RPB.		See Above	
R10 The PMO should agree on a mechanism for sharing their processes so that they are accessible to all members.		This recommendation related to the openness and transparency section of the governance review. Some RPB members felt the process of bidding for funding was unclear. The PMO should make these processes widely accessible to all members. Mechanisms for accessing the most recent funding streams ie ICRF Revenue and Further Faster money has been shared via leadership and RPB meetings. However, there is still work required to put these processes on the website as suggested by the review. The T&F group have raised a concern that the public and partners will then believe RIF revenue is available when this is not currently the case.	

		The task and finish group felt that a information on all the grants supporting the work of the RPB should be on the RPB website	
R11 Develop a 'house-style' for the RPB outlining the requirements for papers, including the length of papers, timescales, and language (avoiding the use of acronyms).		Leadership Group and RPB have signed off agreement for the use of report template below to develop the 'house style' required Gov 5 Report Template.docx 3c.RPB Master Presentation.pptx	
R12 Review current processes for the circulation of papers by clarifying the expectations and timescales for papers with all members/sponsors.		The flow chart below outlines expectations in relation to how agendas and papers are to be managed is included with **R3.** The task and finish group explored using the modern gov systems currently used in Torfaen to distribute agendas and papers for council meetings. However, it was felt this was unnecessary added bureaucracy at this time	
R13 Develop Conflicts of Interest Policy and ensure that on appointment and annually that all members have declared any interests		Torfaen Council have a conflict-of-interest policy in place, plus an alternative health policy has been shared. This will be agreed by the T&F group at the next meeting on the 11th of April	

Meeting notes/minutes flow chart

1. RPT identify yearly (Jan-Dec) meeting dates with Chairs and invites sent Nov of previous year

2. RPT send pre agenda email to Chair 4 weeks prior to meeting to draft agenda and identify reports/presentations.

3. Report authors contacted and to submit draft reports to Chair 2 weeks prior.

4. RPT Meet with Chair to sign off agenda and consider reports feedback 1-2 weeks prior to meetings

5. Final Agenda/reports prepared documents received 1 week prior to meeting

6. Agenda with embedded documents or attachments circulated to group/panel 1 week prior to meeting

7. Draft notes/minutes prepared and sent to relevant officer for checking within 10 working days

8. On return draft notes/minutes to be sent to Chair for sign off

9. On return draft notes/minutes circulated to group/panel for actions to be updated which must be returned 1-2 weeks prior the next meeting

10. Once draft/notes have been agreed at the next meeting, watermark can be removed and saved as final

DRAFT

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

GWENT RPB MEETING ROUND UP – 29/11/23

Agenda Items

- Update from RPB Chair
- Health Housing & Social Care Strategic Partnership Update
- Building Capacity through Community Care – Further, Faster
- System Resilience Plan - Progress Overview
- Review RPB governance
- Views from Citizens, Third Sector and Providers
- Review of Regional Integration Fund Finances

In Attendance

- **ABUHB – Chair, Chief Executive**
- **BGCBC – Social Services Elected Member & Director**
- **CCBC – Social Services Elected Member & Director**
- **MCC – Social Services Elected Member & Director**
- **TCBC – Social Services Elected Member & Director**
- **Citizen Panel Chair, GAVO Chair & Chief Executive, TVA Chief Executive**
- **Other – Social Care Lead Linc**
- **Apologies – NCC**

Key Discussions

- Discussed recent RPB Chairs meeting with Welsh Government Ministers and system pressures
- Discussed the successes and challenges across health housing & social care and identified key actions
- Reviewed Winter Plan preparedness and system resilience projects
- Discussed the best use of Further Faster funding, focus building community capacity.
- Identified next steps for RPB governance review and preparation for RPB workshop
- Reviewed 6-month progress and use of Regional Integration Fund
- Reviewed minutes and actions from October meeting

Decisions

- ✓ **Agreed for Leadership Group to plan effective use of additional £1.58 million Welsh Government funding to support community capacity**
- ✓ **Submit Regional Integration Mid-Year report to Welsh Government**
- ✓ **Agreed to additional capital funding requests over £1 million**
- ✓ **Agreed to ring fencing approach to Disabled Facilities Grant use**
- ✓ **Agreed minutes from Oct meeting as true reflection of discussions**

News

Co-production to support neuro-developmental services in Gwent - Public Health Wales (nhs.wales)

Future Meetings

- **15th January 2024 (Development Workshop)**
- **30th January 2024 Business meeting**

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Gwent Regional Partnership Board Decision Log and statutory reporting sign off.

2023/24

Statutory Report	RPB sign off/ agreement	ABUHB	BGCBC	CCBC	MCC	NCC	TCBC	Other
Area Plan	14/03/23	TBC	23/11/23 Full council sign off	6/09/23 Scrutiny 27/09/23 Full council sign off	26/10/23 Full council sign off	10/10/23 Scrutiny 28/11/23 Full council sign off	24/10/23 Full council sign off	
Strategic Capital Plan	19/09/23	TBC	TBC	TBC	TBC	TBC	TBC	

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Report Title	
Date:	***Date of RPB/Leadership meeting***
RPB Report Lead	***This should be the name of the RPB member leading on the matters being reported***
Report written by:	***Report author, role and organisation***

Reporting Pathway *(Please evidence which Boards have previously scrutinised this report)*	
Board	**Date**
Leadership Group	
Children and Families Board	
Gwent Adult Strategic Partnership Board	
Mental Health and learning Disability Board	
Dementia Board	
Carers Board	
Other	

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

1.	**Purpose of the Report**
1.1	• *Present brief detail of why the report is being presented, what it will cover.* • *Be clear as to what are you asking of/seeking from RPB.* • *Ideally this will be one or at most, two, paragraphs*
2.	**Background information / Key Data**
2.1	• *This should provide the reader with a clear, helpful overview of the content and context of the report* • *This section is the main part of the report, setting out information to inform any discussion and decision.* • *It may well include tables or graphics, and is likely to be divided into topic sections.* • *It should guide the reader through what information and analysis of this has been done so far, and seek to avoid jargon or abbreviations unless these are first explained* • *Every report will have different sets of information to impart, so guidance is not prescriptive – but what is important is to be concise, use plain language, and set out detail in logical order for a lay reader to understand. Depending on complexity of information, this section maybe only half a page or several pages*
3.	**Recommendations**
	• *This section sets out recommendations – what is being asked of RPB, Leadership Group, or strategic partnership highlighting what decisions are needed.* • *It is likely to be in bullet point form, and should be short and concise, with no ambiguity*
4.	**Appendices**

Additional Notes:

- All report **MUST** be with the relevant Board/Partnership Chair and Regional Partnership Team 2 weeks prior to the date of the meeting at which the report is being presented
- RPB, Leadership Group and Strategic Boards expect reports to be clear and concise (and between 2-4 pages)
- Additional information or data can be included in numbered and referenced appendices – or in some cases, a link may be provided to where information can be found.
- Report Authors can add additional headings within the report if thought necessary

TITLE

OFFICER TITLE/CONTACT DETAIL

National and Regional Priorities

- National/regional polices
- Area Plan outcome statements

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Progress Against Work Streams and Area Plan

- Update Area plan priorities

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Funding Programme

- WG Priorities

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Key Performance Measures

- Data

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Successes

- 3 – 5 (including good practice)

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Challenges

- 3 – 5 (including good practice)

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Case Study

- Qualitative information

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Next Steps and Recommendations

- 3 – 5 Steps

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Briefing: Review of Market Stability Report 2024

Date: January 2024

Report Author: Mark Saunders, Service Manager Regional Commissioning and Adult Partnerships

1. Purpose of report

Under the Social Services and Well-being (Wales) Act 2014 there is a duty for local authorities and health boards in Wales to produce Market Stability Reports (MSRs) on regulated services. There is also an expectation in the accompanying Code of Practice to review these periodically.

To inform RPB of the measures undertaken to improve commissioning practice and market stability following the publication of the MSR in June 2022 and the revised draft code of practice for social care commissioning in Wales (Social Services and Well-being (Wales) Act 2014) (SSWBA).

2. Background

All will be aware that social care has been subject to repeated cuts since the advent of austerity in 2010. The budget settlement for 2024/25 is particularly challenging and introduces new risks for the stability of the social care and health market economy locally, regionally, and nationally.

In the period since the height of the COVID pandemic local authorities made available considerable additional funding. However, there is little doubt that the advent of the cost-of-living crisis during 2022/23 eroded some of these gains and rising interest rates have dampened investment and increased the cost of existing borrowing for many operators.

Therefore, this period of increased austerity calls for even greater collaboration both between commissioners and with external partners and contractors. This report will briefly outline some of the measures being taken regionally to improve collaboration and to support stability as far as this is possible.

3. Summary the findings of the 2022 MSR.

<u>Adult Services</u>

- The home market is currently stable, however serious risks are present which threaten sustainability and stability due to fewer placements being made during the pandemic leading to an overprovision of places in some areas.

- Workforce crisis threatens social care and domiciliary care in particular – recruitment and retention losses appear to be levelling off leaving some areas unable to cover all packages.
- Growing recognition that the mental health of the workforce has been seriously affected by the pandemic and measures are needed to support the workforce.

Mental health and learning disability services

- Pandemic has had a significant impact on mental health support for adults and children particularly in the general population leading to increased waiting times for CAMHs
- Early intervention needs to be improved in mental health services.
- Increased support for people with learning disabilities to live independently in their communities.
- Earlier diagnosis of ASD required.
- Improved service choice for people with complex people

Childrens Services

- Residential and foster care placements are currently unstable due to demand outstripping supply.
- Cost and outcomes of arranging residential placements and independent foster care placements are unsustainable and need to be improved leading to 'make or buy' decisions for future services.
- Welsh Government's policy of 'removing the profit' from Children's Services will need careful management if the market is not to become further restricted/destabilised.
- An increased development of care closer to home services is required

4. Care home accommodation for older people

Vacancy rates in Gwent have returned to pre-pandemic levels (see fig 1) with no significant insufficiency in terms of vacancies. However, relationships have been strained as a direct result of the paucity of funding allocated to the social care sector in Wales. Both local authorities and the Health Board are facing significant budget pressures and cannot award the independent sectors the level of funding desired by operators

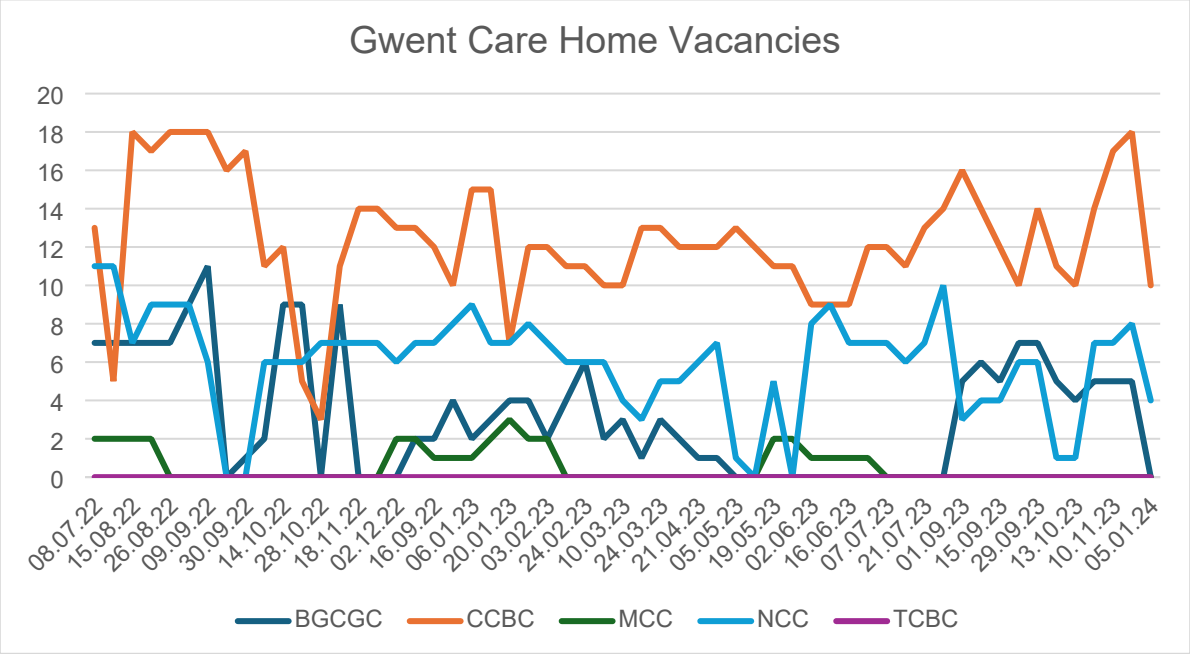

Fig 1. Highlights the vacancy levels from August 2022 to January 2024. Vacancy levels have returned to those closer to pre-pandemic levels.

Significant further progress has been made regarding the regional framework fee methodology. However, this work was paused during the latter part of 2023 due an ongoing dispute with operators and a local authority partner. The work will be resumed following the budget settlement for 2024/5. The outstanding issue for the methodology will be the treatment of return on investment.

All commissioners keep each other informed via the regional group to ensure that all are aware of the processes being undertaken and the settlement under consideration to reduce opportunities for divisive tactics.

Regular webinars continue to be held with all care home providers and these remain well attended and informative as a two-way process.

The region has also developed a regional contract management framework tool to align QA and performance measure across the region. Regular monthly meetings are held with CIW for information exchange, market intelligence and performance improvement.

Summary – stability and sufficiency

The care home accommodation service for older people remains stable. However, stability is threatened by the lack of funding available for commissioned services which undermines market stability and reduces opportunities for investment and growth. Increased commissioner collaboration to support market stability is a feature. At present there are sufficient placements to meet demand however this may come under renewed pressure as funding levels are strained.

5. Domiciliary care

Driven primarily by workforce challenges many commissioners faced delays and 'hand backs' for domiciliary care packages. However, this is now an improving picture and delays, and hand backs are much reduced, and agencies report a more stable workforce.

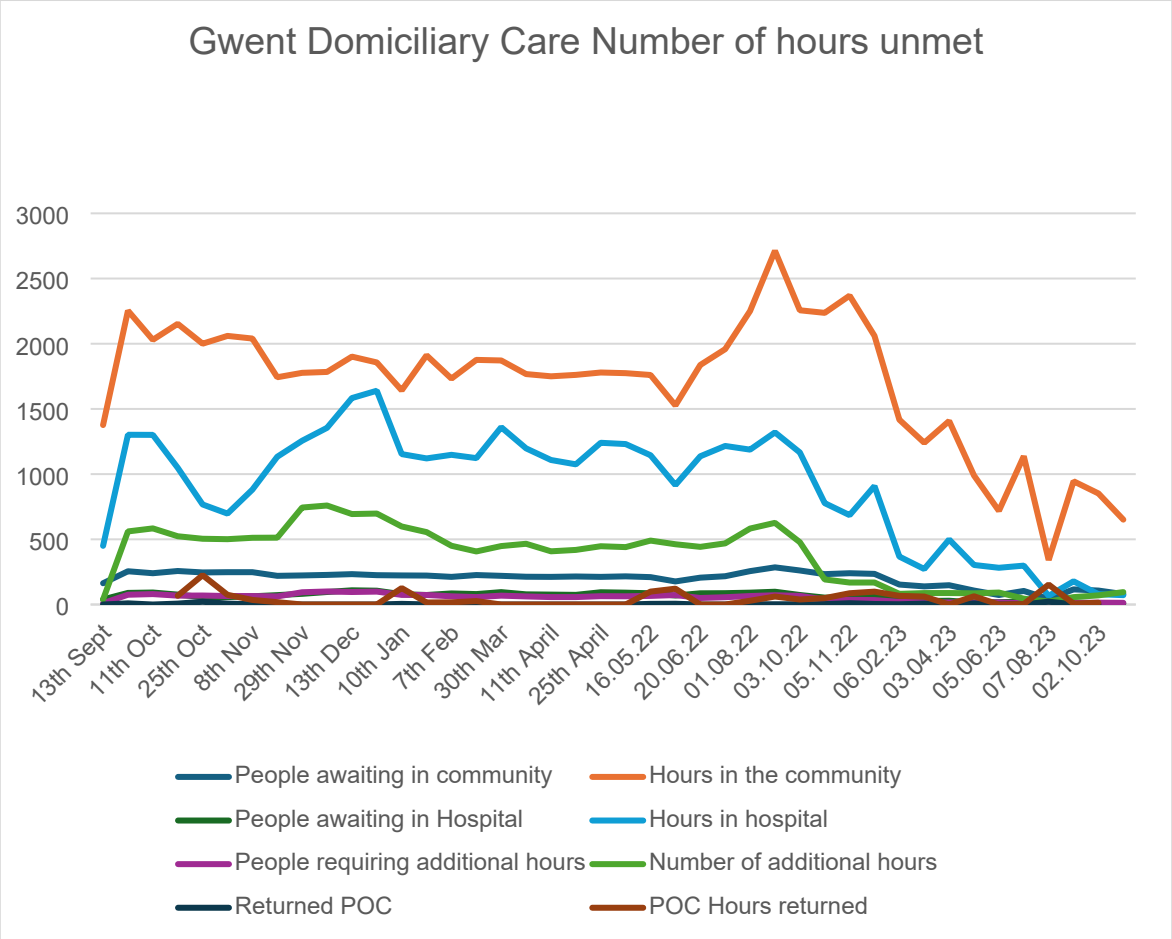

Fig 2 indicates the fluctuation in the demand and availability of domiciliary care services. Demand increased during COVID-19 but has since eased.

Monthly webinars continue to be held with all domiciliary care agencies and these remain well attended and informative as a two-way process.

Recently and following increased recruitment from overseas issues of language skills have been reported for both domiciliary care and for care homes. Work is being undertaken through the Gwent College Consortium to source ESOL training for migrant workers in Gwent.

Als with care homes commissioners keep each other informed via the Regional Commissioning Group to ensure that all are aware of the processes being undertaken

and the settlement figures and methodologies used. This is to reduce opportunities for divisive tactics.

The region has also developed a regional contract management framework tool to align QA and performance measure across the region. Regular monthly meetings are held with CIW for information exchange, market intelligence and performance improvement.

Summary – stability and sufficiency

The domiciliary care service remains stable. However, as with care homes stability is threatened by the lack of funding available for commissioned services which undermines market stability, increases fragmentation, and reduces opportunities to compete with other employment sectors for badly needed staff.

Improving waiting lists and POC hand backs demonstrates improved sufficiency.

6. Fees and charges collaboration report 2024/25

For the first time a summary report of the annual Fees and Charges reports will be produced to better understand the market trends and pressures and how local authorities and the health board is dealing with them from a financial perspective.

7. Section 16 Forum

The Gwent Regional Partnership Board established a Provider Forum a in 2024/15. The Forum was open to all providers of social care and support services is Gwent. This long-standing forum provided support and information to all providers across the Region, while providing valuable networking opportunities. The forum operated alongside Gwent Domiciliary Care Forum and the Gwent Care Home Forums, allowing providers to attend any forums they felt were suitable to their needs. Indeed, the forum stated on several occasions that this open approach which did not 'sectorise' providers was a useful and valuable model as it brought a diversity of skills, knowledge and experience.

Since the amendment to the SSWBA (2014), the Gwent Region has been collaboratively developing a Gwent Section 16 Forum in partnership with the CVCs and others. The S16 forum is regarded as a development rather than a replacement of the Provider Forum with a focus on the principles of Section 16, social value and promotion of cooperatives. The Forum is being developed with collaboration from the Gwent Citizens Panel and representatives from across the Region. Plans are in place for the first meeting of the new forum to take place in early 2024.

8. Workforce

Workforce recruitment continues to focus on attracting local young people to the social care sector through the Gwent College Consortium and engagement with local schools. This work seeks to introduce a new source of staffing, supplying a sustainable

pipeline of talent to local authorities and care providers. The work of the consortium supports the principles of the Foundational Economy through the development of skills and talents within local communities while meeting the vision of HEIW and SCW's joint workforce strategy. Partnerships developed through the consortium have resulted in much wider engagement from the local care sector with our health and social care student cohort. As this work continues it is anticipated that the gap between local study and local employment will begin to be bridged.

The Regional Workforce Board has recently developed a strategic workforce plan with partners that mirrors the 7 themes and ambitions of the national workforce strategy. The scope of the Workforce Board has been widened and now encompasses workforce attraction, recruitment and retention to Gwent's Health and Social Care sectors. This is in addition to regional workforce planning and development requirements.

Analysis of the recent 2021 Census data highlights the widening gap between demand for social care services and staff capacity. According to the Census 1 in 5 people living in Wales are now aged 65 or over. An ageing population points to the sector having to support increasingly complex health and care needs in the future. This, combined with a significant drop in the birthrate and the recent changes to immigration rules announced by the Home Office suggests meeting future demand will become increasingly difficult.

9. Childrens Services

The Welsh Government Programme to eliminate profit from social care still provides significant challenges to partners. The instability in the marketplace and long-term availability of provision will present challenges and requires a comprehensive risk assessment prior to implementation of the eliminate agenda. The data from each local authority is set out below highlighting the number of 'for profit' provision.

Blaenau Gwent		
Children who are Looked After	210	
Independent Fostering Agencies for profit	32	15.2% of CLA total
Residential for profit	9 + 1 P&C Assessment Unit	4.8% of CLA total
Caerphilly		
Children who are Looked After	472	
Independent Fostering Agencies for profit	42	8.8% of CLA total
Residential for profit	26 + 5 P&C Assessment Unit	6.5% of CLA total
Monmouthshire		
Children who are Looked After	202	

Independent Fostering Agencies for profit	44	21.7% of CLA total
Residential for profit	20	9.9% of CLA total
Newport		
Children who are Looked After	337	
Independent Fostering Agencies for profit	22	6.53% of CLA total
Residential for profit	16	4.75% of CLA total
Torfaen		
Children who are Looked After	356	
Independent Fostering Agencies for profit	21	5.8% of CLA total
Residential for profit	19 + 3 P&C Assessment Unit	6.1% of CLA total

10. Conclusion and summary – stability and sufficiency

- Increased collaboration is vital as we move into a new phase of austerity.
- Relationships remain strong and productive across all market segments. However, it would be complacent to rule out provider withdrawals, failures and sufficiency impact on quality of services, straining of relationships etc.
- The elimination of profit from social care provides significant challenges and provider uncertainty for local authority Children Services
- Good progress on regional working in many areas building on earlier good practice to include:
    - Regular monthly performance and information exchange meetings with Care Inspectorate Wales and all commissioners
    - Template contract and performance management framework for domiciliary care and care home accommodation for older people.
    - Work to commence on contract addendum for the provision of equipment in care homes.
    - A joined-up approach to fees for 2024-25
- Providers are highlighting challenges with implementing real living wage during current financial cuts.
- Opportunities for pooled budgets is kept under regular review.
- Overall, an improving picture for both stability and sufficiency is now threatened by financial cuts.

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:	16 April 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)
Er Gwybodaeth/For Information

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. Particularly noted are:

- Latest developments on the provision of interventional radiology services in Swansea and the potential implications for services in southeast Wales
- Latest developments in the project considering the future configuration of hepatobiliary & pancreatic surgery services across south Wales.
- Update on the development of the new spinal surgery network for south Wales.

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 more latterly Cancer, Cardiff & Vale University Health Board overseeing orthopaedics 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

Following the regional executive planning workshop that took place in December, a number of work streams and actions have progressed as agreed by workshop attendees. These have included the following: -

- Enhanced communications from all work programmes within the portfolio, with an appointment to a new role of Head of Regional Communications & Engagement
- A move towards 'hosted' arrangements to facilitate standard processes and methodologies within a regional brand.
- Increased use of digital tools to deliver transparency and a clear strategy for digital innovation and development at the regional level.
- Second regional planning summer arranged for June, with Health Board Chairs invited.
- Development of wider strategic vision to inform clinical service plans and to align with work commissioned by Welsh Government to review 'fragile' services across the region / south Wales.

Progress is being 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 facilities in Swansea. 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.

Public engagement in respect of the programme's second phase (which is considering options for ensuring sustainable in-house capacity to meet expected future demand across the region) has now concluded and received very positive and constructive feedback. A final report has been forwarded to the national Llais team, with their response informing the option appraisal exercise for the optimal configuration of longer-term services.

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. It has therefore been concluded that it is necessary to undertake a new procurement for the programme. Options for the most appropriate procurement route are being assessed to move forward at pace, and considerable work continues locally by the service / digital teams to progress and establish the required infrastructure and equipment in anticipation of timely initiation of the revised procurement plan.

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 has made good progress through a number of key work streams, including: -

- Theatre optimisation through benchmarking and best practice sharing
- Standardisation of pre-operative assessment protocols and arrangements
- Development of a clinical specification for joint working within a future regional facility e.g. at Llantrisant Health Park
- Development of a detailed workforce plan
- Consideration of a Limited Liability Partnership remuneration model to maximise clinical staff participation.
- Close working with the National Clinical Strategy for Orthopaedic Services (NCSOS) to ensure full alignment of regional and national priorities.

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 has been progressing arrangements and documentation to support a tender 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). Plans and assumptions are being developed in parallel to support delivery of surveillance and screening activity on the LHP site, but the local service position remains that a clear specification and clinical model needs to be agreed by all participating services and external stakeholders e.g. Bowel Screening Wales before formal commitments can 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.

Operational and planning engagement is being maintained in respect of the formal tender and procurement arrangements for a managed service contract and the parallel development of a full business case. The latter will see a combined bid for the managed contract and the in-house development, to enable a fully informed option appraisal to take place to determine the most efficient and effective way forward to be identified. 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.

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 national business case has been developed for this purpose, and confirmation of the latest status of this is currently awaited, particularly in respect of recurrent revenue cost implications for health boards. This will require internal scrutiny through the Health Board internal processes.

Current priorities for the programme include: -

- Finalisation of the definitive regional demand and capacity position, with standard assumptions and definitions to ensure a consistent picture.
- Development of a subsequent workforce plan, similarly, based on consistent activity and performance assumptions.
- Submission of a high-level regional facility capital bid to Welsh Government, for prioritisation purposes within the all-Wales capital programme

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 South East 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 work streams.

Construction of the new satellite radiotherapy unit (SRU) at Nevill Hall Hospital continues to progress to schedule, with completion anticipated in February 2025. 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 proposed arts strategy due to be considered by the SRU Project Board in May.

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 nearly complete. All acute cases from Merthyr Tydfil and in-hours cases from Risca are now being seen at Ynys Saff Hub in Cardiff. Risca out-of-hours cases are scheduled to transfer w/c 8th April. 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 going to develop the standards and specification to be followed as part of the new 'Caremore' service model. 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. It is intended to have the revised framework signed off this spring.

- Detailed costing and commissioning work is running in parallel to support the new model, with all implications communicated with health boards to inform their IMTPs / annual plans.

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

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 WHSSC Joint 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. There are no commissioning implications as yet, with this area planned to be addressed later in 2024.

Health Board clinical and operational representatives are 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. Further progress however remains on hold, 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 before 2027.

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.

Within southwest Wales, Swansea is the tertiary centre for vascular services. For some months there has been only one vascular interventional radiologist within the region, who has recently returned from an unplanned period of absence. It was acknowledged that the existing arrangements were not sustainable, and an emergency short-term arrangement was put in place last autumn for service

provision to be maintained by some of the clinical team from the south east, pending a parallel piece of work to develop a sustainable long-term model for interventional radiology across south and mid Wales.

Options for delivering longer-term sustainability are currently under urgent consideration. The support provided by the southeast clinical team represented a significant practical commitment from the individuals involved, and this ceased in February, other than for out of hours. Discussions with a view to establishing more sustainable long-term services are ongoing, but this is likely to involve a form of south Wales-wide multi-disciplinary team and operational delivery network. The timetable for putting such arrangements in place is extremely challenging and the position remains volatile. Health Board representatives remain engaged and supportive in the ongoing discussions, but it is considered critical that any solution is owned and committed to by the Health Boards in southwest Wales. It is considered that further progress is required, following the recent failure of locum-based arrangements in Swansea, noting that the ability of the service in the south east to provide support will be constrained by the impact on the clinicians involved and by the fact that one of the IR rooms in Cardiff will be closed for full refurbishment in the next few weeks.

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.

A parallel work stream to review and agree standard clinical guidelines and pathways has progressed, with priority areas of a proposed pathway for severe acute pancreatitis and standardisation of referral info, MDT review requirements and F/U exclusion criteria.

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

Aneurin Bevan is established as a single health board region / operational delivery network, with self-contained services for all but specialist tertiary interventions such as thrombectomy. Acute services are already configured in a form consistent with national guidelines and Getting It Right First Time (GIRFT) programme recommendations, and the key recent priority for the service has been the configuration of rehabilitation services (acknowledged as being spread too thinly to be effective against the latest service delivery guidelines, and with insufficient workforce to ensure appropriate service levels on a safe and sustainable basis). An urgent service change to temporary consolidated single-site working at Ysbyty Ystrad Fawr was agreed with Llais and was implemented during November. This has ensured service safety and continuity on an interim basis, pending wider public engagement later this year, linked to the wider longer-term configuration of enhanced local general hospital services in support of the critical care centre at the Grange University Hospital.

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 continues to be affected by organisational changes relating to the NHS Executive and revised national network governance arrangements. Revised timelines (together with realistic funding assumptions) are awaited in respect of the development of a national business case for change demonstrating current outcomes and the expectations for improvement by delivery of the national standards and the new service models that will follow.

Progress in implementing the GIRFT action plan and the new network arrangements within Aneurin Bevan University Health Board continues to be overseen by the Stroke Delivery Group (chaired by the Executive Director of Therapies and Health Science), with regular performance updates to the Health Board's Finance and Performance Committee. A programme manager (funded by the national stroke network) has recently been appointed to support this work.

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.

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

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:**	16 April 2024
CYFARFOD O: **MEETING OF:**	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Clinical Futures Programmes Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kate Fitzgerald, CF Assistant Programme Director Simon Roberts, Programme Lead, UEC

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update on progress to date in respect of the Clinical Futures priority programmes.

Cefndir / Background

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, during 2023/24 the Health Board continued to take forward an improvement programme aligned to the Clinical Futures Strategy.

The Clinical Futures team supports the following Health Board's priority programmes by providing programme management resource, noting that the UEC Six Goals Programme is divided into three areas:

Programme	Scope
Goal 1 - Redesigning Services for Older People	Improving access to care and support for older and/or frail people in order for them to remain at, or as close to, home as possible and avoid unnecessary hospital admissions and lengths of stay by redesigning, optimising and building appropriate capacity within community services.
Goals 2, 3 & 4 - Urgent & Acute Needs	Improving core Emergency Department KPIs, ambulance handover times, patient experience and outcomes in Urgent and Emergency Care, developing alternative admission pathways

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

Goals 5 & 6 – Return & Stay Well at Home	Delivering optimal hospital care and discharge practice from the point of admission, delivering a home first approach to reduce risk of readmission
Planned Care	Brings together six goals (outpatients, maximising elective capacity, patient access and activation, health pathways, planned care academy and diagnostics) in line with the WG National Programme and Planned Care response
Transforming Cancer Services	Strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities
Place Based Care (formerly Accelerated Cluster Development)	Rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs
eLGH Reconfiguration	Strategic oversight of the optimisation and design of the hospital network particularly in respect of the eLGH sites: • Workforce sustainability across eLGH sites • Optimisation of services to enhance patient outcomes and experience • Culture of integration across front door teams • Future proof model for each eLGH aligned to patient flow and transformation
Decarbonisation	Delivery of the Health Board's approach to moving towards net zero in terms of building usage and energy, procurement changes, work patterns and alternative working arrangements for staff and influencing future service design and delivery to be less carbon intensive

Asesiad / Assessment

The section provides a brief update on the programmes for the Committee. It covers the period from the beginning of January 2024, therefore is based on the 2023/24 Programmes.

Urgent and Emergency Care Improvement (6 Goals)

The Health Board has seen positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continues to build momentum with national goal lead representation at programme board, positive feedback from WG re progress and scale of work programme.

Some areas of progress include:

Goal One: Redesigning Services for Older and/or Frail People (RSfOFP)

- **Nurse led Acute Frailty Response** (AFR) phase one commenced on 22nd January 2024; providing in-reach into the GUH front door Monday-Friday 8.30am-4.30pm to identify, assess and transfer patients to community services to avoid inappropriate acute admissions and/or an unnecessary length of stay following an acute episode. Recruitment to permanent posts as part of phase two commenced and an evaluation of the service is ongoing. This includes the commencement of a joint approach to evaluation between the AFR team and other services working in a similar way such as Home First.
- **Professional Hub** The aim is to provide Community Resource Team (CRT) clinician capacity at the Flow Centre to support clinician to clinician conversations and triage of identified frail/older patients, including care home residents, to offer an appropriate alternative to acute admission. Phase one pilot planning underway, informed by pre-pilot that commenced in January 2024.

Goals Two, Three & Four Urgent and Acute Transformation:

- **Same Day Emergency Care** (SDEC) has an established improvement board which aims to identify and increase patient volume through each of the services to take pressure of the Emergency Department and Assessment Units. Both GUH and YYF have seen increased medical patient volume through their units in January – March 2024 (44 to 55 per week). Surgical SDEC maintains circa 100 patients per week and remains very well regarded by patients and clinical referrers.
- **System Navigation**, User feedback has clearly identified a desire to access our services through one single phone number. We are able to implement this change by providing access to three services through one single phone number with options (Frailty, Urgent primary Care and Flow Centre). This change was effective from February 2024 and Health Care Professionals are able to call 0300 303 3557 to access the three mentioned services. This will reduce complexity and improve awareness of alternative services.
- A new **Falls Pathway** has been introduced designed to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation in December 2023, 47% of non-injurious falls patients are conveyed to the eLGH for initial clinical assessment. In addition, the RPB has approved financial support to enable an additional Level 2 community falls response within the Gwent Region from April 2024 (Paramedic and Physiotherapist / Occupational Therapist response)
- A 12-month pilot of **Electronic Registration and Triage software 'eTriage'** remains scheduled to go-live in Q1 2024 within the Emergency Department at GUH and Minor Injury Units at NHH and RGH. An initial start in February identified further software development and testing is required prior to re-commencing the pilot. Once embedded, an evaluation will be completed to assess the benefits of the system. Expected benefits include improved patient dignity, earlier risk assessment of patients in the waiting rooms, improved staff experience and a more efficient triage process.
- **WAST / ABUHB Collaborative Programme** continues with workshops held in March 2024 focused on reducing Ambulance conveyance to ED. Teams are working together to progress sustainable solutions to areas including community falls response, 'own transport' referrals into ED via 111 / 999 and the use of APPs in portfolio roles.
- **Urgent Primary Care 24/7** now undertake a 24/7 pull from 111 Wales for patients appropriate for UPC centres. This over the past six months now equates to over 50% of daytime demand, ensuring appropriate signposting of patients to community services where appropriate and undertaking remote and face to face clinical assessment in order to support daytime GMS practices.

Goals Five & Six: Return and Stay Well at Home

- A total of 20 **Patient Safety Team** interventions have been delivered across all sites with a specific focus on the Royal Gwent Hospital and St Woolos Hospital since the end of September 2023, with the aim of rapidly improving the timely discharge of patients, delivering a step change in performance, safety and patient experience, good engagement and support from Local Authority colleagues, lessons learned and evaluation produced, going forward

the approach will include a weekly focused session on three wards at RGH, through a QI approach and fortnightly step down interventions at GUH.

- **Discharge Lounge**, improvement in the function and performance of the discharge lounge model in RGH. Works completed March 2024 to facilitate the movement and alignment of wards.
- **Ready to Go Unit** at RGH, to be established by end of April 2024 at D6E aligned to the relocation of two wards and repurpose of one ward from St Woolos Hospital to RGH, with the aim of optimising patients, physical, psychological and social wellbeing, supporting a seamless transition from hospital to home, following implementation map the costs and benefits.
- **Hospital to Home** facilitating earlier discharge for patients identified as medically optimised, ready to transfer to an alternative care setting/home, funding agreed via Regional Partnership Board, piloting a new referral process in Monmouthshire including weekly review meetings at Chepstow hospital between the Clinical Lead Facilitated Early Discharge and Local Authority Social Workers, going forward embed the referral process in Newport Local Authority.

Planned Care

The Planned Care Programme brings together 6 Goals (Outpatients, Maximising Elective Capacity, Patient Access and Activation, Health Pathways, Planned Care Academy and Diagnostics) in line with the Welsh Government national programme and planned care response. Progress in each of the workstreams is being made, which feed into the overall Health Board and national agenda.

Some areas of progress include:

- **Health Pathways** – the Clinical Editors continue to develop pathways with subject matter experts, launch date scheduled for mid-April 2024 with circa 40 - 50 pathways ready to go live, 32 pathways in draft, 11 under review, implement communication plan ahead of launch, finalising discussions on specialties for Phase 2 priority pathways.
- **Patient Access and Activation** – Single Point of Contact (SPOC) business case approved in January 2024, staff recruitment on going, phase 1 focus group workshops with Welsh Government in progress, phase 2 to begin after March 2024, SPOC Task and Finish Groups have been established with fortnightly meetings with the Referral and Booking Centre, Senior Nurses, Comms and Validation team, web pages currently have over 3,000 views, Llais reviewing brochures, posters etc.
- **Outpatient Transformation** – RGH Outpatient Treatment Unit awaiting confirmation of funding from Welsh Government for 2024/25, working with DHCW on development of an Automated Clinic Booking System, pilot underway at RGH to increase clinic efficiencies across the Health Board. Deep dive underway to audit usage of outpatient capacity across all sites to enhance utilisation and ultimately improving waiting times for patients.
- **Diagnostics** – good utilisation of mobile MRI at YAB , continuing to engage in regional diagnostic developments e.g., Endoscopy, Diagnostics and Pathology.
- **Elective Capacity/Theatre Utilisation** – work with national Elective Optimisation Programme (EOP) which has facilitated GIRFT review and

identification of improvement opportunities. Theatre Maximisation Programme has been refocussed in line with EOP. National team presented to AB Value and Sustainability meeting in March 24. Priorities in improvement plan include; cancellation rates less than 4 weeks before procedure, High Volume Low Complexity (HVLC) lists in general surgery and orthopaedics, Late starts.

- **Planned Care Academy** – Training plan for operational managers has been developed, roll out plan in development.

Transforming Cancer Services

Planned Care and Cancer Services are interconnected; utilising the same workforce, accessing the same diagnostic and treatment capacity:

Some areas of progress include:

- **Satellite Radiotherapy Unit** development is on track for February 2025 opening, joint operational groups between VCC and ABUHB are established and are working through reviews and gap analysis of the clinical and service models and SLAs.
- **Systemic Anti-Cancer Therapy (SACT) outreach model with Velindre Cancer Centre** – joint working with Velindre to identify opportunity to increase levels of SACT provided across Gwent. A joint workshop was held in February 2024 with Velindre to explore opportunities, continued work to develop a collaborative way of working to move opportunities forward.
- **YYF Breast Unit**, the unit opened in February 2024, positive feedback from patients and staff, the focus is to continue to embed the service and unit, from 8th April the One Stop Pathway will be introduced for patients to receive mammogram, ultrasound and clinical examination in one visit, 6-month pilot will review the outcomes and impact on the patient.
- **Patient website** is in the final design stage and due to be launched in spring 2024.
- **Patient Partnership Steering Group** held in September 2023, continue to work with the group to shape the workstreams and implementation of pathways.
- **Public Health** – Cancer Service team held a workshop in January 2024 to focus on 'Reducing Cancer Inequalities Group'. An action plan has been developed focusing on key areas such as improving screening up take across the region, focusing on the hard-to-reach areas of Gwent. A Reducing Inequalities Working Group will meet from early April 2024 to start progressing this work. There has been an early focus on working with the ABUHB Communication and Social Media Team to target local communications on areas of focus to the strategy, such as Bowel Screening uptake in line with Bowel Cancer Awareness Month.

Enhanced Local General Hospital Configuration

This programme is focused on optimising the design of the hospital network across the Health Board, including the reconfiguration of clinical service models, workforce sustainability, optimisation of services to enhance patient outcomes and experience and the delivery of a sustainable system of care.

Some areas of progress include:

- **St Woolos Hospital**, consolidation of inpatient wards at RGH, relocation of two wards and repurpose of one ward, delivering significant patient benefits and improved patient safety, delivery of cost reduction for 2023/24 and potential further cost reduction in 2024/25 through a review of the medical and nursing model of care across both wards relocated to RGH and ambulance conveyance.
- **Reduction in Bed Base**, plan for further bed reductions in 2024/25 across Acute, Mental Health and Community Hospitals, right sizing of bed base to meet demand, further development required to clarify feasibility and delivery aligned with Clinical Futures model.
- **NHH Clinical Service Model** service modelling workshops to be held over next few months key areas include medical and elective model, urgent care provision, cancer and children's services, PID to Executive Committee in April 2024, development of a Strategic Outline Case (SOC) for review by Board in Q2 2024/25.
- **Review of Medical Model** Workshop to be held on 15th April 2024 to review current model, analysis of flows, prepare options appraisal, proposal to the Executive Committee for review by end of May 2024.

Decarbonisation (Net Zero)

Some areas of progress include:

- **Lead Nurse for sustainability** appointed, will link in with All Wales Sustainability Nurse Group.
- Funding for a session per week for the **Clinical Lead** approved for 12 months.
- **Theatre shutdown** implemented across three sites, with developments in place for GUH.
- Refit contract awarded to **Vital Energi Ltd** with High Level Appraisal (HLA) stage soon beginning on phase 1 sites.
- **Green Healthcare's Intranet** pages continue to report on sustainability projects/promotional material, engagement sessions are being planned for the near future.
- **Sprink Catering Carbon Foot-Print** project nears completion with report to follow.
- A campaign to reduce the unnecessary use of **non-sterile gloves** is being rolled out across the Health Board.
- Where clinically appropriate the switch from **IV paracetamol to oral** has been rolled out across the Health Board with plans to include a switch to oral antibiotics.
- Consistent and accurate reporting of **Carbon Reduction Projects** and their impact on Welsh Government targets. (46 initiatives)

<u>Programmes to support delivery in 2024/25</u>

In line with Annual Plan 2024/25, a delivery framework is being finalised that ensures change programmes are aligned to organisational commitments and priorities as set out in the plan. The Executive team are currently reviewing the programmes, the leadership roles within the programmes, the alignment of the deliverables to the plan and the plan's performance ambitions. In line with

discussion in Committee and at Executive team, it is unlikely that programmes will be badged under the Clinical Futures umbrella for 2024/25. An update on our transformation programmes for 2024/25 will be brought forward to the next committee meeting.
Argymhelliad / Recommendation The Partnerships, Population Health and Planning Committee is asked to note the update report for information.

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 6.3 Listening and Learning from Feedback 7.1 Workforce
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 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:	GUH Grange University Hospital UEC Urgent Emergency Care WG Welsh Government AHP Allied Healthcare Professional

	eLGH Enhanced Local General Hospital RSfOFP Redesigning Services for Older/Frail People NHH Nevill Hall Hospital RGH Royal Gwent Hospital STW St Woolos Hospital SBAR Situation Background Assessment Recommendation SPOC Single Point of Contact D2RA Discharge to Recover and Assess MRI Magnetic Resonance Imaging YAB Ysbyty Aneurin Bevan IMTP Integrated Medium Term Plan VCC Velindre Cancer Centre SCAT System Anti-Cancer Therapy SOC Strategic Outline Case UPC Urgent Primary Care APP Advanced Practice Paramedic
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	**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/	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